



## FINAL REPORT

# KNOWLEDGE, ATTITUDE AND PRACTICES STUDY – SHIFTING SOCIAL NORMS TOWARDS GBV PREVENTION AND PROMOTION OF WOMEN LEADERSHIP IN NAIROBI, KITUI, AND SAMBURU PROJECT



REPORT BY:



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## ACRONYMS

CBOs	Community-based Organisations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRAWN	Community Advocacy and Awareness Trust
CREAW	Centre for Rights Education and Awareness
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
GBV	Gender Based Violence
KDHS	Kenya Demographic and Health Survey
KIIs	Key Informant Interviews
MCA	Member of County Assembly
NGOs	Non-governmental Organizations
PARS	Pan African Research Services
PWDs	Persons living with disabilities
VSLAs	Village Savings and Loans Associations
WLOs	Women-led Organizations
WROs	Women's Rights Organizations

## **I.0. EXECUTIVE SUMMARY**

### **Project Background**

Gender Based Violence (GBV) remains a significant challenge in Kenya, fuelled by deep-rooted gender inequalities and harmful cultural norms. Despite legal frameworks like the Constitution of Kenya and international treaties such as CEDAW, enforcement remains weak due to inadequate funding, lack of public awareness, bureaucracy in access to justice and cultural resistance. Women's leadership on the other hand has seen increased political participation, but women remain underrepresented, hampered by socio-cultural barriers, lack of political good will and insecurity among others. It is against this background that the Centre for Rights Education and Awareness (CREAW) and the Community Advocacy and Awareness Trust (CRAWN Trust) are with the support of Christian Aid implementing a project aimed at shifting social norms towards preventing Gender-Based Violence (GBV) and promoting women's leadership in Nairobi, Kitui, and Samburu.

### **The Knowledge, Attitudes and Practices (KAP) Study**

A KAP study was commissioned to establish initial project outcomes benchmarks and inform project interventions and monitoring efforts in the areas of gender equality, GBV, women's leadership as well as the capacity of faith leaders and CBOs/WROs. This was to be attained by assessing knowledge, attitudes and practices around GBV, gender equality and harmful social norms. The study employed a consultative and collaborative approach through mixed methods, combining qualitative and quantitative data collection through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and surveys. The study targeted community members, CBOs/WROs, faith leaders and other duty bearers in the gender justice sector. A total of 9 FGDs and 17 KIIs were conducted across the three counties. 75 quantitative interviews were also conducted with community members.

### **Key Findings**

#### ***Knowledge, attitudes and practices (KAP) related to GBV, women's leadership, and harmful social norms among religious leaders and communities in the target counties***

There was a general understanding of GBV from the community members with 75% terming it as 'harm caused to a person because of their gender'. Community members also had knowledge of the various forms of GBV such as physical violence (93%), sexual violence (88%), psychological violence (61%) and economic violence (55%). Women and girls were identified as the most likely victims of GBV at 67% and 33% respectively, while men were most likely to be the perpetrators of GBV (87%). Prevalence of GBV was noted to be quite high with 92% of respondents having witnessed GBV in the last 1 year. GBV was largely driven by poverty which caused tensions in households and harmful social norms which perpetuated GBV in households. There still remained barriers to addressing GBV such as harmful social norms, protection of GBV offenders, kangaroo courts and poor reporting mechanisms. Community members were also likely and very likely (86%) to report GBV cases to community leaders, police and NGO staff.

Desk review showed that women were still underrepresented in leadership. According to quantitative interview, the underrepresentation was caused by discrimination of women due to their gender (67%), cultural norms (60%), lack of education (20%) and lack of opportunity (19%). Perceptions regarding women leadership were largely positive at 82%. As told in the qualitative interviews, some of the barriers to women leadership included harmful social and cultural norms on women's leadership, age and marital

status, limited financial backing as well as the vulnerability to threats, intimidation and character assassination.

***Identify the capacity gaps and needs of women-led organizations, community-based organizations and faith leaders.***

The KAP study reached 8 faith leaders and 5 WLOs/CBOs. CBOs were noted to be one of the places where community members were most likely to report GBV cases to. They promoted gender equality, women's leadership and the eradication of GBV through community forums and the involvement of community champions. They also faced challenges in their line of work such as rigid customs, limited financial capacity, security challenges and uncooperative reporting systems.

Faith leaders were described as the intersection of faith and culture in the three counties and more than half (77%) of the community leaders felt that they are influential in shaping social norms. They also faced a few challenges while reconciling culture and religion; where religion insisted on equal treatment of everyone while some harmful cultural norms promoted gender inequality. Faith leaders also felt that they did not always have all the information that they might need in order to help GBV survivors, such as understanding on the legal policies while their congregations were not well aware of the feedback and reporting mechanisms for GBV.

***Document socio-economic and cultural factors influencing gender inequality in Nairobi, Kitui and Samburu***

Economic inequality and job scarcity was one of the main factors influencing gender inequality. As a result of hard economic times, jobs remain hard to find leading to less economic contribution in the households while women have less access to job opportunities since men are more preferred for manual labour. This leads to financial power imbalance leading to women's economic dependence on men. In Kitui and Samburu, men control land and property ownership, leadership positions and sometimes control all aspects of life. Women are thus left with less power, sometimes leading to GBV and limiting their ability to pursue political aspirations.

Patriarchy and male dominance were a constant theme in all three counties. Men were perceived as having the final say in household decisions with women being relegated to household chores. Given the male dominance, women were often left out of decision-making processes on matters including on their body autonomy such as FGM and child marriages and physical assault in the name of "disciplining" women for 'disobedience' was acceptable (19%) and very acceptable (15%) to some of the respondents. These factors further frustrated efforts towards gender equality despite the fact that more than half of the respondents (52%) strongly agreed that gender equality benefits both men and women. Community members felt that education (88%) and community dialogues (57%) would help to challenge harmful social norms.

***Provide data to track progress against project outcomes***

***Outcome 1: Strengthened capacity of women-rights and community-based organizations to advocate for gender justice and accountability.***

The capacity for women-led and community-based organizations to advocate for gender justice and accountability is at 74% for this KAP study. This was calculated using eleven questions in the *Organization Capacity Assessment tool for WLOs and CBOs*. This shows that the capacity of the WLOs and CBOs is fairly adequate. The assessment found that the WROs and CBOs fell short on knowledge and exposure on

international and national policies as well as forums on GBV and gender equality and did not always have the adequate resources for their campaigns against GBV.

***Outcome 2: Enhanced GBV prevention through training of service providers on gender transformative approaches and improving stakeholder coordination of available services.***

Efforts to prevent Gender-Based Violence (GBV) have over the years been strengthened through the training of service providers on gender-transformative approaches, equipping them with the necessary knowledge and skills to challenge harmful gender norms and promote survivor-centered responses. GBV, gender inequality and harmful social norms that perpetuate the two, unfortunately continue to persist in the country. In order to sustain progress, continued investment in training programs is essential, ensuring that service providers have access to updated methodologies and best practices.

***Outcome 3: Empower faith leaders to actively prevent and respond to gender-based violence and advocate for gender equality within their congregations.***

Faith leaders scored 78% in areas on knowledge, attitudes and practices towards GBV, women's leadership in faith and gender equality. With 77% of the community members stating that religious leaders are influential (41%) and very influential (36%) in changing harmful social norms, it is therefore necessary to well equip them to be able to handle GBV cases when they are initially reported to them and to forward them to the next office. Out of the 8 faith leaders that were interviewed, only 2 were women, however 7 out of 8 agree that women should have equal opportunities in faith leadership while only half (4) agreed that traditional gender roles should be challenged. This also represents a unique challenge and opportunity to continue with sensitization on women's leadership even to faith leaders, to encourage that space be created for women in leaders in faith.

## **Conclusion**

Despite growing awareness of gender-based violence (GBV) and available support, it remains quite common, with most study respondents (92%) having witnessed GBV incidents in the last one year. In Kenya, 129 women were killed between January and March 2025 in a disturbing femicide crisis, hence women and girls continue to bear the brunt of violence, often at the hands of men. This highlights a gap between knowledge and action. Deep-rooted cultural beliefs, poverty, and weak justice systems allow GBV to persist, making it difficult for survivors to seek justice. Gender inequality also persists with women being often excluded from leadership, denied economic opportunities, and left powerless in their own homes. Faith leaders and community groups continue to advocate for change, helping women access education, leadership roles, and justice. However, they struggle with limited resources and knowledge. In order to continue creating lasting change, stronger collaboration between hospitals, police, local organizations, and the community is needed, ensuring survivors are protected. Sensitization on gender equality and women's leadership is further required in all three areas, at the community level and also with community and faith leaders, to encourage a change of mindset on leadership and to create space for women in leadership.

## **Recommendations**

The recommendations have been structured focusing on 5 key areas that are essential on the prevention of GBV and the promotion of gender equality and women's leadership as follows:

- **Prevention:** Engaging traditional and faith leaders through training and forums is key to shifting social norms, given their strong community influence. Sustained community sensitization efforts,

supported by volunteers and grassroots CBOs, are critical for promoting GBV referral pathways and discouraging harmful practices. Economic empowerment initiatives targeting women can reduce poverty-driven vulnerabilities, while involving men as champions for women's rights strengthens behavior change efforts. Promoting women's leadership through platforms like VSLAs and using religious spaces for advocacy further support lasting social transformation.

- **Protection:** Strengthening the capacity of CBOs, WLOs, and faith leaders through targeted training on GBV and relevant policies is crucial for improving their responsiveness to gender inequality. Enhancing coordination among key stakeholders—hospitals, police, local organizations, and communities—is essential for efficient GBV case management. Additionally, addressing resource gaps, including funding and the availability of safe houses, will significantly improve support services for GBV survivors.
- **Persecution:** To promote access to justice for GBV survivors, it is critical to improve the handling of cases by duty bearers and discourage the use of informal justice mechanisms such as kangaroo courts. Strengthening institutions and building the capacity of service providers, including police and the judiciary, on GBV prevention and response will ensure a more effective, survivor-centered approach within the formal justice system.
- **Policy:** Community and traditional leaders should be actively included in policy discussions on gender-based violence (GBV) prevention and women's leadership. Furthermore, there should be a concerted effort to strengthen the enforcement of existing legal frameworks and policies addressing GBV and women's political participation, ensuring their effective implementation at both national and county levels. This approach will foster greater community engagement and reinforce the legal mechanisms necessary for meaningful progress in these areas.
- **Partnership:** Strengthening collaboration between hospitals, police, local organizations, administrative offices, and community members will protect survivors and empower women. Additionally, enhancing partnerships between WLOs, CBOs, government institutions, donors, and faith leaders to promote coordinated efforts for gender justice and accountability. Encouraging networking among CBOs/WLOs and provide access to national and international gender forums to build their knowledge and capacity.

## 2.0. CONTEXT AND BACKGROUND

### 2.1. Context

The United Nations defines Gender-Based Violence (GBV) as any act that results in physical, sexual, economic, or psychological harm, including threats, coercion, and deprivation of liberty; including intimate partner violence, sexual violence, child marriage, female genital mutilation, human trafficking and economic abuse<sup>1</sup>. GBV remains a global human rights violation, with one in three women experiencing physical and/or sexual violence in their lifetime. In Kenya, GBV is fueled by deep-rooted gender inequalities and harmful cultural norms that justify various forms of abuse. It disproportionately affects women, particularly those in rural and marginalized communities, and intersects with other forms of discrimination based on age, disability, ethnicity, and socio-economic status<sup>2</sup>.

According to the 2022 Kenya Demographic and Health Survey (KDHS) report, 34% of women have experienced physical violence since age 15. Many cases remain unreported due to stigma and societal acceptance of GBV with 5 in 10 women aged 15-24 years believing that men have power over women and may violate them without consequences<sup>3</sup>. In Kitui, most perpetrators are current or former partners, while in Samburu, harmful cultural practices such as female genital mutilation (FGM), which is a pre-requisite for marriage, and child marriage persist for economic survival. Despite advancements in justice systems, structural barriers and inadequate prevention measures hinder progress.<sup>4,5</sup>

### Legal and Policy Framework Addressing GBV

Kenya has established various legal frameworks to combat GBV. The Constitution of Kenya (2010) upholds gender equality and non-discrimination under Article 27, while Article 10 emphasizes inclusiveness, equality and human dignity. Several laws such as the Sexual Offences Act (2006), Protection Against Domestic Violence Act (2014), The Penal Code (Cap.63) and Prohibition of FGM Act (2011) criminalize various forms of GBV. Additionally, policies such as the National Policy for Prevention and Response to GBV (2014) and the National Guidelines on the Management of Sexual Violence (2014) provide guidelines for survivor protection and evidence preservation.

Kenya has also ratified international treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the UN Declaration on the Elimination of Violence Against Women and the Convention on the Rights of Persons with Disabilities (2006). At the county level, gender policies have been adopted, though implementation remains inconsistent due to limited resources and enforcement challenges.

### Challenges and Gaps in Addressing GBV

Despite legal advancements and legal policies in place, enforcement remains weak at both national and county levels. Some of the challenges in the enforcement and implementation include inadequate funding for survivor support services, lack of public awareness and cultural resistance to gender policies. Weak

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<sup>1</sup> [https://www.who.int/health-topics/violence-against-women#tab=tab\\_1](https://www.who.int/health-topics/violence-against-women#tab=tab_1)

<sup>2</sup> [GBV GUIDANCE: DRAFT OUTLINE](#)

<sup>3</sup> <https://www.knbs.or.ke/wp-content/uploads/2023/08/Kenya-Demographic-and-Health-Survey-2022-Key-Indicators-Report.pdf>

<sup>4</sup> <http://vision2030.go.ke/about-vision-2030/>

<sup>5</sup> [Situational analysis of access to justice for victims and survivors of violence\[33\].pdf](#)

coordination among law enforcement, the judiciary, and healthcare providers results in inconsistent case handling and further discourages survivors from seeking justice.<sup>6</sup>

Nairobi County faces challenges in awareness and training<sup>7</sup>, Kitui struggles with limited women's participation in decision-making<sup>8</sup> while Samburu's nomadic lifestyle and deep-rooted cultural practices further complicate GBV interventions. Limited data on GBV cases also hinders effective policymaking.

## **Women's Empowerment and Leadership**

In Kenya, women's leadership often takes shape through community-based structures such as village savings groups and self-help associations. These groups not only provide social and financial support but also serve as a stepping stone for empowering individuals socially and economically by creating platforms for sharing knowledge, experiences, and building leadership skills. While traditional leadership frameworks include influential women, formal political spaces have remained male-dominated. Women's political participation in Kenya has notably improved, with a 16% increase in elected women in the 2022 General Election. In the 2022 General Election, only 29 (10%) women were elected into the National Assembly out of 290 single-member constituencies, 7 (14.9%) women were elected in the gubernatorial seat, 8 (17%) in the deputy governor's seat and 3 (6.4%) were elected as senators. However, cultural and economic barriers persist, with only 29% of women classified as empowered according to the Kenya Women's Empowerment Index. Factors such as education, wealth, and marital status influence empowerment levels. Women's leadership is more prominent in Nairobi due to better resources, while Kitui and Samburu continue to face socio-cultural obstacles. Strengthening legal protections, increasing education opportunities, and providing financial support remain necessary to enhance women's leadership.

## **Role of Faith and Community Leaders**

Faith-based and traditional leaders significantly influence societal norms regarding GBV. Community leaders serve as informal justice providers, particularly in remote areas. Faith leaders can challenge harmful beliefs and advocate for gender equality through religious platforms. Their engagement is therefore crucial in changing harmful practices and supporting survivors and promoting women's leadership. Civil society organizations also play a vital role in collaborating with these leaders to promote behavioral change and GBV prevention.

A multi-sectoral approach involving faith, government, and civil society is necessary to create sustainable change. Continued efforts are needed to foster gender-inclusive policies, strengthen community awareness, and ensure that survivors receive adequate support.

### **2.2. Project Background**

Centre for Rights and Awareness (CREAW) and the Community Advocacy and Awareness Trust (CRAWN Trust) are jointly implementing a project titled "Shifting Social Norms towards GBV Prevention and Promotion of Women Leadership in Nairobi, Kitui and Samburu" with an aim of enhancing gender justice. The project uses intersectional approaches to address gender inequality and promote the advancement of women's rights, voices and leadership.

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<sup>6</sup> [https://africa.unwomen.org/sites/default/files/2025-01/sectoral\\_brief-gender\\_and\\_social\\_norms\\_gender-based\\_violence\\_and\\_other\\_harmful\\_practices\\_in\\_kenya\\_1.pdf](https://africa.unwomen.org/sites/default/files/2025-01/sectoral_brief-gender_and_social_norms_gender-based_violence_and_other_harmful_practices_in_kenya_1.pdf)

<sup>7</sup> <https://www.ngeckenya.org/Downloads/Gender%20Equality%20in%20Kenya%20post%202010%20Constitution.pdf>

<sup>8</sup> <https://kmco.co.ke/wp-content/uploads/2020/10/Actualising-the-National-Policy-on-Gender-and-Development-in-Kenya-Kariuki-Muigua-Ph.D-October-2020.pdf>

The project's objectives are to:

- Strengthen women-led and community-based organisations (CBOs) for gender justice advocacy.
- Enhance gender-based violence (GBV) prevention via training and coordination
- Empower faith leaders to champion gender equality.
- Shift harmful norms and behaviours impeding women's leadership and rights.

### 2.3. The KAP Study

A KAP study was thus required to establish initial project outcomes benchmarks and inform project interventions and monitoring efforts. The objectives of this assignment included:

- To assess the knowledge, attitudes and practices (KAP) related to GBV, women's leadership, and harmful social norms among religious leaders and communities in the target counties.
- To identify the capacity gaps and needs of women-led organisations, community-based organisations and faith leaders.
- Document socio-economic and cultural factors influencing gender inequality in Nairobi, Kitui and Samburu.
- Provide data to track progress against project outcomes
- Development of a participatory assessment toolkit.

## 3.0. METHODOLOGY

The KAP study adopted a blend of methods, both multisectoral and participatory approaches, ensuring close collaboration and consultation with CREAW, CRAWN Trust and all other necessary stakeholders. Mixed methods were applied in data collection allowing for the triangulation and verification of data using multiple sources rather than relying on one approach. This has ensured the credibility and validity of the findings. Consequently, secondary and primary methods of data collection were utilized. Secondary data was sourced from literature review of relevant and verifiable sources while primary data was collected through qualitative and quantitative data.

### Team Recruitment and Training

Given the primarily qualitative nature of the KAP study, PARS opted to use the internal team to carry out data collection. The team at PARS had a one-day training where we went through all the data collection tools to gain a common understanding of them and to align on the definition of terms and questionnaire structure. In Nairobi, the internal team collected both the quantitative and qualitative data. We also had an external team of two enumerators in Kitui and Samburu Counties to collect quantitative data. The enumerators were required to have at least a tertiary level education and to be conversant with the local languages. The teams were taken through the training which involved:

- **Project information:** The team was taken through the project background including the purposes of the KAP study.
- **Safeguarding:** The entire team was taken through a safeguarding presentation to ensure all understood its meaning and applicability during data collection an especially on matters GBV.
- **Survey etiquette:** Teaching enumerators how to approach and engage with participants respectfully.
- **Interview consent:** Providing guidance on obtaining informed consent from participants.
- **Questionnaire administration:** Training on the correct administration of the survey tools.

- **Reporting requirements:** Clarifying the documentation and reporting expectations.
- **Ethical considerations:** Highlighting the ethical standards and responsibilities of data collectors.
- **Moderating skills:** Developing skills for facilitating discussions and managing group dynamics.
- **Effective communication:** Establishing clear lines and manners of communication among team members and participants.

## Data Collection

Data collection followed after the training of the field staff and was conducted first conducted in Kibera, Nairobi from 12<sup>th</sup> to 13<sup>th</sup> March and subsequently collected in Kitui and Samburu counties from 17<sup>th</sup> to 21<sup>st</sup> March. As per the approved inception report, data was collected in the following manner:

### I. Qualitative Data Collection

Qualitative data collection enabled us to understand the ‘why’ aspects of the study. Semi-structured discussion guides were developed and used to prompt the various respondents to share their perspectives on the subject matter. Qualitative data was collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)

### Focus Group Discussions

Focus Group Discussions were conducted in all three counties and were disaggregated by gender and age. Our target respondents for the FGDs were community members from the study areas. Each FGD consisted of a maximum of 10 participants from the intervention areas who included faith leaders, members/volunteers in WROs, women champions and when available, persons with disability were included. In FGDs, we were able to explore communities’ attitudes, knowledge and practices and social norms on GBV, women’s leadership and gender equality. A total of 9 FGDs were conducted as per the expected target:

Table 1: No of FGDs

Category	Nairobi	Kitui	Samburu
Women	1	1	1
Men	1	1	1
Youth	1	1	1
<b>Total</b>	<b>3</b>	<b>3</b>	<b>3</b>
		<b>9</b>	

### Key Informant Interviews

KIIs were conducted with individual respondents and included faith leaders, women-led organisations and community based organisations and government officials. In total, 17 KIIs were engaged. Some of the government officials were unavailable after following up severely while there was an oversampling in Kitui. The table below shows the number of KIIs that were successfully conducted:

Table 2: No of KIIs

Category	Nairobi	Kitui	Samburu
Faith leaders (e.g., pastors, imams, elders).	3	3	3

Women-led organizations (WLOs) and community-based organizations (CBOs).	2	1	2
Government officials and duty bearers (e.g., county-level gender officers).	1	2	-
<b>Total</b>	<b>6</b>	<b>6</b>	<b>5</b>

## 2. Quantitative Data Collection

We administered 3 quantitative tools to our survey respondents as follows:

- **The CREAW Baseline Tool:** this was administered to FGD respondents to quantify their responses on knowledge, attitudes and practices on women’s leadership, GBV and harmful social norms and socio-economic and social norms influencing gender inequality. The survey was administered prior to the FGD session.
- **The Christian Aid – Organization Capacity Assessment for WROs advocating for Gender Justice and Accountability tool:** this tool was administered to the WROs or CBOs who were engaged in the KIs. This would be used to measure their capacity in their advocacy for gender justice and accountability.
- **Pre and Post Assessment for Faith Leaders: GBV Prevention and Gender Equality Advocacy (Christian Aid Project):** this tool was applied to faith leaders in a bid to gauge their knowledge/capacity, attitude and practices on gender equality, GBV and women’s leadership.

The total respondents that were reached under the quantitative data collection were 75 community members (women, men and youth), 8 faith leaders and 5 WROs/CBOs. Respondents were interviewed based on their availability in FGDs hence Nairobi and Kitui recorded lower numbers. The table below shows the number of respondents that were reached in quantitative interviews:

Table 3: Quantitative data collection respondents

Respondent Category	Nairobi	Kitui	Samburu	Total
Community members	22	23	30	<b>75</b>
Faith leaders	2	3	3	<b>8</b>
WROs/CBOs	2	1	2	<b>5</b>
<b>Total</b>	<b>26</b>	<b>27</b>	<b>35</b>	<b>88</b>

## 4.0. STUDY FINDINGS

### 4.1. Demographics

The KAP study reached a total of 88 respondents for quantitative interviews (75 of these respondents were community members, 8 were faith leaders while 5 were CBOs/WR/LOs).

#### Community members

Almost half (47%) of the community members interviewed were female while 53% were male. Nairobi, Kitui and Samburu Counties made up 29%, 31% and 40% of the respondents, respectively. Slightly more than two fifths of the respondents were aged 25 to 34 years (41%), while more than half (57%) were in monogamous marriages and 40% owned businesses. At least 7% of the respondents had some form of disability.

Table 4: Demographics of community members

Dimension		%
<b>Highest level of education</b>	No formal education	9%
	Primary school	7%
	Secondary school	24%
	TVET	12%
	Tertiary (Bachelors', Diploma, Post graduate)	48%
<b>Age bracket</b>	18 – 24	13%
	25 – 34	41%
	35 – 44	23%
	45 – 54	11%
	55 and above	12%
<b>Disability status</b>	No disability	93%
	Has a disability	7%

### 4.1. Study Objectives

Assess knowledge, attitudes and practices related to GBV, women's leadership, and harmful social norms among religious leaders and communities

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#### Gender Based Violence (GBV)

The study sought to find out the communities' and religious leaders' understanding of the term GBV. A majority of the respondents (75%, n=75) described GBV as 'harm caused to someone because of their gender' thus showing that there is a general understanding of what GBV entails. Others (19%) described GBV as 'discrimination' or 'an act of harm that is done against someone' while 6% did not get the meaning right. When asked about the forms of GBV that community members were aware of; physical violence stood out for 93% of the respondents. Sexual violence, economic violence, psychological violence, Female Genital Mutilation (FGM), child marriage and femicide were also identified as forms of GBV. The chart below shows the community members' awareness on forms of GBV;

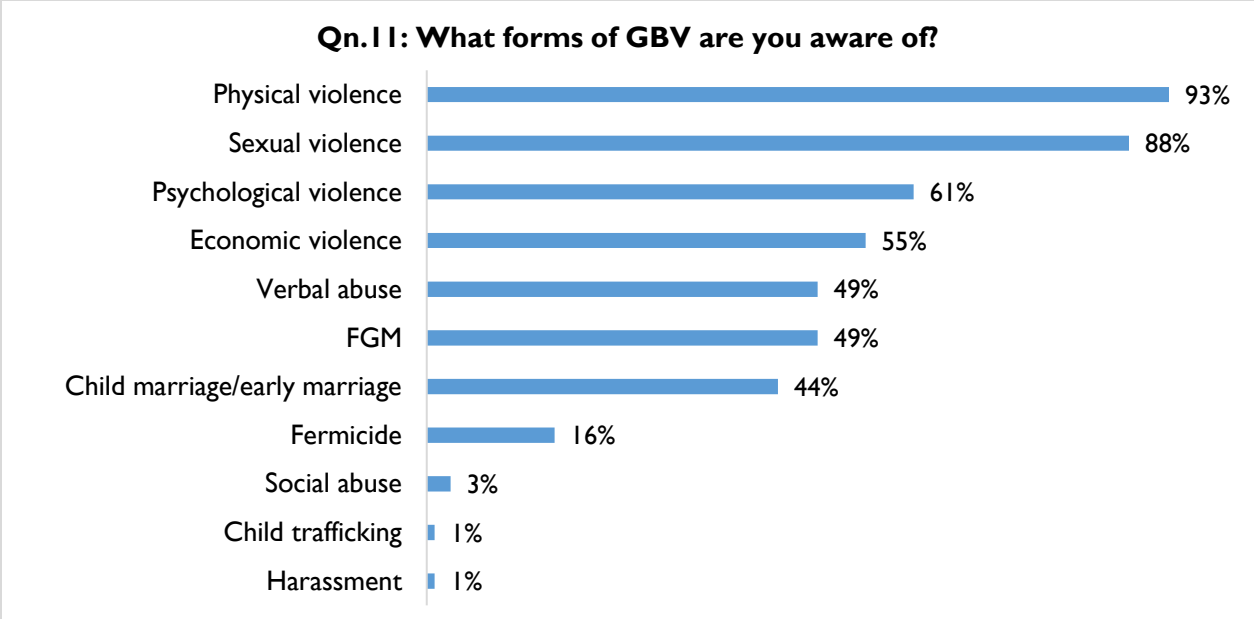


Figure 1: What forms of GBV are you aware of?

In FGDs, physical violence and sexual violence were stated as the most common forms of GBV that one was likely to experience in the three counties. However, in Samburu FGM and early marriage were most common. The prevalence of GBV was noted to be quite high in all three counties with 92% of all respondents having witnessed a GBV incidence in the last one year. This was highest in Nairobi county at 95% (n=22) of the people having witnessed GBV. Women (67%) and girls (33%) were also identified as the most at risk of experiencing GBV with men (87%) being the most likely perpetrators of GBV.

Poverty and harmful social norms are noted to be the main drivers of GBV and especially physical violence. Poverty increases tensions within the households when the income is not enough to cater for the household’s needs, often times the tensions escalate into domestic violence. Poverty also increases the vulnerability of community members such that they are not able to pursue justice to the end when GBV happens to them. Harmful social norms perpetuate unhealthy beliefs like women are subservient to men and therefore can be ‘disciplined’ when they are thought to be in the wrong. The same social norms give men more power over women, where women’s opinions are taken lightly and men get to make major decisions in households and in the community and the input of women is not considered. In the same way, this enables GBV such as marital rape, child marriage and FGM.

Despite efforts that have been made to address GBV in the country there still remains barriers to reducing GBV cases. Some of the challenges that were identified in addressing GBV cases included:

- **Protection of the perpetrator:** Some families would protect the perpetrators such as in incest sexual assault cases in a bid to protect the family’s reputation and the survivors would be expected to keep silent. This was more prevalent in Nairobi and Kitui counties.
- **Kangaroo Courts:** in some cases, families would opt to resolve cases on domestic violence and sexual assault out of court where the offender would be required to pay an agreed upon fine in cash or kind. As a result, many survivors did not report and justice was not served.
- **Harmful cultural norms:** in a few cultures such as among the Samburu, GBV and especially physical violence is viewed as a norm hence it is not encouraged to report to relevant authorities.

- **Poor reporting and response mechanisms:** participants reported cases where suspects would be apprehended and then released soon after, posing a threat to the survivors. In other cases, evidence would be mishandled causing the cases to fall through. Those who reported GBV cases on behalf of the survivors would also face threats to their safety thus discouraging people from reporting.

*“One time I was helping a survivor to follow up their case in court. The offender and their family kept threatening me and I had to stay elsewhere for a while.” Women’s champion in an FGD*

*“There’s a case of assault that I have been helping to follow up on. They keep changing the court appearance dates abruptly, some times in the morning of the court date in an attempt to frustrate us but we keep going.” Women’s champion in an FGD*

In an aim to gauge the attitudes towards physical violence subjected to women, respondents were asked how acceptable it was for a man to physically discipline his wife. Slightly more than a third (34%) of all respondents felt that it was “acceptable” and “very acceptable”. Notably, half (50%, n=30) of the survey participants in Samburu county felt that it was “acceptable” and “very acceptable” for a man to physically discipline his wife. Some of the male participants felt that women should be corrected by disciplining them if they were in the wrong. A majority (87%) of the community members also felt that women who dressed a certain way were more likely to experience sexual harassment or violence.

Community members were however “likely” and “very likely” (86%) to report GBV cases in the instance that they witnessed them. The preferred places to report the incidences to include community leaders (70%), police (62%) and NGO staff (25%). This shows that working with community leaders would be essential to reducing and responding adequately to GBV cases. There is also general knowledge of the kind on assistance that is available to survivors of GBV as per the chart below;

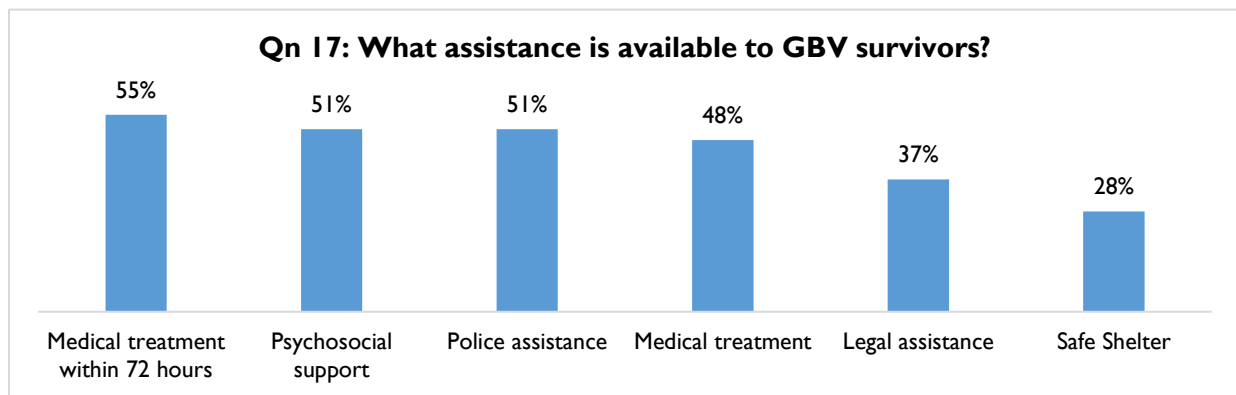


Figure 2: What assistance is available to GBV survivors?

## Women’s Leadership

According to the UN Women, women are underrepresented as voters as well as in leading positions<sup>9</sup>. Desk review shows that gender quotas were not achieved in the last general election in the country and in all three counties. In the 2022 elections, only 29 women were elected to the National Assembly from single-member constituencies out of a total of 290. In Kitui County, two women won parliamentary seats, one from Kitui West and another from Kitui South. In Samburu County, only one woman was elected as

<sup>9</sup> <https://www.unwomen.org/en/what-we-do/leadership-and-political-participation>

a Member of Parliament, representing Samburu West while only 1 woman won the parliamentary seat from Dagoretti North. In Nairobi County, the number of elected women Members of County Assembly (MCAs) dropped from five in the previous election to four in 2022. In Kitui County, only one woman was elected as an MCA, representing Nuu Ward, while in Samburu County, no women were elected as MCA. However, to ensure fair gender representation, nine women were nominated to the Samburu County Assembly.<sup>10</sup>

This study sought to find out communities’ opinions on why women were especially underrepresented in leadership positions. Respondents felt that discrimination due to gender (67%), cultural norms (60%), lack of education (20%), lack of opportunity (19%) and early pregnancy (12%) were the main hindrances to women being in leadership as shown in the chart below;

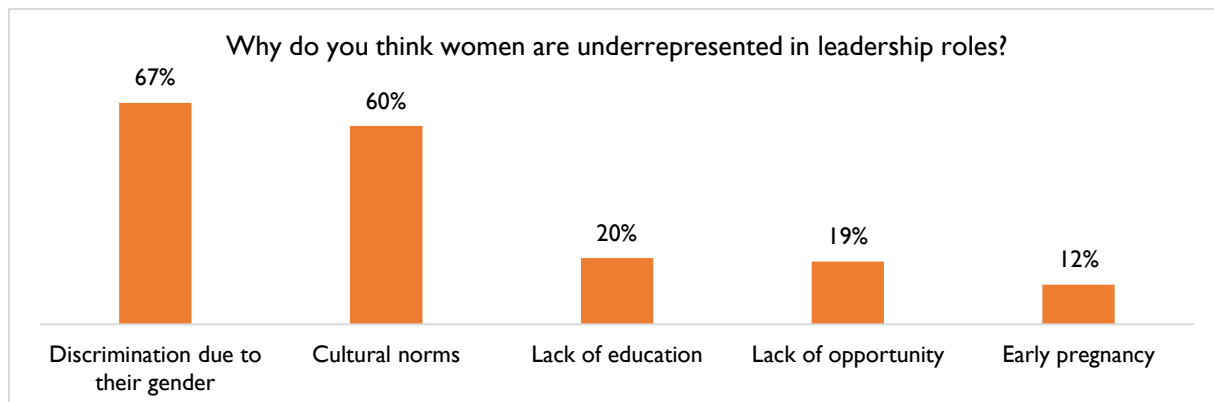


Figure 3: Why women are underrepresented in leadership

Five questions were used to gauge respondents’ perception of women in leadership. At an average, 18% of 75 respondents agree that men are better suited for leadership and women do not make good leaders since they were too emotional, and disagree that women; could lead a country, should be involved in decision making processes and that men and women are equally suited to vie for leadership positions.

### **Barriers to women leadership**

In discussion groups and interviews, participants attributed the low opinion of women in leadership to harmful cultural norms and power distribution that place women in the lowest category. Due to patriarchal systems that exist within the communities, leadership is viewed as the role of a man in society and women who vie for leadership are seen as going against these social norms. In Samburu, this was reiterated in FGDs where participants stated that cultural and social norms and especially in rural settings do not permit women to stand and address a group of men, something that would be required of any community leader. In Kitui, women are still expected to stick to household chores and misconceptions are peddled that women leaders would rule as dictators. According to one religious leader “Women leadership is sincere though it is said that when women lead they want to ‘sit’ on men and revenge”.

*“It’s easier here in town but if you go to the rural areas, they do not allow women to address men. They will ask them to sit down.” Women FGD Samburu*

Additionally, the age and marital status of a potential candidate is an area of consideration for aspiring candidates throughout all three counties. Married candidates, in particular married male candidates, are considered to have an advantage as people believe that a man who can lead his family could lead the

<sup>10</sup> <https://democracytrustfund.org/Gender-Audit-Analysis-Kenya-2022-GE.pdf>

community. However, this sometimes works to the disadvantage of women since married women who were vying for political positions are viewed as wanting to upset the societal structure by taking a leading role in the place of their husband. Women are therefore likely to experience unfavorable outcomes regardless of whether they get married or don't get married. Due to the corruptive nature of Kenyan politics, women are also more vulnerable to character assassination and false accusations of providing sexual favors in order to acquire party nominations. This deters a lot of women from participating in political leadership.

*“A few days to the last general election, some people started saying that if women were voted in, they would upset how society is set. The elected women would become the household heads and the man would have no say. Some men threatened to hurt their wives if they voted in women leaders so some women were afraid and did not vote.”* **Men FGD Samburu**

*“If a woman gets a party nomination, some people start saying that she slept with someone in order to get that position. This discourages a lot of women from taking part in politics.”* **Youth FGD Nairobi**

Financial backing was also noted as a barrier to accessing leadership opportunities in the political space and especially for women. The entire process for vying for political candidacy was noted to require financial muscle; from party nomination fees to campaigning materials including unethical campaign handouts for the public. This proves a challenge to a lot of women whose access to finance is often limited since they own fewer assets and are often times less economically empowered. Financial and economic empowerment of women would therefore go a long way in encouraging women to take up leadership position.

*“People expect handouts from political aspirants because even those who do not give handouts disappear after they are elected.”* **Youth FGD**

On top of that, women are more likely to face threats and intimidation due to their gender, portraying how unequal power distribution plays a role in the underrepresentation of women in leadership. While male contenders are also likely to face threats and intimidation in the political space, women are more vulnerable and more likely to be seen as easier targets on the basis of their gender which further increases their hesitancy to vie for leadership roles.

#### **A glance at barriers to women leadership**

- In Nairobi and Samburu aspirants for leaderships are likely to find themselves as victims of mudslinging and character assassination such as claims of giving sexual favors in return for party nominations.
- In Samburu and Kitui; harmful social norms are more likely to be perpetuated implying that women do not make good leaders or cannot be leaders. Gender roles do not give space for women to vie for leadership positions.
- In all 3 counties, women's economic power is lower in comparison to men, women make 'easier' targets for the opposing candidates and their marital status is often considered. All of these factors disadvantage women's leadership.

Identify Capacity Gaps and Needs of Women-led Organizations, Community-based Organizations (CBOs), and faith leaders

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## Women-led Organizations and Community-based organizations

5 women-led organizations and community based organizations from the 3 counties were represented in this study. All 5 have been operational for at least 3 years within the county of study and have at least 5 volunteers/staff working with them. It was noted that all the organizations majorly focus on 3 areas; gender justice and Women's rights, GBV prevention and response as well as leadership and governance. 3 of the organizations also focus on advocacy and policy reform and economic empowerment. These organizations carry out activities to enhance gender equality and to sensitize on GBV through training and sensitizing community champions on gender, mentoring school going children, providing avenues for economic empowerment for the community members, holding community forums among others

CBOs were identified as one of the places where community members are likely to report GBV cases to. Addressing their capacity needs is therefore necessary to improve the response to GBV. Some of the gaps and challenges that the organizations face in addressing gender-related issues include:

- **Rigid customs:** community members choose to maintain their customs such as FGM and the subjugation of women and opposition of female leadership even when they are harmful to other community members. This opposition to positive change makes the organizations' work much harder.
- **Limited exposure to national and international gender forums:** only one organization had fully participated in a Beijing forum. Grassroots organizations may sometimes find themselves having limited access to forums that seek to improve gender equality, hence continue operating from a limited knowledge capacity.
- **Limited financial capacity:** the organizations cited difficulty in acquiring funding for projects owing to being lesser known. Having access to more resources would help the organizations in their response to GBV and in their gender equality campaigns.
- **Uncooperative reporting systems:** in some cases, the community leadership such as the elders and chiefs and sometimes the police would aid the perpetrators and let them go after an arrest. Others would choose kangaroo courts in cases of domestic violence without involving the survivor, which denies access to justice for survivors. According to a KII respondent, *"We had an instance where a perpetrator was arrested and then the community came to ask for his release because they said they had already resolved the case."*
- **Security challenges:** this is largely in Samburu where organizations that try to rescue children from FGM and child marriage are at times met with hostility from the community members prompting them to cut short their rescue efforts. CBOs are also met with threats especially when pursuing cases that involve influential perpetrators. In a KII one of the CBO representatives remarked that *"Since it is a (defilement) case involving an MCA, even the victim's family and the media feel intimidated. The victim's family is not willing to pursue the case and the media is not talking about it."*

## Faith leaders

8 faith leaders and 1 community leader were interviewed across the 3 counties. As with the CBOs, faith leaders are often some of the first persons approached to help with GBV cases. The quantitative tool that was used to assess faith leaders looked at three main areas; their knowledge, attitude and practice towards gender equality and GBV and overall looked at their intersection with religion. In summary, the 8 faith

leaders scored 75% on knowledge, 87% on attitude but scored lower on practice at 74%. The scores on knowledge and practice were lower in comparison to that of their attitude. This implies the need to capacity build religious leaders on the existing policies on GBV and gender equality including on how to identify GBV cases in their congregations which would then lead to its practice. Out of the 8 faith leaders that were interviewed, only 2 were women, however 7 out of 8 agree that women should have equal opportunities in faith leadership while only half (4) agreed that traditional gender roles should be challenged. This also represents a unique challenge and opportunity to continue with sensitization on women's leadership even to faith leaders, to encourage that space be created for women in leaders in faith.

The leaders were also asked about the challenges faced while addressing GBV in faith communities. One challenge was the mix of culture and religion where religion is seen as a moral compass promoting gender equality and the equal treatment of everyone while some harmful cultural norms promote GBV. Both religion and cultural identities are important identities for congregations, making it difficult to separate the two in some instances.

Another challenge is that faith leaders felt that they do not always have all the information that they might need in order to help GBV survivors, such as understanding on the legal policies. Their congregations are also not aware of the feedback and reporting mechanisms for GBV survivors. While the faith leaders often refer GBV cases to CBOs/WROs, capacity building them on the steps to take would contribute to better documentation of GBV cases, better preservation of evidence and faster reaction where needed.

#### [Document socio-economic and cultural factors influencing gender inequality in Nairobi, Kitui and Samburu](#)

It was noted in the 3 counties, Nairobi, Kitui and Samburu that **poverty, cultural norms, unequal access to economic opportunities and limited access to leadership** contribute significantly to gender inequality.

#### **Economic Inequality and Job Scarcity**

In Nairobi's informal settlements, particularly in Kibera, poverty was mentioned as a major driver of inequality. The scarcity of jobs worsens economic insecurity within households, which in turn contributes to gender-based violence (GBV). Employment opportunities are limited, with "kazi ya mjengo" (construction work) being predominantly for men, leaving women with fewer economic options. This economic dependence on men reinforces power imbalances.

*"There are quite a number of causes. One of them is poverty, especially in areas like Kibera and other informal settlements. Many people lack a stable income, leading to stress that manifests as violence in the homes. When families struggle with food insecurity, conflicts arise easily. This way poverty triggers violence, not because being poor makes someone violent, but the stress, insecurity, and lack of resources can escalate conflicts" FGD Youth Nairobi*

Even where job opportunities exist, tribalism limits access. FGD participants noted that areas like "Kibra Number Nane" predominantly occupied by the Luo and Luhya communities, makes it difficult for individuals from other ethnic groups to secure employment. This highlights the unequal distribution of economic opportunities based on ethnicity.

In Kitui, **unequal land and property ownership** contributes to inequality. Traditionally, land and property in the Kamba community are owned by men. While constitutional changes have improved

inheritance rights, traditional beliefs persist. Men dominate leadership positions in politics, schools, and churches, while women are relegated to subordinate roles. Youth and people with disabilities (PWDs) face barriers in accessing leadership and job opportunities. It was noted county tenders are skewed in favor of men as opposed to women and youth. This is because they often have limited financial capacity and are not able to bribe their way into the opportunities while persons with disabilities are discriminated on the basis of their disability. Lack of capital was also mentioned as a major challenge for those seeking leadership positions, particularly affecting women and youth. Individuals from well-known political families have a higher likelihood of rising to leadership.

In Samburu, men control all aspects of life. Women must seek permission to sell or slaughter livestock, even for family needs. Men also make decisions about children's education, contributing to high illiteracy rates among women. This, in turn, leads to child marriages, female genital mutilation (FGM), and teenage pregnancies. The lack of resources for women results in over-reliance on men and limits their ability to pursue political aspirations.

### **Cultural Factors: Patriarchy and Male Dominance**

In Nairobi informal settlements (Kibra for this study), men are perceived as having the final say in household decisions. Patriarchal norms reinforce male dominance, with women expected to cook, wash, and care for children while men work and provide for the family. This contributes to men asserting control over their wives, sometimes through violence. FGDs respondents stated that in Kibera, GBV is often normalized, with some community members believing that being beaten signifies love or that men must control their wives through violence. As a result, GBV cases have increased.

Women in leadership also face resistance as men often feel intimidated by women in leadership roles, and some community members believe that women should stay home and not work. This has led to opposition against women's participation in leadership. Additionally, women often lack support from other women.

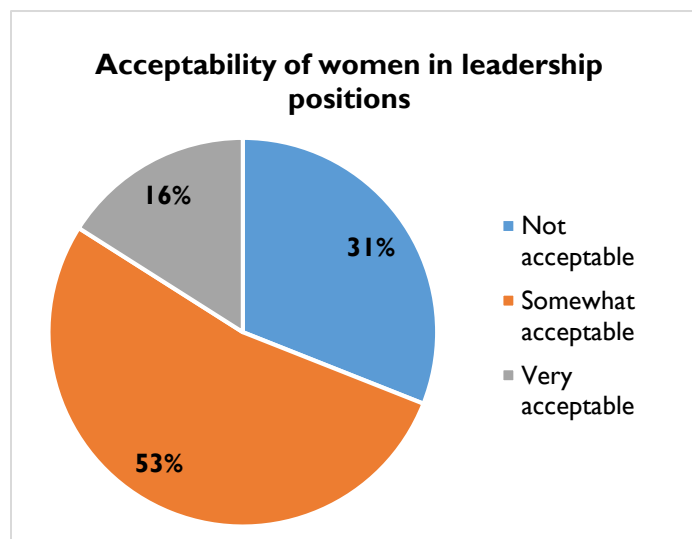
In Kitui, household chores such as cooking, cleaning, and childcare are traditionally assigned to women, while men fetch water and tend to cattle. The belief that a girl's place is in marriage and that women should not inherit property persists. While women may have a say in household decisions, men typically have the final authority. Leadership opportunities remain largely inaccessible to women and youth, as the Kamba community has not fully embraced their participation. Women in politics often face intimidation and violence during election periods due to the prevailing belief that a woman's place is in the kitchen.

*“Even if we educate the girl child there comes a time that they feel intimidated by men in positions like leadership. Men feel like they have the final say and authority over everything” KII Faith leader*

In Samburu, pastoralism is central to the community's way of life. The society is structured into warriors (who conduct raids and provide security) and ordinaries (who settle disputes). Men dominate leadership and are seen as superior to women, who are expected to obey them. Beating women for “disobedience” is considered normal, and harassment of women who challenge male authority is common. Wife-beating occurs frequently, and rape is considered taboo, leading to underreporting and a lack of community support for victims. In KIIs, informants stated that having men making most of the decisions and being seen as superior to women gives way to FGM and child marriages as women and girls are not able to have a say.

“And one of the issues is education. When you look at Samburu 81-84% illiteracy level close to them is women. So, mostly women do not get education due to challenges like child marriages, FGM” KII CBO Samburu

In Samburu leadership roles are often assigned based on clan affiliations, further disadvantaging women. Women must struggle to be accepted as leaders, particularly if they are unmarried, young, or living with disabilities. The belief that women's leadership should be limited to the "women representative" position discourages them from vying for other political roles. Resistance from the community—including from women themselves—further hinders female leadership. Additionally, age plays a significant role in leadership selection, disadvantaging both women and youth.



When asked about the acceptability of women taking up leadership roles in their communities, **41% of respondents stated it was very acceptable**, while **52% said it was somewhat acceptable**. However, **7% noted that it was not acceptable at all**, highlighting persistent cultural and societal barriers.

Figure 4: Acceptability of women in leadership positions

### Challenging Harmful Social Norms

When asked about the most effective strategies for challenging harmful social norms, 88% of respondents cited education, while 57% highlighted community dialogues. Other key approaches included role modeling (20%), parental awareness (12%), and empowerment initiatives (3%).

### Most Effective Actions for Challenging Harmful Social Norms

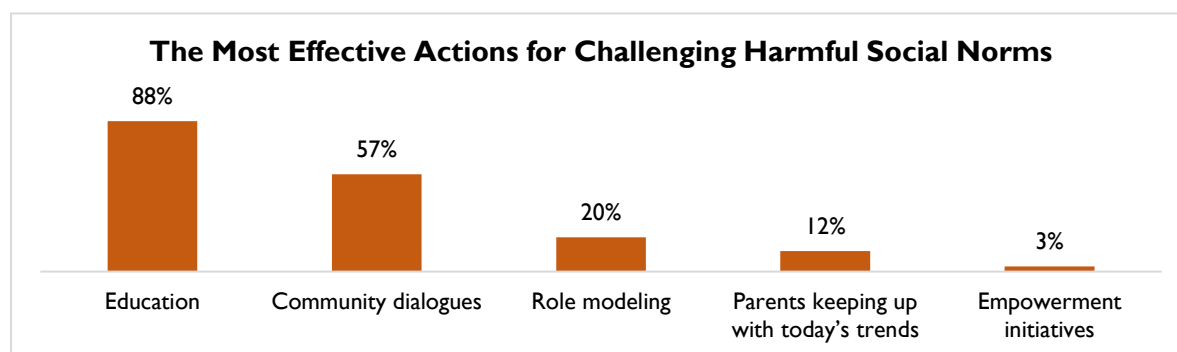


Figure 5: The most effective actions for challenging harmful social norms

Qualitative insights however suggest that a combination of faith-based and traditional leadership engagement, education, community initiatives, and legal reforms is the most effective way to challenge harmful social norms and promote gender equality in the Counties.

Faith-based and traditional leaders hold significant influence over cultural beliefs and community norms in all three counties. Engaging them in gender equality efforts is essential. Adopting strategies such as modifying rituals such as FGM and promoting alternative rites of passage to replace harmful traditions would be more effective. Utilizing religious platforms such as sermons and prayers for advocacy to shift community perspectives as well as encouraging self-reflection on outdated practices and positioning faith and traditional leaders as “champions” of change will foster long-term commitment to gender equality.

Adopting community-driven strategies was cited as critical in shifting gender norms. Engaging men and boys as allies, role models, and advocates helps create a more inclusive society. Media and awareness campaigns were seen to play a vital role in reshaping perceptions of women’s leadership and gender-based violence (GBV) by the community. Empowering women, youth and the marginalized groups enhances leadership participation and economic independence. Additionally, training community leaders to advocate against GBV strengthens local accountability and ensures sustained efforts toward gender equality.

It was noted that laws alone are insufficient in addressing harmful social norms. Effective enforcement must be supported by education and economic empowerment. Strengthening institutions and training service providers, including police, judiciary, and healthcare workers, enhances GBV prevention and response while building community support is essential to prevent resistance and clandestine practices that may undermine progress.

### Views on gender Equality

When asked about their views on gender equality, respondents expressed strong support for the idea that **gender equality benefits everyone** as more than three quarters (77%) agreed (strongly agree/ agree).

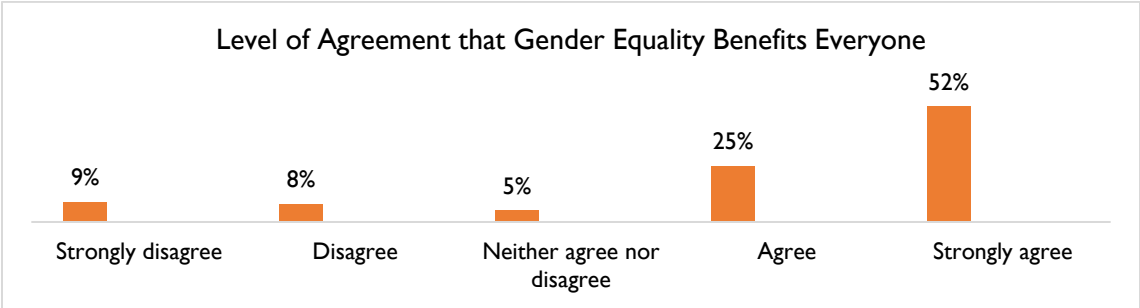


Figure 6: Level of agreement that gender equality benefits everyone

A respondent in Samburu described their generation as “Gen Z is challenging cultural notions that lack logic”, reflecting a growing shift towards progress and inclusivity. From the discussion, the need for men to champion women’s rights was emphasized, recognizing that progress requires a unified effort. However, some noted that women’s leadership struggles are compounded by women themselves not supporting each other, highlighting the need for solidarity in advancing gender equality. The importance of grassroots

education and continuous training on gender equality was emphasized to enable the community understand that "women are as good as men" and that development is only possible when everyone is included. This perspective highlights the belief that gender equality is essential for community progress and sustainable development. Additionally, the need to support marginalized groups, particularly women, to demonstrate that they can perform just as well as men when given opportunities was emphasized highlighting how equal access to leadership, education, and economic participation can lead to positive contributions for the entire community.

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[Provide baseline data to track progress against project outcomes and inform the design of interventions](#)

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***Outcome 1: Strengthened capacity of women-led and community-based organizations to advocate for gender justice and accountability.***

The capacity for women-led and community-based organizations to advocate for gender justice and accountability is at 74% for this KAP assessment. This was calculated using eleven questions in the *Organization Capacity Assessment tool for WLOs and CBOs*. This shows that the capacity of the WLOs and CBOs is fairly adequate. CBOs or CBO staff are sometimes the first responders to GBV cases.

The organizations regularly face challenges such as limited funding, political and community resistance, and restricted access to decision-making spaces which continue to hinder the full realization of their potential. Others lack facilitation services such as safe houses to hold GBV survivors whose lives may be in danger which hinders these organizations from achieving their full potential.

*"We need to do facilitation when we call the community for trainings or forums and sometimes we do not have those resources."* KII with CBO representative

In order to enhance gains made by WLOs and CBOs on gender justice and accountability, continued investment in technical support, leadership development, and coalition-building is essential. Strengthening partnerships between WLOs, CBOs, and other key actors—including government institutions, donors, and faith leaders—will further amplify their voices and ensure a more coordinated approach to achieving gender justice and accountability. Additionally, they could benefit from capacity building to improve the organizations' structure and on the monitoring and evaluation of gender advocacy projects. This would also see an improvement in the areas of proposal writing for their projects and networking with donors.

***Outcome 2: Enhanced GBV prevention through training of service providers on gender transformative approaches and improving stakeholder coordination of available services.***

Efforts to prevent Gender-Based Violence (GBV) have over the years been strengthened through the training of service providers on gender-transformative approaches, equipping them with the necessary knowledge and skills to challenge harmful gender norms and promote survivor-centered responses. These trainings have enhanced the capacity of frontline workers, ensuring that survivors receive holistic and trauma-informed support.

*"We are training the hospitals that once they receive a victim of GBV to first treat them, give their report and send them to the police. Also, we are recommending that we have a unit in hospitals to deal with GBV cases, here at the Kitui referral hospital we have that unit we want to cascade that to other hospitals. The medical officers are*

*working hand in hand with the police to make it easier for the victim.”* **State department for gender and affirmative action, Kitui**

In addition, improved stakeholder coordination has facilitated better service delivery by creating more streamlined referral pathways, reducing duplication of efforts, and fostering greater accountability among key actors. However, challenges such as inconsistent participation, resource constraints, limited knowledge and varying levels of institutional commitment have limited the full realization of these efforts. According to a KII respondent *“Sometimes hospitals do not have the required medicines to attend to a GBV survivor.”*

In order to sustain progress, continued investment in training programs is essential, ensuring that service providers have access to updated methodologies and best practices. Strengthening multi-sectoral coordination through formalized agreements and shared action plans will further enhance collaboration, ensuring that GBV prevention and response services are comprehensive, accessible, and effectively integrated.

***Outcome 3: Empower faith leaders to actively prevent and respond to gender-based violence and advocate for gender equality within their congregations.***

Faith leaders scored 78% in areas on knowledge, attitudes and practices towards GBV and gender equality. With 77% of the community members stating that religious leaders are influential and very influential in changing harmful social norms, it is therefore necessary to well equip them to be able to handle GBV cases when they are initially reported to them and to forward them to the next office. Most of the religious leaders (62%) stated that their places of worship did not often have a designated office for handling GBV cases, with only a quarter of them who frequently referred or supported GBV survivors in accessing services. By equipping faith leaders with the tools to actively promote gender justice, challenge harmful norms, and support survivors, faith communities can become powerful allies in the fight against GBV and the advancement of gender equality. Capacity building religious leaders on how to handle GBV cases and on the support required for GBV survivors is therefore recommended to enhance the response to GBV, challenge harmful social norms and promote gender justice.

*“Of course, we can never have enough of training, especially on matters such as GBV. Training us and the community will help us to know how to handle GBV cases better.”* KII with religious leader

## 5.0. CONCLUSION

According to the findings of this KAP study, there is general knowledge on GBV including the forms of GBV and available support for GBV survivors. The prevalence of GBV, however, is not reduced with 92% of respondents having witnessed a GBV incidence in the last one year, despite the community's knowledge, and even when most (86%) community members claim that they are likely and very likely to report GBV cases if they were witness to one. Women and girls remain the most likely survivors of GBV while men are the most likely perpetrators. This indicates that there is a gap between the knowledge that the community holds and the attitudes and the practice on GBV cases. The persistence of GBV despite multiple efforts to curb it is due to various factors such as poverty which causes tensions that are wont to escalate in households, translating to GBV and harmful cultural ideologies that claim the superiority of men. Due to different cultural norms in the three counties, it is noted that the most common forms of GBV vary with FGM, physical violence and child marriages being most common in Samburu County, physical and incesuous sexual violence are most common in Nairobi while economic and incesuous sexual violence prevail in Kitui County. People who seek to report or challenge GBV also encounter challenges such as rigid customs that favour GBV, weak justice systems that sometimes-let offenders go as well as families that protect perpetrators especially in cases of sexual violence in order to protect the family image. Continuous community engagement is therefore necessary to change the attitudes and practices towards GBV. This can be done by community volunteers and CBOs/WROs.

Gender inequality and the underrepresentation of women in leadership still prevail driven by multiple factors, with harmful social norms being key. Cultural norms assign the most power to men including the power to make decisions and the power to rule, leaving women to be almost powerless. At a glance, the power ladder in the society is structured such that men hold the most power followed by youth – mostly male youth – who come before women and finally children and persons with disabilities. In households, women and girls are not able to make pertinent decisions about issues that affect them such as education, FGM and child marriage. The power dynamics also pave way for physical violence which is seen as a way to discipline women and marital rape where men feel that they should not be denied conjugal rights. Men are also more likely to own or inherit property living women with fewer assets to access. This leaves women to be dependent on men. The same power dynamics bar women's participation in leadership and the access to economic opportunities by women, youths and persons with disabilities. Harmful cultural norms promote ideologies that women should not be leaders and that women leaders would upset the societal structure. Having men as champions for gender equality and women leadership may positively influence a change in such cultural norms. Women's economic empowerment would also come in handy as it would provide women with the financial backing that they may require when vying for electoral seats.

Faith leaders and WROs/CBOs have helped communities in accessing justice in the case of GBV and have helped women to participate in leadership and economic opportunities. These groups have also helped to promote gender equality in communities, encouraging land inheritance for women and access to education for the girl child. This is done through continuous community engagement through community volunteers, community forums and even art. They however face challenges, having limited resources like funds and safe houses for survivors, limited knowledge and exposure to national and international policies on GBV,

gender equality and women's leadership. Their position at the grassroots level, being perceived as part of the community is an opportunity that would be beneficial to this project. Capacity building faith leaders and WROs/CBOs on these gaps will work towards ensuring that GBV, gender equality and women leadership indicators continue to improve.

In conclusion, there is need for better coordination between all the stakeholders and duty bearers in the gender space. From hospitals, police stations, WROs/CBOs, administrative offices to community members. Having quarterly meetings between these stakeholders will be a key step in identifying gaps and aligning on communication between them to efficiently handle the various challenges and issues within the gender sector.

## 6.0. RECOMMENDATIONS

These recommendations have been structured along 5 areas

### **Prevention:**

- Engage both traditional leaders and faith leaders as agents of positive change through trainings and forums to influence social norms. Community leaders are custodians of culture, which significantly influences social norms. Faith leaders are influential in shaping social norms.
- Carry out continuous community sensitization even after the project duration, utilizing community volunteers and grassroots CBOs. This is crucial for informing community members about GBV referral pathways and discouraging harmful practices like kangaroo courts.
- Link community members, especially women, to economic opportunities and training programmes to reduce poverty, a major cause of GBV and gender inequality. Economic empowerment can reduce household tensions and women's vulnerability.
- Involve men as champions for women's rights and leadership in social behavioral change campaigns to challenge harmful social norms.
- Promote women leadership initially in social settings like Village Savings and Loans Associations (VSLAs) before community and political levels. Women already hold leadership in VSLAs.
- Utilize religious platforms such as sermons and prayers for advocacy to shift community perspectives and encourage self-reflection on outdated practices.

### **Protection:**

- Strengthen the capacity of CBOs/WLOs and faith leaders to increase their responsiveness to GBV and gender inequality through capacity building. This includes knowledge of national and international policies on GBV.
- Improve coordination and communication between stakeholders to efficiently handle GBV cases. This includes hospitals, police, local organizations, and the community.
- Address the limited resources of WLOs and CBOs, such as funding and safe houses, to better support GBV survivors.

### **Persecution:**

- Encourage better handling of GBV cases among duty bearers to promote access to justice for survivors and discourage kangaroo courts.

- Strengthen institutions and train service providers, including police and judiciary, on GBV prevention and response.

**Policy:**

- Advocate for the inclusion of community and traditional leaders in policy discussions related to GBV prevention and women's leadership.
- Strengthen the enforcement of existing legal frameworks and policies addressing GBV and women political participation at both national and county levels.

**Partnership:**

- Foster stronger collaboration between hospitals, police, local organizations (WLOs/CBOs), administrative offices, and community members to ensure survivors are protected and women have the power to make decisions.
- Strengthen partnerships between WLOs, CBOs, government institutions, donors, and faith leaders to amplify their voices and ensure a more coordinated approach to achieving gender justice and accountability.
- Encourage networking among CBOs/WLOs and facilitate their access to national and international gender forums to enhance their knowledge and capacity.

## 7.0. APPENDICES

1. Final data collection tools.



Draft CREAW Baseline Tools.zip

2. CREAW transcripts



CREAW KAP  
Transcripts.zip

