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The Role of Religion in Public Life: COVID-19 and Gender-based Violence in Kenya

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Abstract

When the World Health Organization (WHO) chief declared the COVID-19 spread to be a global pandemic, renowned global philanthropist Melinda Gates of Bill & Melinda Gates Foundation projected that Africa was waiting to see hundreds of thousands of fatalities. She cited weak economies, poor healthcare systems, increasing slum dwellings, lack of clean water, and high rates of poverty as some of the reasons why COVID-19 was going to ravage Africa. Contrariwise, Africa has not experienced high Coronavirus cases compared to the USA, Europe, and Asia. However, the pandemic has revealed what human rights activists have been decrying of Africa for decades, namely, widespread economic disparities and social inequalities. The pandemic is disparaging Africa not by COVID-19 related sicknesses and death, but by exposing the already existing dysfunctional political, economic, and social systems.

At the center of the said dysfunction amidst a pandemic are religious institutions which often have acted as an adhesive in the society. Not only do religious organizations bring people together for worship but also do shape life and morality amongst communities. However, in the recent past, the religious space has delegated that role to secondary parties such as civil society organizations. There is less and less public engagement on matters of politics and push for socio-economic reforms. As containment measures against further spread of the Coronavirus, the religious places of worship were considered as ‘nonessential’ need. While from a public health standpoint it is known that this was a containment measure to curb the COVID-19 spread, it symbolically brings in the question of whether religious institutions rose to the occasion as a public defender. This is even though African life is fundamentally rooted in religious foundations.

In this chapter, the authors will firstly discuss the role of religious institutions during the COVID-19 period on the public. Secondly, the paper will analyze the impact of COVID-19 on gender issues in Kenya. Lastly, the authors will suggest viable options for restoring the prophetic voice of various religious institutions in Kenya’s public life in the event of future global crises for sustainable development.

Introduction

Public discourse on COVID-19 has followed similar patterns across the world. From health on the increase of cases and healthcare systems stretched to economy were lockdowns and social distance regulations leading to job layoffs and unemployment, and finally to a culture where religious institutions have been forced to shut down, and now regulated reopening (Stückelberger, 2020). The COVID-19 pandemic in Africa has not stretched the healthcare capacity of countries yet compared to the situation in Europe, the United States of America, and Asia. In African countries, the Coronavirus case numbers are relatively lower

compared to other parts of the world. The mortality rate is not as alarming compared to other continents. However, in reality, just like in other parts of the world, the COVID-19 pandemic has exposed the countries' socio-economic, political, and religious fragilities. The pangs of the Coronavirus pandemic are felt as social institutions are being exposed to their deeply rooted and longstanding gender inequalities which for years have not been sufficiently addressed. The pandemic has brought about a crisis on gender inequalities across several key domains of life including employment and ability to earn, family life, and health (Blundell et al., 2020). Due to the virus containment measures by the government, various industries have been closed following the Ministry of Health directives. Industries such as transport both local and international, hotel, education, not sparing the cooperate world that depends highly on foreign donor fund have suffered greatly. Consequently, many workers have been laid off. Most of the job losses in Kenya have impacted households as breadwinners are suddenly and unpreparedly left without a source of income.

Job losses have further exposed underlying inequalities, especially on gender. The said loss of jobs, the division of work and domestic responsibilities in families with children, education investments and health have been exposed (Blundell et al., 2020). In Kenya, there has been imbalanced access to jobs already existing even pre-COVID-19. There have been more women without jobs compared to men, as well as increasing youth unemployment in the country. The pandemic only exacerbated the situation further with more working men getting laid off, as well as young people's chances of getting hired getting more and more unlikely. Globally, younger workers who are mainly low-income earners, as well as self-employed, are likely to have lost their jobs or have experienced a drop in economic activity that results in a reduction of earnings during the lockdown (Blundell et al., 2020). All these have consequentially predisposed people, mostly women, and youth to Gender-based Violence (GBV).

By definition, Gender-based violence (GBV) is an act of violence that results in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life (Djamba and Kimuna, 2015). It is any kind of harm or threat inflicted on a person because of their gender. GBV remains to be one of the most persistent and prevalent issues facing women and girls globally (Stark and Landis, 2016). GBV refers to a wide range of human rights violations which include rape, domestic violence/intimate partner violence, the sexual abuse of children, sexual assault and harassment, trafficking of women and girls, and forced marriage. Although Gender-based violence affects women and girls disproportionately, it is also experienced by men and boys to a lesser degree (Freedman, 2016). Globally women and girls encounter increased risks of exposure to GBV and this is widely felt in all settings causing disruptions to existing protective structures (Freedman, 2016). Going by this definition the authors argue that these have been increased by the emotional abuse resulting from humiliation due to massive loss of employment in the country. Some of the earlier mentioned protective structures include and are not limited to religious structures.

Religion and COVID-19 Pandemic

Religion plays a significant role in the lives of Africans. Kenya in particular is a highly religious country. In the wake of the Coronavirus pandemic, religious institutions and structures as support systems for hurting people were interrupted as they became inaccessible to the public. In the interest of public health concerns to curb the further spread of the Coronavirus, containment measures were put in place by WHO and later adopted by various countries worldwide. These measures included a determination between essential and non-essential services to restrict human movement and enforce social/physical distancing. To the surprise of many, public worship places and sacred sanctuaries were declared as non-essential services, including the Christian church!

This is symbolic in many ways and raises questions for us to ponder in the COVID-19 era. Has religion and the religious space been an essential service in public life even pre-COVID-19? Is the religious structure an essential service in public life during the pandemic? How have the religious institutions handled the pandemic crisis so far to prove that religious gatherings and services should be essential services? What lessons might be drawn from the COVID-19 pandemic by religious institutions to impact and serve society in the post-COVID-19 era? Most parts of the world are facing the second wave of the COVID-19 spread. Since April 2020, and more so from July 2020, world leaders warned that we have to live with COVID-19 for a long time (Stückelberger, 2020). The WHO boss in his July 2020 address said that there will be no return to the ‘old normal’ for the foreseeable future (Stückelberger, 2020). That is to say that the socio-economic effects of the pandemic on people are going to be prolonged and no one has any idea when this is going to end because viruses mutate.

The authors argue that since religion plays a vital role in the lives of Kenyans, it is incumbent upon the religious institutions to reinstate their prophetic voice and relevance in the COVID-19 era to address some of the contemporary societal issues arising from the pandemic such as GBV. The current COVID-19 crises have increased vulnerability against women, youth, and people with disabilities in Kenya. Therefore, the religious response ought to be two-pronged. On the one side is to call out government authorities for neglecting their leadership responsibilities during a global pandemic and instead allow for COVID-19 related poverty decimate families, institutions, organizations, etc. On the other hand, is for the religious organizations to become safety nets to cushion those who fall through the cracks of socio-economic inequalities during a pandemic. As will be discussed later, the religious institutions in Kenya stand to be condemned for failing in playing their prophetic call in terms of providing safety nets for the vulnerable. More so, the religious organizations have minimally called out the authorities who have mishandled this pandemic. The vulnerable in Kenya during the pandemic has mostly been the women, girls, and the youth.

COVID-19 Pandemic and GBV

Many GBV experts agree that essential forms of GBV response services should continue to be provided to ensure that the survivors or victims of GBV are enabled to access care especially during the increased scale due to COVID-19 (“COVID-19 and Ending Violence Against Women and Girls,” 2020). On April 5th, 2020, the United Nations Secretary-General, Antonio Guterres called attention to what he described as a “horrible”

surge in domestic violence” (“COVID-19 and Ending Violence Against Women and Girls,” 2020) and urged all governments to prioritize women safety as they respond to the pandemic. A recent GBV survey showed that one in five refugees or displaced women in humanitarian settings experienced sexual violence (Wirtz et al., 2013). The situation in the refugee camps is expected to worsen in the COVID-19 era due to deteriorating humanitarian conditions and economic hardships. A study by Singh S, et al. (2013) in Somalia established that about 35.6 percent of women reported lifetime experience of physical or sexual non-partner violence (NPV) since the age of 15years. This perhaps explains the increased GBV in Nairobi’s Somali-dominated Eastleigh estate which went under complete lockdown between June and August 2020.

Available data shows that on a global scale, the COVID-19 pandemic has heightened GBV incidents in various parts of the world and the reported cases have increased by 30 percent in France, 33 percent in Singapore, 30 percent in Cyprus, and 25 percent in Argentina (“COVID-19 and Ending Violence Against Women and Girls,” 2020). GBV has been associated with negative psychological, healthy, and developmental impacts on the survivors which can be both short-term and long-term. The unique COVID-19 measures such as physical distancing, movement restrictions and its effects on the loss of jobs, shutdown of schools, economic strain, shifting of responsibilities within family members, and increased stress have worsened GBV cases (Gibbs et al., 2020). Thus, GBV is intricately linked to the COVID-19 pandemic. On the one hand, COVID-19 effects on the country’s economy have impacted people psychologically and mentally. This has consequentially as the previous studies have shown increased gendered violence. On the other hand, GBV victims cannot access assistance, especially at night due to curfew restrictions that limit movement at night, which have been imposed by the authorities. This has made it difficult for the survivors of GBV to access help and get the necessary safety (*Protection from Sexual Exploitation and Abuse (PSEA) During COVID-19 Response*, 2020) and to have life-saving information to protect themselves from infection. It is therefore clear that the prevailing circumstances of COVID-19 may not only increase the risk of experiencing GBV but also face an increased chance of contracting COVID-19 infection (Amber et al., 2020).

The prevailing economic uncertainty has led to increased exposure to sexual exploitation and abuse (SEA) as women and girls seek necessary resources such as food, essential supplies such as sanitary pads, and other humanitarian help according to GBV Guidelines Reference Group (2020). According to a study by FAWE Uganda (2011), the lack of necessities exposes girls to the risk of teenage pregnancy as the girls who are not strong-willed end up exchanging sex for money. In Nairobi County, a woman gave birth right outside the gates of Pumwani Maternity Hospital because the healthcare workers who were supposed to attend to her were on a go-slow owing to unpaid salaries (Omullo, 2020). This was a case of dignity denied and wrongs on fundamental human rights. In this case, a group of women leaders led by the Kenya Women Parliamentary Association (Kewopa) demanded answers from the hospital (Aradi, 2020). This incident happened as male guards stood and watched outside the hospital gate.

According to a new Covid-19 Crisis (2020), the situation for women and girls working as nannies has been worsened by their inability to use cellphone technologies to report to the police about mistreatment by their employers due to the movement restrictions put in place

by the government. By June 2020, the police in Kenya had shot and killed 15 people following the enforcement of the dusk to dawn curfew law (Inganga, 2020). The majority of those who have been killed are mostly women and youth. The law enforcement units in Kenya have employed draconian measures to restrict people's movement. Unfortunately, the majority of the victims of police brutality are either women or youth who have to walk long distances to return home from work. The perpetrators of these crimes are inaccessible by the police due to the stringent COVID-19 containment measures and impunity in the system.

By virtue of gender expectations, women and girls are naturally the ones who nurture and give care to the sick. The greater caregiving role that women and girls are expected to perform may expose them to higher risks of infection. Women comprise 70 percent of health workers, including midwives, nurses, pharmacists, and community health workers on the frontlines. Women healthcare workers at the frontlines have also called attention to menstrual hygiene needs, protection from abuse and stigma, and the need for psychosocial support (*Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection, and Response*, 2020). Pregnant women and girls and those who have just given birth can be more vulnerable to infectious diseases, especially if they have existing respiratory illnesses, and are likely to have regular contact with health services exposing them to potential risks. Despite increased global awareness of the need to address GBV in crisis-affected settings, its prevalence is difficult to determine, in light of the large number of cases that go unreported, as well as the limited resources often in place for gathering this type of evidence in emergency contexts. Experiencing GBV has been associated with a host of negative health, psychosocial, and developmental outcomes in the lives of survivors both in the short-term as well as the long-term basis.

COVID-19 and Teenage Pregnancy

Teenage and adolescent are gender categories that have been in the spotlight in the Kenyan media during the COVID-19 pandemic. Cases of teenage pregnancies were of major concern in the country during the months of lockdown. The WHO, (2014) defined teenage pregnancy as a pregnancy in girls ranging between 10–19 years of age while UNICEF (2016) defines adolescence as ages from 10 to 24 years of age. It is estimated that about 16 million girls 15–19 years old give birth each year, contributing nearly 11 percent of all births worldwide (WHO, 2014). More than 90 percent of these births occur in low and middle-income countries.

Africa is among the leading continents in teenage pregnancies. Regionally Africa leads at 100.3 percent according to UNFPA (2016). In South Africa, the teenage pregnancy rate is still considered to be high, despite the massive campaigns against teenage pregnancy with 40 percent of all pregnancies coming from girls younger than 19 years (Azar, 2012). Niger is worst affected at 51 percent, Uganda at 33 percent, Chad at 48 percent, Tanzania at 28 percent, and Kenya at 26 percent (Loaiza and Liang, 2013). According to Kenya's Demographic and Health Survey (2014), teenage pregnancies have become a malaise in Kenya with some areas in the West and Coast having 1 in every 4 girls affected. Another study conducted by the Kenya Human Rights Commission/Reproductive Health and Rights Alliance (KHRC/RHRA) in 2010, revealed that unwanted pregnancy and abortions were

prevalent among school-going youth, which means that among factors contributing to gender disparity in school completion rates is teenage pregnancy.

During the COVID-19 period, Kenya registered some of the highest rates of teenage pregnancies in the continent especially following the closure of schools. Pregnancy among teenage girls represents a major challenge in developing countries as the girl child is unable to complete school hence increasing the rate of dropouts from primary and secondary schools. This will probably hinder the child's progress in the future as a lack of education limits employment chances.

Studies from different parts of the world show that teenage pregnancy has complications on the maternal and prenatal outcomes and it is a major cause of death for girls ranging 15-19 years globally (Qazi, 2011). Economic and systemic issues such as poverty serve as both an antecedent and consequence of pregnancy among adolescents. Lack of food, school drop-out, inadequate housing, and compulsion to engage in income-generating activities all increase adolescent's vulnerability to transactional sex, sexual experimentation, and early marriage, which often leads to unwanted pregnancies, STI/HIV, and continued poverty (Juma et al., 2013). This will eventually widen the inequality gaps as more boys end up being privileged to finish school compared to girls. The inequalities continue as a higher percentage of teenage mothers and their partners have lower educational achievement compared with adult mothers and their partners. Adolescent mothers are more likely to be economically disadvantaged than adult mothers (Taffa, 2003); (Odejimi and Young, 2014). Adolescent pregnancy abruptly limits and ends girls' potential because they are prematurely taken out of school to become mothers. Children of mothers with little education are less likely to be educated and thus also struggle to make ends meet as they survive to provide for their children's children.

COVID-19 and the Crisis of Youth Unemployment

As Pope Francis called it, the Coronavirus pandemic is for most parts of the world 'pandemic of poverty' (Stückelberger, 2020). True to the Pope's statement, the COVID-19 pandemic caused a global health crisis, which has rapidly transformed into economic and labor market shocks that have, in turn, led to a global job crisis with unprecedented job losses and increased unemployment rates. The pandemic has amplified youth employment challenges especially in the Southern Sub Sahara (SSA). Sources from the African Union speculate that about 20 million jobs are estimated to be lost and these may lead to severe economic and labor market shocks with an estimated rise of 5.3 and 24.7 million of unemployed globally (*COVID-19 and the World of Work: Impact and Policy Responses*, 2020). This has negatively impacted the youth more than adults. The impact has also interfered with access to quality jobs with an estimated 77 percent of employed young people holding informal jobs while 126 million are extreme and moderate working poor worldwide and are likely to face COVID-19 health-related hazards because they cannot work remotely (*COVID-19 and the World of Work: Impact and Policy Responses*, 2020).

The situation has been worsened by the seizure of in-person attendance in the education sector specifically in the institutions of primary, secondary, and higher learning thus making many youths stay at home with few opportunities to engage in for livelihood sustenance. The

extreme uncertainty of COVID-19 has led to devastating consequences for the youth who feel isolated, lonely, anxious, and at the risk of suffering mood disorders with feelings of loneliness, anxiety, and mood disorders (Chater, 2020). The pandemic has resulted in severely deleterious global outcomes such as huge psychological strain (Mazza et al., 2020). Working from home is one thing, but not having work to do is another thing altogether, and even worse as young people are left without a source of income to sustain their lives. This has led to a traumatic impact due to first the social isolation and distance, then economic distress due to job loss and unfruitful job search as employment opportunities are hard to come by in the COVID-19 period. Therefore, with minimal support systems in place, the young at heart are rendered vulnerable to destructive energies that might push and pull them into destructive behavior.

Religion: Source of Comfort or Chaos?

At the center of the COVID-19 situation in Kenya is corrupt and increasingly dysfunctional state machinery who from occasion to occasion have looted monies meant for purchasing Personal Protective Equipment (PPE) (Igunza, 2020). County hospitals are in short of intensive care unit (ICU) equipment including beds. The country is ill-equipped should the Coronavirus cases surge. Nevertheless, the pandemic has damaged livelihoods exposing the country's socio-economic inequalities. As the situation has been described to be so bleak in the preceding sections, one is left to ask difficult questions such as 'is religion a source of comfort or chaos for the violence meted on women, girls, and youth during the pandemic?' Kenyans in particular need a support system coming from their religious institutions to offer spiritual and mental healthcare support. Also, religious leaders occasionally have positioned themselves to advocate for the citizens of Kenya on matters of governance and appropriation of resources. For example, religious leaders from a cross-section of interfaith groups joined together at the *Ufungamano House* to make a joint press statement condemning the loss of monies meant for purchasing PPEs. The religious leaders particularly addressed the president saying that:

“The reports of corruption touching on the Covid-19 funds are a condemnation on the Executive and Parliament, who have the sworn duty to protect the lives and resources of Kenyans. We remind you that every time you abet corruption by failing to exercise your oversight mandate, you are breaking your oath of office” (Achiego, 2020).

It is the mandate of the religious leaders across the interfaith landscape in the country to be the public watchdog and defend the weak and vulnerable. God's vulnerable in this case are the women, girls, and youth. It is incumbent upon the religious leaders to keep holding politicians accountable as they (politicians) cannot account for themselves. There is a place for prophetic ministry by the religious leaders to call out government facilitated corruption in times like these and warn of serious repercussions.

On the other hand, the religious institution's presence in society is healing in itself. It is in the present religious institutions in the community that God's presence is manifested in

public life, bringing a sense of hope and faith amid uncertainty and pain. Some have speculated that the post-COVID-19 church, for example, is a future of hope and a bright future. However, the church needs to be present and active to have that impact. Due to the Coronavirus, religious services were conducted remotely virtual. This led to a disconnection of some people with the flesh and blood of the church. Ministry in seclusion did not achieve that goal to the disappointment of church members. Now that public places of worship are experiencing phased reopening, there is plenty of room for the religious bodies' representation in Kenya to reassert their confidence and presence. This will be possible if religious institutions can engage in the following:

1. That the Churches, Mosques, and Hindu temples, and African shrines can be places of contemplation and reflection in light of the socio-economic crisis caused by the COVID-19 pandemic. This is only possible if the Bishops and pastors, Sheikhs and Imams, Hindu Priests, and African Diviners can lead from the front to help the public know the practice of deep contemplation about the African realities. For the said religious leaders to do this, they must be immersed within their communities and public life to understand these realities better, for example, GBV. The said religious spaces ought to be places of solace for victims of GBV.
2. That religious leaders from an interfaith collection can lead from the front in advocating for accountability and transparency in the government. Normally the public is on their own in doing public protests which often ends in violence and death as the police use excessive force against the protesters. But faith in its nature, if redeemed from corruption is a protesting faith. Radical faith protests against the social, economic, and political ills. When wielded in the right way and by the right institutions that are the custodians and carriers of it, faith has the potential to subvert toxic masculinity, cause a revolution, overturn corrupt and male-dominated systems and restore humanity. COVID-19 had to present the challenge to religious institutions.
3. The religious leaders and institutions they represent must be concerned about the fragility of the society that has been exposed by the COVID-19 pandemic. The social, economic, and religious infrastructure has been very fragile and is now exposed. If the country is going to increase its preparedness for any global crisis of this nature, then it must do better. By nature, faith hopes in a better future as well as in the present. Therefore, the religious organizations can lead to the strengthening of the social fabric so that in the case of another lockdown, or regulated human movement, people have well laid out support systems.
4. Poverty eradication in Kenya is crucial as it reduces the risk of vulnerabilities during a global crisis. Women, girls, and youth are prone to use and abuse when vulnerable due to excessive poverty. These need empowerment as human beings for actualization. No one sits better at the intersection between gender and development than the religious organizations. Part of the reason Kenya is still considered a developing country is due to gender inequalities on various fronts. Multifaith agencies have the power to confront and uproot gender inequalities from our societies.
5. Collaboration with the government agencies is vital on key matters of public health and stabilization of healthcare systems. Due to exposed gender inequalities in Kenya, access to healthcare facilities has only favored working-class males more than

women, children, and youth. In preparedness for any future pandemic, affordable healthcare should be accessible to all genders, regardless of their economic position. Religion is better placed to collaborate with the government agency in delivering affordable healthcare for all.

Therefore, religion ought to be a source of comfort: comforting the uncomfortable during the pandemic, and disturbing the status quo among the comfortable.

Conclusion

While the COVID-19 pandemic did not pose serious health threats to Kenyans compared to other countries, it has exposed the human, social and economic fragilities that feed gender inequalities. The gender imbalance in Kenya is caused by among other things the toxic masculinity inherent in corrupt government administration and oppressive structures. The pandemic just exposed the fragility of our society including the rot in our government institutions. It also exposed how the various religious institutions in Kenya have sat on the fence for a long time and relegated their responsibilities to civil society organizations to do their job.

For decades the intersection of religion and public life has been blurry with many civil society organizations positioning to take the role of religion in holding the government administration accountable. Victims of gender-based violence have been running to civil society groups and non-governmental organizations (NGOs) to be advocated for. For example, female victims of wife-battering have Federation of Women Lawyers (FIDA) in Kenya who fight for their justice. While these organizations have all the constitutional mandate to do this work, they can only do so from a superficial and secular point of view without necessarily connecting the divine and humanity.

Religion makes the connection between the Divine and humanity. Acts of GBV which are resultant of deeply sited social and economic inequalities and human fragility are dehumanizing. Religion is rightly placed to see the human pain caused by gender inequalities in our society. Religion is best equipped to invoke a Spirit-filled and led consciousness on care for all genders. It needed for the COVID-19 pandemic to be the wake-up call to the religious institutions in Kenya, and Africa at large to rise to the occasion and advocate for humanity's sake.

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