

**DETERMINANTS AND PREVALENCE OF VIOLENCE AGAINST CHILDREN IN
LOW INCOME URBAN HOUSEHOLDS IN ELDORET, KENYA**

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the Master of Arts Degree in Sociology (Community Development and Project
Management) of Egerton University**

Egerton University

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DECLARATION AND RECOMMENDATIONS

Declaration

This thesis is my original work and to the best of my knowledge it has not been submitted for an award of any degree in any university.

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DEDICATIONS

This work is dedicated to my parents Ronald and Rosemary Mugesani, for all their nurturing, a higher joy and deeper pride no daughter could ever know. I appreciate you for helping me reach the pinnacle of my dreams.

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ABSTRACT

This study assessed the determinants and prevalence of violence against children in low income urban households in Eldoret, Kenya. Violence against children and the exploitation of children are global social, economic, human rights and public health issues, with significant negative health and social impacts. Even though the consequences of violence against children may vary according to its nature and severity, the short-term and long-term repercussions are often grave and damaging. Specific objectives of the study were: to examine the proportion of children who experienced different forms of violence in the study area; to identify perpetrators of different forms of violence against children and classify the forms of violence; to explore the social setting of occurrence of each form of violence; and to assess individual, household and community level factors that contribute to violence against children in the study area. Social Learning Theory has been used to explain the study findings. Survey research design was adopted for the study. In this study, data was collected using an interview schedule, Focus Group Discussions (FGDs) and expert interviews. The interview schedule was used to collect data from children of ages between five and seventeen years. A total of 246 households were sampled using purposive sampling also known as deliberate or judgmental sampling of Langas estate and systematic sampling procedure households in Langas. Data for the FGDs were drawn from the parents and guardians of the children. Data was also collected through expert interviews conducted on three state and non-state officials involved with children welfare in Eldoret. This study found the existence of violence against children from within and without the household. Most of the violence against children happened in the last one week prior to data collection, an indication that violence against children is a current and on-going phenomenon. It is recommended that absolute prohibition of violence against children and other ill-treatments need to be robustly defended and measures must urgently be put in place at the national and local levels to prevent occurrence of child violence and also to handle cases of violence against children.

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LIST OF SYMBOLS AND ABBREVIATIONS

ACPF	: African Child Policy Forum
CEDC	: Children in Especially Difficult Circumstances
CRC	: Committee on the Rights of the Child
CRC	: Convention on the Rights of the Child
FGDs	: Focus Group Discussions
FGM/C	: Female Genital Mutilation/Cutting
FMC	: Forced Male Circumcision/Cutting
IDRC	: International Development Research Centre
IIEP	: International Institute for Educational Planning
ILO	: International Labour Organization
IPU	: Inter-Parliamentary Union
IRC	: Innocent Research Centre (UNICEF)
ISPCAN	: International Society for Prevention of Child Abuse and Neglect
KNBS	: Kenya National Bureau of Statistics
MDGs	: Millennium Development Goals
MTRH	: Moi Teaching and Referral Hospital
NACOSTE	: National Commission for Science and Technology
NCST	: National Council for Science and Technology
NGO	: Non-governmental organization
OMCT	: World Organisation against Torture- <i>Organisation Mondiale Contre la Torture - OMCT</i>),
SCT	: Social-Cognitive Theory
SLT	: Social Learning Theory
UN	: United Nations
UNESCO	: United Nations Educational, Scientific and Cultural Organization
UN-Habitat	: United Nations Human Settlements Programme
UNICEF	: United Nations Children's Fund
WHO	: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

This study focused on the determinants and prevalence of violence against children in low income urban households in Eldoret, Kenya. Violence against children and the exploitation of children are global social, economic, human rights and public health issue, with significant negative health and social impacts (United Nations Children's Fund- UNICEF-2012). Rights of the child have been ignored and are no longer looked at as an important tool in the positive growth of the children (UNICEF, 2005). Studies have addressed different aspects of violence against children, however, this study addressed its determinants and prevalence. United Nations (UN) Convention on the Rights of the Child outlines that governments shall take appropriate legislative, administrative, social and educational measures to protect a child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (UN, 2009). Unfortunately, children in urban areas are subjected to all these forms of violence leaving us with the question of why this is the case.

UN Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child (CRC), the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Inter-Parliamentary Union (IPU) and UNICEF reports that children can experience violence in any of the settings in which they spend their childhood: in their homes and families, schools, care and justice systems, workplaces and communities (IPU & UNICEF, 2007). It states that exposure to violence in one setting may be compounded by violence in another. Children in such situations as forced or bonded labour, prostitution, pornography and trafficking are especially vulnerable.

IPU and UNICEF report that as many as 80 to 98 per cent of children globally suffer physical punishment in their homes, with a third or more experiencing severe physical punishment

resulting from the use of implements, according to studies from countries in all regions of the world. In over 100 countries, children still suffer the threat or reality of corporal punishment with canes, belts or other implements in schools. In at least 30 countries, sentences of whipping or caning are still being imposed on children in penal systems. Other forms of abuse include forced labour, sexual victimization during their childhood, including significant numbers of girls married at much younger ages and undergoing female genital mutilation/cutting (FGM/C).

The full range and scale of all forms of violence against children are only now becoming visible, as is the evidence of the harm it does (Pinheiro, 2006; World Health Organization 2006a). Research has shown that up to 80 to 98 per cent of children globally suffer physical punishment, with a third or more experiencing severe physical punishment resulting from use of implements (UN, 2006). Further to this, global school – based health survey found that between 20 and 65 percent of school–aged children reported having been verbally or physically bullied (WHO, 2005). World Health Organization (WHO) estimates that 150 million girls and 73 million boys under 18 years experienced forced sexual intercourse or other forms of sexual violence (WHO, 2004). International Labour Organization (ILO) estimates indicate that in 2004 alone, 218 million children were involved in child labour of which 126 million were in hazardous work (ILO, 2006).

According to the World Organisation against Torture (*Organisation Mondiale Contre la Torture - OMCT*), gender-based violence and violence against children are serious and persistent issues in Kenya. In Kenya the level of violence against children has reached very high levels, in particular sexual violence (OMCT, 2009). It found out that women and children were most likely to suffer abuse from parents and husbands and that most prevalent form of abuse is usually a combination of physical assault followed by emotional stress, sexual violence and neglect, both financially and otherwise.

In a study conducted in Ethiopia, Kenya and Uganda by African Child Policy Forum (ACPF), in terms of prevalence of physical abuse, beating emerges as the most frequent form of violence, while giving hot or bitter drinks or food is the least common in the three countries (AFCP, 2011). Other forms include beating, hitting or punching, being shouted or glared at, sexual abuse (verbal where girls are spoken to in a sexual manner and indecent sexual touching), rape, prostitution by another person and child domestic workers.

As much as governments and non-governmental organizations (NGOs) advocate for cooperation in the elimination of violence against children, many people tend to forget that Children in Especially Difficult Circumstances (CEDC) also need to be part of the study. Many children end up in especially difficult circumstances as a result of poverty, family breakdowns, changing lifestyles, civil strife, disability and disease (Republic of Kenya, 1992). Not only are children in especially difficult circumstances forgotten, but those who are violated in home and family settings are too. This only indicates that much data is not available on all groups of children who face violence. This study evaluated the determinants and prevalence of violence against children and addresses the strategies to reduce child exposure to violence by studying all the groups of children without any discrimination.

Poverty is a multidimensional phenomenon and is best exemplified in urban areas where a high proportion of the country's urban poor live in unplanned informal settlements located in the urban centres (Oxfam, 2009). It states that not only is urban poverty characterized by inadequate income but also by inadequate asset base, shelter and provision of public infrastructure as well as inadequate access to services such as health care, schools, vocational training, and protection of poorer groups' rights. Compounding this are limited or non-existent social safety nets, voicelessness, and powerlessness within political systems, judicial institutions and bureaucratic structures.

According to Oxfam, most slum dwellers feel at risk from crime and violence in their settlements, and this sense of insecurity is exacerbated by insecurity of tenure and the threat of eviction under which many of the urban poor live. Unemployment amongst the youth is held to be one of the key factors behind the increasing levels of insecurity and violence in the informal settlements, the post-election violence of early 2008 being one manifestation of the latter. Research has shown that so many cases of violence go unreported because the children and even adults cannot find a place that is safe and trusted to run to. According to IPU & UNICEF (2007), the persistent social and legal acceptance of some forms of violence against children, too often leaves such violence unnoticed and unreported. Much violence against children goes unreported, whether the child victims are at home, in schools or other institutions, or on the street.

Eldoret being an urban centre has a population that is growing rapidly with most of them being women and children. The male to female ratio is stated to be 100:103 and the number

of children between the age cohorts of 5-17 is 102,540 (Republic of Kenya, 2008). According to the Republic of Kenya (2005), the fertility rate in the study area is 7 children per woman. It further indicates that 19.5% of the children need special protection as they are vulnerable to poverty especially the orphans and children in difficult circumstances. Eldoret municipality, other than the children's department, has a couple of organizations (for example the Moi Teaching and Referral Hospital -MTRH- run Sally Test Centre based at the hospital, Rescue Centre based in Kamukunji, and Muli Children's Home based in Pioneer) that are registered to deal with the issue of child violence, but unfortunately they are not able to fully execute their mandate due to many reasons for example lack of funding to sustain them and hostility from communities as well as lack of trained personnel to help them deal with cases of violence. They are not able to reach most children experiencing abuse. This means that none of these organizations has made its presence known and neither is what they are currently doing to deal with this problem visible on the ground.

There are many cases of violence against children that need to be studied to get information that will help policy makers come up with ways of eliminating the various forms of violence. Being a major urban centre in Kenya, it is in Eldoret that effects of violence against children will be most felt considering the area experienced post-election violence (PEV) in early 2008. The more densely populated residence of Langas was selected as the study area because of high urbanization rate due to its close proximity to Eldoret town (Republic of Kenya, 2008). In addition, there exist some pockets of poverty in the highly populated areas of Langas where urbanization has led to emergence of slums.

1.2 Statement of the Problem

Even though consequences of violence against children may vary according to its nature and severity, short-term and long-term repercussions are often grave and damaging. Repercussions of violence against children include but are not limited to: life-long social, emotional, and cognitive impairment, health risk behaviours, low academic performance, and high school-dropout rates, sexually transmitted diseases and teenage pregnancies. Explosion in population due to high in-migration in search for employment has led to increased informal settlements resulting in high rates of violence against children in Eldoret. One of the major constraints facing policy makers and administrators in their efforts to eliminate violence against children is the lack of accurate information on the extent, determinants and prevalence of different forms of violence that include sexual abuse and child labour. In

particular, little data is available about the violence children face in low income households in urban settings and the perpetrators of such violence. This is the gap that this study addresses.

1.3 Objectives of the Study

1.3.1 Broad Objective

Broad objective of the study was to establish the determinants and prevalence of violence against children in low income urban households in Eldoret, Kenya.

1.3.2 Specific Objectives

- i. To examine the proportion of children who experienced different forms of violence in the study area.
- ii. To identify perpetrators of different forms of violence against children and classify the forms of violence.
- iii. To explore the social setting of occurrence of each form of violence.
- iv. To assess individual, household and community level factors that contribute to violence against children in the study area.

1.4 Research Questions

The study was guided by the following research questions:

- i. What is the proportion of children in the study area who have been subjected to different forms of violence?
- ii. Who are perpetrators of different forms of violence against children and what are the forms of violence?
- iii. In which social setting of occurrence is each form of violence experienced?
- iv. What individual, household and community level factors contribute to violence against children in the study area?

1.5 Justification of the Study

First, violence against children according to the Convention on the Rights of the Child (CRC) is not justifiable under any circumstance and is against the basic rights of the child. Nevertheless cases of violence against children have been on the increase in urban areas in Kenya. Eldoret has been selected as the area of study because it is acclaimed to be one of the fastest growing urban centres in the country. Eldoret has witnessed an explosion in population as a result of high in-migration in search for employment opportunities. This has

led to increased informal settlements resulting to high rates of violence against children.

Second, United Nations in the Universal Declaration of Human Rights (UN, 2009) proclaimed that childhood is entitled to special care and assistance so that it can fully assume its responsibilities within the community. This declaration has been violated because there are so many unreported cases of violence against children in Eldoret Municipality. The fight against violence meted on children would only be won if we know the exact magnitude of the problem and identify the underlying factors that are associated with it.

This study was appropriate since it examined child exposure to violence in different settings: the family, their neighbourhoods, and school environment. Consequently, the findings derived were important since reduction of violence against children would not only restore their dignity but increase their school attendance, improve their academic performance, improve their well-being and promote gender equity in education. For a community to develop, children, who are significant members of any given society need to be nurtured in a good way. According to Government of Kenya (2007), practical steps to eliminate violence against children can be linked to achieving Kenya's vision 2030 on the social pillar and the Millennium Development Goals (MDGs) of eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; and reducing child mortality.

1.6 Scope and Limitations of the Study

This study had its sample group limited to children between the age of five and seventeen years from selected low income households in Eldoret Municipality. This study targeted children because they are a group that is most vulnerable to all forms of violence and therefore need maximum protection and assistance from the whole society. This group was picked from the household because it was easier to come up with a sample that represents different socio-economic backgrounds at that level.

Some limitations were encountered in this study. The researcher and assistant had difficulties in gaining access to the children as permission from the significant adults was a prerequisite. Permission was therefore sought from the relevant authorities and household heads. This made data collection a time consuming exercise. Accessing relevant households was equally difficult in an environment with poor infrastructure characterized by poor planning and lack

of designated roads. The situation was made cumbersome by the fact that the study period coincided with the rainy season.

Research method adopted by this study was very tiring and time consuming for the researcher and assistant, but rarely used up much of respondents time. Interviews could be kept quite short or carried out while the respondents engaged in other activities like play or private study. While it was possible to interview younger children during a school day and therefore conduct the research within the home, it was more difficult to get the older school children whose school day was longer. Older children spend most of the time in class and needed specific time frames to access for example during breaks. To overcome this, ample time was given to the respondents so as to get relevant information for this study.

Children who faced one form of violence or the other were not free to give information on it because the psychological or physical torture they went through was traumatizing and made them live in fear of all people. Some of the respondents were not willing to discuss the forms of violence they had gone through especially in the presence of the adults whom they are under their care and might have contributed to or participated in the abuse or connived to hide the abuse because it carried the risk of further violence. There was also difficulty for some children to express themselves or even identify that they had undergone violence. Though the intentions of the study were made clear to them, they were still not in a position to give the required information to the researcher. The researcher created a good rapport with the respondents.

Finally, not all households had an equal number of children therefore the researcher had to take time grouping the children in the sampled households into different age categories. Age categories were 5-7, 8-10, 11-13, and 14-17 and from each the researcher then picked one child who was used in order to come up with relevant data and this was time consuming.

1.7 Definition of Terms

Child - A person who is below the age of 18 years

Child detention - This is the confinement of a child with adults especially in remand, prison or any other incarceration.

Child trafficking - This is moving of a child from one place to another for profit.

Family Structure - The composition and membership of the family and the organization and patterning of relationships among individual family members.

Neglect - Failure of parents or carers to meet the child's physical and emotional needs when they have the means, knowledge and access to services to do so; failure to protect her or him from exposure to danger.

Perpetrators of Violence - These are people who violate children causing them physical or mental pain.

Physical Violence - Intentional use of physical force against a child that either results in or has a high likelihood of resulting in harm to the child's health, survival, development or dignity. In this case it would be measured by asking whether a child has experienced hitting, kicking, shaking, beatings, bites, burns, strangulation, poisoning and suffocation by members of their family.

Prevalence - Forms of violence children experience in a period of one month prior to the study, which could cause them psychological or physical harm.

Psychological Violence - Whereas physical and sexual violence involves some form of harm, psychological violence in this study would refer to insults, name-calling, ignoring, isolation, rejection, threats, and belittlement - that can be detrimental to a child's psychological development.

Sexual Violence - Refers to forcing a child to commit acts of sexual nature (e.g. forced sexual intercourse or other forms of sexual violence involving physical contact) against their will.

Violence - Intentional use of physical force or power, threatened or actual, against a child in the last twelve months prior to the study, resulting in injury, death, psychological harm, mal-development or deprivation.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter was devoted to a review of related literature on violence against children. Even though the literature was by no way exhaustive, an effort was made to review the most current studies. Various aspects were analysed to gain insight into the determinants and prevalence of violence against children. Social Learning Theory and the conceptual framework are presented at the end of the chapter.

2.2 Conceptualizing Violence against Children

United Nations Human Settlements Programme (UN-Habitat) acknowledges that the problem of crime and violence in cities has been long recognized as a growing and serious challenge in all parts of the world (UN-Habitat, 2008). Safety from crime and violence; including the resulting fear and insecurity, is increasingly being acknowledged internationally as a public good, as well as a basic human right. Although crime and violence are found in all cities across the world, most places are safe and most citizens are neither perpetrators nor victims of crime and violence. Rather, crime tends to be concentrated in certain parts of the city and in neighbourhoods that are known to the police and citizens. Fear of crime, whether linked to these specific ‘hotspots’ or more general in nature, is often exacerbated by the media and may spread quickly as information is communicated by mobile phones, email and through the internet.

According to the National Council for Children’s Services (2013) children under the age of 18 years make up the majority of population in Kenya, with 42% of the population under the age of 14 years. Partially, as a result of inadequate legal measures, Kenya has experienced a number of challenges in relation to child protection, including physical violation, economic exploitation, emotional abuse, neglect, abandonment, child trafficking, sexual exploitation and other untold sufferings. UN, (2010) reports that statistics in the health sector is scarce and lack full reliability. This is because information on the occurrences and consequences of violence is usually collected on a voluntary basis since recording incidents and reporting on victims of violence is often not mandatory for health-care and other systems.

Cases of violence against children have been on the increase in Kenya as is reported in a

2010 national survey (Republic of Kenya, 2012). It found that mothers and fathers were the most common perpetrator of physical violence among family members and that emotional violence for both females and males was most often inflicted by parents. It notes that regardless of the type of violence, less than one out of every females or males who experienced sexual, physical, or emotional violence as a child knew of a place to go to seek professional help. It found out that 10.7% of females and 4.2% of males aged 13 to 17 experienced some type of sexual violence. Females aged 13 to 17 experienced significantly higher levels of sexual violence than males. Furthermore, half of all females and males aged 13 to 17 experienced some type of physical violence (48.7% and 47.6%, respectively).

It indicates that about one-half of females and males aged 13 to 17 had been slapped, pushed, punched, kicked, whipped or beaten with an object in the 12 months before the survey (48.5% and 47.3%, respectively). As well, 3.2% of females and 3.9% of males aged 13 to 17 reported being threatened with a weapon or attacked with a weapon and more than 40% of respondents aged 13 to 17 reported being punched, kicked, whipped or beaten with an object by an authority figure.

In Kenya 38% of all children are sexually abused by an adult or a family member by the age of 18 and 74% of those abused report severe damage or long-lasting consequences later in life; 11% of sexual abuse is perpetrated by a stranger, 29% by a family member and 60% by a person known to the victim (Zuberi, 2005). She found out that the most common form of violence, which is domestic violence in the family, receives the least amount of attention because it is usually hidden and is deemed to be a private matter. She notes that the three main areas of concern are violence in family and home, violence in care or residential institutions and violence in detention facilities and prisons.

However, in Kenya, there exists no nationally representative data on violence against children or any vulnerable populations (Maternowska, *et. al.*, 2009). Yet many researches have ignored the issue leading to the availability of little data about the violence children face in urban settings and the perpetrators of such violence. This lack of accurate and enough information on the extent, determinants and prevalence of different forms of violence against children in different settings and the perpetrators of such violence is one of the major constraints facing policy makers and administrators in their efforts to eliminate violence. The prevalence, forms and contexts of violence are not known with specific risk and vulnerability

factors being poorly understood. Interventions are often focused on general populations with no cognizance of the specificities of increased vulnerabilities particularly among children. Where interventions have been initiated such as gender desks at police stations, these are sporadic, poorly staffed with in-consistent procedures. Service needs for child survivors in all sectors; community, legal, health and social services are poorly understood often being crafted out of adult services.

Women and children constitute about 80% of the total population in Kenya. Kenya has joined hands in networking with other countries to enhance the survival, protection and development of millions of children all over the world (Republic of Kenya, 1992). A message from the former Secretary-General of the United Nations (UN) said that since its inception, the UN has sought to build a better, safer, more peaceful world for the world's children and to press governments to uphold their responsibilities for the freedom and well-being of their young citizens (UNICEF, 2005). This message has a lot of weight and its success can only be realized if we commit ourselves and work tirelessly on issues that touch on children in one way or the other. We must all therefore speak for the rights of the children if we want them to enjoy their childhood and grow into well-bred citizens of the world so that we may not be looked at as adults who have failed in our responsibility towards the children of the world.

Children's survival, development and protection are now no longer matters of charitable concern but of moral and legal obligation (UNICEF, 2005). Who then are the perpetrators of violence against children and what does the law say about this group of people? If we get relevant information and answers to this question, it will be much easier for us to find ways of eliminating all forms of violence against children.

2.3 Urban Violence in Low Income Areas

According to International Development Research Centre (IDRC) there is growing awareness amongst policy makers and practitioners that the twenty-first century is witness to a crisis of urban violence (IDRC, 2012). It states that a considerable number of middle-income and low-income cities exhibit above-average rates of violence, insecurity, inequality, and poverty. It further reports that urban violence is becoming more widespread and chronic in many of the world's fastest-growing cities particularly in Latin America, the Caribbean and Sub-Saharan Africa, but also increasingly in South and Central Asia as well. It found out that while affecting all socio-economic groups in myriad direct and indirect ways, the burden of such

violence is especially heavy on the urban poor. Together, these facts raise concerns amongst security and aid experts about their implications for national and regional stability and for human development more generally. It is vital, therefore, to produce field-based and policy-oriented research on the intersections of urbanization, poverty, inequality and violence against children.

When a large population group in cities is afflicted by malnutrition, impoverishment, social exclusion and discrimination, ill health and poor housing conditions as well as restricted access to land and basic infrastructure, increasing levels of criminal violence, lack of safety and general fear in the use of public space are often observed (Bauer, 2010). He reports that in some cases, crime is reaching epidemic rates in rapidly urbanizing environments. For example, in Africa, major cities such as Lagos, Johannesburg and Nairobi tend to have a much higher rate of armed violence in relation to the national averages in Nigeria, South Africa and Kenya. He reports that increasing violence in slum and squatter settlements involves the economic, political and social exclusion of a large part of the poor urban population. To him the phenomenon of violence in urban areas is linked to the failure of the state to provide appropriate political responses to the lack of basic social and economic needs, and to the failure to establish the state's monopoly on the use of force.

While the proportion of Kenya's urban population living in 'absolute poverty' has declined over the past decade the contradiction is that as inequality is declining in Kenya's rural areas, in cities it is high and rising (Oxfam, 2009).

2.4 Issues Arising on Violence against Children

World Health Organization (1996) defines violence as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation." Four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse are identified by Children's Bureau (2013). According to the children's Bureau physical abuse is non-accidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or any other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child. Such injury is considered

abuse regardless of whether the caregiver intended to hurt the child or not.

Children's Bureau (2013), defines neglect as the failure of a parent, guardian, or a caregiver to provide for a child's basic needs. Neglect may be: physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision); medical (e.g., failure to provide necessary medical or mental health treatment); educational (e.g., failure to educate a child or attend to special education needs); and emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). Sometimes cultural values, the standards of care in the community, and poverty may contribute to maltreatment, indicating the family is in need of information or assistance.

Children's Bureau (2013) views sexual abuse as including activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. It is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

According to Children's Bureau (2013), emotional abuse (or psychological abuse) is a pattern of behaviour that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. A child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time.

In 2002, WHO reported that 53,000 children were murdered worldwide. A survey from many countries depicted that between 20% and 65% of school aged children reported to have been bullied verbally or physically. Furthermore, WHO (2002) estimated that 150 million girls and 73 million boys under 18 years were sexually abused. About 100 to 140 million girls and women in the world underwent some form of Female Genital Mutilation (FGM) or the other.

According to World Health Organization (1999), “Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

In 2006, United Nations Member States welcomed the United Nations study on violence against children, the first comprehensive global attempt to address the scale and impact of violence against children. According to UNICEF (2009), one of the key recommendations of the study specifically addresses the gender dimension of violence, calling on states to ensure that programs to counter violence are designed and implemented from a gender perspective that takes account of different risks faced by girls and boys. In March 2009, the international conference of violence against the girl child took place and it reflects the commitment of the Government of the Netherlands and UNICEF to safeguard the rights of women and children all over the world. It focused on violence against girls in homes and family settings since it is in these places that children should feel safe but it is here that girls are violated and abused (UNICEF, 2009). The study sought to find out whether these programs can help in eliminating violence against children. Pinheiro (2006), during the UN study noted that: “No violence against children is justifiable; all violence against children is preventable.” The study further sought to find ways of eliminating violence against children in urban households.

Findings by UNICEF (2009) show that violence against children is a matter of grave concern, cutting across boundaries of culture, class, education, income, gender, ethnic origin and age. All these factors determine the form of violence children face but how often they are violated is the big issue that the study sought to address. United Nations General Assembly (2006) observes that many forms of violence remain hidden and the major reasons for this are fear and stigma. It further found out that many types of violence are invisible because there is no safe or trusted place for children or adults to report it. The little data there is on violence against children should be treated with caution if we have to find more.

In pre-colonial period the interests of a child were well catered for because many communities considered the child as belonging to the clan rather than the nuclear family (Republic of Kenya, 1992). Many children in the traditional society did not experience

violence since each party put in efforts to ensure the wellbeing of the child unlike in the modern society where the parent of the child has to do everything to ensure that the child's safety is provided for. The Government of Kenya (*ibid*) says that the law relating to the protection of children in Kenya was scattered among numerous pieces of legislation and among several racial and religious-based family law systems. These pieces were to be brought together into a consolidated Act on the child which would make administration easier and cost-effective.

Good news to the child however is that with the review of the Constitution the numerous pieces of legislation were consolidated to ensure the safety of the child. The Constitution of Kenya (2010) in Chapter 4 Article 53 says that a child has the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment, and punishment, and hazardous or exploitative labour. The problem is that various stakeholders will look at the issue of child protection as a competition and not want others to help thus failing to provide adequate protection to the child. This study aimed at finding out if all the stakeholders can form a strong cooperation that will address child protection rather than competing.

Studies on violence against children note that both girls and boys are victims and that gender and gender inequality often play a role in the types of violence they experience. It is well established that most girls and boys have experienced and witnessed some form of violence (Pinheiro, 2006; UNICEF, 2005). However, studies done show that the type, frequency and severity of violence vary with its consequences resulting in both short-term and long-term harm affecting all aspects of children's health and well-being and capacities to learn and grow. Some studies show children's resilience, even in the face of tremendous violence and hardship. Even with high stress and cruelty, affected girls and boys may develop important social values and competencies (Boyden, 2007).

A study on child sexual abuse by UNICEF (2009), shows that even child victims of sexual abuse demonstrate means of resistance. When looking at violence against children, most researchers focus on violence in home and family settings yet millions of children grow up outside a family environment. This is due to many reasons including death of parents and lack of an extended family, physical or mental disability or illness, and economic, political or social reasons. These children live in institutions like orphanages, children's homes, care

homes, prisons, juvenile detention facilities and reform schools. Although such facilities are expected to provide care and protection similar to what they receive in a stable home, the children in such institutions are at greater risk of violence compared to children living with their parents (Pinheiro, 2006). This study was done in selected households so as to get relevant data.

2.5 Forms of Violence against Children

All forms of violence against children affect them negatively either physically or psychologically. However, certain forms of violence for example sexual exploitation, trafficking and armed-conflict receive bulk of attention, whereas other types, particularly those that take place within the home and family setting are largely ignored (Pinheiro, 2006). Studies show that Kenya has always been at the forefront of placing human welfare in its development process, with an emphasis on the well-being of children and women who constitute about 80% of the total population (Republic of Kenya, 1992).

Review of literatures of studies from several third world countries shows that globally, most (80-98%) of the children suffer from physical punishment in their families and at home (UNO, 2006a). UNICEF (2006) gave a report that yearly, 133 to 275 million children have experienced and witnessed domestic violence in their families. At least 30% of the children are victims of severe violence (UNO, 2006b). As reported by the WHO (2002), in Egypt, 37% of all children experience severe physical punishment from their parents, comparable with observations from the Republic of Korea (45%), Ethiopia (64%), India (36%), Romania (50%) and the Philippines (21%). Besides physical abuse, children are also often victims of psychological and emotional abuse at their home. Data from Egypt also shows that such abuse occurs among 72% of Egyptian children, which is comparable with observations from India (70%), Philippines (82%), Chile (84%) and the US (85%) as reported by the WHO (2002).

In another study the main perpetrators of physical abuse against girls in the form of hitting or punching are mothers (ACPF, 2011). In Ethiopia they account for 27.2%, while in Kenya female teachers (16.1%) take the lead. Abuse in the form of kicking is mainly performed by brothers in all the countries. Violence in form of beating is predominantly perpetrated by mothers in Ethiopia and Kenya accounting for 45.2% and 23.5% respectively.

Moreover, there are different forms of violence against children which are a result of a

complex interactive process. The ecological model gives a description of violence against children as an interaction of protective and risk factors in the following dimensions:

- a) *Risk factors at the individual level* - There are issues of unwanted pregnancy, low birth-weight, medical complications and disabilities and overall children of younger age are differentiated as risk factors.
- b) *Risk factors at the family level* - There are factors for example parents' personal history of abuse as a child, teenage parents, single parents, parental lack of emotional disturbances, lack of coping skills, low self-esteem, psychosocial problems of parents, social isolation, parental stress as a complex factor of socioeconomic pressure and the parents alcohol and drug abuse.
- c) *Risk factors at the community and society level* - Pertinent issues include physical violence and child neglect which are closely associated with poverty related stress. High unemployment rate, high level of neighbourhood criminal activities, lack of social and community services, shortage of supports from extended family and community levels, unavailability and inability to afford a minimum level of health care facilities are also identified as contributing risk factors (Bethea, 1999; Hay & Jones, 1994; Ross, 1996; Tolan, Gorman-Smith, Henry, 2006; Tazima, 2000; WHO, 2002).

2.5.1 Child Labour as a Main Form of Violence against Children

Child labour has emerged as one of the most intolerable form of child exploitation and abuse in most parts of the world. Most child domestic workers come from extremely poor families, and the majority of them are girls (ACPF, 2011). It reports that many have been abandoned, orphaned, or come from single parent families, and many trafficked girls end up as domestic servants. It reports that studies have identified children as young as five or six working as domestic labourers, while a survey in Kenya estimated that 11 per cent of child domestic workers were 10 years old or younger. Child domestic workers tend to work long hours. It also reported substantial cases of abuse in the form of hard labor with more incidences in Uganda (47.8%) and Kenya (43.8%), and relatively fewer incidences in Ethiopia (28.6%).

Most children are sent into domestic labour when they are very young and generally below the minimum working age and under exploitative conditions like long working hours, no or little wages, below the minimum working age, suffer beatings etc. (Human Rights Watch,

2004). The ILO's Minimum Age Convention, 1973 (No. 138), states that the minimum age for entry into employment should not be less than 15 years or 14 in developing countries. Work that interferes with education for children aged 5 to 11 years is considered as child labour and should be eliminated. For children aged 12 to 14 years, Convention No. 138, Article 7, paragraph 1, permits light work which should:

- a) Not be harmful to a child's health and development.
- b) Not prejudice attendance at school.

This means that light work should not be hazardous in nature and not exceed 14 hours per week (ILO, 2002). Working children are at greater risk of disease and malnutrition because their work is often hazardous and because they are usually forced to miss valuable opportunities. For example while they spend their time working at various tasks to earn a living for themselves and to some extent for their families, they forego the opportunity to go to school. Displaced children are compelled to engage in child labour in order to meet their own needs and that of their families (World Vision, 2006).

A review in Bangladesh (Cain, 1977) found that children clearly have an economic value to their families since they contribute substantially to household welfare from a very early age. The structure of the household, reinforced by the socio-economic conditions and the agrarian intensive labour market, promotes a perceived economic value attached to the new born, especially if male. Ghuznavi *et.al.*, (2001) further point out that the large family, traditionally hierarchically structured, rely on the perception that a child is an economic asset, able to provide an income and extra labour power, which can be controlled by the household through traditional attitudes of parental power and filial duty. Parents also agree that for the child, work is an opportunity to gain experience and the dignity necessary to achieve a recognized position in the society. In this regard, child work is therefore seen as an initiation into adulthood (Nieuwenhuys, 1994).

Child employment could also be a strategy adopted by poor families to diversify their portfolio of activities thus reducing socio-economic vulnerability (Ahmad and Quasem, 1991). In addition, female children are taught from an early age to accomplish domestic chores within the household, duties that are considered to be good for safeguarding their reputation and finding a suitable husband (Blanchet, 1996). The Government of Kenya

recognizes that child labour is harmful to the country's long-term development. Consequently, various policy instruments have been developed to address the problem of child labour. These include the national development plans and Sessional papers which have articulated policy measures intended to protect all children (Republic of Kenya, 2001).

Efforts to combat child labour have been made through rehabilitative and preventive programs and through protective legislation. Through rehabilitative programs, the government encourages direct support to working children by withdrawing them from hazardous and exploitative work and providing them with suitable alternatives such as sponsoring their education, imparting skills to them through vocational training and non-formal rehabilitation and rescue centres. Under the preventive programs, the government's efforts include eradication of poverty aimed at economic empowerment of the disadvantaged groups, advocacy on the rights of the child, capacity building for improved service delivery to various institutions, promotions of increased awareness through campaigns on the dangers of child labour, mobilization of local resources through data collection and sensitization of child labour situation through various studies. Finally, the Government has passed some legislation to combat child labour by publishing Children's Bill of 2000. This study sought to establish if these programs have been put into practice.

2.5.2 Exposures of Children to Physical and Sexual Violence

Article 19 of the Convention on the Rights of the Child (CRC), (UN 2009) defines violence as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse." World Report on Violence and Health (Krug, Dahlberg, Mercy, Zwi, Lozano 2003) further defines violence as: "Intentional use of physical force or power, threatened or actual against a child, by an individual or group, that either results in or a high likelihood or resulting in actual or potential harm to the child's health, survival, development or dignity." Child exposure to violence has of late attracted attention from many researchers and policy makers. However, only a small proportion of acts of violence against children is reported and investigated, and a few perpetrators held to account (UN, 2006). There are various reasons for this lack of reporting. These include: failure to report by the victims of violence for fear of reprisals by perpetrators; stigma frequently attached to reporting violence; persistent social acceptance of some types of violence against children as inevitable part of childhood; and lack of reliable data on age which makes some victims of abuse to be taken for adults.

In a study conducted in Ethiopia, Kenya and Uganda in terms of prevalence of physical abuse, beating emerges as the most frequent form of violence, while giving hot or bitter drinks or food is the least common in the three countries (ACPF, 2011). Among the three countries, beating is most prevalent in Uganda (85.8%) followed by Kenya (80.8%) and then Ethiopia (71.1%). Punching or hitting the girl is the second most prevalent form of physical abuse with rates in Ethiopia and Kenya at 59.5%. Compared to the other two countries, abuse in the form of being denied food is much more prevalent in Uganda (52.3%).

Not all children experience all forms of violence. Some groups or categories of children are more vulnerable to different forms of violence. Evidence has shown that young children are at greatest risk of physical violence, while sexual violence predominantly affects those who have reached puberty or adolescence. On the other hand, boys appear to be at greater risk of physical violence than girls, while girls face greater risk of neglect and sexual violence (Runyan, 2002; UN, 2006). Further to this, higher levels of vulnerability are associated with children with disabilities, orphaned children, and children living in communities in which inequality, unemployment and poverty are highly concentrated. Irrespective of where it occurs, violence against children has devastating short and long-term social, physical, psychological and health effects to affected children (UN, 2006).

Health consequences include injuries and disabilities; reproductive health problems; sexual dysfunction; sexually transmitted diseases; and unwanted pregnancies. The psychological problems include; alcohol and drug abuse; cognitive impairment; criminal, violent and other risk-taking behaviours; depression and anxiety; developmental delays; eating and sleep disorders; feelings of shame and guilt; poor school performance, poor self-esteem; suicidal behaviour and self-harm; psychosomatic disorders; post-traumatic stress disorders. Other long-term health consequences of child exposure to violence include: cancer; chronic lung disease; irritable bowel syndrome; ischemic heart disease, liver disease, and reproductive health problems such as infertility. The economic costs of violence to society are significant and include: direct costs of treatment; lost productivity, disability, decreased quality of life and premature death; and finally costs borne by criminal justice system and other institutions. Although child sexual abuse is a particularly egregious form of violence, it is a difficult topic to survey because of the sensitivity of the issue. WHO multi-country study covering different settings found that up to one in five women report having been sexually abused before the age of 15 (Garcia-Moreno, 2005). Many children sexual abuse prevention programmes in the

world and especially South Africa have focused on empowering girls, and have not included boys. However, boys and men are both victims and perpetrators of abuse, and it is impossible to deal holistically with the issue of child sexual abuse without involving males (International Save the Children Alliance, 2005).

According to ACPF (2011) the most prevalent form of sexual abuse is that which is verbal where girls are spoken to in a sexual manner. The second most prevalent type of abuse is indecent sexual touching with 52.6% of respondents in Uganda reporting cases, 43.6% in Kenya and 41.8% in Ethiopia. One striking revelation is that rape is the third most prevalent type of abuse with Uganda leading at 42.6%, while Kenya and Ethiopia have rates of 26.3% and 29.7% respectively. It found that all the forms of abuse are more prevalent between the ages of 14 and 17 in all of the study sites. Sexual abuse is more prevalent in Kenya than in the other two countries within the 5-9 years age group. All forms of abuse significantly increase between the age of 10 and 13 years and escalate to very high levels within the 14 to 17 age group. The study conducted in Ethiopia, Kenya and Uganda revealed that 7.4% of respondents in Ethiopia, 5.7% in Kenya and 7% in Uganda stated that they had been forced into prostitution by another person. In Kenya, adult female neighbours are the main perpetrators accounting for 15.4% while girlfriends lead in Uganda with a staggering 49%.

WHO together with the International Society for Prevention of Child Abuse and Neglect (ISPCAN) has come up with ways of preventing child maltreatment by parents and caregivers. Armed conflict depletes a nation's physical, economic and human resources and leads to the displacement of populations. As a result the education or schooling of children who are affected is disrupted and therefore calls for an urgent need for this form of violence to be eliminated. During this study, information on the extent of violence against children was sought by examining all these forms of violence. Data found in this study will help policy makers to try and come up with ways that will eliminate violence against children.

2.6 Violence against Children at Family Level

Historically, family crime has been largely ignored both within criminology and in the priorities of the criminal justice system, reflecting wider social sentiments about the 'sanctity' of the home and private life (O'Brien and Yar, 2008). They report that it was not until the 1960s that the physical abuse of children became the object of sustained attention, followed by domestic violence in the 1970s, child sexual abuse in the 1980s, and elder abuse in the

1990s. These changes were induced by a combination of activists' agenda-setting (for example by the women's movement) and the revelation of the extent of hidden domestic crime by victimisation surveys.

When we factor in acts such as child and elder neglect, bullying and emotional harm, the family is revealed as a primary site of criminal victimisation, and far from the common vision of a safe haven from crime and danger. The increasing awareness of crimes within the home has been paralleled by development of new laws, such as the criminalisation of marital rape and the tightening of definitions of bodily harm against children. Many police forces have also established specialist units dedicated to investigating family crime and supporting its victims.

Families hold the greatest potential for protecting children from all forms of violence. But families can at the same time be dangerous places for children and in particular babies where they can be subjected to physical, sexual, and psychological violence (Pinheiro, 2006). In the home and family setting, children experience assaults and other acts of physical violence, sexual violation, harmful traditional practices, humiliation and other types of psychological violence and neglect. These can include acts of omission, such as failure to protect a child from exposure to preventable violence in the hands of friends, neighbours, or visitors; acts of stigma or gross discrimination; and failure to utilize child health care and welfare services to support the child's well-being. Perpetrators of violence in the home circle include parents and step-parents, extended family members and family caterers.

Most prevalent forms of psychological abuse generally are committed by very close family members, like being shouted or glared at (ACPF, 2011). In addition, abuse in the form of insults. Generally, psychological abuse is at its highest between the ages of 14 and 17 years. In this age group, the most prevalent forms of abuse are being threatened with abandonment or thrown out of the home as well as personal threats of physical harm.

Within the last decade, child advocates and domestic violence experts have begun to recognize the significant impact which domestic violence has on children who live in the home of violent adults. What we see is that children tend to be the 'forgotten victims' of domestic violence, flowing from the mistaken view that they can somehow escape direct exposure to the violence and its effects while in their homes. However, research conducted in

developed countries shows that children are present in the home in 80% of cases where there is violence against women (Zawits, Klaus, Bachman, 1993), and that 90% of these children witness the violence directed by one parent against another (Pagelow, 1990).

Not only are children likely to be witnesses to violence, but research has also documented correlation between spousal abuse and physical or sexual abuse of children in the home to be somewhere between 30% and 70% (Bowker, Artibell and McFerron, 1988). As well, abuse of the mother usually precedes violence against the child and a positive relationship exists between the severity of abuse directed at spouses and children (Bowker *et. al.*, 1988; Stark and Flitcraft, 1988).

A study on violence against children conducted in Canada revealed that children's exposure to family violence was the most common form of emotional maltreatment, accounting for 58% of substantiated cases. Emotional abuse and emotional neglect were also fairly common (34% and 16% respectively). Overall, family members or other person related to the child victim constituted the vast majority (93%) of alleged perpetrators. In Canada, sibling violence has been described as the most common, as well as the most under-studied form of family violence. Two-thirds of teenage aged persons (15-17 years-old) assault a sibling once a year and one-third of those cases has the potential for injury (Crane, 1997). Violent acts which were assessed by the survey included slaps, pushes, kicks, bites, and punches. Furthermore, estimates from the survey suggest that approximately three per cent of these violent acts involved the use of weapons by one sibling to harm another. Girls are somewhat less violent than boys and that sibling violence tends to decrease as children age. Sibling violence therefore should not be trivialized or simply seen as being a "normal part of growing up". It is in fact a very serious issue that needs to be investigated.

Surveys show that physical violence against children in the home is widespread in all regions. In Kurdistan, a study on children aged 11-18 showed that 38.5% reported experiences of physical violence at home that had caused physical injury ranging from mild to severe (Stephenson *et al.*, 2006). Another study done in the Republic of Korea revealed that kicking, biting, choking and beating by parents are alarmingly common, with high risks of physical injury (Hahm and Guterman. 2001). In Britain, a national survey showed that mothers and fathers were most often responsible for physical violence, although violence by siblings was also reported (May-Chalal and Cawson, 2005). This study sought to find out whether children

could be perpetrators of violence against children.

Even though, incidences of violence against children may be high, children do not report sexual violence they experience at home because they are afraid of what will happen to them and their families, that their families will be ashamed or reject them, or that they will not be believed (Pineiro, 2006). In some industrialized countries, neglect constitutes the largest proportion of child maltreatment cases reported to authorities (Pineiro, 2006). Research on sex differences in neglect in India suggests that girls suffer relatively more neglect than boys throughout early childhood (Klassen and Wink, 2003). WHO estimates that 150 million girls and 73 million boys have experienced forced sexual intercourse or other forms of sexual violence involving physical contact in the world (WHO, 2006).

Much of this violence is inflicted by family members or other members residing or visiting a child's family home-people normally trusted by children and often responsible for their care (Pineiro, 2006). Previous epidemiological studies have also revealed that between 14% and 56% of the sexual abuse of girls and up to 25% of the sexual abuse of boys was perpetrated by step-parents or by relatives (Finkelhor, 1994). Both boys and girls are vulnerable to sexual violence but comparison of international studies reveal that sexual violence against girls are generally higher than those against boys (Finkelhor, 1994; Andrews , 2004).

Another common form of violence against children that is perpetrated at family level is female genital cutting. Female genital mutilation - the most harmful mass perpetration of violence against women - is declining for the young girls compelled to suffer it. However, it is still reported in a number of countries at high levels (United Nations, 2010). Ideologies claiming that women should be pure and chaste can lead to female genital mutilation (FGM), honour killings, and restrictions on women's mobility and economic or political participation (Ilkcaracan and Jolly, 2007). Ideas that men should be macho can mean that sexual violence is expected rather than condemned. Girls from very young ages up to their mid or late teens undergo this form of genital cutting as a precursor to marriage. Female genital cutting is widely practiced in Kenya in many communities (Kenya, 2004). United Nations Convention on the Rights of the Child recognizes this as one of the cultural practices that violates a child.

According to Canadian Incidence Study of Reported Child Abuse and Neglect, physically abused children were generally reported as having considerable problems in child functioning

(Health Canada, 2001). As well, the study found that in over one-half (56%) of substantiated physical abuse cases, the child was described as having some type of child functioning problem. Behaviour problems (39%), negative peer involvement (15%), depression or anxiety (15%), violence to others (11%) and developmental delay (9%) were the most often indicated concerns. Similar findings can be found in the wider research literature (Rudo and Powell, 1996; Bowker, Artibell and McFerron, 1988).

2.7 Violence against Children at Community Level

After their home, a child's neighbourhood and community features prominently in their lives. This is where they spend a considerable amount of their time in recreational and social activities. It is also an area where they can be exposed to violence. The risk of encountering violence against children is much higher in some communities than in others. Variations in level of exposure are due to levels of poverty, economic disparity and social inequality. Homicide and violence-related injury among children occur in communities characterized by lack of employment, poor standards of housing, overcrowding and low standards of education and social amenities (Pinheiro, 2006). Young people in such communities may express their frustrations, anger and pent-up tensions in fights and anti-social behaviours of risk taking, drug addiction and substance abuse (Martin and Perry-Williams, 2005).

Where community violence is high, main victims are girls whose domestic tasks require them to travel far from home. Studies show that many children in Africa report feeling threatened or being attacked when they fetch water, fuel or fodder (World Vision, 2001; UNICEF, 2003). At its worst, physical violence against children at community level leads to homicide whereas non-fatal physical violence leads to minor or severe injuries. In addition, children face the risk of sexual violence at community level perpetrated by strangers. A study in South Africa shows that of those women who reported having been raped before they were 15 years old, 21% identified strangers or recent acquaintances as the assailants (Wood *et. al.*, 2002). Street children are victims of police violence when they are arrested and charged with loitering or petty offenses.

FGM is still a widely practised custom, especially among the Kisii, Maasai and Somali communities living in Kenya. Despite the enactment of the Children's Act (2001) which prohibits FGM, the practice continues unhindered in some parts of the country. Moreover, women over 18 years of age are usually forced or pressured into undergoing FGM. A

newspaper article in 2008 revealed shocking statistics that “over 90 per cent of all women over 20 years in Laikipia North District in Kenya are circumcised” (The Standard, 2008).

This is in the wake of there being a cultural belief among some communities that practise FGM that a girl must be married once she is circumcised. Therefore, forced or early marriage is still widely practised in those communities with the sanction and blessing of religion and culture. Majority of the girls who some as young as 15, are married off before the attainment of majority age (18 years) and without their consent and without due regard of whether they have reached puberty (OMCT, 2008).

Concerning international trafficking, a report on the status of human trafficking in Kenya published by The Cradle in 2006 identified Kenya as a fast-growing source, transit and destination country in relation to trafficking involving especially women and girls, (The Cradle, 2006). The report further reiterated that in cases of suspected trafficking of children in Kenya, the method and objective of trafficking frequently appeared to be unlawful and illegal adoptions. For young children, they may be trafficked for purposes such as removal of organs, witchcraft or religious rituals. The report showed that children are at particular risk of trafficking because of poor birth registration. In spite of the occurrence of international trafficking due to weak immigration laws, porous borders and corruption, internal human trafficking is the most common form of trafficking in Kenya, with the main victims being women and children. It found out that internal trafficking occurs primarily from rural areas to urban areas, particularly Nairobi, Malindi, Mombasa and Kisumu. Victims are usually young and needy girls particularly from the rural areas, who are taken to urban areas to work as house helps, for a fee sometimes.

2.8 Determinants of Violence against Children

Research has shown that presence of key situational determinants in the community can precipitate violent events that might not otherwise occur. The most important situational factors include: access to firearms; alcohol consumption; the characteristics of the physical environment; and the presence of gangs or armed groups in the community. Adolescents and young adults are the primary victims and perpetrators of fire-arm related violence in almost all regions of the world (Pinheiro, 2006). In situations where alcohol is easily available, young people may use it to bolster their self-confidence and their aggression levels may increase to produce violent confrontations. Alcohol may also lead to impaired physical

control and ability to interpret warning signals in dangerous situations and consequently make young drinkers targets to perpetrators (Room *et al.*, 2003).

The nature of physical environment determines whether they are potential settings for violence. For example lack of basic amenities like street lighting, playgrounds and adequate housing has contributed to sexual and gender-based violence amongst refugees in Africa (Human Rights Watch, 2005). Presence of gangs in the neighbourhood exposes children to risk of violence. Children join gangs for a variety of reasons. These include: lack of nurturing and emotional support at home; as an option for achieving economic sufficiency; and as a way of achieving personal security.

Societal determinants of violence against children include: urbanization; poverty, inequality and social exclusion. The rapid rate of urbanization and lack of economic opportunities for many urban residents has helped create situations that favour frustrations and unrest, potentially leading to violence. Poor communities are most vulnerable to interpersonal violence when exposed to community disorganization. Imbalance between concentrations of affluence and poverty in same urban area could be an important predictor to community variations in violence (Pinheiro, 2006). Social exclusion that is characterized by unemployment, poor housing, low incomes, poor skills, high crime, ill-health, family breakdown leads to increased incidences of violence against children. This study therefore addressed some of the strategies to address violence against children. It explored the possibility of putting various strategies into action and if they have to be successful, all the groups of children and in all settings including home and community have to be put into consideration.

2.9 Theoretical Framework

Social Learning Theory was used in discussing the determinants of violence against children and how it is perpetrated in the society.

2.9.1 Social Learning Theory

Social Learning Theory (SLT) was developed by Albert Bandura in 1963 (Bandura, 1977). It originally developed in psychology from the legacy of behaviourism. The major change in social learning theory has been toward a more cognitive orientation, as reflected by the

inclusion of “cognitive” in its current title, Social-Cognitive Theory-SCT-(Bandura, 1986) in Martin, *et.al.* (2002). It has perhaps become the most influential theory of learning and development while rooted in many of the basic concepts of traditional learning theory. The theory tries to explain an intergenerational transmission of violence. It enhances the understanding of the intergenerational transmission of violence.

This theory predicts that the likelihood of deviance is greater among individuals whose significant others endorse and engage in deviance themselves (Wareham, *et. al.*, 2009). It is proposed that children observe the people around them behaving in various ways. They pay attention to some of these people (models) and encode their behaviour. At a later time they may imitate the behaviour they have observed. They emulate the behavior of respected, admired, and frequently observed role models, such as parents.

This theory emphasizes the importance of observing and modelling the behaviours, attitudes and emotional reactions of others. Thus it focuses on learning that occurs within a social context by observation and modelling. The theory considers that people learn from one another including such concepts as observational learning, imitation and modelling. This observational learning process is particularly important during childhood, and is central to intergenerational transmission. Children who observe abusive or violent behavior between their parents and between their parents and other family members (e.g., siblings), imitate that behaviour and then repeat that behaviour in future relationships, for example abusing their own children in adulthood. The theory talks about how both environmental and cognitive factors interact to influence human learning and behaviour. Children learn to expect humiliation or a negative situation from the past, which then causes frustration or aggression. If a child is abused or sees adults doing so, they imitate the behaviour they observed and also become violent to others.

SLT offers a comprehensive explanation of the specific mechanisms, familial and non-familial, involved in learning violence (Akers' 1973; 1998 in Wareham, *et. al.*, 2009). More specifically, they indicate that the theory explains the development of individual pro-social and criminal behaviors through observation of others' behaviors, internalization of attitudes and values learned from others, imitation of the behaviors of role models, and reinforcement of behavior through positive and negative punishment. As such, SLT offers an explanation for how individuals exposed to abusive situations within the home during childhood learn and

perpetuate a cycle of domestic violence.

It is of great importance that child participation be encouraged through having them engage in dialogue with peers, parents, service providers and state authorities about matters of concern to themselves. By so doing, the children learn that acts of violence are harmful to all members of the society. This theory will teach adults to guide children on good behaviour by acting positively so as to ensure they emulate good acts which will lead to their positive growth thus making the theory relevant to the study.

2.10 Conceptual Framework

This study was based on the premise that children and youth today are exposed to violence in a number of ways and in a number of different situations. The research literature demonstrated that children may experience physical, psychological, and sexual violence from different people. They are exposed to such forms of violence in different places that range from their homes; at school; and in their community and neighbourhoods. There is a clear consensus in the research literature that this exposure to violence affects their psychological and behavioural development.

However, not all children suffer from these forms of violence. The risk of experiencing child violence against children varies across the socioeconomic and demographic characteristics of the individual child, their household's characteristics and the characteristics of the school and community. The literature reviewed in this study suggests that parents can play a key role in affecting how children react to violence. Nothing much has been done to explore their knowledge, perceptions, and reactions to violence that their children experience in different environments. As summarized in the conceptual framework in Figure 2.1, the relationships among variables of the study.

As summarized in the conceptual framework the study looked at the prevalence and determinants of violence against children, the perpetrators of different forms of violence. The framework shows how independent variables combine to predict the amount of variation that occurs in the dependent variable. The independent variables were the factors influencing violence, e.g. gender, age, family pattern, parent's marital status, urbanization etc. Their resultant effect is made manifest in prevalence of violence against children (frequency e.g. one, twice, regularly etc.) and the forms of violence against children, e.g., sexual abuse, child

labour, torture etc. which is the dependent variable.

There are intervening variables listed in the framework as well. It is a variable that explains a relation or provides a causal link between other variables. Also called by some authors “mediating variable” or “intermediary variable.” In this case they include social institutions, biological and psychological characteristics.

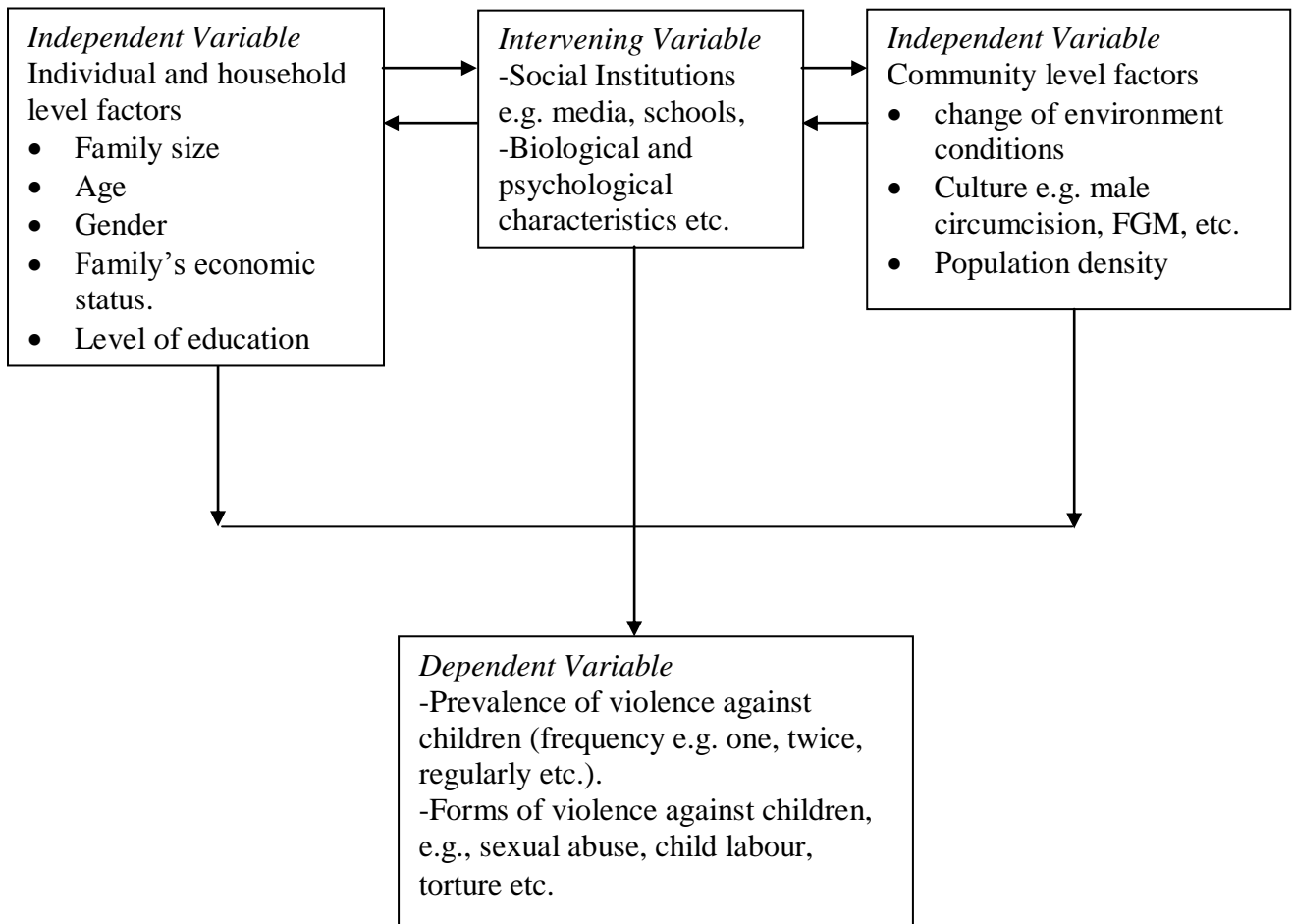


Figure 2.1: *Conceptual Framework*

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section presents a description of the study area, the research design, sampling procedure, analysis of the data and thereafter a presentation of the ethical considerations and the study constraints.

3.2 Study Area

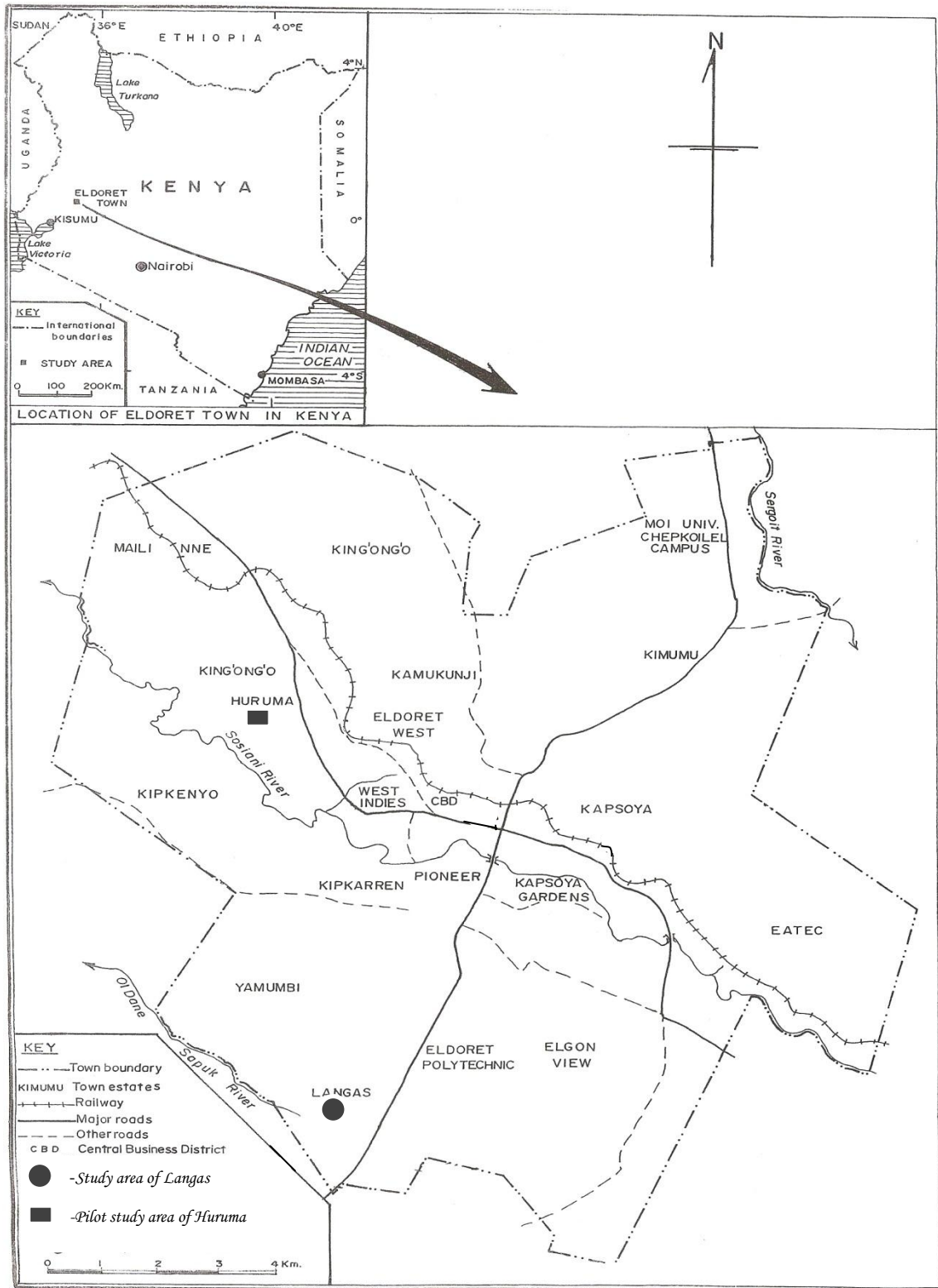
The study area is Langas which is the largest low income residential area in the Municipal of Eldoret that is the headquarters of Uasin Gishu County in the North Rift (Republic of Kenya, 2010a). Langas is located in Wareng District in Uasin Gishu County (see figure 3.1 and appendix II). It extends between longitudes 34° 50' and 35° 37' east and 0° 03' and 0° 55' north (Republic of Kenya, 2008). The district shares common borders with Eldoret West District to the north, Eldoret East District to the east, Koibatek District to the south east, Kericho District to the south, Nandi South District to the south west and Nandi North District to the west.

Eldoret is one of the fastest growing urban centres in the entire republic in terms of population and physical expansion (Republic of Kenya, 2002). It is inhabited by people of diverse social, cultural and economic backgrounds. It was selected due to its relatively static population (Republic of Kenya, 2005). The urban population is recorded as 144,223 in Eldoret West, 80,729 in Eldoret East and 120,607 in Wareng districts, according to the 2009 Kenya population and housing census (Republic of Kenya, 2010b). Further, the number of urban households is recorded as 88,956 in Eldoret West, 51,486 in Eldoret East and 61,866 in Wareng districts. The municipal residential type is low, medium and upper income. The estates are namely, Huruma, Kamukunji, and Langas, (low income), Pioneer, Kapsoya, and Kimumu (middle income), Elgon View, West Indies and Garden Estate (upper income).

Langas estate in Kapsaret Division was purposively selected for the study because it is densely populated (Republic of Kenya, 2008). This is attributed to its high urbanization rate due to its close proximity to Eldoret town which avails relatively developed infrastructure and other social facilities such as schools. In addition, there exist some pockets of poverty in

the highly populated areas of Langas where urbanization has led to emergence of slums.

Langas, an urban slum in Eldoret municipality, is less than 10 km from Eldoret town. It falls under high density, low-income areas of Eldoret municipality (Murage and Ngindu, 2007). It is divided into four administrative blocks that are further subdivided into about 2,500 plots. Each plot (1/8 of an acre) has between one and 30 households each with an average of six occupants. Settlement in Langas began in 1965.



source: Eldoret Municipal Council (E.M.C.)

Figure 3.1: Eldoret Municipality.

Source: Uasin Gishu County Government.

3.3 Research Design

The researcher obtained information through interviews. A three range approach of interviewing was conducted. First, a printed interview schedule was used to collect data from the children. An interview provides researchers with information concerning how people think and act (Schaefer, 2003; Bryman, 2001).

Secondly, interview involved Focus Group Discussions (FGDs) conducted with selected parents and guardians of the children. FGDs were used in order to obtain certain types of information on social norms, and varieties of opinions or views within the population (Mathers *et. al.*, 2002; Mack & Woodsong, 2005). A number of parents and guardians were identified and grouped into six sets of sub groups with 9 participants. The FGDs took the form of group discussions with the respondents and they were directed by the researcher as the moderator. The interaction was orientated to 'family life' and some groups were conducted in houses and compounds over the weekend, as this was often the best time to get the parents and guardians.

The third range was expert interviews conducted on state and non-state officials working with children. In order to obtain high quality data, expert interview was conducted on one-on one basis with an official at the children's department, a children's home worker and a health official from the Moi Referral and Teaching Hospital (MTRH).

3.4 Unit of Analysis

The unit of analysis was the individual child selected for the study and data was obtained for each individual child interviewed. Children between the ages of five and seventeen years who reside in the sampled households in Langas formed the unit of analysis.

3.5 Sampling Procedure

3.5.1 Determining the Sample Size

Sample size was determined by using a ninety-five per cent confidence interval and a sampling error of five per cent. The following statistical formula was used to calculate the required sample (Daniel, 1999).

$$n = \frac{Z^2 p q}{d^2}$$

n= Desired sample size.

z= Statistical constant representing 95% score at the confidence level, 1.96.

p= Proportion of interest (49,056 ÷ 183,262) i.e. number of households divided by the total population in Wareng District.

q= Possibility of failure (1-p)

d= Sampling error (5% or 0.05)

$$n = \frac{Z^2 P (1 - P)}{d^2}$$

$$n = \frac{1.96^2 (0.2 (1 - 0.2))}{0.05^2}$$

$$= \frac{3.8416 \times (0.2 \times 0.8)}{0.0025}$$

$$= \frac{3.8416 \times 0.16}{0.0025}$$

$$= \frac{0.614656}{0.0025}$$

$$= 245.8624$$

$$= 246$$

3.5.2 Validity and Reliability Tests

Validity of the interview schedule was determined by submitting it to be reviewed and approved by the Faculty and Board of Post graduate Studies at Egerton University. There suggestions were incorporated in the instrument to improve its accuracy.

Reliability refers to the consistency of a measure i.e. ability to get the same result repeatedly (*ibid*). In this study, the validated interview schedule was then pilot tested with a sample of 30 respondents from Huruma slum in Eldoret which has similar social-demographic characteristics to the study area of Langas. The pilot study helped in identifying the vague and ambiguous items and ascertained content validity. Suitability of the interview schedule in this study was based on its ability to facilitate in-depth study as well as its flexible nature (Neumann, 2000).

After piloting, the data thereof was analysed using Statistical Package for Social Sciences (SPSS) to get the reliability coefficient. Reliability coefficient (cronbach alpha) is a statistic commonly used as a measure of the reliability of a test (Borg & Galls, 1989). A reliability coefficient of 0.7 or above is generally accepted for survey research (Kothari, 2006). In this case a reliability coefficient of 0.78 was achieved indicating that the interview schedule was reliable.

Interview schedule solicited for data on family characteristics, knowledge on violence against children and rates of violence on children. The population structure of the study area is indicated as: 0-14 years (43.0%) constitute children; 15-64 years (53.0%) the working or economically active group; and the 65 years old and above (4.0%) constitute the aged (Republic of Kenya, 2008). There is a high concentration of the population in the age group 0-14, necessitating the need to provide services to support the children (*ibid*).

3.5.3 Data Collection

The most conservative sample size needed for the study was calculated to be 246. The researcher conducted a purposive sampling also known as deliberate or judgmental sampling (a non-probability sampling) of Langas estate because its more densely populated (Republic of Kenya, 2008). The second step of selection involved coming up with a list of all households and the systematic sampling procedure (a probability sampling) after finding out that Langas has 49,056 households. In this case, households in Langas were selected directly. This procedure was used to select households from Langas at a constant interval of ten. Using such a sampling procedure, every tenth household head was selected in a circular systematic fashion, with equal probability, from the 1st-10th set until the required number of sampled households was reached.

Sampling strategy allowed for substitution of the selected households in the field, if they

were not available despite repeated attempts to contact them, or if they refused to participate in the survey or had no children or had children who were out of the target age bracket of between five and seventeen years, for the study. Once a household was selected for the study, children in the age bracket of between five and seventeen years found in that household were interviewed. In order to ensure that younger as well as older children were included, four age cohorts were included 5-7 years, 8-10 years, 11-13 years, and 14-17 years. Not all households have an equal number of children and so it was fair enough to use a child from each of the age categories indicated above. The researcher identified children from the different age categories and thereafter from each category picked one child who would be part of the study sample.

Secondly, FGDs were conducted with selected parents and guardians of the children making 6 sub-groups each having 9 participants including a pilot. Purpose of the pilot focus group was to ascertain whether responses to the data form and the focus group discussion guide provided the necessary information. It determined the appropriateness of the questions and identified areas that needed to be modified, deleted, or added. Pilot focus group discussion also provided an approximation of how much time each focus group discussion would entail. Modifications were made to the focus group discussion guide based on the outcome of this pilot focus group discussion. These modifications included the deletion and rewriting of several questions because of redundancy. Appendix III contains the focus group discussion guide.

With exception of the pilot group, the groups were deliberately arranged to be gender specific. Experience working with women indicates that they are less discreet to share their opinions and experiences when men are excluded. They also are more likely to share information about women-specific issues or family and therefore they gave the information sought from them. All focus groups were conducted in Kiswahili and lasted approximately 2¹/₂ hours. Each focus group discussion was tape recorded and later transcribed.

Lastly, expert interviews were conducted on one-on-one basis with an official at the children's department, a children's home worker and a health official from the Moi Teaching and Referral Hospital (MTRH).

3.6 Data Analysis

Data collected through the interview schedule was analysed using the SPSS to produce descriptive statistics. Descriptive statistics involved collection, organization, summarization, and presentation of data in tables. Simple graphic analysis was involved to give a perfect description of the acquired data. Data collected in FGDs and expert interviewing was analysed using content analysis. In content analysis data collected was itemized against the objectives.

3.7 Ethical Considerations

All stages of the study were conducted in an ethical manner. Key ethical issues were considered including the importance of voluntary and informed participation and preservation of the participants' anonymity and confidentiality of the collected information. The work aimed at projecting an ethos that encouraged trust, guarding against biases in collecting and reporting evidence. Hence, the proposal was submitted for institutional review by the board of postgraduate studies of Egerton University, and an approval letter was obtained before going for fieldwork (see appendix V). Thereafter permission to carry out the study was sought from the National Council for Science and Technology -NCST- (see Appendix VI) now National Commission for Science and Technology (NACOSTE).

Thereafter, the purpose of the research was explained to respondents and informed verbal consent received for open and frank discussion, due to the anonymous nature of the survey and absence of experimental manipulation. Permission was obtained from parents and guardians before the children were included in the study. Hence, the interviewer was able to conquer the anonymity barrier and gain the trust and co-operation of a hard-to-reach group. All information obtained during the interview was treated with confidentiality and anonymity. This was achieved by filling details under code numbers. This privacy of respondents was respected in the course of research. They had the right to choose the time and place to answer the questions. Participation was voluntary and one was allowed to withdraw or refuse to answer any question. Scientific objectivity was upheld, as shown in the study design, sampling, and data collection methods. Respondent's right for expression and commitment to religious or cultural beliefs were not interfered with.

Research findings will be made available to all the participants and various stakeholders

involved through various libraries and relevant Government offices and departments. Other than the Master of Arts theses, findings will be shared in presentations to be made in regional meetings and a range of policy tools (policy briefs, papers, manuals, popular articles and press articles) will be produced and publications will be made in scientific articles, journals and book projects. Last but not least, debriefing of participants in the research will take place at the conclusion of the study, and it will involve revealing the purposes of the research in both written and oral form. Written form will leave participants in the research with a tangible description of the activities they performed. An oral debriefing will be done to simplify research findings.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter encompasses results and discussion of findings in relation to the research objectives. The aim of this section is to present study findings in line with the key variables as indicated in the research methodology.

4.2 Results

Data collected on children from a total of 246 households in the residential area of the sampled estate of Langas in Eldoret is presented below.

4.3 Profile of Respondents

Table 4.1 Profile of Respondents

Characteristics	Category	%
Gender	Male	56.5
	Female	43.5
Age	5-7 years	19.5
	8 - 10 years	24.0
	11 - 13 years	19.1
	14 - 17years	37.4
Religion	Christian	93.5
	Muslim	5.3
	Other	1.2
Education	None	-
	Pre-primary	-
	Primary	52.0
	Secondary	48.0
	Tertiary	-

From findings shown in Table 4.1, male respondents were 56.5% and female were 43.5%. On age in years, 19.5% of the respondents were between ages 5-7 years, 24% were between ages 8-10 years, 19.1% were between ages 11-13 years and finally 37.4% were 14-17years. This depicts that most respondents were 14-17years. On religion, 93.5% of the respondents admitted that they are of the Christian religion, 5.3% of them said they are Muslims and finally 1.2% said they belonged to other religions. Concerning education level, 52.0% of the respondents were of primary level while 48.0% were of secondary level.

Table 4.2 Profile of the Family

Variable	Category	Percentage (%)
Order of birth	First born	39.4
	Second born	26.8
	Third born	17.5
	Fourth born	6.9
	Fifth born	4.5
	Sixth born	4.9
Parent's marital Status	Married	82.5
	Divorced	4.9
	Single	12.2
	Widowed	0.4
Family structure	Nuclear	71.1
	Extended	14.6
	Single-parent	14.2
Family head	Father	81.3
	Mother	17.9
	Other	0.8
Parent/guardian Occupation	Formal	62.2
	Informal	34.6
	Unemployed	3.3
Have siblings	Yes	90.2
	No	9.8
Born in Eldoret	Yes	56.5
	No	43.5

On order of birth as depicted in Table 4.2, 39.4% of the respondents said they were first born, 26.8% were second born, 17.5% were third born, 6.9% were fourth born, 4.5% were fifth born and finally 4.9% were sixth born. This is a clear indication that most of the respondents from the study were first borns. Concerning marital status of the respondents' parents, 82.5% of them reiterated that their parents were married, 4.9% were divorced, 12.2% were single and finally 0.4% admitted that their parents were widowed.

As shown in Table 4.2, the study also sought to find out the family structure of respondents and from this it was realised that 71.1% of the respondents came from a nuclear family, 14.6% of them came from an extended family and 14.2% of them came from a single parent family.

Respondents were also asked who heads the family and from the study findings, 81.3% of the respondents said it was the father, 17.9% said the mother and 0.8% said other where it could be an elder brother or sister. On the issue of the occupation of the parent or guardian, 62.2% of the respondents admitted that it was formal, 34.6% said that it was informal and finally 3.3% said none of the above thereby assuming that probably one or both of their parents was unemployed or just lost a job. From the survey, 90.2% of the respondents indicated that they had siblings and 9.8% reiterated that they did not while 56.5% of them said that they were born in Eldoret and 43.5% said they were not.

Table 4.3 Profile of School Attended

Variable	Category	Distribution of Violence (%)
Type of school attended	Public	79.7
	Private	20.3
Level of public school	National	6.1
	Provincial	28.1
	District	34.1
	Harambee	11.4
	Private	20.3
Nature of school by gender	Mixed school	77.2
	Single sex school	22.8
Nature of school stay	Boarding	51.6
	Day	29.7
	Day and boarding	18.7

From Table 4.3, there was an inquiry on the type of school attended by the respondents in the study and 79.7% of them said that they attend public schools and 20.3% admitted to attending private school. From the research findings, it is clear that most of the respondents attended a public school due to the fact that the study area was a low-income area and to many families, the public school is the most affordable. Concerning the categories of public school, 6.1% indicated that they attend a national school, 28.1% said provincial school, 34.1% said district school, 11.4% said ‘Harambee’ (fund-raised) kind of public school and finally 20.3% attended private schools.

This study examined the nature of the schools attended by the respondents in relation to distribution of violence and 77.2% of them reiterated they experienced violence in a mixed school compared to 22.8% in unmixed school. The nature of the schools attended by the respondents in relation to stay indicated that 51.6% of the respondents attended in a day school and 29.7% of those in boarding school experienced violence compared to 18.7% of those who attended boarding school.

4.4 Proportion of Children who Experienced Different Forms of Violence in the Study Area

This section details the proportion of children who have experienced different forms of violence in the study area as shown in Table 4.4. The research question had asked the proportion of children in the study area who had been victims of different forms of violence.

Table 4.4 Timeline of Violence against Children

Variable	Frequency	Percentage
Timeline of violence against children		
Last 1 week	128	52.0
Last 2 weeks	36	14.6
Last 3 weeks	43	17.5
Last 4 weeks	39	15.9
Total	246	100

This study investigated the timeline of violence against children or when was the last time the respondent experienced violence. A total of 128 (52%) respondents admitted that they

experienced violence in the last 1 week, 36 (14%) said in the last 2 weeks, 43 (17.5%) experienced it in the last 3 weeks and finally 39 (15.9%) in the last 4 weeks. This is an indication that most of the violence against children happened in the last one week prior to the study.

Table 4.5 Forms of Violence against Children by Timeline

Forms of violence against children * Timeline of violence against children					
Forms of violence against children	Timeline of violence against children				Total
	Last 1 week	Last 2 week	Last 3 week	Last 4 week	
Corporal punishment	34	13	11	11	69
Psychological abuse	47	6	14	6	73
Denial of food	13	5	5	9	32
Lack of parental love	9	6	0	3	18
Forced drug abuse	8	2	9	3	22
Denial of education	11	3	3	6	23
Denial of shelter	2	0	0	1	3
Denial of clothes	4	1	1	0	6
Total	128	36	43	39	246

A cross tabulation done between forms of violence against children and timeline of violence against children indicated that the respondents who had experienced corporal punishment in the last 1 week were 34, in the last 2 weeks were 13, in the last 3 and 4 weeks were both 11 as shown in Table 4.5. Concerning psychological abuse, those who had experienced it in the last 1 week were 47, in the last 2 weeks were 6, in the last 3 weeks were 14 and in the last 4 weeks were 6. Denial of food had been experienced by 13 respondents in the last 1 week, 5 in the last 2 and 3 weeks and finally 9 respondents in the last 4 weeks. Lack of parental love had been experienced by 9 respondents in the last 1 week, 6 respondents in the last 2 weeks, none of the respondents in the last 3 weeks and 3 respondents in the last 4 weeks.

Forced drug abuse had been experienced by 8 respondents in the last 1 week, 2 respondents in the last 2 weeks, 9 respondents in the last 3 weeks and 3 respondents in the last 4 weeks.

Denial of education had been experienced by 11 respondents in the last 1 week, 3 respondents both in the last 2 and 3 weeks and finally 6 respondents in the last 4 weeks. Denial of shelter had been experienced by 2 respondents in the last 1 week, none of the respondents both in the last 2 and 3 weeks and 1 respondent in the last 4 weeks. Finally denial of clothes was experienced by 4 respondents in the last 1 week, 1 respondent both in the last 2 and 3 weeks and none of the respondents in the last 4 weeks.

4.5 Perpetrators of Violence against Children and Forms of Violence

This study sought who perpetrators of different forms of violence against children were and what the forms of violence were.

Table 4.6 Perpetrators of Violence against Children

Category	Frequency	Percentage (%)
Fellow children	34	13.8
Youth	72	29.3
Adults	140	56.9
Total	246	100.0

Results of the research depicted that the main perpetrators of violence against children were adults by 56.9%, followed by youths (persons who are over 18 years) by 29.3% and finally fellow children (especially bullies) by 13.8% as indicated in Table 4.6. Bullying which comprises both physical and psychological violence also exists as it occurs in the school environment in most cultures.

Table 4.7 Forms of Violence Mentioned

Forms of Violence	<i>f</i>	%
Child labour	51	20.9
Sexual abuse	51	20.6
Child trafficking	24	9.6
Early/child marriage	27	10.8
Child detention	13	5.4
Ethnic conflict	11	4.6
Neglect	41	16.6
Female Genital Mutilation	28	11.5
Total	246	100.0

From the multiple responses of respondents as depicted in Table 4.7, the most mentioned form of violence against children was child labour which was mentioned by 20.9% respondents. Sexual abuse was mentioned by 20.6% of the multiple responses. Neglect had 16.6%. This neglect of parents and guardian has resulted in the crisis of street children and street families especially in large cities in the country. Neglecting children has resulted to dysfunctional homes and families and this has had a major impact on the moral fabric of the society. Studies in the area of human psychology have revealed that some people engage in criminal activities as a result of parental or guardian neglect. Female Genital Mutilation (FGM) had 11.5%, early (forced) marriage had 10.7%, child trafficking had 9.5%, child detention had 5.4% and it is evident especially in the police stations where children with minor offences are detained and mixed with hard-core criminals and ethnic conflict had 4.6%.

4.6 Social Setting of Occurrence of each Form of Violence

This study identified the social setting of occurrence of each form of violence. The research endeavoured to find out the setting or place where violence against children mostly occurs.

Table 4.8 Setting of Occurrence of Violence against Children

Variable	Frequency	Percentage
Location where most forms of violence occur		
Home	122	49.5
School	51	20.7
Market	39	15.9
Play centres	25	10.2
Other	9	3.7
Total	246	100

From the study as shown in Table 4.8, 49.6% of the respondents said violence mostly occurred at home, 20.7% said at school, 15.9% said at the market, 10.2% said at play centres and finally 3.7% of the respondents said it occurred in other places.

Table 4.9 Setting of Violence against Children

Forms by Setting of violence against children						
Forms of violence against children	Setting of violence against children					Total
	Home	School	Market	Play centres	Other	
Corporal punishment	37	13	12	4	3	69
Psychological abuse	36	22	10	4	1	73
Denial of food	16	6	3	4	3	32
Lack of parental love	7	1	5	4	1	18
Forced drug abuse	11	3	6	2	0	22
Denial of education	10	13	0	0	0	23
Denial of shelter	2	0	0	1	0	3
Denial of clothes	6	0	0	0	0	6
Total	125	58	36	19	8	246

Concerning forms and setting of violence against children cross-tabulation as depicted in Table 4.9, 37 respondents admitted that corporal punishment was mainly perpetrated at home, 13 indicated at school, 12 said market places, 4 said play centres and 3 said other areas. According to the study results, 36 respondents admitted that psychological abuse was mainly perpetrated at home, school had 22 respondents, market had 10, play centres had 4 and other had 1 incident. Denial of food had 16 at home, 6 at school, 3 at the market, 4 at play centres and 3 for other. Lack of parental love had 7 at home, 1 at school, 5 at the market, 4 at play centres and 1 for other. Forced drug abuse had 11 at home, 3 at school, 6 at the market and 2 at the play centres. Denial of education had 10 at home and 13 at school. Denial of shelter had 2 at home and 1 at play centres and finally denial of clothes had 6 respondents who reiterated that it mostly happened at home.

4.7 Individual, Household and Community Level Factors that Contribute to Violence against Children

This research identified a number of individual, household and community level factors that contributed to violence against children. Individual factors discussed were; gender and age of the child. Household level factors discussed were; parents marital status and who the head of the family was. Under community level factors those discussed were religion, education level

and family structure. Each of these factors was looked at and the form of violence against children that it was likely to trigger.

Table 4.10 Violence as a Function of Gender, Age, Parental status and Family Head

Variable	Category		Child Labour	Sexual abuse	Child trafficking	Early/child marriage	Child detention	Conflict (ethnic clashes)	Neglect	FGM/FMC
Gender	Male	%	55.6	58.1	59.5	56.6	50.0	61.1	58.1	57.3
	Female	%	44.4	41.9	40.5	43.4	50.0	38.9	41.9	42.7
Age	5-7years	%	17.9	16.9	24.3	13.3	16.7	22.2	14.7	20.2
	8-10years	%	21.6	19.4	21.6	22.9	38.1	30.6	20.2	25.8
	11-13years	%	19.8	21.9	18.9	16.9	19.0	22.2	17.8	20.2
	14-17years	%	40.7	41.9	35.1	47.0	26.2	25.0	47.3	33.7
Parental Marital Status	Married	%	80.8	79	81	75.9	77.3	58.1	79.1	88.0
	Divorced	%	4.3	6.2	4.5	5.4	7.3	20.0	4.9	4.3
	Single	%	14.7	14.9	14	18.3	15.5	20.4	15.8	7.4
	Separated	%	0.2	0.0	0.5	0.4	0.0	0.5	0.3	0.4
Family Head	Father	%	77.8	75.4	78.5	71.6	73.6	71.3	77.4	85.7
	Mother	%	21.8	22.9	20.5	27.6	24.5	28.2	22.6	14.3
	Other	%	0.4	1.7	1.0	0.8	1.8	0.5	0.0	0.0

Note: Percentages are based on the multiple responses of respondents.

As is indicated in Table 4.10 more male children suffer various types of violence at higher percentages than their female counterparts. The percentage of male children that are involved in child labour stood at over 55% compared to the female child at 44.4%. Also a higher percentage of the boy child suffered sexual abuse at over 58% while the girl child had slightly above 43%. Trafficking of children affects the boy child at close to 60% compared to 44.5% for the girl child. Boys also are highly affected with early marriages at close to 57% while the girl child it's at 43.4%. Child detention affected both the boy and girl child equally at 50% each. Conflicts in the area are recorded to affect the boy child at 61.1% and the girl child at close to 40%. Boys suffer child neglect at 58.1% while the girl child suffers the same at 41.9%. Slightly above 57% of the boys had undergone FMC while about 43% of the girls had gone through FGM.

Under the variable of age, children of age 11-17 year old experience more of child labour (60.5%), sexual abuse (63.8%), child trafficking (54%) compared to the children of age 5-10 year old. Children who come from homes of married parents or guardians experience more violence compared to those from homes of divorced, single and separated along all variables studied. Similarly, children from homes headed by males experience more violence than those from female headed households

Table 4. 11 Violence as a Function of Religion, Education and Family Structure

Variable	Category		Child Labour	Sexual abuse	Child trafficking	Early/child marriage	Child detention	Conflict (ethnic clashes)	Neglect	FGM/ FMC
Religion	Christian	%	94.4	91.9	90.5	95.2	88.1	91.7	95.3	92.1
	Muslim	%	3.7	6.9	8.1	4.8	9.5	5.6	3.1	6.7
	Other	%	1.9	1.2	1.4	.0	2.4	2.8	1.6	1.1
Education	Primary	%	49.4	44.4	51.4	38.6	59.5	66.7	39.5	57.3
	Secondary	%	50.6	55.6	48.6	61.4	40.5	33.3	60.5	42.7
Family Structure	Nuclear	%	70.3	66.9	62	52	61.8	62	69.8	70.2
	Extended	%	12.0	16.6	19	24	15.5	20	12.5	18.2
	Single	%	17.7	16.6	19	24	22.7	18	11.7	11.6

Note: Percentages are based on the multiple responses of respondents.

From table 4.11, the respondents who professed that they were Christians experienced child labour mostly at 94.4%. Respondents of secondary school level admitted that they mostly experienced sexual abuse at 55.6% and conflicts (ethnic) at 33.6%. Most of the male children indicated that they had undergone forced circumcision against their own will or knowledge.

4.8 Focus Group Discussions and Expert Interviews

The research identified a number of key issues emerging from the focus group discussions and interview of participants. The FGDs were conducted with the parents and guardians while expert interviews were conducted with various officials working with children.

Focus Group Discussions Results

Six focus groups were conducted at the study site sometime after the interview schedule had been administered to the children.

Table 4.12 Focus Group Discussions Table

Date	Location	Participants	Number
31/10/2013	Kisumu Ndogo - Pilot study	Men and women	9
1/11/2013	Kisumu Ndogo	Housewives	9
2/11/2013	Corner Mbaya	Men not working	9
2//11/2013	Corner Mbaya	Working women	9
3/11/2013	Eldoret Polytechnic	Working men	9
3/11/2013	Eldoret Polytechnic	Working women	9

As indicated in Table 4.12 fifty-four people working or not working participated in the focus group discussions. Of this number, 56% were female and 44% were male. 47% of the participants were married, 20% were single, 17% were separated, 9% were living with someone, and 3% were divorced or widowed.

Table 4.13 Participants Age

Age Range	Frequency	Percentage
18 to 19 years	15	6
20 to 29 years	62	25
30 to 39 years	97	39
40 to 49 years	57	23
50 to 54 years	15	6
Total	246	100

Focus group discussions participants ranged in age from 18 to 54 years. Table 4.13 delineates these ranges.

Table 4.14 Years Spent in Langas

Years	Frequency	Percentage
Less than 5 years	108	44
6 to 10 years	81	33
11 to 15 years	35	14
16 to 20 years	12	5
Did not answer	10	4
Total	246	100

Table 4.14 shows the number of years the participants had spent in Langas. The majority of the focus group discussions participants with a percentage of 44 were recent immigrants.

Table 4.15 School Years Completed

Education	Frequency	Percentage
Primary	111	45
Secondary	66	27
College	64	26
University	5	2
Total	246	100

The level of schooling completed ranged from primary to college with a large number of the respondents having completed primary school as shown in Table 4.15.

Table 4.16 Number of Children

Children	Frequency	Percentage
None	47	19
One to two	96	39
Three to four	74	30
Five to six	22	9
Seven to eight	7	3
Total	246	100

As seen in Table 4.16, the number of children that the participants had ranged from none to eight. It is quite evident that a large number of the respondents who took part in the focus discussions have one or two children.

FGDs identified a number of issues. Participants were generally quite responsive when answering. The following are representative responses:

"Violence against children is on the increase."

"It has to do with urbanization and increased population. The print and visual media is also a major cause of violence against children in terms of the media showing violent movies that some depict even violence as heroic."

"One of the principal causes of violence against children is alcohol, drug and substance abuse. One of the things we need more is to end alcoholism and drug use."

From the responses, it was evident that violence against children in the area was on the increase and that various factors; urbanization, media and drug abuse had largely contributed to this.

"Sexual violence is referred to as 'tabia mbaya', Kiswahili for bad manners....Alcoholism is referred to as 'kuwaka' Kiswahili for, to burn. The most common responses related to perpetrators of violence against children, specifically, 'Men under the influence of alcohol were identified as the major perpetrators of violence against children directly or indirectly through violence against their spouses.'

"It has to do with having problems at home. When couples have problems, when they fight... if they drink alcohol or use drugs, over time children are affected psychologically or they might end up being physically or sexually abused."

"The culture of silence, fear of reporting one's spouse or relative, bribery claims to stop one from reporting, fear of further violence directed towards the spouse, especially men who barter their wives when confronted with allegations of violence against children."

Several of the women also mentioned family problems in relation to violence against children. The groups identified risk factors that contribute to violence against children. Specifically the responses include: fear of reporting, bribery to stop one from reporting and fear of more abuse from the perpetrator.

The groups identified a variety of violence meted on children at the household level, these included, sexual violence, non-provision of basic needs (food, shelter and clothing), withdrawal from school, child labour, FGM/C and FMC, bartering, shouting, quarreling, spouse feuds and fights in the presence of children, less sleep, denied time to play, exposed to

obscene pictures and movies, absentee parents, denied opportunity to have friends and forced adoptions, for instance being brought up by relatives and not their biological parents.

When asked about the perpetrators of violence, the participants identified violence against children to be meted out by relatives and non-relatives within the home. Other than parents, house helps and elder siblings were also identified as perpetrators of violence against children. The groups identified schools as major avenues for violence against children. Most of the violence is meted by elder students through bullying, in the playing ground and on the way to or from school. Teachers also perpetuate violence against children physically through corporal punishment, heavy manual labour, strenuous physical exercises, shouting, insults and sexual assault.

On Child labour the FGDs identified children being employed as house helps especially the girl child, strenuous work like in construction sites as well as forced begging as a form of abuse meted on children. Begging is done at the market place or the streets. Specific comments included:

“Children are employed as maids or forced to go and work in wage labour (Kibarua in Kiswahili). Begging is also prevalent especially among children with disabled parents or guardians. The ‘omba omba’- Kiswahili street word in reference to Beggars- carry the children along with them to the streets as they go around asking for help from people. Some of them are blind and so they use the children as guides.”

Participants identified a number of words that are used to describe violence against children. Some of the names were ‘kibarua’ and ‘omba omba.’

“It is avoiding harmful media programs, avoiding alcohol and drug abuse, installing lighting system in the community, taking children to school and a responsive police force. “It is also avoiding family problems for instance spouse bartering.” A few of the participants quoted the following Kiswahili saying in association with prevention, “Usipoziba ufa, utajenga ukuta” (“If you do not repair a crack, you will build a whole wall”).

When participants were asked "What does prevention mean to you?" many responded with

"avoid" or not doing a particular behavior. Specific comments when asked on some ways they thought would help in the fight against violence included: Controlling emotions and worries through sports and picnics were also seen as an effective way to prevent violence against children.

Key Informants Interviews

As already mentioned earlier three responses were received from expert interviews through face to face interviews. Expert interviewing was conducted with the children's department, a children's home worker and a health official from the Moi Teaching and Referral Hospital (MTRH). Interview schedule in Appendix IV was used for the interviews. Expert interviews held its meetings on 4th of November 2013. In these meetings a common level of understanding regarding the objective and nature of the process was reached. In general the experts showed a great willingness to contribute to the work and to share information and experiences in order to aid this study.

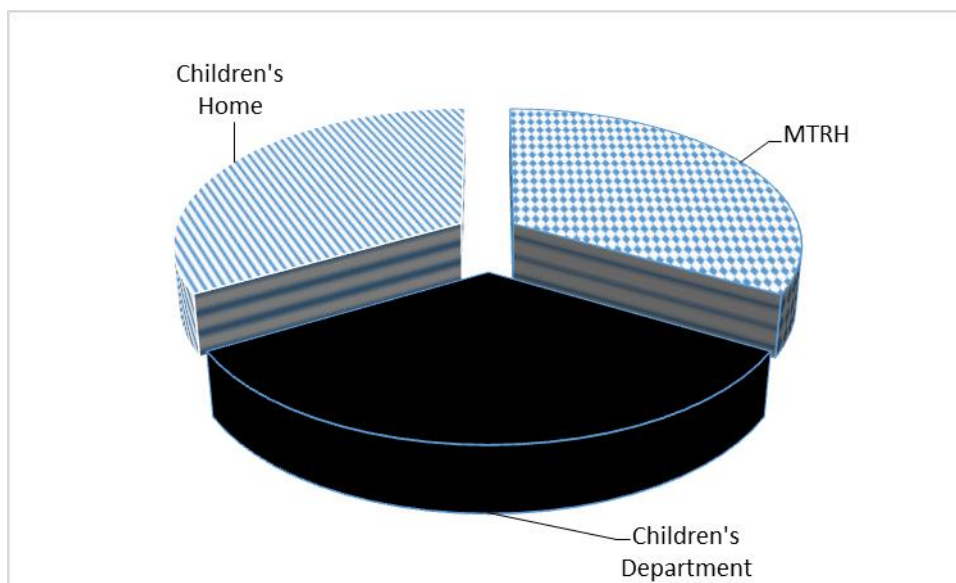


Figure 4.1: Target Key Informants Interviewed.

Key informants were mostly involved in rescuing and rehabilitation of children experiencing violence in the home or the community at large. The three organizations experience quite a number of challenges including increased number of violence against children, spread of diseases and infections to the children, increased drug and substance abuse by children and high school dropout rates. Some of the reasons given for the increase of violence against children are; absentee parents/guardians, alcohol, drug and substance abuse, breakdown of

family values and congestion in dwelling places.

Moi Teaching and Referral Hospital (MTRH), children's department and children's homes seek to implement national policies on children at the local level. They work hand in hand with the police department to have perpetrators of violence against children brought to book. Some of the children are placed in children's homes or handed over to responsible relatives in cases of broken homes. The children's home had a number of goals including provision of shelter, education and love. The children's home experienced a number of challenges including finances and congestion. MTRH meets a combination of needs for the abused children including provision of medical care, temporary shelter and transition to children's homes.

4.9 Discussions

This section provides a discussion on the study results. The previous findings (in the results section) are a prelude to the discussion. The main aim of this study was on the determinants and prevalence of violence against children in a low income residential area in Eldoret, Kenya. The specific objectives of the study were: to examine the proportion of children who experienced different forms of violence in the study area; to identify perpetrators of different forms of violence against children and classify the forms of violence; to explore the social setting of occurrence of each form of violence; and to assess individual, household and community level factors that contribute to violence against children in the study area.

4.9.1 Proportion of Children who Experienced Violence in the Study Area

This study established the proportion of children who had experienced violence in the study area. Analysis for data from Langas indicated that most of the children had experienced some form of violence or abuse in one way or the other. Most of the children reported to have experienced violence during the study period. Over 50% of the children had been abused in one way or the other one week prior to the study. Findings were able to mirror OMCT (2008) who also found out that the presence of violence against children is a serious and persistent issue in Kenya just like gender based violence.

Given the recent nature of various forms of violence as reported by the children, violence experienced by the children falls within the definition of violence against children which is stated as any recent act or failure to act on the part of a parent or caretaker which results in

death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm (Children's Bureau, 2013).

4.9.2 Perpetrators of Violence and Forms of Violence against Children

The research question had asked who the perpetrators of different forms of violence against children were and what the forms of violence were. This study was able to identify various forms of violence against children and their perpetrators. This study found out that violence against children is perpetrated by adults followed by youths (persons who are over 18 years) and finally fellow children (especially bullies). Bullying, which comprises both physical and psychological violence, exists in the school environment and in most cultures. The adults mentioned as abusing children include parents, guardians, teachers, family friends, relatives and neighbours.

Various forms of violence were unanimously identified by the children through the interview schedules, expert interviews with various officials and the FGDs with the parents and guardians. Children were able to identify four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse as listed by Children's Bureau (2013). The groups identified schools as major avenues for violence against children. Most of the violence is meted by older students through bullying, in the playground and on the way to or from school. Teachers also perpetuate violence against children physically through corporal punishment, heavy manual labour, strenuous physical exercises, shouting, insults and sexual assault. Most of the violence goes on because the children do not report, teachers protect one another, and authorities never take action on reported cases and the culture of silence. Violence against children in schools is identified by other teachers, non-teaching staff, the children, or parents. Most people including parents, children and teachers do consider caning and manual labour as part of normal and acceptable form of punishment in schools.

Specifically various kinds of violence against children reported included: Physical abuse-corporal punishment (as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting-with a hand, stick, strap, other objects or burning; child detention especially in the police stations; and child labour. Physical injury is considered abuse regardless of whether the caregiver intended to hurt the child. Neglect included lack of provision of basic needs like food, shelter and clothing. Lack of education was also found to be prevalent. Sexual abuse mentioned by the respondents included FGM, FGC, early

marriages, trafficking for sex, emotional or psychological abuse included constant criticism, threats, or rejection, as well as withholding love, support, guidance, abandonment and the aspect of lack of parental love. They further mentioned forced drug abuse.

According to Children's Bureau (*ibid*) neglect may be: physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision); medical (e.g., failure to provide necessary medical or mental health treatment); educational (e.g., failure to educate a child or attend to special education needs); and emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). Sometimes cultural values for instance exposure to FGM and FMC for the girl and boy child respectively.

On education, some of the children are not getting education in contravention to the national laws and the Convention on the Rights of the Child. It states that the right to receive free primary education regardless of gender, background or mental and physical abilities; the right to develop one's personality, talents and abilities to their fullest potential; the right to receive quality education in a safe, healthy and protective environment, should be observed even during emergency situations and these are recognized children's rights incorporated in a range of international conventions and regional treaties (UNICEF, 2007). The UN organ recognizes that although children's right to education is internationally recognized, it is not completely fulfilled in many parts of the world. It out rightly indicates that out-of-school children represent a broken promise affecting the shared fortunes of the children, their education system, their health and that of their families, and the overall development potential of the countries where they live. Without an education, children are less likely to be healthy, grow strong or be safe. Without an education, they are less likely to fully participate in their communities or raise healthy children themselves one day. Without universal education, countries are less likely to achieve other development goals.

Child labour is a risk factor that can cause occupational injuries, diseases and violence and is associated with a lack of educational opportunities and poverty (Bagley and Mallick, 2000; Driscoll and Moore, 1999; Lieten, 2000). The problem of child labour is regulated in the UN Convention on 'Rights of the Child' (UNO, 2006a). The FGDs identified forced begging as a form of abuse meted on children. This form of abuse is done at the market place or the streets. Some of the children are forced to beg on the streets for very long hours enduring

several hazards and none of the money collected was ever used for their food needs. Diseases spread quickly and the children often fall ill from skin diseases, malaria, and stomach parasites, but are rarely cared for by adults. Instead, many children are forced to beg overtime to pay for their own medicines. The children are also forced to conduct businesses. They are made to sell goods like roasted ground nuts, eggs, roasted maize, cigarettes, clothes etc.

Neglect of children in the county has other direct and indirect consequences for the society. This neglect of parents and guardians has resulted in the crisis of street children and street families especially in large cities in the country. Neglecting children has resulted to dysfunctional homes and families and this has had a major impact on the moral fabric of the society. Studies in the area of human psychology have revealed that some people engage in criminal activities as a result of parental or guardian neglect. When denied shelter, children are pushed to the streets. Some of these street children are involved in sniffing glue or solvents, leading to ill health.

According to DePanfilis (2006) child neglect is the most common type of child maltreatment. Unfortunately, neglect frequently goes unreported and, historically, has not been acknowledged or publicized as greatly as child abuse. He reports that the effects of neglect are harmful and possibly long-lasting for the victims. Its impact can become more severe as a child grows older and can encompass multiple areas including: health and Physical development; intellectual and cognitive development; emotional and psychological development; and social and behavioural development.

As indicated in Children's Bureau (2013) sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. It is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

It is reported elsewhere that populations noted as especially vulnerable to sexual violence in Kenyan children, there is increased reporting and presentation of sexual violence among them (Maternowska, *et. al.*, 2009). In the study area FGM, FMC, early (forced) marriage, child trafficking were mainly mentioned. It is well documented that incidents of sexual abuse and violence continue to be reported throughout the entire country. The Nairobi Women's Hospital receives victims ranging in age from women aged over 80 to months-old baby girls (Daily Nation, 2010; WHO 2006b). Even though more cases of sexual abuse of girls occur and are reported, there has been an increase in the sexual molestation of boys. In September 2008, the Government, in conjunction with the Office of the Attorney General, formed a team to work on regulations under the Sexual Offences Act. Recently, a number of young boys have also received treatment after being sexually assaulted.

Findings on influence of culture on children by ACPF (2011) clearly indicate that early marriage whether for girls or boys as a cultural practice has grave consequences but more so for girls than boys. It states that though the age at which girls marry has risen in some countries, including Kenya, still 24.6% of married women married before their 18th birthday. It also reported that the practice of FGM is nearly universal among three ethnic groups of Kenya- the Somali, Abagusii, and Maasai but the practice is also quite prevalent among the Taita Taveta, Kalenjin, Embu and Meru and to a lesser extent by the Kikuyu. Eldoret town is cosmopolitan, though with a large presence of the Kikuyu and Kalenjin communities.

4.9.3 Social Setting of Occurrence of Violence against Children

This research identified the social setting of occurrence of violence. This study established that violence mostly occurs at home, followed by the school, the market and at play centres in that order. Concerning forms and setting of violence against children, the respondents admitted that corporal punishment was mainly perpetrated at home, followed by school, then in the market places, and play centres respectively. They further indicated that psychological abuse was mainly perpetrated at home, followed by the school, the market place and the play centres in that order. Most of the children reported being denied food at home, followed by the school, then at the market and play centres. It was noted that some of the children indicated that they go to schools that provide lunch for those who have paid for it. Those who have not paid for school lunch are not fed during lunch time. Some of the children reported not being given food by the friends in play grounds, neither do they obtain food in the market for those who go out to beg for it.

Respondents reported experiencing lack of parental love at home, followed by the market place and then school and play centres respectively. Other than having their parents at home, the children want their parents and guardians to be involved in their school work and activities like parents days and open days. They would also like to have games and sports with their parents and guardians or supported by their parents and guardians in sporting activities. They also reported their desire to have their parents or guardians come along with them to markets and other shopping places.

FGDs identified a variety of violence meted on children at the household level, these included, sexual violence, non-provision of basic needs (food, shelter and clothing), withdrawal from school, child labour, FGM/C and FMC, bartering, shouting, quarreling, spouse feuds and fights in the presence of children, less sleep, denied time to play, exposed to obscene pictures and movies, absentee parents, denied opportunity to have friends and forced adoptions, for instance being brought up by relatives and not their biological parents. The FGDs participants identified violence against children to be meted out by relatives and non-relatives within the home. Other than parents, house helps and older siblings were also identified as perpetrators of violence against children. Most of the violence is committed when the parents are not around or in the play field. The participants have various ways of finding out about violence against the children. These include identifying inflicted body marks, change of moods by children, asking the children directly if they have been molested in any way, and also getting reports from other children.

Children reported experiencing forced drug abuse mainly at home, followed by the market place, then at school and the play centres respectively. On being denied education they had the school followed by their homes. Denial of shelter was more at home followed by play centres. It should be noted that some of the children have attempted to follow their fellow children to day care centres but they have been locked out for lack of payment. Some of the children reported being denied clothes and that this mostly happened at home. When denied shelter, children are pushed to the streets. Some of these street children are involved in sniffing glue or solvents, leading to ill health.

Review of literatures of studies from several third world countries shows that globally, most (80-98%) children suffer from physical punishment in their families and at home (UNO, 2006a). Findings mirror those of UNICEF (2012) whereby females and males who

experienced any type of unwanted sexual touching most often reported that the first incident occurred in school. Among females who experienced physically forced sex prior to age 18, the home of the perpetrator was the most frequently reported location. In addition among respondents who experienced any sexual violence prior to age 18, the times of day most frequently mentioned for both females and males were in the evening and in the afternoon. Furthermore, among respondents aged 13 to 17 who experienced at least one incident of sexual violence in one month before the survey, females most often reported that the violence occurred while traveling by foot and males most often reported that the violence occurred while at school. ActonAid International reports that unequal power relations based on gender, age and socioeconomic background are central to this framework of violence against girls in schools (ActionAid International, 2011).

Formal education and informal sources of influence, including the media, are said to play a critical role in constructing and maintaining social norms and attitudes, including regarding the roles of fathers in the lives of children (UN, 2011). According to OECD, there is a relationship between discriminatory social institutions and development outcomes such as child nutrition, primary school attainment and girls' education (OECD Development Centre 2013). It also reports that there is a significant relationship between child stunting (the measure of child nutrition used in the study) and attitudes towards domestic violence, maternal height, maternal education and age at first marriage.

In a study by ActionAid International, in Kenya the majority of girls, even the youngest age group, and in both individual interviews and focus group discussions, talked about sexual violence, usually by boys at school (ActionAid International, 2011). There is a sense from responses that girls in Kenya may be more outspoken about, or aware of, and able to articulate and criticize violence they are experiencing. The school attended therefore has a relation to violence experienced.

4.9.4 Individual, Household and Community Level Factors that Contribute to Violence against Children

This study identified individual, household and community level factors that contribute to violence against children in the study area. This study established that more male children suffer various types of violence at higher percentages than their female counterparts. The percentage of male children that are involved in child labour is also high compared to the

female child. Though ActionAid International (2011) found that the types of violence girls and boys report experiencing changed somewhat with age and that most types of physical violence appear to be experienced less by girls and boys in older age groups in Kenya, the current study found out that the older boy child experiences more violence. According to United Nations (2010) young women are more likely to be exposed to violence than older women. In a family, the later the birth of a girl the more likely she will be exposed to violence. When parents are not working it leads to child labour.

According to UN Child labour constitutes a major hindrance to the education of girls and boys (*Ibid*). It affects children's ability to participate fully in education. The organization reports that like their adult counterparts, girls are more likely than boys to perform unpaid work within their own household. In many regions, girls start to take on a large amount of household chores at a young age (5 to 14), including care-giving, cooking and cleaning. Boys also participate in household chores but not as much. As far as having siblings of different gender, UN found out that in Kenya, adult women, girls aged 5-14 and children less than 5 years spend more time indoors and more time near a fire compared to adult men and 5-14 year-old boys. For example, a woman aged 15-49 spends more than five hours a day near a fire, compared to less than an hour for a man in the same age group. A girl (5-14 years old) spends more than three hours a day close to a fire, while a boy spends less than two hours.

In addition the boy child suffered sexual abuse more than the girl child. Trafficking of children affects the boy child more as well. This study has established that contrary to popular belief, male children experience more sexual abuse than their female counterparts across various variables (and in this case it was a multiple response). This is in contrast to findings of ACPF (2011) that emphasises sexual abuse of girls in homes where the most prevalent form of sexual abuse is that which is verbal where girls are spoken to in a sexual manner followed by indecent sexual touching.

Closely related to sexual abuse is the issue of early marriage and FGM and FMC which affects both boys and girls. Boys are in fact highly affected from early marriages. Boys suffer more through rites of passage through FMC. Most of the male children indicated that they had undergone forced circumcision against their own will or knowledge.

Under the variable of age, children of age 11-17 years old experience more of child labour, sexual abuse, and child trafficking as compared to the children of age 5-10 year old. These findings mirror those of ACPF (2011) that found out that children - including girls - are also trafficked within their home country or internally. Girls are trafficked within the country to work as domestic servants and prostitutes. The practice is deeply rooted in parents' reluctance to send their children - especially girls - to school and the tradition of entrusting children to distant, better-off relatives. Most cases of sexual trafficking in Kenya happen to girls between the ages of 14 and 17 years old. Most of the respondents from Kenya who had been trafficked for sexual reasons were able to return home within six months.

Children who come from homes of married parents or guardians experience more violence compared to those from homes of divorced, single and separated along all variables studied. Respondents went further to say that they wished to belong to families where one parent was missing. When asked why, they said that their parents fought all the time and due to this, the violated parent went ahead to violate a child to ease their anger. Similarly, children from homes headed by males experience more violence than those from female headed households. The study also found out that there is a correlation between the marital status of the parents and the type of family pattern. This is clear in the sense that where the parents are married, the family is either nuclear or extended and where the marital status of the parent is single, the pattern of family is single parent. The UN (2011) highlights problems associated with the presence of fathers and other male figures in families, to include domestic violence and substance abuse. It found out that those men who reported being stressed or ashamed as a result of unemployment were nearly 50% more likely to have used violence and twice as likely to have used sexual violence in the home. Furthermore it reports that other men, while experiencing stress in the face of economic instability and the resulting inability to be socially recognized as providers are neither rushing back home to increase their participation in child care nor accepting women as fully equal partners in the workplace.

Citing Hofferth, Forry and Peters, (2010), the UN report states that some divorced or separated fathers also start new families. With the decrease in contact with their non-residential children from previous unions and with new children and spouses vying increasingly for their attention, fathers are likely to experience a decline in their voluntary emotional involvement with and financial investments in their non-residential children. This

as a result will lead to lack of proper care of their children increasing their exposure to violence.

According to Kenya National Bureau of Statistics (KNBS), married women of about 15 years are found to experience more specific types of sexual violence from their husbands/partners than the unmarried ones at 43.7% and acquaintances at 6.4% while the unmarried girls of the same age report more sexual violence from their boyfriends at 37%, acquaintances 18.7% and strangers at 17% (KNBS, 2010). It further reports that women who agree with wife beating have the highest mean ideal number of children (4.4), while women who do not justify wife beating for any reason have the lowest mean ideal family size (3.4).

Similar findings are reported in another study conducted in Kenya and other African countries in the form of physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation (ActionAid, 2011). Physical, sexual and psychological violence occurring within the general community includes rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in of women and forced prostitution.

Many of the respondents who professed to come from Christian families reported experiencing child labour. Respondents of secondary school level admitted that they mostly experienced sexual abuse and conflicts (ethnic related). According to United Nations Educational, Scientific and Cultural Organization (UNESCO) and International Institute for Educational Planning (IIEP), in light of preferential treatment shown to girls, there have been cases of anger, frustration, and threats of violence from boys (UNESCO & IIEP, 2011). Gender based violence in schools, including sexual, physical, and psychological violence, is often a means by which boys assert their masculinity and determine their social identities. Violence occurs within and on the way to schools, and often involves pupils, teachers, bus drivers, and community members. They report that this amplifies already existing discrimination against girls, discourage girls from attending school, and increase the likelihood of early pregnancies or STIs and HIV/AIDS.

Child detention affected both the boy and girl child equally. This situation is when a child is placed in any public or private setting from which he or she cannot leave at will (Hamilton, Anderson, Barnes, Dorling, 2011). Children may be detained in a range of different places, including prisons, military facilities or specially designed facilities, such as immigration detention centres, welfare centres or educational facilities. While children will clearly be deprived of liberty when they are not permitted to leave a place of detention at will, severe restrictions on freedom of movement may also amount to deprivation of liberty, for example, house arrest or limiting the person to a defined geographical area, rather than a closed facility. In FGDs they reported of children being 'grounded' for hours or days at home as parents travel out of town or go to work. Some of the parents or guardians take the children to the police station for them to be locked in when they have committed offences. The expert interviews at MTRH also revealed children who have been detained at the hospital facilities for non-clearance of hospital bills following treatment.

Intention in most cases is not to take the children to court, but to discipline or deter them from repeating the same offence or to obtain a confession from them. Yet excessive and arbitrary pretrial detention is an overlooked form of human rights abuse that affects millions of persons each year, causing and deepening poverty, stunting economic development, spreading disease, and undermining the rule of law (Open Society Foundations, 2011). Pretrial detainees may lose their jobs and homes; contract and spread disease; be asked to pay bribes to secure release or better conditions of detention; and suffer physical and psychological damage that lasts long after their detention ends.

Pretrial detainees are particularly at risk of being abused because the incentives and opportunities for torture are most prevalent during the investigation stage of the criminal justice process. Pretrial detainees are entirely in the power of detaining authorities, who often perceive torture and other forms of ill-treatment as the easiest and fastest way to obtain information or extract a confession. The Kenyan police stations are notorious for torture and other abuses that include the mixing of juvenile with adults in the same rooms or facilities. Cases of mixing people of various gender in the same cell is also well documented (Thoden, 1997). When children are detained in such places, it is definite that other than emotional and psychological abuse, they can experience other abuses.

Conflicts in the area are recorded to affect the boy child more than the girl child. Eldoret has

experienced frequent strife related to politics and land. The consequences of this violence are devastating. Survivors experience life-long emotional distress, mental health problems and HIV/AIDS and other sexually transmitted diseases. In fact men and women who were displaced during the 2007 Post Elections Violence (PEV) were still living in Internally Displaced People (IDP) camps by the time of this study. Children who witnessed abuse, were victims themselves or were born of the abuse suffered by their mothers (such as children born of war time rape), will suffer lasting psychological damage (Macharia and Mbogo, 2011).

General information obtained from the experts was that there is prevalence of violence against children in the county. They were able to corroborate the above findings. The Muli Children's Home is a rescue centre for various children who have been abused in various ways or another. A majority of them come from streets. The MTRH run facility, Sally's Test is also home to various children. Some of them are reported to have been abandoned in the hospital or brought to the hospital by various people like the police or other persons from the community. Some of the children have stayed in the facility for long periods of time. Given this is a hospital environment there is a risk of contracting various diseases or getting injured.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study examined the determinants and prevalence of violence against children in low income urban households in Eldoret, Kenya and mainly focussing on the area of Langas. The chapter comprises of a summary of findings of research by objective, conclusion and recommendations for policy and areas for further research are provided.

5.2 Summary

Many younger children were unable to define violence. Older children had a clearer idea of what it could be and included physical and emotional violence in their definitions. Parents were largely unable to define violence when asked individually, although focus group discussions produced a generalised definition. The most significant finding is that corporal punishment is still an accepted practice in both homes and schools. Many children had experienced or witnessed violence in or around school. Violence seems to be very much normalized by society.

The first objective determined the proportion of children who have been victims of different forms of violence in the study area. Indeed most children reported to have experienced one form of abuse or the other. The period of one week prior to the study had over half of the respondents indicating that they had been abused followed by the third and fourth week respectively. The second week prior to the study recorded the least incidences of abuse. This is a clear indication that violence against children is rampant in the study area.

Second objective identified the perpetrators of different forms of violence against children and classified the forms of violence. Results indicated that respondents had experienced child labour, corporal punishment, psychological abuse, lack of parental love, forced drug abuse, sexual abuse, neglect, forced male circumcision, female genital mutilation, trafficking, detention, denial of education, including basic needs i.e. denial of shelter, denial of clothes and denial of food. Results of the research depicted that the main perpetrators of violence against children were adults most of whom were closely related to them or close friends to relatives, followed by the youth and finally fellow children who were playmates.

Objective three identified the social setting of occurrence of each form of violence. It found out that violence occurs mostly at home followed by the school, the market place, and at play centres. This study's FGDs and Expert Interviews identified forms of abuse at the market place as forced begging. Some of the children are forced to beg on the streets for very long hours enduring several hazards and none of the money collected was ever used for their basic needs i.e. food. Disease spreads quickly and the children often fall ill - from skin diseases, malaria, and stomach parasites - but are rarely cared for by the adults. Instead, many children are forced to beg overtime to pay for their own medicines. Furthermore, the FGDs found that children were also forced to trade in various commodities including foodstuffs, clothes, sweets and cigarettes.

The fourth objective assessed individual, household and community level factors that contribute to violence against children in the study area. Individual factors that this study addressed included age and gender of the respondents; the household factors were parent's marital status, the family's head and structure of the family while the major community level factors addressed by this study were education and religion. Most children who acknowledged that they came from families where parents were married stated having been sexually abused, trafficked or even undergone female genital mutilation. Those who did not belong to parents who were married, divorced or single did not experience violence most of the time with no percentage reporting to have been sexually abused or been in detention.

Children who reported to belong to family's that were headed by the father experienced most forms of violence than those who came from family's that were headed by a mother or a guardian. These the study found out that male parents or guardians were most of the time not at home or close to children making them more vulnerable to violence. None of the children from family's headed by a guardian reported having been neglected or undergone female genital mutilation nor forced male circumcision. From this data it shows that a child's wellbeing should be a collective responsibility and not only the parent's.

5.3 Conclusions

This thesis presented theoretical and empirical conclusions pertaining to violence against children. This section presents brief theoretical and empirical conclusions of the study.

5.3.1 Theoretical Conclusions

Theory constitutes the ability to interpret and understand the findings of research, within a conceptual framework that makes ‘sense’ of the information being analysed on given phenomena. Theory informs our thinking upon which we make the research decisions required for our understanding of the real world. Hence, on the theoretical side, the study was premised on Social Learning Theory. The theory postulates the importance of observing and modelling the behaviours, attitudes and emotional reactions of others. Thus it focuses on learning that occurs within a social context by observation and modelling. The theory considers that people learn from one another including such concepts as observational learning, imitation and modelling. Social Learning Theory talks about how both environmental and cognitive factors interact to influence human learning and behaviour.

Children learn to expect humiliation or a negative situation from the past, which then causes frustration or aggression. If a child is abused or sees adults doing so, they imitate the behaviour they observed and also become violent to others. It is therefore of great importance that child participation be encouraged through having them engage in dialogue with peers, parents, service providers and state authorities about matters of concern to themselves. By so doing, the children will learn that acts of violence are harmful to all members of the society. This theory will teach adults to guide children on good behaviour by acting positively so as to ensure they emulate good acts which will lead to their positive growth thus making the theory relevant to the study. As conveyed in this study, the thesis has demonstrated and emphasised that as it is posited in the theory that agents of socialization like the family and school are also sources of violence against children. Children who are abused in these institutions likewise grow up to abuse other children.

5.3.2 Empirical Conclusions

Growing evidence in domestic violence literature indicates that violence against children is on the increase making the research topical and necessary. This research in Langas is an important step in understanding violence against children. In addition, protection of children is a duty imposed by the 2010 Kenyan Constitution, yet it remains one of the greatest challenges to our urban centres today. The research found that most of the violence against children happened in the last one week prior to data collection. This is an indication that violence against children is a current and on-going phenomenon.

Perhaps, it is shown that violence against children is currently the main challenge facing majority of the population in informal settlements. While the study covered one informal residence in Eldoret municipality, a number of striking observations emerged. Findings illustrate that urban households often have violence against both the boy and girl child. For many urban families violence against children is determined by much more than being in a violent home, but also by factors from without the home both in the vicinity or proximity and away in places like schools. Safe households are not an automatic way to avoid violence against children.

Results show that age, religion, marital status, years of schooling and occupation positively determine violence against children. This pattern in the results follows from previous studies. These variables determine in one way or the other violence against children. The higher the education level of children, the more likely they are to experience violence. In terms of the particular school level, as children move from primary to secondary schools the more violence they experience. In fact, most children experienced violence in school and at home. Change over time from a single household head to a married household head also appears to increase the chances of experiencing violence in the municipality. Further, results indicate that in terms of individual, household and community characteristics; age, gender, marital status, education, religion and family structure are associated determinants of violence against children.

Focus group discussions conducted presented an opportunity to comprehend ways in which selected people in Langas area view violence against children and its risk factors. The groups' opinions obtained provide a foundation for the development of a campaign that successfully meets the needs of children. Information obtained in focus group discussions is critical to the development of a campaign because it considers family and community factors.

Overall, these focus group discussions were well received by participants. Many participants expressed their appreciation of having the opportunity to "learn" about violence against children. They were also glad to be able to vocalize their opinion on this subject. Participants were asked to form networks amongst themselves to fight violence against children in the community. Every person who participated in the focus group discussions willingly agreed to the proposal. A few people said that they would like to help out in any aspect of the programme even if they were not paid.

These findings indicate that there is a willingness by Langas residents in Eldoret to become involved in this campaign. Active participation by members of Langas community should be encouraged. The community's involvement is critical to the success of any campaign or efforts to eliminate violence against children because these are the people who can best determine what can work and what would help them eliminate the vice. More importantly, they can provide insight on the perceived barriers that make violence against children thrive.

5.4 Recommendations

5.4.1 Policy Recommendations

It is recommended that prevention of violence and other ill-treatment be put into practice. Absolute prohibition of violence against children and other ill-treatment needs to be robustly defended and measures must urgently be put in place at the national level. National and county governments must ensure that they meet their obligations under international law to prohibit and prevent violence against children and other ill-treatment.

Training should be directed towards children to equip them in overcoming and avoiding violence for example sexual abuse and FGM/FMC. Stricter penalties should be administered on perpetrators of violence against children. Labour laws that relate to child labour should be upheld to ensure that children are not forced into the wage and labour market before they are physically and mentally mature. Children should be sensitised to be able to report incidences of abuse against them.

There is a need to establish effective strategies to prevent violence against children. The state should work to eliminate cultural practices that are detrimental to the child like FGM and FMC. Existence of laws prohibiting FGM should make elimination of the practice possible through proper implementation of the laws. Forced male circumcision or cutting, though a silent phenomenon, should also be discouraged and awareness raised to prevent the boy child from suffering silently. Proper upbringing of children by the parents and guardians should be instilled in the whole community from the home, neighbourhood to the school and beyond.

Parents, children, guardians, teachers and other relevant professionals need to be educated on minimum standards of human rights (e.g., the UN Convention on the Rights of the Child and the Kenyan Constitution and Acts of Parliament). This can be done by Involving the media in

raising awareness and changing public perceptions about the level and extent of violence against children.

5.4.2 Areas for Further Research

In view of the study findings, while there is a large amount of evidence that confirms a strong presence of violence against children in informal settlements, there is however a rationale for further research. More research is needed which systematically explores not only the informal settlements and the rural areas but also the affluent urban areas.

There is need to find out why existing conventions and laws have not been able to curb violence against children. There is also need to investigate further the reasons for the increase of certain cultural practices like FGM and early marriages despite laws that prohibits them. A study should identify whether the existing laws provide weak legislative framework and the failure to fully integrate the existing conventions on elimination of violence against children. Similarly, with the increasing use of male circumcision as a way of combating HIV/Aids among males, there is a risk of increased FMC further contributing or exacerbating the practice. There is need to research on how to implement such a cultural practice and know the medical reason without using force. In addition needs and experiences of survivors within the society and the various steps taken to seek justice for the children and their families are unknown and undocumented. A study needs to be conducted that will also look at how the children are helped to cope with the stigma associated with the violence they have experienced. Lastly, the conclusions made in this study can later be verified in different research areas taking into account particular local circumstances.

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APPENDICES

Appendix I: Interview Schedule for Children 5-10 Years

Dear Respondent.

I am a student at Egerton University and I am carrying out a study on the determinants and prevalence of violence against children in Eldoret Municipality. I would like to request you to participate in this study by responding to the questions or statements given. Your voluntary responses will be confidential and only used for the purposes of the study. Thank you.

I. Personal Information of the Respondent

1. Age in years 5 – 7 { } 8 – 10 { }
2. Gender Male { } Female { }
3. Religion Christian { } Muslim { }
 Hindu { } Other (I don't know) { }
4. Education level Nursery { } Primary { } pre-school care { }
 None { } Other { }
5. Do you have siblings Yes { } No { }
6. If yes in above how many Brothers..... Sisters.....

II. Respondents Knowledge on Violence against Children

1. What according to you is violence against children?
.....
.....

2. Do your parents beat you?

Yes { } No { }

What makes them beat you?
.....

3. Does your teacher beat you a lot?

Yes { } No { }

4. How does it feel when your teacher beats you?
.....

5. How many meals do you eat at home?

None { }

One { }

Two { }

Three { }

6. How do you feel when you miss a meal?.....

7. Has anyone ever shouted at you?

Yes { } No { }

Who shouted at you?

Father { }

Mother { }

Brother { }

Sister { }

Teacher { }

Other (specify).....

8. Apart from being beaten and being denied food, the following are other forms of violence against children. Which ones have you ever experienced

Child labour { }

Sexual abuse { }

Child trafficking { }

Early (child) marriages { }

Child detention { }

Ethnic conflict { }

Neglect { }

FGM/FMC { }

9. Did you report the violence you experienced?

Yes { } No { }

10. If yes in above, to whom did you report?

Father { }

Mother { }

Brother { }

Sister { }

Teacher { }

Pastor { }

Other (specify) { }

If no, give your reason (s) for not reporting:.....

.....

11. Where were you violated?

- Home { }
- School { }
- Market { }
- Play Centres { }
- Pre-school care { }
- Other (Specify) { }

III. Rating Items on Violence against Children

Large numbers of children are violated at

Place where Children are Violated	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Known
Home					
School					
Market					
Play Centres					
Pre-school care					
Other (Specify)					

IV. Respondents General Views

1. Should children be punished? Yes { } No { }

2. If yes above, for what reasons:

- a. Failing to fulfil obligations and tasks { }
- b. To discipline { }
- c. Resolve conflict (verbal or physical) between children { }
- d. Other (Specify)..... { }

3. What kind of punishment do you prefer?

- a. Verbal (usually addressing children in loud voice) { }
- b. Threats { }
- c. Physical punishment { }
- d. Other (specify).....

4. Should children be allowed to play? Yes { } No { }

Why is this so?.....

Appendix II: Interview Schedule for Children 11-17 Years

Dear Respondent.

I am a student at Egerton University and I am carrying out a study on the determinants and prevalence of violence against children in Eldoret Municipality. I would like to request you to participate in this study by responding to the questions or statements given. Your voluntary responses will be confidential and only used for the purposes of the study. Thank you.

I. Personal Information of the Respondent

- | | | | | |
|-------------------------|-----------|-----|------------|-----|
| 1. Age in years | 11 – 13 | { } | 14 – 17 | { } |
| 2. Gender | Male | { } | Female | { } |
| 3. Religion | Christian | { } | Muslim | { } |
| | Hindu | { } | Other | { } |
| 4. Education level | Primary | { } | Secondary | { } |
| | College | { } | University | { } |
| 5. Do you have siblings | Yes | { } | No | { } |

If yes how many Brothers..... Sisters.....

6. State your order of birth in the family (e.g. first born, second born etc.)
-

7. State your parent's marital status
- | | | | |
|----------|-----|-----------|-----|
| Married | { } | Single | { } |
| Divorced | { } | Separated | { } |

8. In what type of family pattern are you?

Nuclear { }

Extended { }

Single parent { }

Other { } Specify

9. Were you born in Eldoret Yes { } No { }

10. Who is the head of your family?

Father { }

Mother { }

Other { }

11. What is your Parent's/ guardian's occupation?

Formal { }

Informal { }

None of the above { }

Specify the occupation e.g. teaching, barber,.....

12. What type of school do you attend?

Public { }

Private { }

Other (Specify)

13. If public school, of what category.....

National { }

Provincial { }

District { }

Harambee { }

14. Is the school you attend Mixed { } Single Sex{ }

15. Is the school you attend:

Day { }

Boarding { }

Day and Boarding { }

II. Respondents Knowledge on Violence against Children

1. What do you understand by the term Child?

.....
.....

2. What according to you is the meaning of violence against children

.....
.....

3. What group of people are more vulnerable to violence

Girls { }

Boys { }

All Children equally { }

Adults { }

Disabled { }

4. Why is this so?.....

5. The following are some of the forms of violence faced by children. What forms of violence do you think are majorly experienced by children in Eldoret.

Child labour { }

- Sexual abuse { }
- Child trafficking { }
- Early (child) marriages { }
- Child detention { }
- Ethnic conflict { }
- Neglect { }
- FGM/FMC { }

6. What other forms of violence do you think children are exposed to

.....

7. Do your parents give you a lot of work? Yes { } No { }

Why is this so.....

.....

8. Do you think lack of knowledge on their rights exposes children to more violence?

.....

.....

9. What are some of the consequences you think the perpetrators of violence against children should face?

.....

.....

10. Should children be allowed to participate in issues affecting them and why?

.....

.....

11. Where are children mostly violated

Home { }

School { }

Market { }

Play Centres { }

Other { } Specify.....

12. Are your parents ever present when you need them? Yes { } No { }

Give reasons for your answer above.....

.....

III. Rating Items on Violence against Children

The following items will help you in rating what you think about various issues on violence against children.

No	Item	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1.	Large numbers of children are violated daily in Eldoret					
2.	All children in Eldoret understand their rights					
3.	All children once violated report to the right authorities.					
4.	Residents of Eldoret know much about violence against children					
5.	Eldoret residents know nothing about child Rights					
6.	All girls are vulnerable to all forms of violence					
7.	All boys are vulnerable to all forms of violence.					
8.	Large numbers of girls are violated daily as compared to boys					
9.	Gender does not determine violence against children					
10.	Children forget easily once violated					
11.	Violence does not affect a child's attitude to learn					
12.	Violated children live with a lot fear					
13.	Children should be allowed to participate in matters concerning them					
14.	Males are the major perpetrators of violence against children					
15.	Children do not face violence in home or family settings					
16.	A child's Act should be established to protect children					
17.	The society is working hard to protect the children from perpetrators of violence against children					

IV. Respondents General Views

1. In your own view, how often are children violated and why is this so?

.....
.....

2. Do you think it is important for children to be taught their rights and how will this help them?

.....
.....

3. Why do you think households and the entire community should be made aware about the problem of violence against children?

.....
.....

Appendix III: Focus Group Discussion Guide

I. Warm-up and Explanation

A. Introduction

1. Good [morning, afternoon, or evening], and welcome to our discussion. My name is Everlyne Mugesani. On behalf of Egerton University, Dr. Mwangi, Prof. Ondimu (Supervisors) Mr. Kwoba (research assistant) and myself, I would like to thank you for attending this discussion.
2. This discussion is part of a MA programme that I am conducting to establish the determinants and prevalence of violence against children in a low income residential area {Langas} in Eldoret, Kenya.
3. During this discussion, I will ask you a series of questions related to violence against children. When you answer, please express your thoughts and concerns about each of the questions or any other related issues. Your opinions and ideas are very important to me.

B. Ground Rules

1. Please remember that there are no right or wrong answers to any of these questions. Also, feel free to state your own view points, feelings, and personal experiences.
2. I would like to hear from everyone here today. The more information I get from you, the more it will help us tackle the issue of violence against children.
3. All comments are welcome-both positive and negative. If you don't have an answer or do not understand the question, it is okay to tell me so. It helps even when you don't have an answer to a question. So please don't be ashamed to say, "I don't know" or "I'm not sure what you're talking about."
4. Please feel free to express yourself if you disagree with someone else's opinion. I would like to have many different points of view.
5. It is important to be honest, but please realize that you don't have to say anything about yourself that makes you feel uncomfortable.
6. I cannot answer any questions related to violence against children during the discussion because I do not want to influence your responses in anyway. I am here to learn what you know or have heard about violence against children. I would like to learn from you. Your opinions are very valuable to me. If you should have a question during the discussion, please wait until the end of the discussion and I will be happy to answer any of your questions or to

refer you to someone who can help you.

C. Procedure

1. A tape recorder will be used during the discussion because I need to pay close attention to what you are saying. Later, I will review the tape and listen carefully to your responses to my questions. I will then take the information I obtain from each group and write a report. Please remember that you will not be identified in any way. I will begin the tape recording after our introductions.
2. This discussion is strictly confidential. What you hear and what you say should not be shared with anyone outside this room. This information should stay here. Are we all in agreement?
3. This is a group discussion, so you don't have to wait for me to call on you. Please speak one at a time because that way everyone will hear what you say and it will make it easier for me when I review the tape. Please be considerate of your fellow participants and give each other an opportunity to speak. If you have a soft voice, please speak a little bit louder so that your comments will be clear on the tape.
4. We have a lot of information to go over, so I may have to change the subject at times or move ahead in the middle of our discussion. Please stop me if you want to give additional information that you feel is important to our discussion.
5. Our session will last about 2 hours. We will not take a break, but please feel free to get out if you have to use the rest room or answer your phones.

D. Self-Introductions

1. Let's start by introducing ourselves. As I said before, my name is Everlyne Mugesani. I am a MA student from Egerton University and I was born in the neighbouring county of Vihiga. I have lived in this country all of my life.
2. Now, please introduce yourselves. Give your name, age, country of birth, number of years you have lived in Langas, marital status, and number of children you have. We will start with Mr. Kwoba, continue with the person on his right, and go round the room.
3. Before we begin our discussion, please take a few minutes to complete the form we have given out. This information will help me learn more about the people participating in the discussions. It asks which country you are from, your age, marital status, which languages you speak, and your level of education. If you do not know the responses to these items, it is all right to write down, "I do not know." It is not necessary to write your name.

4. If anyone needs help in filling in the information, please let me know. Patrick Kwoba and I will be happy to assist you.

II. Discussion Questions

We are now going to begin our questions. The first set of questions is about violence against children.

A. Violence against Children

1. What do you know about violence against children? For this question only, we will start with one volunteer who will tell me one thing that they know about violence against children. Then, I am going to go round to get a response from each of you.
2. What are the different words you have heard that describe violence against children?
3. Who do you think is most likely to commit violence against children? Why?
4. Have you heard the term "risk factor" as far as violence against children is concerned? If yes, what does it mean to you?

B. Prevention

1. Have you heard the word "prevention"? If yes, what does prevention mean to you? *Define prevention if no one knows what it means: Prevention is doing certain things to keep you and your family from being involved in violence against children.*
2. Do you think that violence against children can be prevented? Why or why not? How?

C. Family

1. Are there incidences of violence against children within the household?
2. Which one(s)? Why?
3. What and who causes violence against children in the family?
4. What actions have you taken against such actions of violence against children?
5. Where and when is violence against children committed in the family?
6. What can you do to find out about violence against children in the household?

D. School

1. What have you heard about violence against children in schools?
2. Who do you think commits the violence against children in schools?
3. Why do you think children experience violence in schools?

4. How does a person know whether children are experiencing violence in schools?
5. What is considered a normal punishment in schools?

III. Pilot Focus Group Questions

- A. Was the discussion too long?
- B. What did you think of the questions? Were they difficult for you to understand? Were they difficult for you to answer?
- C. Were any of the questions too personal? Which ones? Are there any questions you would change? Which ones?
- D. Do you have any other information or comments you would like to share?

IV. Closing

- A. These are the questions we have for you. Before we leave, does anyone have other responses or comments about the issue discussed today?
- B. Once again, I want to reassure you that everything you said here today is strictly confidential and anonymous. Your names will not be connected to the information given today.
- C. Thank you for coming. The information that you have provided is very important. You have been very helpful to me.

Appendix IV: Interview Schedule for Key Informants

Dear Respondent.

I am a student at Egerton University and I am carrying out a study on the determinants and prevalence of violence against children in Eldoret Municipality. I would like to request you to participate in this study by responding to the questions or statements given. Your voluntary responses will be confidential and only used for the purposes of the study. Thank you.

1. What are the challenges faced by your institution in handling violence against children?

.....
.....
.....

2. What are the reasons for the increase in violence against children?

.....
.....
.....

3. Do you have a policy on violence against children?

.....
.....
.....

4. How do you rescue children from violence?

.....
.....
.....

5. How do you handle the perpetrators of violence against children?

.....
.....
.....

6. What is the response of your organization to violence against children?

.....
.....
.....

Appendix V: Graduate School Letter for Data Collection

EGERTON Tel. Pilot: 254-51-2217620 254-51-2217877 254-51-2217631 Dir. line/Fax: 254-51-2217847 Cell Phone		UNIVERSITY P.O. Box 536 - 20115 Egerton, Njoro, Kenya Email: bpgs@egerton.ac.ke www.egerton.ac.ke
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OFFICE OF THE DIRECTOR GRADUATE SCHOOL

Ref:..... Date:.....4th May, 2012...

Ms. Everlyne Mugesani
Department of PSSS
Egerton University
P.O. Box 536
EGERTON.

Dear Ms. Mugesani

RE: CORRECTED PROPOSAL

This is to acknowledge receipt of two copies of your corrected proposal entitled
“**Determinants and Prevalence of Violence Against Children in Low Income Urban Households in Eldoret, Kenya**”.

You are now at liberty to commence your fieldwork.

Thank you.

Yours sincerely


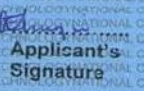


Prof. M.A. Okiror
DIRECTOR, BOARD OF POSTGRADUATE STUDIES

c.c. Supervisors

MAO/jg

Egerton University is ISO 9001:2008 Certified

Appendix VI: Research Permit

PAGE 2	PAGE 3
<p>THIS IS TO CERTIFY THAT: Prof./Dr./Mr./Mrs./Miss/Institution Everlyne Amagove Mugesani (of Address) Egerton University P.O.Box 536-20115, Eldoret. has been permitted to conduct research in</p>	<p>Research Permit No. NCST/RCD/14/012/557 Date of issue 25th May, 2012 Fee received KSH. 1,000</p>
<p>Location Uasin Gishu District Rift Valley Province</p>	
<p>on the topic: Determinants and prevalence of violence against children in low income urban households in Eldoret, Kenya.</p>	<p>Applicant's Signature </p>
<p>for a period ending: 30th October, 2012.</p>	<p>Secretary  National Council for Science & Technology</p>
<p>CONDITIONS</p>	
<p>1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit</p>	
<p>2. Government Officers will not be interviewed with-out prior appointment.</p>	
<p>3. No questionnaire will be used unless it has been approved.</p>	
<p>4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.</p>	
<p>5. You are required to submit at least two(2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.</p>	
<p>6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice</p>	
<p>CPK6055t3mt10/2011 RESEARCH CLEARANCE PERMIT</p>	
<p>(CONDITIONS - see back page)</p>	