

## Setting the Research Agenda on Sexual and Reproductive Health and Rights (SRHR) in Kenya

### FINDINGS OF A QUALITATIVE STUDY

#### Background



Kenya, like many East African countries, faces significant sexual and reproductive health and rights (SRHR) challenges. Despite numerous efforts to improve SRH outcomes, various

population groups in the country remain burdened by adverse outcomes. Among those at elevated risk are young people, mothers, rural communities, pastoralists, migrant workers, urban informal settlement residents, LGBT individuals, sex workers, people living in poverty, injectable drug users, the homeless, long-distance drivers, and the elderly.

Kenya's SRHR challenges encompass both longstanding and emerging issues. Pregnancy

and childbirth continue to be high-risk periods for women, compounded by limited access to comprehensive sexuality education, child marriage, teenage pregnancies, and female genital mutilation. Additional challenges include high rates of mother-to-child HIV transmission, increasing adolescent HIV cases, and rising reproductive cancer cases. Furthermore, a growing anti-SRHR discourse in Kenya threatens to reverse decades of progress.

In response to these challenges, we conducted a study to identify urgent research questions and critical needs related to SRHR in Kenya. The study aims to influence investments and support evidence-based initiatives for improved health and inclusive prosperity in the country.

#### Materials & Methods



The study gathered data from a purposively selected group of knowledgeable SRHR researchers, practitioners, advocates, donors, policymakers, program managers, educators, service

providers, and laypersons. Using thematic coding with Nvivo 12 software, the analysis identified urgent research, program, policy, investment, and evidence gaps in SRHR in the country.

#### Key Recommendations for SRHR Investments



Include expanding targeted, affordable SRH services for vulnerable populations and key groups; strengthening SRHR research and research capacity; and supporting evidence-informed SRHR policy-making and program

delivery. Investments in stakeholder, media, and public engagement—including efforts involving opinion leaders, cultural leaders, and communities—are also essential to fostering an environment that supports open, progressive dialogue on SRHR.

#### Key Findings



Identified key SRHR challenges in Kenya include contradictory legal and policy frameworks, limited access to comprehensive sexuality education for young people, high rates of cross-generational and transactional sex, mother-to-child HIV transmission, unsafe abortions, and rising HIV infections among youth. Low contraceptive use among vulnerable women, gender-based violence, and high maternal mortality and morbidity were also frequently highlighted. Additionally, persistent FGM, early marriage, and limited accessibility and affordability of SRH services for critical groups—such as youth, rural and slum

populations, and mobile populations—remain significant obstacles.

#### SRHR evidence gaps:

**1** Respondents identified critical SRHR data gaps in Kenya, highlighting an urgent need for evidence on the political economy of SRH policymaking at both national and county levels, the impact of corruption on SRH services, and the translation of national SRH policies into county-level actions. Additionally, they emphasized research on the effects of climate change on SRH outcomes and the factors driving new HIV infection trends. There was broad consensus on the need for robust data regarding donor influence on SRHR, the rise of anti-SRHR rhetoric, infertility in both men and women, and the persistence of multiple sexual partnerships and cross-generational relationships.

**2** Other identified priority research areas included the link between women's economic empowerment and SRH challenges, youth SRHR issues—especially access to comprehensive sexuality education and SRH care—and the SRH needs of people with disabilities, LGBT persons, and other key populations. Access to abortion care for vulnerable women and girls also emerged as a significant issue.

**3** STIs, such as gonorrhea and syphilis, were noted as increasingly common, underscoring the need for national data on STI prevalence and patient demographics to guide programmatic actions. Respondents called for evidence on effective menstrual hygiene strategies for poor and vulnerable women and girls, as well as on the ongoing resistance to women's SRHR from men and religious leaders. Studies on the extent and drivers of sexual violence against children, sexual health challenges among older adults, and the ongoing epidemic of maternal mortality were also deemed priorities.

