

SEXUAL AND GENDER MINORITIES IN WESTERN KENYA

Health and Rights Concerns of People Assigned
Female at Birth

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INTRODUCTION

Research on sexual and gender minorities in Kenya – as in much of the world – has focused almost exclusively on the needs of those assigned male at birth, including those currently identified as men and transgender women, and their sexual partners. Further, much of that research has remained HIV/AIDS focused, and has missed an examination of the broad range of sexual health needs identified by Kenyan sexual and gender minority people (amFAR, 2015). In 2013, a series of community conversations with a local grassroots organization of sexual and gender minorities who were assigned female sex at birth (SGM-FAB) occurred in Western Kenya. This led to the *Kufunua* project (Swahili for ‘reveal’), a quantitative community needs assessment with a goal to identify the demographic characteristics of this community and to improve our understanding of the experiences and needs of SGM-FAB in Western Kenya. *Kufunua* was undertaken in order to inform the current political and social debates around how to best serve the needs of lesbian, bisexual, transgender, queer, and intersex (LBTQI) people assigned female sex at birth in the region.

Prior work within this community indicated that many SGM-FAB people identify with a lesbian, bisexual and queer (LBQ) women’s community, including not only those who identify as women, but also those who identify as trans masculine, non-binary, or gender fluid. Similarly, grassroots community organizations and support groups for LBQ women tend to be inclusive spaces for trans masculine and non-binary individuals assigned female at birth, and previous qualitative work (Wilson et al., under review) has identified that many SGM-FAB who identify as transgender or non-binary also identify as LBQ women. The term “LBQ womxn” is one phrase used by several community leaders to signify inclusion of all individuals assigned female at birth with varied gender expression and sexual orientation identities. Given that the phrase “womxn” is used differently in a U.S. context than a Kenyan context, we refer to the community as SGM-FAB throughout this brief report, and keep this diverse group in mind when drawing implications for public policies and services.



CHARACTERISTICS

The data presented here are drawn from a quantitative community needs assessment conducted in collaboration with local SGM-FAB individuals and community organizations in Western Kenya to document the demographic characteristics of this community and to improve our understanding of their experiences and needs. The choice of topics to include in the survey were informed by a previous qualitative community assessment (Wilson et al., under review). The survey was distributed through social networks of people who identify with the LBQ women's community. A total of 273 SGM-FAB individuals completed the survey. Most of the respondents (73.2%) identified as lesbian, 16.1% identified as bisexual, 7.7% as queer, and 2.2% of respondents identified as homosexual or other. Two respondents (0.7%) identified as straight or heterosexual.¹ Seventeen respondents (6.3%) also identified as transgender; most transgender-identified respondents identified their sexual orientation as lesbian (62.5%), with others (37.5%) identifying across the following: bisexual, queer, homosexual, straight/heterosexual, or another identity.

On average, respondents were 28 years old (range 18-52 years) and almost two thirds had some type of employment at the time of the survey (65.8%), including write-in responses such as "self-employed" and "business". About half (51.8%) of the respondents had completed secondary school or less, and 48.1% of the respondents had completed post-secondary or higher levels of education. In terms of relationship status, a third of the respondents were single at the time of the survey (33.8%); the remaining were dating (23.7%) or in a relationship (39%) with a man, a woman, or both; and 3.3% reported being married to a man.

A. GENDER EXPRESSION

Given previous work on sexual minority women's communities, we aimed to understand whether gender expression was relevant to how SGM-FAB are perceived by those in their Western Kenya communities and the experiences they have. As such, in addition to sexual orientation, gender identity, and assigned sex at birth, we asked respondents what word best described their gender expression or role, and then looked at how various demographic characteristics, sexual orientation identity, and experiences of victimization varied by SGM-FAB's gender expression.

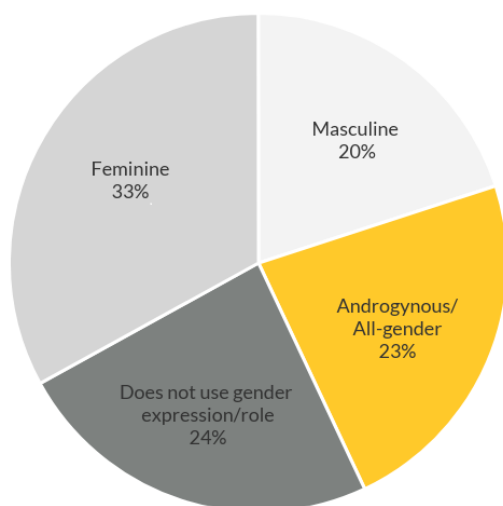
¹We included the two straight/heterosexual respondents in analysis because one also identified as transgender and the other respondent reported having sex with women in the past year.

Figure 1. Gender expression measure

SURVEY QUESTION In general, what word best describes your gender expression or role?	CATEGORIZATION FOR ANALYSIS
Androgynous (neither butch nor femme) All gender (like stem or futch)	Androgynous/All-gender
Butch/Stud	Masculine
Femme/Lipstick	Feminine
I do not use a gender expression or role term	Does not use a gender expression or role term
Other, please specify	N/A

We categorized respondents' gender expression as "Masculine" if they chose "Butch/stud", "Feminine" if they described themselves as "Femme/lipstick", and "Androgynous/All-gender" if they thought "Androgynous" or "All-gender" were the best words to describe themselves. Of note, nearly one-fourth (23.6%) of respondents selected "I do not choose a gender expression or role term." No respondents chose "Other" as an option, which reflects that the identity labels used in the community were captured by the survey. Figure 2 shows the distribution of the gender expression or role and Table 1 shows demographic characteristics by gender expression or role.

Figure 2. Distribution of gender expression or role (N=271)



B. DEMOGRAPHICS

Overall, respondents who indicated that they do not use a label to describe their gender expression or role differed from the other groups. They tended to be older and more likely to be dating, in a relationship

or married than respondents who were masculine, androgynous/all-gender, or feminine. More respondents who did not use a gender expression or role were employed compared to masculine and androgynous/all-gender respondents. A higher proportion of feminine respondents were employed than androgynous/all-gender respondents.

Table 1. Demographic characteristics by gender expression or role

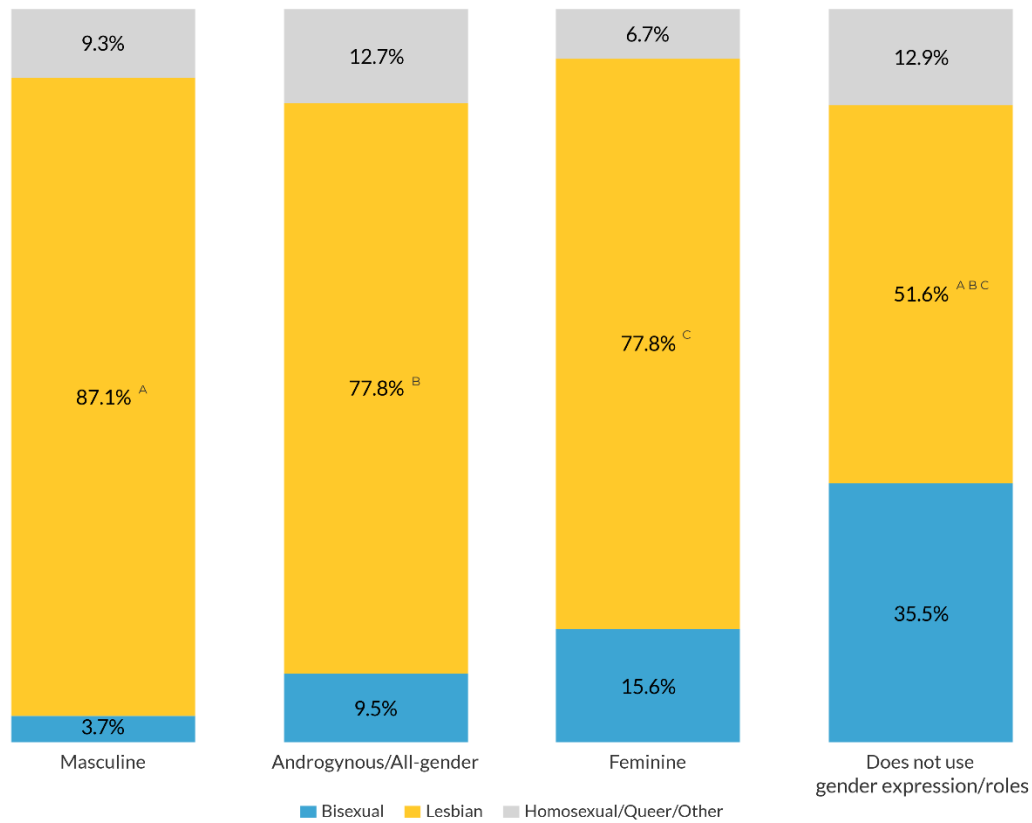
	Masculine (N=54)		Androgynous/ All-gender (N=63)		Feminine (N=90)		Does not use gender expression/role (N=64)	
	N	Estimate	N	Estimate	N	Estimate	N	Estimate
Mean Age	52	27.9 ^A	62	27.9 ^B	89	25.7 ^C	62	32.9 ^{A B C}
Education								
<secondary school	31	57.4%	28	44.4%	53	59.5% ^D	27	42.2% ^D
>post-secondary	23	45.6%	35	55.6%	36	40.5% ^E	37	57.8% ^E
Employment								
Employed	33	61.1% ^F	30	47.6% ^{G H}	64	71.9% ^G	52	81.3% ^{F H}
Unemployed	21	38.9% ^I	33	52.4% ^{J K}	25	28.1% ^J	12	18.8% ^{I K}
Relationship status								
Single	20	37.0% ^L	27	45.0% ^M	35	39.3% ^N	9	14.1% ^{L M N}
Dating	12	22.2%	11	18.3%	21	23.6%	18	28.1%
Relationship	22	40.7%	21	35.0%	32	35.9%	30	46.8%
Married	0	0.0%	1	1.7%	1	1.1%	7	10.9%

Note: Superscript letters indicate respondents differed significantly ($p < .05$) with corresponding letters. Looking at Mean Age in row one, the mean age estimate for people who are masculine differs significantly from the mean age estimate for people who do not use gender expression/roles. In row one, the mean age estimate for people who do not use gender expression/roles differs significantly from the androgynous/all-gender and feminine groups as well.

C. SEXUAL ORIENTATION IDENTITY

In terms of sexual orientation, regardless of gender expression or role, most respondents identified as lesbian. However, respondents who reported that they did not use words to describe their gender expression or role were significantly less likely than others to use the term lesbian to describe their sexual orientation.

Figure 3. Sexual orientation identity by gender expression group

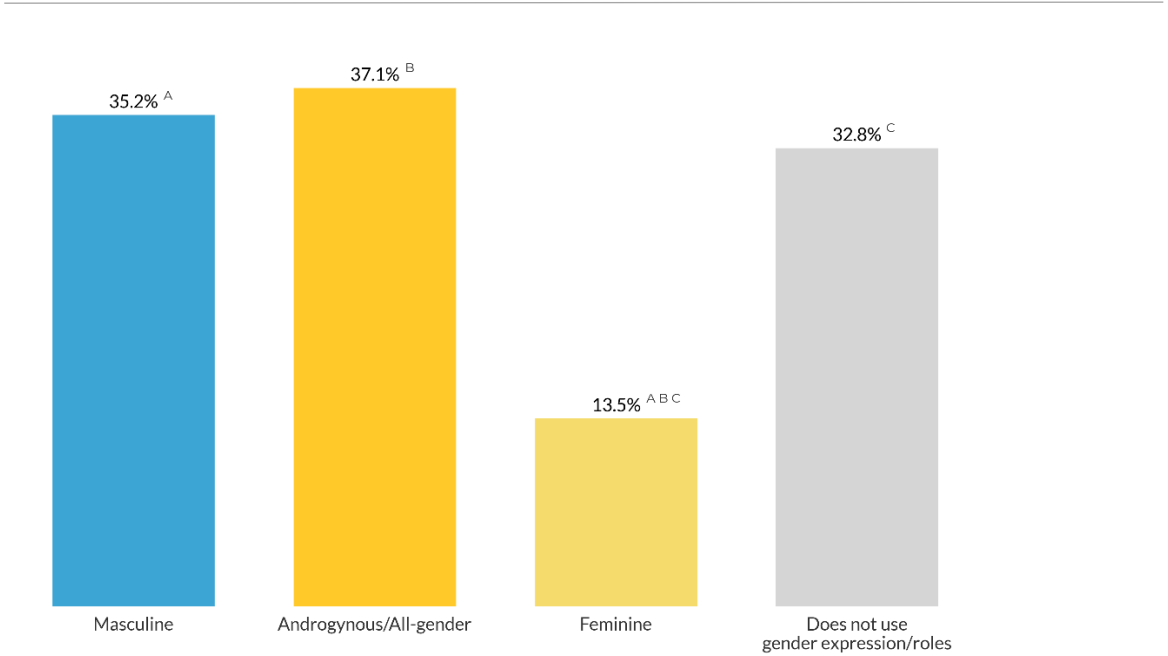


Note: Superscript letters indicate respondents differed significantly ($p < .05$) with corresponding letters

D. Experiences of Sexual and Gender Minority Status-Related Violence

In the survey, respondents were asked if they ever experienced violence due to their sexual orientation, gender identity, or gender expression. Overall 27.7% of respondents reported experiencing such violence. Masculine, androgynous/all-gender, and respondents who did not use a gender expression or role term were over two times more likely to report experiencing SGM status-related violence compared to feminine respondents (See Figure 4).

Figure 4. Experiences of sexual and gender minority status related violence by gender expression or role



Note: Superscript letters indicate respondents differed significantly ($p < .05$) with corresponding letters

Of those who reported experiencing SGM status-related violence, 44% experienced a form of verbal violence, 38.7% experienced a form of emotional violence, 21.3% a form of physical violence, and 14.7% experienced a form of sexual violence. Further, those who reported any one of these types of SGM status-related violence, most (55.8%) reported experiencing two or more forms of violence.



PRIORITIZATION OF NEEDS

We asked SGM-FAB in Western Kenya about their areas of need and how they would prioritize them.

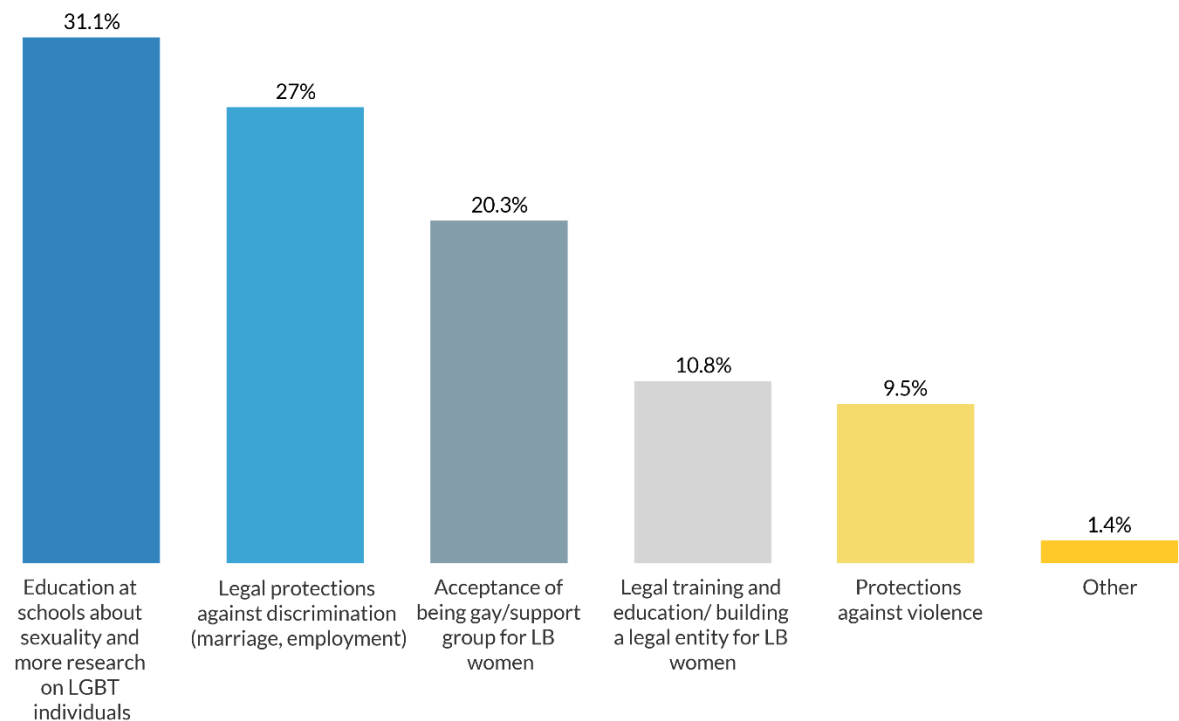
Respondents identified the following three areas of highest need, out of a list of 15 services and issues² that were generated during our earlier qualitative work with the community, prioritized in the following order:

1. Economic empowerment services (scholarships/income generation projects)
2. LGBT community acceptance campaigns
3. Menstruation supplies (tampons, pads, cups)

In addition to identifying these needs, respondents were asked to list any legal issues they were concerned about. Of the full sample, 39% of respondents provided an answer to this open-ended question. When asked whether they had any legal needs, 39% of respondents provided a written answer and we categorized these responses into themes. Of those who answered this question, 31.1% reported a need related to education at school about sexuality and research on LGBT individuals, and 27% reported a need related to legal protections against discrimination by sexual orientation, gender identity, and gender expression, including around issues of marriage and employment (Figure 5).

² The 15 services and issues listed include the following: 1) LGBT community acceptance campaigns, 2) Dating and relationship services, 3) Economic empowerment services (scholarships/income generation projects), 4) Educational services, 5) Fertility and insemination services (help with getting pregnant), 6) Increased security and safety improvements with work conditions (work safety, protection from work-related health programs), 7) Legal services, 8) Literature and media resources (lesbian documentaries, books, magazines), 9) Mental health services (support groups, domestic violence counseling), 10) Menstruation supplies (tampons, pads, cups), 11) Physical health services (screenings, lesbian friendly physicians), 12) Pregnancy and maternal health (including midwifery), 13) Sexual health supplies (dental dams, gloves, dildos), 14) Sperm donor services, 15) Sports activities.

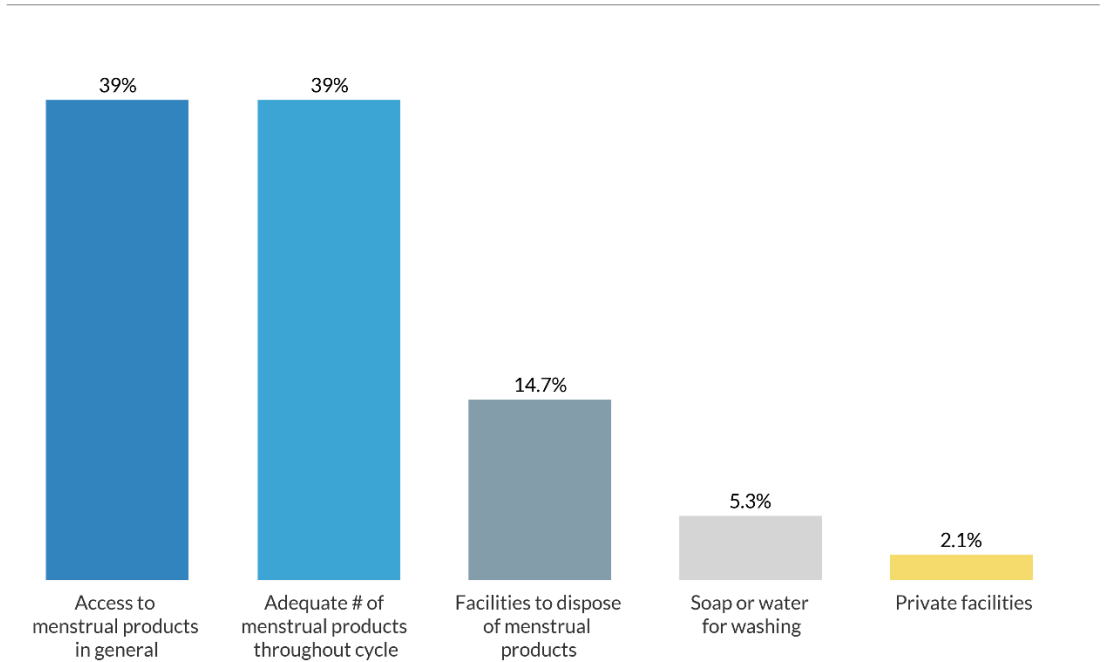
Figure 5. Current legal issues of concern



A. Access to Reproductive Health – Menstrual Health

Given current advocacy and research around women’s access to menstruation supplies throughout sub-Saharan Africa, we also asked specifically about the types of menstrual products they used and what challenges SGM-FAB faced around menstrual health (using language from the current working definition on menstruation hygiene management; Sommer & Sahin, 2013). About a third of the respondents reported using pads (36.4%), another third reported using tampons (32.3%), and 30.8% reported using both tampons and pads. Only one person reported using menstrual cups exclusively. In terms of challenges, 39% of respondents experienced difficulty accessing menstrual products and accessing an adequate supply of products throughout their menstrual cycle (Figure 6).

Figure 6. Reported challenges to accessing menstrual health products or services





CONCLUSION

This community survey represents some of the first published findings on demographics and experiences of SGM-FAB in Kenya, or any sub-Saharan African country. The findings indicate that there are several areas where future research and action could focus. Among SGM-FAB in Western Kenya recruited through the Kufunua project:

- 34% experienced unemployment
- 48% had post-secondary education
- 28% reported experiencing violence because of their sexual orientation, gender identity or gender expression
- 39% experienced some form of barrier accessing needed menstrual products
- 39% felt that some form of legal services were needed, especially LGBT educational initiatives, research on LGBT individuals, and anti-discrimination laws protecting sexual and gender minorities

While the study's findings may not be generalized to the entire SGM-FAB community in Western Kenya due to the study's methods (i.e., it was not a random or representative sample), they suggest some areas that services and future research should examine further. In particular, while the education levels are similar to the general population of women in Kenya, the unemployment rate in this sample was higher than the Kenyan national unemployment estimate for adult women of 15.3% (World Bank, 2018). Additionally, within sample differences in employment rates between gender expression groups may represent employment-related discrimination faced by community members who do not fit a normative feminine gender role or presentation. Kenya is a country with a strong gender gap whereby women and girls experience poorer health outcomes, lower rates of educational attainment and employment, and less representation in political positions (USAID, 2018a). In addition, it is a country with strong cultural beliefs regarding gender roles and norms, with social sanctions for those who deviate from the proscribed societal gender roles. Popular press and news outlets in Kenya have begun to challenge expectations for strict gender role adherence, calling for more gender flexibility and fluidity (Mwangi, 2017; Lichuma, 2017; Ramogi, 2018; Creighton et al., 2006; USAID, 2018b). The existing societal resistance to gender atypical presentations and behaviors may account for our finding that masculine, androgynous, and respondents who did not use a gender expression or role term were over two times more likely to report experiencing certain forms of violence compared to self-described feminine (i.e., traditional female presentation) respondents. Androgynous individuals were also less likely to be employed, perhaps stemming from societal unacceptance of those who do not “fit” traditional male/female gender roles or expressions.

The respondents' prioritization of “economic empowerment services” as the top community service priority further supports the need for intervention in this area for SGM-FAB in Kenya. Also, because nearly a third of respondents reported experiencing violence, there is a need for more research, policy and services designed to better understand and address this issue. Given the underreporting that often occurs with stigmatized topics such as experiencing physical or sexual violence (United Nations, 2006; Dartnall & Jewkes, 2013), the actual frequency of occurrence may be even higher. Findings demonstrate

that action research and advocacy in this community may want to focus on addressing the lack of safety experienced by many SGM-FAB, which is likely exacerbated by the lack of legal protections from violence and discrimination specific to SGM status.

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METHODS NOTE

This public policy research fact sheet presents data from a survey conducted by Drs. Gary W. Harper (University of Michigan) and Leah C. Neubauer (Northwestern University) in collaboration with a Non-Governmental Organization (NGO) led by Paula Abuor in Western Kenya with which they have worked for many years. Dr. Bianca D.M. Wilson designed the survey instrument for the team and incorporated feedback from a collaborator in Western Kenya. The survey was distributed through community contacts between May-July, 2017. Completed surveys were collected by the local, Kenyan coordinator and were given to Drs. Harper and Neubauer and entered into a database by Research Assistants at the University of Michigan. Enrolled participants: a) Were assigned female sex at birth regardless of current gender identity/expression; b) Identified as lesbian, bisexual, or another non-heterosexual identity, or had had sexual contact with another person assigned female sex at birth in the past year; c) Were 18 years of age/older; and d) Spoke or read English or Dholuo. Participants were recruited in Western Kenya, but we recognize that not all participants may be exclusively residents in Western Kenya (e.g., some may have homes in Nairobi). The survey assessed the following dimensions: 1) sexual activity with women, 2) sexual activity with men, 3) menstruation hygiene management, 4) gender and sexual orientation-based violence, 5) intimate partner violence, 6) health service needs, 7) legal service needs, 8) organizational affiliations, and 9) open ended questions about other areas of need. Most analyses are descriptive; any analyses reporting differences between groups, such as by gender expression categories, used Chi-Square test for independence. The first author showed an initial draft of the fact sheet to approximately 20 members of the community who discussed the findings and provided insight on potential implications of the work.



ENDNOTES

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