

**THE INFLUENCE OF SOCIAL CULTURAL PRACTICES ON THE REALIZATION
OF CHILDREN RIGHTS IN KANGETA DIVISION OF ISEMBE SOUTH
DISTRICT, MERU COUNTY.**

BY

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DECLARATION

This research proposal is my original work and has not been presented for any other research in any other university

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DEDICATION

I wish to dedicate this work to my wife Purity Nkatha, my son Collins Mwenda and daughter Liz Kanana for the great support they have given to me and their understanding during my evening classes when they had to move on without my presence.

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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the rights and welfare of children
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
CRC	Convention of the rights of children
CSA	Child sexual abuse
FGM	Female Genital Mutilation
DHS	Demographic and Health Survey
HIV	Human Immunal deficiency Virus
ICRW	International Center for Research on Women
STD	Sexually Transmitted diseases
UNCRC	United Nations Convention on the rights of the Child.
UDHR	Universal Declaration of Human Rights
USA	United States of America
UN	United Nations
UK	United Kingdom
WHO	World Health Organization

ABSTRACT

The purpose of the study was to establish the influence of social cultural practices that influence the realization of children rights in Kangeta Division of Igembe South District of Meru County in Kenya. The objectives of this study were as follows: To establish the influence of domestic violence on the realization of children rights, To determine the influence of early marriages on the realization of children rights, To assess the influence of female genital mutilation on the realization of children rights and to establish the influence of child abuse and neglect on the realization of children rights. Research design for the study was descriptive research by use of survey method. Purposive sampling was used to select Kangeta Division for this study combined with simple random sampling. Data was collected by administering questionnaires to class eight pupils. Kangeta division had a total population of 1162 class eight pupils and the six selected schools had a population of 175 pupils and a sample size of 40% was taken for the purpose of the study. This data was analyzed by use of statistical package for social sciences (SPSS) and used descriptive statistics such as percentages, frequency tables and cross tabulations. Key findings of the study indicate that domestic violence is common with 41.5% acknowledging that they have experienced their parents engage in the domestic violence at least monthly, weekly and daily which adversely affects the realization of children rights. This is evidenced by 57.6% revealing that the mothers are mostly affected which directly affect children as 33.3% and 21.2% admitted to have missed schooling and lacked food respectively in the event that their parents were involved in domestic violence. The findings of this study indicate that there are many child rights violations that are experienced by children from Kangeta division. Key among such violations is survival rights like food which 45.5% of the respondents acknowledged to have missed at home. It is also evidenced that there are major common forms of child abuse and neglect experienced by children ranging from physical, psychological and sexual abuses with shocking results of 40.9% being sexual abuses and the main perpetrators of abuse being parents. There is significant evidence that children are involved in early marriages and female genital mutilation with 45% of girls and 65.2% boys attested that both boys and girls are involved in early marriages at ages between 15 and 18 years. The research recommends that there is need for the Government and other stake holders to educate and create awareness on the effects of negative cultural practices. It further recommends that parents should be sensitized and made aware that children rights should be provided holistically and not in isolation or independently and that there is no right that is superior to the other. The study concludes that children are adversely affected by some of the social cultural practices like female genital mutilation, early marriages and domestic violence among others that significantly affects their ability to make informed decisions about their lives since they have not yet attained their physical, mental and psychological maturity.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The convention on the rights of the child (UNCRC) adopted by the United Nations in 1989 defines children as human beings below the age of 18 years. This category of human beings are referred to as children since they have not yet attained their physical, mental and psychological maturity hence the need for adults to protect them against any practice that may injure their wellbeing. The convention spells out the basic human rights to which children everywhere are entitled. The convention protects these rights by setting minimum standards that Governments who ratify the convention must meet in providing health care, education, legal and social services to children in their countries.

Girls and boys throughout the world are subjected to many violent and discriminatory social economical and cultural practices that have affected their lives. Often such practices are performed in the name of culture, religion or tradition and even sanctioned by customary laws. Article 24(3) of the United Nations Convention on the Rights of the Child (UNCRC) imposes an obligation on States to abolish traditional practices harmful to the health and social lives of children. This article seeks to examine the nature of this obligation, the types of practices to be abolished and the measures required of States to achieve this. Article 5 of the convention stipulates that States Parties shall respect the responsibilities, rights and duties of parents to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. Article 34 commits States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

According to police more than 80 cases of child abuse are reported in Pretoria, South Africa every month. This shocking figure was revealed on the eve of a huge meeting where the issue of child abuse came into spotlight. The conference, organized by the South African Professional society on the Abuse of Children (Sapsac), was attended by people involved in fighting child abuse, including social workers, lawyers and psychologists.

AMREF (2011) reported that in Embu, children were being used to pick Miraa and tea, work in stone quarries, agriculture farms and as house helps. This was denying them their rights to education as most of the children were dropping out of school in order to concentrate in their jobs. Despite being employed to work in the various areas contrary to the children's act of 2001, employers were exploiting children further by giving them meager wages. Sexual exploitation, female genital mutilation and early marriages were also cited as some of the issues denying children their rights.

In Kenya, there have been various efforts to reduce child rights violations but despite the enactment of Children's act 2001, cases of child rights violations in the country are still rampant due to lack of effective implementation of the legislation. Child protection measures in Kenya are currently not implemented effectively and fully. Compliance with such legislation would increase if the magnitude of the problem and better knowledge about the factors that put children at risk was available (Orao, 2010). The African Charter on the rights and welfare of children (ACRWC) and the children act of Kenya, 2001 also stipulates the effects of harmful cultural practices on the welfare of children and the responsibilities of the governments to protect children against harmful cultural practices that affect them. The Act, which came into effect on 1 March 2002, puts in place full safeguards for the rights of the child. Its passage was a giant stride in harmonizing the national laws with international instruments which Kenya has signed such as the UN Convention on the Rights of the Child (CRC). The act outlaws any form of discrimination of children and forbids Female Genital Mutilation (FGM), Child Prostitution, Child Labour, Child Abuse and neglect among other forms of Child Violations. The children's act has immensely improved the lives of many Kenyan children plagued with high illiteracy levels, frequent rape cases and child labour since it guarantees children the right to Life and Survival, Protection, Participation and Development.

1.2 Statement of the problem

There are social economic and cultural practices that are major causes of many sexual and reproductive health rights violations among children. These include child abuse and neglect, unwanted pregnancies, unsafe abortions and the spread of STDs and HIV and AIDS among

others. The removal of or damage to genital tissue through FGM interferes with the natural functioning of the body and causes several immediate and long-term sexual and reproductive consequences. Forcing children into marriage severely limits the ability of young women (and men) to make informed and voluntary decisions about their sexual and reproductive lives. Child marriage exposes young girls to a greater risk of HIV infection as girls often find it difficult to negotiate the use of condoms or to access reproductive health services. Initiation rites change a girl's social and sexual status and interfere with her right to bodily integrity and, at many times, with her right to choose if and when to have sex.

The type of abuse and neglect experienced by children is dependent upon the culture in which one lives. For instance, in India one problem still faced by young women is child marriage. Due to extreme poverty, many girls are perceived as financial burden to their families and are in turn forced to marry in exchange of money. In some cases young girls are sold to brothels, Segal (2001). Children who are living in an environment where Family Violence is occurring are at a high risk to experience violence and abuse either directly or indirectly. Witnessing or experiencing family violence has an extreme negative impact on children that can result in emotional and psychological trauma.

Corrine May – Chahah and Maria Herczog's (2003) informed estimate suggest that 10-20 percent of children in Europe will be sexually assaulted during their childhood. The Ministry of education in Igembe South District decries the increase high school dropout rates in the region. According to Mr Kiiru, the District Education Officer, Kangeta Division is one of the Divisions with the highest school dropout rates of 18.3% as compared to District rates of 5.7%. Mr Kiiru implores that Igembe South District has the highest illiteracy level in the country that stands at 71%. These factors among others contributed to Kangeta Division being selected as the region to focus with the study. This study therefore seeks to establish some of the harmful traditional practices and social economic drivers that contribute to violation of children's rights.

1.3 Purpose of the study

The study focused on the influence of Socio Cultural Practices on the realization of Children's Rights in Kangeta Division of Igembe South District.

1.4 Research objectives

The objectives of this study were:

1. To establish the influence of domestic violence on the realization of children rights in Kangeta division.
2. To determine the influence of early marriages on the realization of children rights in Kangeta division
3. To assess the influence of female genital mutilation on the realization of children rights in Kangeta division
4. To establish the influence of child abuse and neglect on the realization of children rights in Kangeta division

1.5 Research questions

The study intended to answer the following questions:

1. To what extent is the influence of domestic violence on the realization of children rights in Kangeta?
2. To what extent is the influence of early marriages on the realization of children rights in Kangeta?
3. What is the influence of female genital mutilation on the realization of children rights in Kangeta?
4. What is the influence of child abuse and neglect on the realization of children rights in Kangeta?

1.6 Significance of the study

The study intended to identify social economic and cultural practices that affect children in the target areas and inform the relevant stakeholders including the Government in creating a base for policy formulation. Results for this study shall also be used by the local and international organizations in developing awareness and policy messages aimed at

influencing the communities to adopt positive attitudes through awareness-raising activities to stop practicing cultural practices that affects children in realizing their rights. The study will also be of significance to other researchers who shall learn lessons, utilize the recommendations and the gaps created to further this study

1.7 Delimitation of the study

The scope of investigation covered Kangeta Division which is one of the four divisions of Igembe South District. The study focused on class eight pupils in selected six primary schools.

1.8 Limitation of the study

The research faced constraints where by some respondents were reluctant to divulge information due to sensitivity of their culture that is entrenched in their lives. Information pertaining to female genital mutilation was difficult to get as it touches on human reproduction which traditionally should not be discussed in public. Other information regarding domestic violence is considered so personal that respondents did not feel free to divulge. Due to time, financial constraints and the wide geographical area of Kangeta Division it was not possible to reach a big sample. However the research focused on class eight pupils who did not have cultural prejudices and answered questions freely and the researcher used two research assistants to administer the questionnaires hence these factors did not significantly affect the outcome of the study.

1.9 Assumptions of the study

Respondents answered respective sensitive cultural questions correctly and truthfully and that the Government authority would allow the research to be conducted. The researcher also assumed weather condition was favorable; tools would be ready for the work and enough contacts were made for the research

1.10 Definitions of significant terms

African Charter on the rights and welfare of children: Declaration on the rights and welfare of the African Child adopted by the Assembly of Heads of State and Government of the organization of the African Unity, at its Sixteenth Ordinary Session in Monrovia, Liberia, from 17 to 20 July 1979, recognized the need to take appropriate measures to promote and protect the Rights and Welfare of the African Child.

Children Act of 2001: This is a law enacted to promote the wellbeing of children in Kenya. The act is a merger of the repealed Guardianship of infants Act, Adoption Act and young person's Act, which have been harmonized and updated.

Child Abuse: The Children Act of Kenya defines child abuse as anything that causes physical, sexual, psychological and mental injury to a child.

Culture: The totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought that are considered as the expression of a particular period, class, community, or population.

Child Neglect: Is a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so

Cultural practices: Those things or practices that have been perpetuated by a community over a long period of time that are part of customs or practices. Some of which are harmless like songs, storytelling, beliefs, methods of division of labor, that have evolved over very many years, that are associated with a family, clan, group, tribe or race.

Domestic Violence: It is a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.

Early marriages: Defined as a marriage of individuals before they attain the legal age.

Female Genital Mutilation (FGM): It is the surgical removal of parts or the whole of the external genitalia of a girl / woman.

Family: The family is the natural environment for the growth, support, affection, mutual concern and wellbeing of its members especially the young and the elderly. The family imparts core values and socializes its members to appreciate and practice these values.

Harmful Cultural practices: Those practices that continue to be perpetuated by a group, family, clan, or tribe that are now known to be potentially dangerous to the person or community if continued with

Marriage: Marriage is a legally binding commitment between two people who pledge a vow of fidelity and lifetime companionship to one another. It requires partners to learn to resolve problems together.

United Nations Convention on the Rights of the Child: It is a universal declaration of the rights of a Child adopted by the general assembly of the United Nations on 20 November 1989.

1.11 Organization of study

This study is organized into five chapters. Chapter One highlights the background of the study, the statement of the problem, purpose of the study, objectives of the study, research questions, significant of the study, delimitations, limitations, basic assumptions of the study and the definition of significant terms. Chapter Two is comprised of the literature review and is divided into the following parts: introduction, domestic violence, early marriages, female genital mutilation and child abuse and neglect. It also consists of both theoretical and conceptual frameworks. Chapter Three describes the research methodology and includes the following parts: introduction, research design, target population, sampling procedures, methods of data collection, validity, reliability, methods of data analysis, operationalization table and the summary. Chapter Four highlights the data analysis, presentation and interpretation. Chapter Five covers the summary of the findings, discussions, conclusion, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this chapter the researcher covered the various factors as laid out in the objectives of the study. The researcher highlighted on what has been done globally, the African Continent and Kenyan contexts on the issue of social cultural practices and their effects to children. The review also focused on the following areas, domestic violence, early marriages, female genital mutilation and child abuse and neglect.

2.2. Social Cultural Practices

Harmful traditional practices have been condemned at the United Nations since its early years. A UN General Assembly resolution in 1954 highlighted customs, ancient laws and practices relating to marriage and the family which were inconsistent with principles in the 1948 Universal Declaration of Human Rights. It called among other things for abolition of the practice of the bride price, elimination of child marriage and the betrothal of young girls before the age of puberty (UNGA Resolution 843). In 1984, the Commission on Human Rights adopted its first resolution on traditional practices affecting the health of women and children.

At the 1994 United Nations International Conference on Population and Development, world leaders, high ranking officials, representatives of non-governmental organizations, and United Nations together set explicit objectives to end harmful cultural practices. During the conference, it was agreed that harmful traditions exist in many different forms, but they share origins in the historically unequal social and economic relationships between men and women. Female genital cutting, early marriage and childbearing, and gender bias have received global attention due to their severe, negative impact on the health and well-being of females. Efforts to alter or eradicate these practices are often met with suspicion or hostility from those communities practicing them, particularly when efforts originate from outside the community.

Article 24 of the Convention on the Rights of the Child. (Office of the UN High Commissioner for Human Rights: Fact Sheet No. 23. 2003), asserts that Female Genital Mutilation imposes on women {and the female child) a multitude of health complications and untold psychological problems. The practice of FGM violates, among other international human rights laws, the right of the child to the enjoyment of the highest attainable standard of health. According to Lauren (1998) it is unacceptable that the international community remains passive (about harmful traditional practices) in the name of a distorted vision of multiculturalism. Human behaviors and cultural values, however senseless or destructive they may appear from the personal and cultural standpoint of others, have meaning and fulfill a function for those who practice them.

However, Lauren further asserts that culture is not static but is in constant flux, adapting and reforming. People will change their behavior when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture. The issue of female foeticide, the practice of sex-selective abortions, is predominant in different parts of the world but is most prevalent in Southern Asia. The Principal causes for female foeticide and girl infanticide are traditions: social pressure is stronger than law; girls considered as a useless economic burden; misunderstanding of the importance of the committed crime; non respect of women's rights; exclusion of women from their societies if traditions are not followed; superstition, religious beliefs; ignorance of the laws in force, and last but not least poverty. ('A Girl's right to live' 2007).

The World Health Organization recommends that the minimum age of marriage for girls should be 18 years. In parts of Asia, forty percent of women are married by the age of 18, with many married before reaching puberty. Men, on the other hand, tend to marry at a later age. Harmful traditional marriage practices also exist in Africa. In East Africa and Nigeria, the number of girls married at an early age is increasing because young virgins are thought to be less likely to be infected with HIV/AIDS.

Article 5 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), adopted in 2003, requires States to prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards.

The UN study on Violence against Children (2006) emphasizes that the nature of harmful traditional practices varies. In Ethiopia, a 1998 survey by the National Committee on Harmful Traditional Practices found that uvulectomy (removal of flesh from the soft palate at the back of the mouth) is carried out on 84 per cent of children, and milk teeth extraction on 89 per cent. These operations may be performed with unsterilized instruments, leading to potential infection, says the Study (UNVC, 2006: 60). The study further notes that forced child marriage is most common in sub-Saharan Africa, including Mali, Niger, Nigeria and Uganda. When a girl marries early, it usually means the end of her education if she is in school and the end of her autonomy to make important decisions about work, her health and her well-being. It is noted that in West African countries including Mauritania, Niger and northern Mali, some parents are known to force-feed their 5–10-year-old daughters to promote their physical development, make them as plump as mature women, and therefore pleasing to men. This may have tragic consequences, including rejection by husbands who find their wives have not menstruated and cannot produce children, as well as obesity which is associated with later serious health problems: cardiovascular disease, hypertension and diabetes (UNVC, 2006).

According to a World Health Organization (WHO) estimate, between 100 and 140 million girls and women in the world have undergone some form of FGM (UNVC, 2006). FGM is especially common in the countries in the Horn of Africa (Somalia, Ethiopia, Eritrea and Djibouti), followed by neighboring Egypt and Sudan, East and West Africa. It is often practiced by certain peoples within countries, for example in Nigeria the prevalence reaches almost 60 per cent of girls in the southern provinces, but only two per cent in the north.

In Uganda, domestic violence is not a crime, but if a victim comes to police a perpetrator can be taken to Court under assault case. This is only if a victim complains but, on the side of FGM, police do protect by putting them to stay with another family in another district, with the knowledge of her mother. But the women Parliamentarian are working very hard to see that domestic violence and FGM should be passed by Act of Parliament as a crime.

A study conducted in Kenya and Zambia in 2004 finds that married girls aged 15-19 were 75 percent more likely to contract HIV than sexually active, unmarried girls of the same age. Similar figures have been found in 29 countries across Africa and Latin America. Girls who are married early are more likely to be abused sexually, physically and emotionally. An ICRW study in India shows that girls who married before age 18 reported experiencing physical violence twice as often, and sexual violence three times as often as girls who married at a later age.

In Kenya, FGM has been in practice since time immemorial. The event is regarded as a significant point of reference in most conversations that reflect on their origin. The Kenya Demographic and Survey Data (KDSD 2003:57) reveals that FGM is nearly universal among the Somalis (97%), Kisii (96%) and Maasai (93%). It is also common among the Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%). The levels are lower among the Kikuyu (34%) and Kamba (27%). This action is a violation of the right of children of primary school age which is provided for by law (Children's Act 2001), which advocates for, amongst others, the right to education. The survey showed that there is a strong relationship between educational level and circumcision status. This action goes against the Kenyan government's commitment to international declarations, protocols and conventions as resolved in world conferences on EFA (Jomtiem Thailand, 1990, and Dakar Senegal, 2000) and by the Millennium Development Goals (MDG) for Africa.

Early marriage means marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation (NCCS, 2007:15). This practice affect girl child in numerous ways. UNICEF & GOK, 1998:53) points out that child bride are common in Kenya. The child bride is denied the love and care of her family. The girl child in this situation is exposed

to trauma causing sexual experiences and also after the break up with the child brides ends up destitute in the streets or as barmaids and possibly sex workers GOK & UNICEF (1998:53) Mwiti (2006:88) laments that statistics indicate that girls in rural areas are more likely to be married by the time they turn 18 years, than their peers who live in urban areas. She correctly maintains that this practice is fully supported by some communities because of their tradition and cultural orientation. Mwiti(2007:88) reveals that this cultural practice of early marriage is common in Kilifi, Busia, Kisumu and most part of North Eastern Kenya.

Jeffery (2005) found that early childhood marriage has been linked to high maternal and child mortality rates in parts of Kenya. A factor that contributes to the high mortality rates is women under 18 years having unspaced and recurrent pregnancies, often in search of a son. Since many young mothers are still physically developing themselves, there may be competition for nutrition between the foetus and the young mother, leading to nutritional deficiencies for mother and baby. According to UNICEF, no girl should become pregnant before the age of 18 because she is not yet physically ready to bear children.

Sexual abuse occurs when adults or older children exploit their power, authority or position and use female children to gratify their own sexual needs (NCCS 2007; 45). Sexual abuse is a major gender issue affecting girl child in Kenya. According to Child Right Advisory Documentation and Legal Centre (CRADLE), (quoted by Mwiti 2006: 144) between march 2004 and September 31st 2004, the Nairobi women hospital a gender recovery centre had attended to a thousand and ninety seven survivors of sexual abuse and domestic violence, of these forty percent were cases of child sexual abuse. Education of girl child is a major issue in Kenya.

Despite the many gains realized in education the education sector, such as free education, boys are still much ahead of girls in enrolment especially at secondary schools and colleges. A study conducted by GOK & UNICEF (1998:75) revealed that in the 8 provinces of Kenya more boys received secondary education compared to girls. The study is a clean demonstration of the gender bias, where by most parents will prefer to educate sons rather than a girl child. Also a data from Kwale district education office showing primary school

gross enrollment ratio, show more girls dropout of primary schools with the increasing age. Researchers pointed out to the problem of early marriage and teenage pregnancy as the ones accounting for some of this high drop- out (UNICEF/GOK 2006: 30).

2.3. Domestic violence

Newton (2001) found that children who witness domestic violence can develop behavior problem such as aggression, violent outbursts and emotional responses like, anger, misery, intense terror, fear of dying, fear of the loss of parent, rage, guilt, or a sense of responsibility for the violence, which can stifle emotional and social development. To learn and grow into a healthy adult, children must feel confident in the world and in themselves. Domestic violence can wipe out a child's confidence and leave them shocked, which affect their sociological development, bullying and excessive cruelty to animals, running away from home, and relationship problems.

A mental health journal (2001) study shows that many children in families where domestic violence have occurred appeared to be prettified. They are forced to grow up faster than their peers, often taking on the responsibility of cooking, cleaning and caring for the younger children and many of these children were not allowed to have a real childhood. They don't trust their fathers because of his role as an abuser and they may have been worried about what to expect when coming home. They learned at a young age to be prepared for anything. Typical activities such as having friends over to their house may be impossible due to the chaotic atmosphere. Kids aren't going to have their friends at home when mom has a black eye. Gillberg noticed that children in domestic violence tend to be either extremely introverted or extremely extroverted. Psychosomatic problems (aches and pain for no apparent reason) are common; these children's eating and sleeping patterns tend to be disrupted.

McIntosh (2000) journal of family studies, asserts the impact of violence between parents and care givers on a child's inner world is complex. Over recent years, researchers have gained vital knowledge about the kind of trauma in children induced by family violence. Of particular power has been definitive evidence about the potential for inter spousal trauma to

disrupt pathways in the developing child. From their respective vantage points, clinicians and researchers name the imperative for the early identification of children traumatized by domestic violence, in the service of preventing acute trauma symptoms from becoming embedded in development, at all levels of the child's functioning.

According to Marianne (2007) studies have found out that generally children who have lived in the context of domestic violence may have more adjustment difficulties than children from non – violent homes. At the same time it has to be recognized that there is no uniform response to living with domestic violence children responses vary enormously with some children being affected far more than other children within the same family. Each child and each child's experiences and reactions are unique. Even so it can be hard to discern the specific impact on a child of living with domestic violence especially as some of the resulting behaviors also occur in children experiencing other forms of abuse or neglect.

Eth and Pintos, (1985) points out that the sociological behaviors of children influenced by witnessing community violence have been identified as acting out behavior of higher levels of stress, aggressiveness and violent behaviors, a child's clearer sense of purpose in life and lower degrees of reported depression tempered the negative influences of being exposed to violence. Blanden (2006) argues that children living in families where there is domestic violence have been found to be at increased risk for a range of problems, including depression, suicidal tendencies, anxiety, developmental delay, and substance abuse, inappropriate behavior at school, academic problems, school – related problems and aggression.

Larson and Anderson (1988) found that Swedish children living in families where adult domestic violence was occurring had almost twice as many admissions to the hospital (than Controls). The majority had been hospitalized during their pre-school age. Children in this study who were exposed to domestic violence also recorded psychosomatic complaints more often than children in control groups. It was also found that children residing in a Montreal shelter were almost twice as often as absent from school for health problems when compared to Government data on the general populations of Canadian and American children.

Silvern (1995) found that witnessing violence as a child was associated with adult depression, trauma-related symptoms and low self-esteem among women and trauma related symptoms alone among men. These effects appeared to be independent of the effects of parental alcohol abuse and divorce. It was shown that women who had witnessed domestic violence may result in traumatic effects that are distinct from the effects of child abuse. The child's characteristics determines the degree of influence of domestic violence in children, that is categorized as externalized, such as hostility and aggression and with girls showing evidence of more internalized problems such as depression and somatic complaints.

Domestic violence occurs across all socioeconomic and cultural backgrounds. In many societies, including Kenya, women are socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences (Zimmerman, 1994). Violence of any kind has a serious impact on the economy of a country; because women bear the brunt of domestic violence, they also bear the health and psychological burdens. Victims of domestic violence are abused inside what should be a secure environment—their own homes. To stop some of this violence, which may cause great physical harm, death, psychological abuse, separation, divorce, and a host of other social ills, the Kenya government has enacted the Sexual Offences Act No. 3 of 2006 (Rev. 2007).

Marital violence refers to violence perpetrated by partners in a marital union. In the 2008-09 KDHS, currently married women were asked about violence perpetrated by their current husband, and formerly married women were asked about violence perpetrated by their most recent husband. The results show that 37 percent of ever-married women have experienced physical violence by a husband, 17 percent have experienced sexual violence, and 30 percent have experienced emotional violence. Overall, almost one-half of ever-married women (47 percent) have experienced some kind of violence (physical, sexual, or emotional) by a husband or live-in partner. Children exposed to family violence can develop behavioral difficulties as they feel responsible for the violence and do not understand that it is a problem between adults. They might feel that parents are fighting because their school performance is poor, fighting with other siblings, and competition for parental attention among others.

The egocentric view of being the center of the world increases this view and their fear of being the cause for the violence and abuse increases. The 2008-09 KDHS report further indicates that older children feel the need of protecting the ones that are being hurt, such as the victim of abuse and or younger siblings. This might bring the child in dangerous situation with an increasing chance of getting hurt directly. Family violence often leaves the child with a feeling of confusion in particular when they feel close to both parents. Their feelings of love and affection towards both parents conflicts with what is happening between them.

According to the above report experiencing family violence is closely related to loyalty conflicts in children. Children often feel in the middle of the conflict between their parents and sense that parents want them to be on their side. The love towards both parents makes it impossible to deal with this situation. Some children might side with one parent while others might feel that they cannot relate to any one of their parents. Some children develop the strategy of acting out their feelings by increasing their negative behavior. Often parents misunderstand this strategy and see it as disobeying what they request. Punishment as a reaction is very contradictive as it ignores the children feelings and increases their thoughts of being the cause for the Family Violence.

The United Nations Convention on fundamental rights of the Child UN, (1990) defines the family as “the group of society and the natural environment for growth and wellbeing of all its members and particularly children” and further stipulated that the family should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community. It further recognizes for the full; and harmonious development of a child’s personality, he or she should grow up in a family environment, an atmosphere of happiness, love and understanding. The importance of stable family environment can therefore not be taken for granted in determining sociological development. And provided long list of what children need to minimize their developmental potential, with the fundamentals of survival aside, there is widespread agreement that the most crucial to the development of child’s resilience and humanity, is the early experience of being loved and valued by a consistent care giver or care givers. (Swift & Maher, 2008)

According to Sorensen (2008) parental behavior is theorized to influence the development of children's working models of the self and of the other. She argues that working models of self and other are generated through both verbal and non-verbal communication between parents and their children. The importance of a stable home environment for children development and mental wellbeing is emphasized by highlighting that if punitive, aggressive or detached parenting persists over time, kids will have negative influence on the emotional attachment of the child to the parent and that this, in turn, may result in problems with behavior; aspiration, self-confidence and social competence.

In a study conducted by Redemly and Samson (1987), it was found out that there are various ways in which single motherhood affects the welfare and development of the child. One of the most areas is the provision of basic needs of the child. Financial insufficiency especially among the low income earners does not allow most of the mothers to meet the basic needs of their children welfare and development. The study concludes that single motherhood affects children in as far as children activities are concerned. The general poverty situation in most of these families reflected in the inadequate provision of their children needs.

The importance of a family as a formative influence on the child's personality growth needs no arguing. Particularly in early childhood, it is the matrix within which the child develops, the area in which his strongest emotional ties are formed and the background against which his most intense personal life is enacted (Lewis, 1956). The family is the most intimate, one of the most important and studied of all human groups yet our knowledge on it remains rudimentary (Anthony and Koupernik, 1970).

Bowlby(1946) suggested that prolonged separation of the child from the mother or (Mother substitute) during the first five years of his life stands foremost among the causes of delinquent development and persistent misbehavior, he reiterated that because of the long term consequences a child should be separate from the parents only on exceptional circumstances (Bowlby, 1958a; Bowlby, 1958b). These statements are arguable (O'Conor, 1956) but are cautious compared to some other writers. For example, Baers(1954) claimed that the normal growth of the child is dependent on the mother's full time occupation in the

role of child rearing and that anything that hinders women from the fulfillment of this mission must be regarded as contrary to human progress. Similarly a WHO expert committee, (WHO 1951) concluded that the use of day nurseries caused a permanent damage to the future of a child.

As divorce and marriage become more and more common, concern for the children who experience these events beyond their will is increasing, it is the theoretical sociologists who view that these events have negative and lasting effects on the children emotional wellbeing. A child experiencing divorce needs special attention so that they can overcome their symptoms and succeed in school and at home. But with the right approach, kids find that their stress levels, self-esteem, and relationships improve. Make sure you have given everything you can to learning the tools that help to protect children during these tough times. (Ganong and Coleman, 1984)

2.4 Culture of violence Theory

The culture of violence theory holds that the overt use of violence is generally a reflection of basic values. This overt (and often illicit) use of violence constitutes part of a cultural normative system that is reflected in the psychological traits of the members of the culture (Wolfgang & Ferracuti, 1967:158). Culture of violence states that those in large, pluralistic societies, some subcultures develop norms that permit the use of physical violence to a greater degree than the dominant culture. Thus family violence will occur more frequently in violent societies than in peaceful ones. Peer relationships that support patriarchal dominance in the family and use of violence to support it are exemplary of this subculture. This theory has also produced other theories for example from pornography and violent images on TV can support a culture of violence against women and children.

The social learning theory of Bandura (1977) states that people learn through others behavior, attitudes, and outcome of those behaviors. This theory holds that most human behavior is learnt observationally through modeling i.e from observing others, one forms an ideal of how new behaviors are performed, and on later occasions this coded information serves as a guide for action, social learning theory explains human behavior in terms of

continuous reciprocal determinism, that is the world a person behavior cause each other (cast: 2002). Bandura later considered personality as an interaction between three components: the environment, behavior, and one's psychological process (one's ability to entertain images in minds and language)

The social learning theory was also expounded by Julian Rooters (1982) who states that personality represents an interaction of the individual with his or her environment. Rooters explain that one cannot speak of a personality that is independent of the environment. He argues that one cannot focus on behavior as being an automatic response to an objective set of environmental stimuli. Rooters see personality, and therefore behavior, as always changeable. Change the way the person thinks, or change the environment the person is responding to, and behavior will change. To understand behavior, one must take both the individual. (Those stimuli that the person is aware of) in relation to their family and social environment in the environment changes as soon domestic violence set in and the environment becomes hostile. This leads to the individual to whom this is directed having to change their behavior and this affects their relationship with self.

This Theory further suggest that family violence arises due to many contextual and situational factors. Contextual factors include individual / couple characteristics, stress, violence in the family, or an aggressive personality. Situational factors include substance abuse and financial difficulties. Social learning theory also extends these factors into the influence of children growing up within a combination of these external forces.

According to this theory the importance of a stable family cannot be taken for granted in determining sociological development. There is widespread agreement that the most crucial to the development of a child's resilience and humanity, is the early experience of being loved and valued by a caretaker or caretakers. Generally children who have lived in the context of domestic violence may have more adjustment difficulties than children from non-violent homes. At the same time it has to be recognized that there is no uniform response to living with domestic violence children responses vary enormously with some children being affected far more than other children within the same family. Each child and each child

experiences and reactions are unique. Even so it can be hard to discern the specific impact on a child of living with domestic violence especially as some of the resulting behaviors also occur in children experiencing other forms of abuse or neglect.

2.5 Psychological Theory

Erik Erickson (1902-1994) maintained that children develop in a predetermined order. According to the theory, successful completion of each stage results in a healthy personality and successful interactions with others. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. He believed that a sense of competence also motivates behaviors and action. If the stage is handled well, the person will feel a sense of mastery, which he sometimes referred to as ego strength or ego quality. If the child is separated at this stage the influence of domestic violence will emerge with a sense of inadequacy.

The theory says that psychosocial development occurs between birth and one year of age and is the most fundamental stage in life and the infant is utterly dependent. The development of trust is based on the dependability and quality of the child's caregivers. If a child successfully develops trust, he or she will feel safe and secure in the world. Caregivers who are inconsistent, emotionally unavailable, or rejecting contribute to feelings of mistrust in the children they care for. Failure to develop trust will result in fear and a belief that the world is inconsistent and unpredictable.

According to Erickson (1902-1994), if a stage is managed well, the child will develop the feeling that the world is a safe place, and are reliable and loving. If the proper balance is achieved the child will develop the virtue of hope, even when things seem to be going wrong, he or she will have optimism interactions between generations. The influence of parents on child's development has always been known with encouragement from parents and teachers he begins to work to acquire new knowledge new skills and learn to enjoy success. Erickson has found out the general pattern does in fact hold across cultures and times most of us find it familiar the interaction of these of himself and the external world helps him develop a unified self-image.

Erickson believes that learning to control one's body functions leads to a feeling of control and a sense of independence. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt.

2.6 Early Marriages

Early marriage refers to any marriage of a child younger than 18 years old, in accordance to Article 1 of the Convention on the Right of the Child. While child marriage affects both sexes, girls are disproportionately affected as they are the majority of the victims. Their overall development is compromised, leaving them socially isolated with little education, skills and opportunities for employment and self-realization. This leaves child brides more vulnerable to poverty, a consequence of child marriage as well as a cause.

One in every three girls in the developing world is married by the age of 18. Early and forced marriage is most prevalent where poverty, birth and death rates are high, there is greater incidence of conflict and civil strife and lower levels of overall development, including schooling, employment and healthcare. Although the average age at first marriage is gradually increasing worldwide, the pace of change is slow (Plan UK 2011).

However, positive changes have been noted in several programmes. Research in Plan Pakistan showed a significantly positive observation concerning awareness-raising activities. The study found that people are willing to change their minds about a practice when informed of the extent of the damage the practice can cause to the individual. It is thus possible for awareness-raising campaigns of not only government agencies, but also local and international non-governmental organizations and civil society organizations, to have a positive impact on stopping the practice of child marriage. In 2004 a UNICEF statistical study estimated that more than 100 million girls in the developing world would be married before the age of 18 by 2015 (UNICEF Early Marriage, 2005). That UNICEF study found child marriage to be a common practice in Africa with over 42% (though this over 60% in parts of East and West Africa) married before they reached the age of 18 years. While both boys and girls are affected, child marriages impact on girls in far larger numbers and with more intensity.

According to UNICEF, in 2007 more than more than 60 million girls aged 20-24 worldwide had married before their 18th birthday.¹ If current trends continue, an additional 100 million girls – or 25,000-30,000 girls every day will become child brides over the next decade. While boys are subjected to early marriage, most child marriages involve girls. For instance, in Mali the ratio of girls ages 15-19 who were married as children compared to boys, is 72 to one, and in El Salvador it is six to one.

UNICEF further review shows that rates of child marriage are highest in parts of Africa, and in South Asia, where one-half to three-fourths of girls are married before age 18. Niger, Mali and Chad have the highest rates of forced child marriage in the world, ranging from 71 percent to 77 percent.⁴ But because of the large populations of countries such as India and Bangladesh, the greatest number of child brides lives in South Asia, where 46 percent of all marriages take place before the girl is 18.

International human rights instruments such as the UN Convention on the Rights of the Child (CRC) and the Convention on the Elimination on All Forms of Discrimination against Women (CEDAW) recognize a child as a human being aged below 18 years and stipulate 18 years as the minimum age for marriage for males and females. This is the minimum age when young people attain “full maturity and capacity to act” (IAC, 2003). Child marriages are considered forced marriages since the consent of the child is seldom considered, and even when considered, the child has no capacity to grant it before the consummation of the union. The Kenyan constitution is aligned to these instruments and stipulates that marriage is only possible between consenting adults of opposite sex. The Children’s Act of 2001 outlaws child marriage which it defines as “marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation”.

According to (Plan UK 2011), in one community, members were able to see the value in girls receiving a full education before marriage, as a result of awareness-raising campaigns in that area. Furthermore, the same group was also able to understand the risk of maternal mortality flowing from childhood pregnancies, which also strengthened their view that the practice of child marriage should be stopped in their community.

Plan UKs research on early and forced marriage found that when addressing the issue, it is important to differentiate between situations in which tradition“ or religion are the drivers of early marriage and those in which cultural justifications are attributed to decisions that are, at heart, economically driven. Family income and rural, as opposed to urban location, can cause significant variation in early marriage practice amongst families with the same cultural traditions and practicing the same religions.

According to the Plan research, in industrialized countries, few women marry before age 18; only 4 per cent do so in the USA and 1 per cent in Germany. But in some parts of Central and Eastern Europe, early marriage survives; notably among the Roma people and in Macedonia where 27 per cent of the women who married in 1994 were aged between 15 and 19. According to a London Trust Law (1954), if a girl is married before the age of 18, her body may not be fully developed and her education will probably be cut short, child rights activists say. Chances are she will be wedded to a much older man and her negotiating skills will be limited. As a result, she’s more likely to die as a result of pregnancy and childbirth, be beaten, raped or infected with HIV by her husband, abused by her in-laws and remain poor. Her children are more likely to die before the age of one, or grow up malnourished, poor and uneducated.

Girls who marry and give birth before their bodies are fully developed are more at risk of death or terrible injury and illness in childbirth. In 2007, UNICEF reported that a girl under the age of 15 is five times more likely to die during pregnancy and childbirth than a woman in her 20s. Risks extend to infants, too: if a mother is under age 18, her baby’s chance of dying in the first year of life is 60 percent greater than that of a baby born to a mother older than 19. Child brides also are at far greater risk of contracting HIV than their counterparts who marry later. Often they are married to older, more sexually experienced men with whom it is difficult to negotiate safe sexual behaviors, especially when under pressure to bear children.

Plan UKs research on early and forced marriage further found that in several countries in sub Saharan Africa, over 40 per cent of young women have entered marriage or a quasi-married union by the time they reach the age of 18. Early marriage is generally more prevalent in Central and West Africa – affecting 40 per cent and 49 per cent respectively of girls under 19 – compared to 27 per cent in East Africa and 20 per cent in North and Southern Africa. Many of these young brides are second or third wives in polygamous households.

The 1948 Universal Declaration of Human Rights states that marriage should be entered only with the free and full consent of the intending spouses. Plan's research found that in the majority of child marriages, however, there is often an element of coercion involved: parents, guardians or families put pressure on children or force them into marriage. Early marriage is accepted as the norm in many countries and girls may give their consent as a duty and sign of respect to their family and community. However, where one of the parties in a marriage is under the age of 18 years old, consent cannot always be assumed to be free and full and is rarely in the best interest of the girl. Evidence from Pakistan suggest that under child marriage in some occasions boys may at times also be required to deal with the new responsibility of supporting the newly-established family financially. The psychological stress for a young boy may be less than that of a young girl, but should nevertheless be ignored. Many African children have beliefs in witchcraft, which make them susceptible to exploitation by traffickers. Elements of juju (priest) and oath rituals cause coercion and subjection, ensuring compliance. Victims are cut and terrified that if they 'tell' their secrets, the mini-gods will punish them.

The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 1964 stipulates that no marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person as prescribed by law. States Parties to the present Convention shall specify a minimum age for marriage ("not less than 15 years" according to the nonbinding recommendation). No marriage shall be legally entered into by any person under this age, except where a competent authority has granted a dispensation as to age, for serious reasons, in the interests of the intending spouses and all marriages shall be registered by the competent authority.

In Bangladesh, the Demographic and Health Survey (DHS) of 1996-97 reported that 5 per cent of 10- 14 year-olds were married. In the Indian state of Rajasthan, a 1993 survey of 5,000 women revealed that 56 per cent had married before age 15, and of these, 17 per cent were married before they were 10 years. In Madhya Pradesh found that nearly 14 per cent of girls were married between the ages of 10 and 14. In Ethiopia and in parts of West Africa, marriage at seven or eight is not uncommon. In Kebbi State, Northern Nigeria, the average age of marriage for girls is just over 11 years, against a national average of 17 years.

While early marriage takes many different forms and has various causes, one issue is paramount. Whether it happens to a girl or a boy, early marriage is a violation of human rights. The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights (UDHR) and in many subsequent human rights instruments, consent that cannot be 'free and full' when at least one partner is very immature. For both girls and boys, early marriage has profound physical, intellectual, psychological and emotional impacts, cutting off educational opportunity and chances of personal growth. For girls, in addition, it will almost certainly mean premature pregnancy and childbearing, and is likely to lead to a lifetime of domestic and sexual subservience over which they have no control.

It is predicted by the UNFPA that worldwide 100 million girls are expected to marry in the next decade. In Africa, UNICEF estimate that 42 per cent of girls are married before the age of 18 and in some African countries the figure is much higher, such as in Niger where there is a 76 per cent incidence of child marriage . The age at which children are married also varies between countries but marriage before the age of 15 is not uncommon and in some areas of West Africa and in Ethiopia. Early marriage is at its most severe in Ethiopia, though prevalence varies from one region to another. In 2006, Pathfinder International/Ethiopia conducted a cross-sectional community-based study of the incidence, reasons for, and the personal and social consequences of early marriage in the region of Amhara. Comparative studies conducted in 2005 had identified Amhara as having the highest prevalence, with 48.3 percent of rural married women and 27.8 percent of urban married women having married before the age of 15.

According to Kenya Country report 2012, 35.5% of all (male and female) the household respondents across all surveyed Plan program units got married when they were below 18 years while 47.6% got married aged between 18 and 20 years and 16.6% got married aged between 21 and 24 years. The proportion of respondents that got married while below the age of 18 years (child marriage) was higher (43.3%) among females than among males (11.6%). These proportions were higher than the national prevalence of child marriage that stands at 34% for females and 1.4% for males (KDHS 2008/2009).

The same report, points out that the main challenge that was cited in all the program units was too many responsibilities with no time for education, lack of support with child care was also cited as one of the main challenge of child marriage. Girls married as children mostly found motherhood as the key focus of their lives, at the expense of other development in areas such as formal education, training for employment, entrepreneurship and personal growth. Some of the challenges that were cited in all the five program units include the fact that child marriage leads to early childbearing at an early age for the girl child. According to the key informants early pregnancy poses great health risks to any young woman, and if the pregnancy is carried to term; then to her infant. They also pointed out that these risks are exacerbated by poverty and inadequate access to maternal and child health services. They also pointed out that girls married before they turn 18 are less educated, have more children and are married to men who are significantly older.

According to ICRW (2010) The United States spends more than \$450 million each year on development programs that are consistently undermined by child marriage. Research shows that young married girls are least likely to benefit from educational and economic policies and programs. These include primary and secondary school enrollment and expanded opportunities for credit or participation in the paid workforce. As noted above, their isolation and powerlessness means that many of the basic resources and services available to other segments of the population – such as basic health care or skills training – also are beyond the reach of young married girls.

ICRW (2010) further asserts that the practice of forced child marriage stands in direct conflict with the objectives of the Millennium Development Goals (MDGs), adopted by the Congress, which include promoting education, women's empowerment and reducing poverty, maternal mortality and HIV/AIDS rates. Research shows the clear negative correlation between a country's rate of forced child marriage and its Human Development Index (HDI) ranking: By and large countries that are not scoring well on their citizens' well-being also are the countries where forced child marriage is most common. What's more, unless addressed directly, this trajectory is likely to continue into the future because forced child marriage perpetuates the cycle of poverty in the developing world. Girls from poverty are the most likely to become child brides, and child brides are more likely to live in poverty and raise children in poverty.

Article 16 of the 1948 Universal Declaration of Human Rights (UDHR) states: Men and women of full age have the right to marry and found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. Marriage shall be entered into only with the free and full consent of the intending parties. Early marriage of girls and boys impairs the realization and enjoyment of virtually every one of their rights. The imposition of a marriage partner on children or adolescents who are in no way ready for married life, and whose marriage will deprive them of freedom, opportunity for personal development, and other rights including health and well-being, education, and participation in civic life, nullifies the meaning of the CRC's core protections for those concerned.

2.7 Female Genital Mutilation

Controversy continues over the use of the terms female circumcision and female genital mutilation to describe the procedures employed. Female circumcision appeared in the reports of explorers and missionaries in Africa as early as the late nineteenth century and continued to be used until the 1980s. The term female genital mutilation, used in the 1980s mostly by western writers was endorsed by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) during its regional meeting in 1989.

The WHO has classified four broad types of FGM, type 1, 11, 111 and 1V and estimates that approximately 80% of girls and women subjected to FGM undergo type I. All types carry

health risks, although these are substantially higher for those who have undergone the more extreme procedure (type III). The WHO estimate that 100 –140 million girls and women currently live with the consequences of FGM, and that at least three million girls and women undergo some form of the procedure every year. Most of these girls and women live in 28 African countries, mainly in west, east and north-east Africa.

According to the WHO, 100–140 million women and girls are living with FGM, including 92 million girls over the age of 10 in Africa. The practice persists in 28 African countries, as well as in the Arabian Peninsula, where Types I and II are more common. It is known to exist in northern Saudi Arabia, southern Jordan, northern Iraq and possibly Syria, western Iran, and southern Turkey. It is also practiced in Indonesia, but largely symbolically by pricking the clitoral hood or clitoris until it bleeds.

Several African countries have enacted legislation against it, including Burkina Faso, Central African Republic, Djibouti, Eritrea, Ethiopia, Togo, and Uganda. President Daniel Moi of Kenya issued a decree against it in December 2001. In Mauritania, where almost all the girls in minority communities undergo FGM, 34 Islamic scholars signed a fatwa in January 2010 banning the practice.

According to Egyptian Health Ministry report (2007), FGM was barred in 2007 despite pressure from some (though not all) Islamic groups. Two issues in particular forced the government's hand. A 10-year-old girl was photographed undergoing FGM in a barber's shop in Cairo in 1995 and the images were broadcasted; this triggered a ban on the practice everywhere except in hospitals. Then, in 2007, 12-year-old Badour Shaker died of an overdose of anesthesia during or after an FGM procedure for which her mother had paid a physician in an illegal clinic the equivalent of \$9.00. The Al-Azhar Supreme Council of Islamic Research, the highest religious authority in Egypt, issued a statement that FGM had no basis in core Islamic law, and this enabled the government to outlaw it entirely.

Female genital cutting or circumcision is widely practiced in many Kenyan communities. It involves partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. The practice is widely condemned as harmful, because it poses a potentially great risk to the health and well-being of the women and girls who are subjected to it. It is also generally recognized as a violation of children's rights. In the 2008-09 KDHS, women were asked about their attitudes towards female genital mutilation. According to this survey only 7 percent of all women say that they feel that female circumcision is required by their religion, though the proportion rises to 87 percent of women in North Eastern province. More than 4 in 5 women believe that female circumcision should be stopped (82 percent); only 9 percent feel it should continue, and 4 percent are unsure. Women in North Eastern province are by far the most supportive of female circumcision, with 90 percent saying that it should continue. Circumcised women are also far more likely than uncircumcised women to say that the practice is required by their religion and that it should continue.

The Maendeleo Ya Wanawake survey of 1991 reviewed that FGM is widely practiced in four districts of Kisii, Meru, Narok and Samburu. The overall prevalence in these districts was 89.6% given that female genital mutilation is not practiced in some major districts and that it is being abandoned by the increasing urban population, prevalence is currently estimated at 50% for the country as a whole. In Kenya Types I, II and III have been reported, where they are practiced by several ethnic groups. Evidence from the Kenya Demographic and Health Surveys (KDHS) shows that the overall prevalence of FGM has been decreasing over the last decade. In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 1998. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the prevalence has remained highest among the Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%).

The 2008/2009 KDHS found regional variations in prevalence of FGM - 98% of women in North Eastern Province had been circumcised, compared to only 1% of women in Western province. In Nyanza Province (which includes Kuria and Kisii districts), 34% of the women were circumcised, compared to 14% in Nairobi, and 10% in Coast Province. Ethnicity is one of the strongest factors influencing the practice of FGM in Kenya - prevalence rates remain highest among the Somali (97%), Kisii (96%), Kuria (96%) and Masai (93%) ethnic groups and relatively low among the Kikuyu, Kamba and Turkana, whilst among the Luo and Luhya less than 1% of the women undergo FGM. There are also differences in the prevalence of FGM between rural and urban areas, with on average 31% of women in the rural areas reporting that they were circumcised, compared to just 17% in urban areas. Education is also a significant factor, with 54% of women without any formal education being circumcised, as opposed to 19% of women who attended secondary school.

The 2008/2009 KDHS established that 96% of women from the Kisii community have been circumcised. A study by Population Council in 2004 among the Kisii in Nyanza Province found that FGM is considered an important rite of passage from girl to a respected woman; a circumcised woman is considered mature, obedient and aware of her role in the family and in the society, characteristics that are highly valued in the community. The need to control a woman's sexual desire before marriage was reported to be another reason for the practice, as well as the perceived need to ensure fidelity, especially within polygamous marriages. FGM is also considered a cultural identifier among the Abagusii, distinguishing their daughters from neighboring communities who do not circumcise women.

FGM is an entrenched cultural practice in over 50% of Kenyan ethnic groups. Clitoridectomy is an "essential" but "harmful" traditional practice prevalent among 184 out of the 245 Kenyan districts, which is 75% of the total districts in Kenya. Efforts towards its eradication can be traced back as far as pre-independent Kenya. Within this area, anti-FGM campaigns were conducted mainly in the central province of Kenya, pioneered by the colonial government and the Christian missionaries. The colonial regime enacted various legislations between 1926 and 1956, seeking to ameliorate the practice by reducing the severity of the cut, defining the age for circumcision among other regulations. After much opposition to this

form of regulation in 1958, the colonial government rescinded all the resolutions outlawing FGM on the basis that it was a deeply rooted and acceptable practice in the communities (MOH 1997; Kenyatta 1938; Thomas 1992).

In the 2008/2009 KDHS, 24% of women who were circumcised cited 'social acceptance' as the most important reason for circumcision; other reasons cited include 'to preserve virginity until marriage' (16%); and 'to have better marriage prospects' (9%). The same survey reported that the majority of the women who reported having been circumcised said that they had some flesh removed, which usually includes removal of the clitoris. Thirteen percent had the most invasive form, in which the labia are removed and sewn, closed (type III). Only 2% percent said they were nicked with no flesh removed (type IV). Communities that practice FGM report a variety of social and religious reasons for continuing with it. Deeply rooted customs, linked to social and economic benefits, are associated with FGM.

Attempts to persuade communities to abandon FGM were first recorded by missionary and colonial authorities early in the twentieth century, and were largely seen as colonial imperialism. The efforts of western feminists in the 1960s and 1970s were similarly regarded as being critical of indigenous culture and imposed by outsiders with their own agenda. However, attitudes began to change in the mid-1990s when the International Conference on Population and Development (1994) and the Fourth World Conference on Women (1995) took place in Beijing, in which FGM was portrayed as a health and human rights issue. It was acknowledged that efforts to encourage abandonment needed to include locally-led initiatives and the full engagement of communities, health professionals and policy makers.

In 1997, a joint international statement against the practice of FGM was issued by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). In 2008, a new statement was released, with wider UN support and a stronger focus on the human rights, legal and policy dimensions. This statement was based on the research carried out in the intervening years, focusing on the reasons for the continued practice, the increased involvement of health professionals in carrying out FGM to reduce the health consequences, and the impact of various approaches

to encouraging the abandonment of FGM. It stressed that regardless of the reasons for its practice, FGM is harmful and isolates the rights and dignity of women and girls, the rights to health, security and physical integrity of the person, the right to be free from torture and degrading treatment, and the right to life when the procedure results in death. The World Health Assembly resolution in 2008 called for an integrated approach to ending FGM within one generation through concerted action across health, education, finance, justice and women's affairs, focusing on advocacy, research and guidance for health services.

FGM has been widely recognized as a harmful practice and was specifically condemned in the 2003 African Union Protocol to the Africa Charter on Human Rights on the Rights of Women⁶ (article 5 Elimination of Harmful Practices), which states that 'Parties shall prohibit and condemn all harmful practice which negatively affect the human rights of women and which are contrary to recognized international standards. Parties shall take all necessary legislative and other measures to eliminate such practices, including all forms of female genital mutilation, scarification, medicalisation, and para-medicalisation of female genital mutilation in order to eradicate them.

According to a 2006 WHO study conducted on 28,393 women attending delivery wards at 28 obstetric centers in Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan 10–20 babies die per 1,000 deliveries as a result of FGM. In those settings all types of FGM were found to pose an increased risk of death to the baby: 15 percent higher for Type I, 32 percent for Type II, and 55 percent for Type III. The 1980s and 1990s Maendeleo Ya Wanawake studies reviewed that effects of FGM includes psychological complications related to cultural context; damage may occur to women who undergo FGM particularly when they are moving outside their traditional circles and are confronted with a view that mutilation is not the norm. Women with FGM typically reported sexual dysfunction and dyspareunia (painful sexual intercourse), but several researchers have written that FGM does not necessarily destroy sexual desire in women.

In 1980 and 1982 feminist physicians Nawal El Saadawi and Asma El Dareer wrote about FGM as a dangerous practice intended to control women's sexuality. The decade saw the framing of FGM – along with issues such as dowry deaths – as a human rights violation rather than a health concern, and this encouraged academic interest, including from feminist legal scholars. In June 1993 the Vienna World Conference on Human Rights agreed that FGM was a violation of human rights. According to the Hosken report (1993:92), the highest maternal and infant mortality rates are in FGM practicing regions. The practice results into irreversible life-long risks for girls and women, at the operation, during menstruation, marriage, consummation and child birth.

Its short and long-term complications depend on the type of operation, the locality of the operation, whether in a rural community or hospital or in an urban setting, the age, the eyesight and dexterity of the circumciser, the instrument used (knife, needle, razorblade or sterilized instruments) and the struggle put up by the young girl (Olayinku1987) The short-term consequences of FGM relates to the procedure itself, where more often than not, crude tools are used without anesthesia. There may be injury of the adjacent organs, not to mention that the subsequent hemorrhaging may lead to shock or even death.

However, research conducted by Ongong'a and Oduyoye indicate that girls who have undergone circumcision, or whose bride-price have been paid, often undergo attitudinal changes and reject formal education, perceiving themselves as adults and schools as institutions for “children . This is further emphasized in a World Bank confidential report (1994) which asserts that FGM has negative repercussions on girl child education as girls may be kept out of school for several days, weeks or months or even be withdrawn as a direct result of FGM.

According to El Dareer's study in Egypt, severe bleeding (hemorrhage) is the most common immediate complication of FGM. The study reviewed that bleeding accounted for almost one-quarter (22%) of all reported complications. Amputation of the clitoris cuts across the clitoral artery in which blood flows at high pressure. To stop the bleeding, the artery must be packed tightly or tied with a running stitch, either of which may slip and lead to hemorrhage.

Secondary hemorrhage can occur after the first week as a result of sloughing of the clot over the artery owing to infection. An acute episode of hemorrhage or protracted bleeding can lead to anemia or, if very severe, to death.

In 1999, the Ministry of Health issued a National Plan of Action for the Elimination of FGM (1999- 2019), which set out broad goals, strategies, targets and indicators. This plan was to be implemented in collaboration with partners. In 2001, Kenya adopted the Children's Act which made FGM illegal for girls under the age of 18. The potential penalties under Kenyan law for anyone subjecting a child to FGM is twelve months imprisonment and/or a fine of up to fifty thousand shillings (about US \$600), although this is currently under review. However, there are few reported cases of successful legal action against the perpetrators of FGM and there have been widespread criticisms that the law is not effectively protective, is poorly implemented, and has failed to curb FGM. There is no specific law in Kenya against FGM for women over 18 years of age.

2.8 Child Abuse and Neglect

According to Roberts (2007), Physical violence is physical aggression directed at a child by an adult. It can involve striking, burning, bruising, choking or child sexual abuse (CSA). CSA is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. Physical contacts with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography. Children who are physically abused are often unable to establish nurturing bonds with either parent. Children are at greater risk for abuse and neglect if they live in a violent home. Robert continues to say that over 3 million children witness violence in their home each year. Those who see and hear violence in the home suffer physically and emotionally. Families under stress produce children under stress. If a spouse is being abused and there are children at home, the children are affected by the abuse.

Cleckley (1982) asserts that a cycle of violence, physical or media is where people who grow up with abuse antisocial behavior in the home will be much more likely to mistreat their own children, who in turn will often follow the same pattern. Children who are abused

are most likely to commit crimes later in life than others. Similarly, sexual abuse in childhood often leads these victims to become sexual predators as adults. Many inmates on death row have histories of some kind of severe abuse. The neglect and abuse of children often progresses through several generations. The cycle of abuse, crime and sociopathy keep repeating itself.

According to Tompkins (2003) violent media is associated with aggressive behavior. Risky behavior by children and young adults can include violence against others, lack of remorse for consequences. The type of faulty thinking creates stressors in children which can lead to the onset of many different symptoms. Children who view media violence are more likely to have increased feelings of hostility, decreased emotional response to the portrayal of violence and injury that lead to violent behavior through imitation.

This view asserts that, the more children practice violent acts, the more likely they are to perform violent acts (Cesarone, 1994). In most video games women are usually portrayed as persons who are acted upon rather than as initiators of action, in the extreme they are depicted as victims. In 1994 over 3.1 million reports of maltreatment of all sorts were filed in the United States of America Humane Association, as cited in Wiehe (1996). In another survey 11% of children had reportedly been kicked, bitten, punched, hit with an object or threatened with a gun by their parents. Wolfner & Gelles (1993). In 2000, over 3.1 million reports of child maltreatment surveys of sexual abuse found that more than 400,000 American children a year are coerced into oral, anal or genital intercourse, Finkelholer & Dziuba (1994)

Child abuse is frequent in a number of countries such as Sri Lanka, the Philippines and Thailand where sexual exploitation of children is well documented Silva (2001). Exploitation is also seen in the form of child labor in a number of countries such as India Segal (2001), and in the conscription into the military of children in Sri Lanka De Silva (2001). One less common form of abuse results when a care taker fabricates a child's illness, known as Munchausen syndrome by proxy. The pattern of events accompanying this syndrome often results in physical injury to the child Wiehe (1996)

Joanna, Melinda, and Segal, (December 2009) asserted that child sexual abuse is an especially complicated form of abuse because of its layers of guilt and shame. It's important to recognize that sexual abuse doesn't always involve the body contact. Exposing a child to sexual situation or material is sexually abusive, whether or not touching is involved. What is even more frightening is that sexual abuse usually occurs at the hands of someone the child knows and should be able to trust – most often close relatives. And contrary to what many believe, it's not just girls who are at risk but also boys. Aside from physical abuse that sexual abuse can cause, the emotional component is powerful and far reaching. Sexually abused children are tormented by shame and guilt. They may feel that they are responsible for the abuse or somehow brought it upon themselves. This can lead to self-loathing and sexual problems as they grow older – often either excessive promiscuity or an inability to have intimate relations.

In Kenya, the physical and sexual abuse of children, including commercial sexual exploitation is alarming. The Swedish International development agency (SIDA) sponsored the access to rights program, and through KHRC, has assisted in the establishment of a Gender violence rehabilitation center at the Taveta District Hospital. Being the only clinic of its kind in the region, the center has been vital in the treatment of physically and sexually abused children and women in the region. KHRC is one of the six organizations collaborating with UNDP and SIDA in achieving the goals of access to rights projects Kilbridge (1992).

In the mid-1980s anthropologist Philip Kilbride (1992) conducted research on what is becoming an increasingly serious problem in Kenya: child abuse. Whereas serious child abuse was virtually unknown in pre-colonial Kenya, the problem (which takes the form of infanticide at the hands of unwed mothers and burning the hands of children because they stole something) has become more common in recent decades. Interestingly, what he found was that adult women are reported to be abusers more often than men.

Much of Kilbride's data suggested that child abuse should not be viewed as a matter of individual pathology, but rather must be seen from a social systems perspective. It became quite clear that child abuse was rare in traditional times, particularly in rural areas where lineages or extended families were strong. This is understandable because people can rely on friends and relatives for support when life becomes stressful, and because these same friends and relatives can intervene before hostilities between parents and children get out of hand. Despite rapid urbanization in recent years, most Kenyans continue to maintain an agrarian lifestyle. Women and children remain the most important source of farm labor. Rural life is largely a collective enterprise as it was in precolonial times consisting of an "interdependent system where kinship, age, and gender roles are clearly utilitarian and reciprocal" (Kilbride, 1992:1992). Children are highly valued and domestic violence and child abuse very infrequent.

Thus, Kilbride's findings suggest that the moral safety net of strong, rural, kinship-based social systems has been weakened in modern Kenya. As a result, child abuse (and other social pathologies) has escalated. The traditional extended family in the past was a strong support group for parents and a strong advocate and protector of children. Based on his research findings, Kilbride calls on the leadership in Kenya to support, through its legal codes and legislative regulations, the extended family. He calls on government and church organizations to subsidize associations of grandparents to encourage them in their now individualized and officially unrecognized efforts at child care. In short, Kilbride's research suggests that such problems as child abuse in modern Kenya and perhaps in our own society as well can be addressed by encouraging the strengthening of more traditional kinship-based social systems, which, he suggests, are not incompatible with modern industrialized societies. Not all children exposed to similar experiences of abuse and neglect are affected in the same way. A range of other life experiences and family circumstances - both positive and negative impact on a child's vulnerability or resilience. These are referred to as "risk and protective factors". Resilience refers to the ability of a child to cope and even thrive after a negative experience (Child Welfare Information Gateway, 2008). When a child who has experienced abuse or neglect has few protective factors (such as positive relationships with extended family and friends), the risk of more serious adverse outcomes increases. Risk factors that

may contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, dangerous neighborhoods, large families and whether the child has a disability (Dubowitz & Bennett, 2007).

In spite of the risks of negative outcomes, some children exposed to maltreatment may emerge unscathed due to protective factors that strengthen their resilience (Corby, 2006; Haskett, Nears, Ward, & McPherson, 2006). Factors that contribute to a child's resilience include child attributes (such as self-esteem and independence), features of the family environment and community resources (Haskett et al., 2006).

Any maltreatment of a child may lead to damaging adverse consequences; however, research indicates that chronicity and experiencing multiple types of abuse and neglect are related to greater maladjustment and negative outcomes for children (Higgins & McCabe, 2001). Research on the relationship between different types of abuse and neglect is limited. However, a review by Higgins and McCabe found that different types of abuse were significantly correlated (i.e., children experienced more than one type of maltreatment). This co-occurrence was particularly common between physical abuse and other types of maltreatment.

Babies and young infants exposed to abuse and neglect are more likely to experience insecure or disorganized attachment problems with their primary caregiver (Hildyard & Wolf, 2002). Patterns of child-caregiver attachment are extremely important for a child's early emotional and social development. For children with an insecure attachment, the parent/caregiver (who should be the primary source of safety and protection) becomes a source of danger or harm, leaving the child in irresolvable conflict (Hildyard & Wolf, 2002). Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety or anger (Streeck-Fischer & van der Kolk, 2000). Insecure attachments alter the normal developmental process for children, which can severely affect a child's ability to communicate and interact with others and form healthy relationships throughout their life (Bacon & Richardson, 2001).

Research investigating the effect of child abuse and neglect has on overall physical health has largely focused on outcomes in adulthood. However, data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) in the United States has indicated strong associations between abuse/neglect and health problems in children/adolescents (Flaherty, 2006). Flaherty et al. (2006) found that exposure to one adverse experience doubled the odds of children having overall poor physical health at the age of 6 years, and tripled them if children had experienced four or more adverse experiences. A further study by Hussey, Chang, and Kotch (2006) found that all types of abuse and neglect were associated with 8 of 10 major adolescent health risks.

Research has demonstrated that abused and neglected children perform less well on standardized tests and achieve poorer school marks, even when socio-economic status and other background factors are taken into account (Mills, 2004). Prospective research studies have consistently shown that maltreated children have lower educational achievement than other groups of children. In a meta-analysis by Veltman and Browne (2001), 31 of 34 studies (91%) indicated that abuse and neglect was related to poor school achievement and 36 of 42 (86%) indicated delays in language development. However, the authors acknowledged that studies associating child abuse and neglect with learning problems are problematic in that most studies do not know the intellectual status of children before maltreatment.

The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems in adolescence and adulthood (Fergusson & Lynskey, 1997). Evidence suggests that all types of child maltreatment are significantly related to higher levels of substance use (tobacco, alcohol and illicit drugs) (Moran, Vuchinich, & Hall, 2004). In surveying public school students in Grades 6, 9 and 12 in the United States, Moran and colleagues found that experiences of physical or sexual abuse increased the likelihood of students using alcohol, marijuana and other drugs. A further study in the United States found that 28% of physically abused adolescents used drugs compared to 14% of non-abused adolescents (Perkins & Jones, 2004). Compared to 22% of the non-abused group, 36% of physically abused adolescents also had high levels of alcohol use (Perkins & Jones, 2004).

2.9. Conceptual framework

Kombo and Tromp (2006) defined conceptual framework as a set of principles taken from the relevant fields of enquiry and use to structure a subsequent presentation. It is identification and descriptions of elements, variables or factors to be measured or addressed by the research. The goal of conceptual framework is to categorize and describe concepts relevant to the study and map relationships among them. It further shows any other factor that may have any effect on the two variables as summarized in Figure 2.1

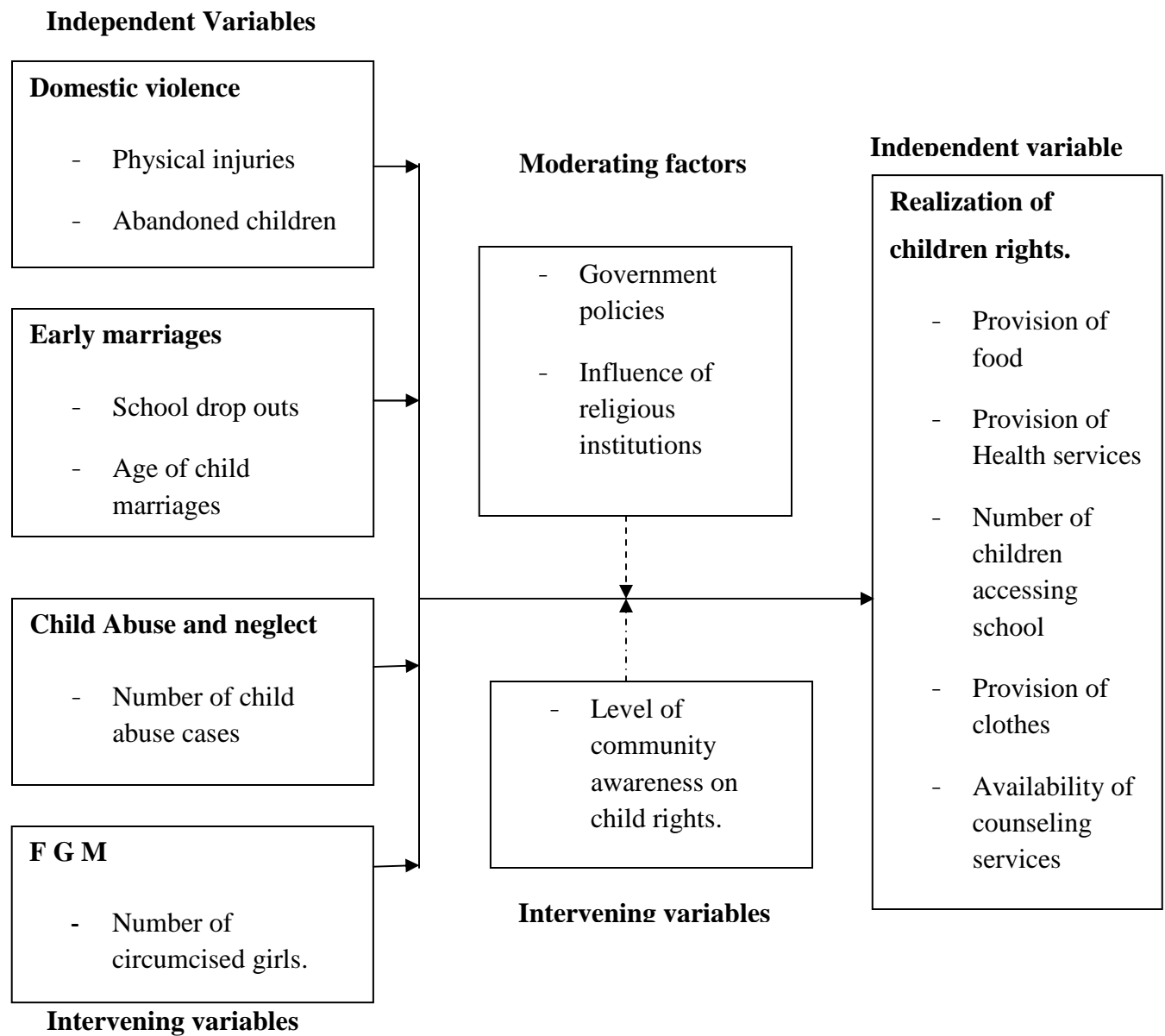


Figure 1: Conceptual framework

2.10. Chapter summary

This chapter on literature review highlights similar work done by other researchers on social cultural practices and how they influence realization of children rights and was reviewed globally, the African continent and in the Kenyan contexts. The researcher reviewed the critical areas of this study which includes Domestic Violence, Early marriages, Female Genital Mutilation and Child Abuse and Neglect. The literature also addressed the culture of violence and psychological theories which defines the effects of domestic violence to children. Finally, the chapter presents the conceptualization framework that maps out the variables and relationships among them, it further shows any other factor that may have any effects to both independent and dependant variable.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents the research methodology that was used to collect data and explains how it was analyzed. The chapter contains a number of sections namely, research design, target population, sampling procedures, sample size, methods of data collection, validity, reliability, methods of data analysis, operational definition of variables and the summary.

3.2. Research Design

This study was a descriptive research by use of survey method. This method is more efficient and economical in that the information can be gathered by a few well chosen questions that would take much more time and effort by other methods. Data was collected by administering questionnaires to class eight pupils on their attitudes, opinions and feelings regarding social cultural practices and their influence on the realization of children rights. However the main difficulties involved in this method were mainly, ensuring that the questions to be answered were clear and not misleading.

3.3. Target Population

This study targeted pupils drawn from public primary schools. Children were chosen as they were the subject of the study as the researcher wanted to establish the influence of cultural practices on the realization of their rights. Kangeta division had a total population of 1162 class eight pupils and the six selected schools had a population of 175 pupils. Class eight pupils in these primary schools were purposely targeted as they were in a better position to answer the questions with precision compared to the rest of the pupils in the primary schools. Kangeta division comprises of 6 administrative locations and the study covered all the locations selecting one primary school from each of the locations.

3.4. Sampling procedure

Purposive sampling was used to select Kangeta Division for this study. Simple random sampling was also used to select the six schools, each from the six locations. According to the Ministry of Education from Igembe South District, Kangeta Division had the highest dropout rates as compared to other Divisions in the District hence the choice of this Division. According to Mugenda and Mugenda (1999), a descriptive study should take ten percent or above of the accessible population and this should be enough for a specific study. Fisher (1992) recommends fifty percent of the total population in a social research. Based on the above information, this study used a target population of 40% of the 175 class eight pupils from the 6 public primary schools. Therefore the sample size for this study was 70 class eight pupils who comprised of both boys and girls. Selection of class eight pupils was purposive as they understood more the influence of social cultural practices in the realization of children rights as compared to other lower classes.

Table 3.1 Sampling procedure

Location	Class eight pupils in the division	Class eight pupils in the sampled 6 schools	Percentage
Mukururu	267	33	12.4%
Nkinyanga	127	27	21.7%
Kangeta	109	24	22%
Njia	362	40	11%
Muringene	174	27	15.5%
Antubeiya	113	24	22%
Totals	1162	175	

3.5. Methods of data collection

The questionnaire was used to get responses from children respondents. The researcher constructed the structured questionnaire which was used in capturing views, attitudes and experiences of the respondents. These were administered by the researcher and research assistants by asking direct questions to the children and recording the answers on the questionnaires.

3.6. Validity

The questionnaire was based on the objectives of the study to ensure that every question was relevant. The questions on the questionnaire were read out clearly to the children by the researcher and questions recorded to ensure clarity as some of the children were not able to express themselves clearly in writing. The researcher also gave explanations to questions to avoid misunderstanding of questions by the respondents. This was meant to ensure that the questions are well understood by the respondents and the answers given are relevant and used for the particular questions. The researcher also sought the assistance of the supervisor in ascertaining validity.

3.7. Reliability of the instruments

Reliability refers to consistency of the scores obtained, how consistent they were for each individual from one administration of an instrument to another and from one set of items to another (Fraenkel and wallen, 2008). The reliability of the instruments for this study was achieved through piloting. A pre –test exercise on a similar and representative group of interviewees from a different area to determine reliability of the tools was conducted for this study. Ten class eight pupils were randomly sampled from Meru primary school based within the Meru municipality consisting of 5 boys and 5 girls. This helped determine the reliability of the instruments in collecting the desired information and allowed for revision with problematic questions before the actual study was undertaken.

3.8. Methods of data analysis

After the collection of data, the researcher scrutinized the instruments for completeness, accuracy and uniformity. Coding was done to classify the answers to a question into meaningful categories so as to bring out their essential pattern. The researcher used statistical package for social sciences (SPSS) to generate frequency distribution using descriptive statistics in order to examine the pattern of responses. The findings are presented in form of tables, frequencies, cross tabulation and percentages in order to bring out the relative differences of values.

Table 3.2: Operationalization of variables

Research objectives	Variables	Indicators	Measurement	Level of scale	Data collection	Types of analysis	Level of analysis
To establish the influence of domestic violence on the realization of children rights in Kangeta division.	<u>Independent</u> Domestic Violence	Physical injuries Abandoned children	-lack of food -Abuses - Psychological -absenteeism of children in schools	Nominal Interval	Questionnaire	Qualitative/ Quantitative	Descriptive Inferential
To determine the influence of early marriages on the realization of children rights in Kangeta division	<u>Independent</u> Early Marriages	School drop outs Age of child marriages	-Provision of basic needs	Nominal Interval	Questionnaire	Qualitative/ Quantitative	Descriptive Inferential

To assess the influence of female genital mutilation on the realization of children rights in Kangeta division	<u>Independent</u> Female genital Mutilation	No of girls circumcised School drop outs	-Provision of basic needs -No of school drop outs	Nominal Interval	Questionnaire/ Secondary data	Qualitative/ Quantitative	Descriptive Inferential
To establish the influence of child abuse and neglect on the realization of children rights in Kangeta division	<u>Independent</u> Child Abuse and Neglect	No of child abuse cases	-Child sexual abuse -Child physical abuse -Cases of child neglect	Nominal Interval	Secondary data	Qualitative/ Quantitative	Descriptive Inferential

	<u>Dependent</u> Realization of Children Rights	Provision of basic needs to children	-Provision of food -Provision of clothing -Access to health services -Access to school	Nominal Interval	Secondary data sources	Qualitative/ Quantitative	Descriptive Inferential
	<u>Moderating</u> Government	Government Policies	-Children offices	Nominal Interval	Secondary data sources	Qualitative/ Quantitative	Descriptive
	<u>Intervening</u> Community	Level of awareness	-No of community members aware of the children rights -Reported cases of child rights abuses	Nominal Interval	Secondary data sources	Qualitative/ Quantitative	Descriptive

3.9. Chapter summary

The chapter has covered the critical area of research design, target population, sampling procedures, methods of data collection, validity, reliability, methods of data analysis and operational definition of variables.

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION.

4.1 Introduction

This chapter presents the data gathered, its analysis and interpretation. The first section covers the general information of the respondents as addressed in this study. The next sections cover the questionnaire return rate and data as collected and analyzed in relation to the four research objectives:

4.2 Questionnaire return rate

70 questionnaires were administered to class eight students from 6 public primary schools and 66 were filled and returned representing a response rate of 94.29% which is statistically representative of the target population as shown in on table 4.3.1

Table 4.1: Questionnaire return rate

Sample Population	Study Population	Percentage
70	66	94.29

4.3 General information of the respondents

Table 4.2 Gender of respondents

Gender	Frequency	Percent
Males	32	48.5
Females	33	50.0
Total	65	98.5
Missing System	1	1.5
Total	66	100.0

Gender for the respondents was almost equal with females at 50% followed closely by males at 48.5% which is explained by the fact that both gender was equally targeted during the administering of the questionnaires as indicated by table 4.3.4.

Table 4.3 Whether Parents are alive or deceased

Parents	Frequency	Percent
Bothe alive	60	90.9
Mother alive	3	4.5
Both deceased	3	4.5
Total	66	100.0

As indicated by table 4.3.2, majority of the respondents had their parents alive at 90.9% while only 4.5% had both parents deceased

Table 4.4 Who the respondents live with

Guardians	Frequency	Percent
Both parents	55	83.3
Mother only	6	9.1
Grandparents	3	4.5
Others	1	1.5
Total	65	98.5
Missing System	1	1.5
Total	66	100.0

Table 4.3.3 depicts that most of the pupils sampled lived with both their parents at 83.3% with a further 9.1% of the population sampled living with their mothers and a further 4.5% of the population living with the grandparents. There seems to be a trend where children are brought up in a single mother family set up or they are living with grand parents

Table 4.5: How regular respondents attended school

School attendance	Frequency	Percent
Three times per week	2	3.0
Four times per week	56	84.8
Five times per week	6	9.1
Depends on the season	2	3.0
Total	66	100.0

A majority of the pupils sampled missed classes at least once per week, this was represented by 84.8% of the respondents with a further 3% attending classes thrice a week, 9.1 attending classes all the days of the week and still 3% attends classes during a certain season as depicted by table 4.3.4.

Table 4.6 The main reasons for not attending school regularly

Reasons not in school	Frequency	Percent
Can't afford	2	3.0
School not suitable	2	3.0
Self illness	15	22.7
To help in household	6	9.1
To work for wages	14	21.2
Peer influence	3	4.5
To take care of ill family member	6	9.1
Total	48	72.7
Missing System	18	27.3
Total	66	100.0

Table 4.3.5 shows a majority of the respondents attributed self illness at 22.7% as the reason why they were not able to attend classes regularly. A further 21.2% claim that they miss classes to work for wages and still 9.1% claim that they missed classes to take care of their ailing parents. The significant absenteeism of pupils from school to work for wages is associated to Miraa (Khatt) economy which is a predominant source of income in the area of study in which children are attracted to high payments

4.4 Status of Children Rights

Table 4.7 Times children have gone without food at home

Incidences		Frequency	Percent
	Never	11	16.7
	Often	9	13.6
	Sometimes	30	45.5
	Rarely	15	22.7
	Total	65	98.5
Missing	System	1	1.5
Total		66	100.0

Most of the students admitted that sometimes they have gone without food represented by 45.5% of the respondents. A further 22.7% of the respondents claim they rarely get no food, 16.7% admitted they have never gone without food and 13.6 often missed food as depicted by table 4.4.1.

Table 4.8 Times children have gone without adequate clothing

Incidences	Frequency	Percent
Never	12	18.2
Often	12	18.2
Sometimes	21	31.8
Rarely	18	27.3
Total	63	95.5
Missing System	3	4.5
Total	66	100.0

Table 4.4.2 indicates 31.8% of the respondents acknowledged that sometimes they have gone without proper clothing, with a further 27.3% of these saying that they have gone without adequate clothing rarely, 18.2% and 18.2% respondents respectively claimed they have often and never gone without adequate clothing.

Table 4.9 Times children have gone without being taken to hospital when sick

Incidences	Frequency	Percent
Never	13	19.7
Often	14	21.2
Sometimes	27	40.9
Rarely	12	18.2
Total	66	100.0

Majority of the respondents as indicate by table 4.4.3 show 40.9% claimed that they were sometimes taken to hospital whenever sick. 13 respondents representing (19.7%) acknowledged that they were never taken to hospital when sick and somehow recovered with a further 21.2% claiming to have been often taken for medical attention when sick.

4.5 Domestic Violence

Table 4.9 Parents / Guardians involved in domestic violence

Incidences	Frequency	Percent
Yes	33	50.0
No	28	42.4
Total	61	92.4
Missing System	5	7.6
Total	66	100.0

Half of the pupils sampled (50%) claimed that their parents are involved in domestic violence. A further 48% of the respondent acknowledged that they had never witnessed domestic violence in their homes as depicted by table 4.5.1

Table 4.10 How often parents were involved in domestic violence.

Times	Frequency	Percent
Daily	10	15.2
Weekly	4	6.1
Monthly	12	18.2
Rarely	32	48.5
Total	58	87.9
Missing System	8	12.1
Total	66	100.0

As shown on table 4.5.2, of those who felt that parents/guardians were involved in domestic violence, 48.5% of them felt that this was rare while a further 18.2% of the respondents felt that this was monthly. Of importance to note is the 15.2% and 6.1% who claimed their parents are involved in domestic violence daily and weekly respectively.

Table 4.11 Who suffers most as a result of domestic violence

Person	Frequency	Percent
Mother	38	57.6
Father	9	13.6
Sister	5	7.6
Missing system	7	10.6
Total	59	89.4

Table 4.5.3 show that women are most vulnerable in case of any domestic violence as attested by 75.6% of the respondents followed by fathers at 13.6%. However children suffer least at a combined percentage of 10.6% as they are mostly not involved in direct physical contact with the perpetrators of violence.

Table 4.12 How domestic violence affects children in the community

Effects	Frequency	Percent
Abused	11	16.7
Lacked food	14	21.2
Not attending school	22	33.3
Psychologically	8	12.1
Others	1	1.5
Total	56	84.8
Missing System	10	15.2
Total	66	100.0

According to table 4.5.4 majority of the respondents at 33.3% associate domestic violence to missing school as the mother who would prepare them for school is significantly affected by the violence. A further 21.2% associated this to lack of food, 16.7 having been abused and 12.1 having been psychologically affected.

4.6 Early Marriages

Table 4.13 Age of most girls involved in early marriages

	Age	Frequency	Percent
	7-10	1	1.5
	11-14	25	37.9
	15-18	30	45.5
	Total	56	84.8
Missing	System	10	15.2
	Total	66	100.0

As shown in table 4.6.1, majority of the respondents at 45.5% felt that most of the girls involved in early marriages are married at the age between 15 and 18 years which translates that those girls were involved in marriages as children which is a violation of children right. A further 37.9% of the respondents felt that the school going girls who were involved in early marriages are married at the age of between 11 and 14 years.

Table 4. 14 Age of most boys involved in early marriages

	Age	Frequency	Percent
	11-14	14	21.2
	15-18	43	65.2
	Total	57	86.4
Missing	System	9	13.6
	Total	66	100.0

Table 4.6.2 depicts that 65.2% of the respondents felt that most of the boys involved in early marriages are married at the age between 15 and 18 years. A further 21.2% of these felt that these school going boys who are involved in early marriages are of ages between 11 and 14 years just like the case for girls.

4.7 Female Genital Mutilation

Table 4.15 Age at which most girls undergo FGM

	Age	Frequency	Percent
	11-14	33	50.0
	15-18	30	45.5
	Total	63	95.5
Missing	System	3	4.5
Total		66	100.0

Majority of the respondents as depicted by table 4.7.1 at 45.5% felt that most of the girls undergo FGM at the age between 15 and 18 years. A half of the respondents (50%) felt that girls are involved in FGM at age of between 11 and 14 which means they are still children hence have no capacity to make informed decisions on whether to get circumcised or not

Table 4. 16 Reasons why girls undergo FGM

	Reason	Frequency	Percent
	Tradition	13	19.7
	Peer pressure	27	40.9
	To get married	15	22.7
	Rite of passage	1	1.5
	Others	1	1.5
	Total	57	86.4
Missing	System	9	13.6
Total		66	100.0

Table 4.7.2 shows that 40.9% of the respondents felt that girls undergo FGM because of peer pressure; a further 22.7% felt that girls undergo circumcision so that they can get married while a further 19.7% felt that this is practiced in tandem to tradition.

4.8 Child abuse and Neglect

Table 4. 17 Common forms of child abuse

	Forms of child abuse	Frequency	Percent
	Sexual abuse	31	47.0
	Physical abuse	21	31.8
	Psychological abuse	4	6.1
	Others	1	1.5
	Total	57	86.4
Missing	System	9	13.6
	Total	66	100.0

Table 4.8.1 indicates that 47% of the respondents felt that the common form of child abuse was sexually related and a further 31.8% felt that physical abuse was also common. Only 4 respondents (6.1%) felt that psychological abuse was a common form of child abuse

Table 4. 18 Common types of child neglect within location

	Types of neglect	Frequency	Percent
	Educational	16	24.2
	Physical	11	16.7
	Emotional	19	28.8
	Health	7	10.6
	Others	3	4.5
	Total	56	84.8
Missing	System	10	15.2
	Total	66	100.0

Most of the pupils as shown in table 4.8.2 felt that they are mostly neglected emotionally at 28.8% which manifests the effects felt by children as opposed to the common knowledge that

neglect is usually physically presented as demonstrated by 16.7% of the respondents. Whereas 10.6% of the respondents felt that neglect is presented in form of health a further 24.2% of the respondents felt that they are not given adequate education.

Table 4. 19 Whether respondents or other children have been abused in any way.

	Whether abused	Frequency	Percent
	Yes	52	78.8
	No	6	9.1
	Total	58	87.9
Missing	System	8	12.1

Table 4.8.3 shows that a majority 78.8% of the respondents claimed to have been abused in some way or have witnessed other pupils being abused in their community. A further 9.1 claim not to have witnessed any abuse at all.

Table 4.20 Types of abuse

	Types of abuse	Frequency	Percent
	Sexual abuse	27	40.9
	Physical abuse	14	21.2
	Psychological abuse	12	18.2
	Others	3	4.5
	Total	56	84.8
Missing	System	10	15.2
	Total	66	100.0

Sexual abuse according to the respondents is rated highest at 40.9%; with physical abuse among the respondents rating at 21.2% with a further 18.2% of respondents feeling psychological abuse was also common as depicted by table 4.8.4.

Table 4. 21 Who is the main perpetrator of child abuse

Perpetrators		Frequency	Percent
	Parents	30	45.5
	Brothers	4	6.1
	Sisters	4	6.0
	Strangers	18	27.3
	Total	56	84.8
Missing	System	10	15.2
Total		66	100.0

According to table 4.8.5 45.5% of the respondents claimed that the main perpetrators of child abuse are parents with a further 27.3% claiming strangers played a significant role.

4.9: Variable Analysis

4.9.1 To establish the influence of domestic violence on the realization of children rights in Kangeta division.

Table 4. 22 How often have you gone without food at home, Are your parents / guardians involved in domestic violence Cross tabulation

		Parents / Guardians involved in domestic violence		
		Yes	No	Total
how often have you gone without food	Never	1	10	11
	% within Times children have gone without food at home	9.1%	90.9%	100.0%
	Often	6	3	9
	% within times children have gone without food at home	66.7%	33.3%	100.0%
Sometimes		17	9	26
	% within times children have gone without food at home	65.4%	34.6%	100.0%
	Rarely	9	6	15
	% within children have gone without food at home	60.0%	40.0%	100.0%
Total		33	28	61
		54.1%	45.9%	100.0%

The analysis depicts that 90.9% of the children who never misses meal at their home claim that their parents are not involved in domestic violence. A further 66.7% who claim that their parents are involved in domestic violence confesses to have often gone without food compared to 33.3% of those who have not witnessed any domestic violence in their homes and have often gone home without food. It can be noted that those children who have not witnessed any form of family violence report better food provisions in those families as compared to those families where there is domestic violence. Thus it can be concluded that domestic violence affects food provision which is one of the basic right of children.

Table 4.23 Are parents / guardians involved in domestic violence, how does violence affects children in the community Cross tabulation

		How violence affects children in the community				
		Abused	Lacked food	Not attending school	Psychologically	Others
Are parents / guardians involved in domestic violence	Yes	8 28.6%	11 44%	14 50%	4 10.8%	0 .0%
	No	1 4.0%	2 7.1%	8 50.0%	4 25.0%	1 6.3%
Total		9 16.8%	13 24.6%	22 41.6%	8 15.1%	1 1.9%

As per the analysis 28.6% of those children who claim that their parents are involved in domestic violence also claim that they are abused as opposed to the 4% who have never witnessed domestic violence in their homes and are abused. Similarly 44% of the respondents

who lacked food in their homes are abused compared to 7.1% of the children who have not witnessed any domestic violence in their homes. This same trend happens to those all other forms of abuse under study, thus we conclude that domestic violence affects children in Kangeta division as most of the basic needs are not provided

4.9.2 To determine the influence of early marriages on the realization of children rights in Kangeta division

Table 4. 24. Are both girls and boys involved in early marriages, age of most girls involved in early marriages Cross tabulation

		Age of most girls involved in early marriages			Total
		7-10	11-14	15-18	
Are both girls and boys involved in early marriages	Yes	1	22	25	48
	% within both girls and boys involved in early marriages	2.1%	45.8%	52.1%	100.0%
	No	0	2	5	7
		.0%	28.6%	71.4%	100.0%
Total		1	24	30	55
% within both girls and boys involved in early marriages		1.8%	43.6%	54.5%	100.0%

Those respondents comprising of 52.1% who felt that both girls and boys are involved in early marriages also felt that these early marriages happen between the ages 15- 18 years. A

further 45.8% of these children in Kangeta division who felt that both boys and girls are involved in early marriages felt that these early marriages occur between the ages of 11 and 14 years. Furthermore 28.6% of those respondents who felt that early marriage occur between the ages 11 and 14 felt that both boys and girls are not involved in early marriages with a further 71.4 of those who believed that early marriages existed to both boys and girls having the same opinion. We thus do not see any association between the ages of marriage to the belief of the existence of early marriages.

Table 4. 25 Are both girls and boys involved in early marriages, reasons why there is early marriages Cross tabulation

		Reasons why there is early marriages					Total
		Tradition	Per pressure	Forced by parents	Rite of passage	Others	
Are both	Yes	9	25	11	1	0	46
boys and	% within	19.6%	54.3%	23.9%	2.2%	.0%	100.0%
girls	both girls						
involved in	and boys						
early	involved in						
marriages	early						
	marriages						
	No	4	1	2	0	1	8
	% within	50.0%	12.5%	25.0%	.0%	12.5%	100.0%
	both girls						
	and boys						
	involved in						
	early						
	marriages						
Total		13	26	13	1	1	54

Table 4. 25 Are both girls and boys involved in early marriages, reasons why there is early marriages Cross tabulation

		Reasons why there is early marriages					Total
		Tradition	Per pressure	Forced by parents	Rite of passage	Others	
Are both	Yes	9	25	11	1	0	46
boys and	% within	19.6%	54.3%	23.9%	2.2%	.0%	100.0%
girls	both girls						
involved in	and boys						
early	involved in						
marriages	early						
	marriages						
	No	4	1	2	0	1	8
	% within	50.0%	12.5%	25.0%	.0%	12.5%	100.0%
	both girls						
	and boys						
	involved in						
	early						
	marriages						
		13	26	13	1	1	54
		24.1%	48.1%	24.1%	1.9%	1.9%	100.0%

Majority of the boys and girls who believe in the existence of early marriages in Kangeta division at 54.3% claim that this is due to peer pressure. Where a further 23.9% of them claim that they are forced by parents while a further 19% claim that they indulge in early marriages to fulfill their traditions. Half of those who don't believe in the existence of early marriages feel; this is done out of tradition.

4.9.3 To assess the influence of female genital mutilation on the realization of children rights in Kangeta division

Table 4. 26. Are there times you have gone without food at home, reasons why girls undergo FGM Cross tabulation

		Reasons why girls undergo					Total	
		Peer						
		Traditio n	pressur e	To get married	Rite of passage	Others		
Times children have gone without food at home	Never	5	4	2	0	0	11	
	% within times children have gone without food at home	45.5%	36.4%	18.2%	.0%	.0%	100.0 %	
	Often	0	4	3	0	1	8	
	% within times children have gone without food at home	.0%	50.0%	37.5%	.0%	12.5%	100.0 %	
	Someti mes	4	11	7	1	0	23	
	% within times children have gone without food at home	17.4%	47.8%	30.4%	4.3%	.0%	100.0 %	
	Rarely	4	8	3	0	0	15	
	% within times children have gone without food at home	26.7%	53.3%	20.0%	.0%	.0%	100.0 %	
	Total		13	27	15	1	1	57

Table 4. 26. Are there times you have gone without food at home, reasons why girls undergo FGM Cross tabulation

		Reasons why girls undergo					Total
		Traditio	Peer	To get	Rite of	Others	
		n	pressur	married	passage		
Times	Never	5	4	2	0	0	11
children have	% within times	45.5%	36.4%	18.2%	.0%	.0%	100.0
gone without	children have						%
food at home	gone without						
	food at home						
	Often	0	4	3	0	1	8
	% within times	.0%	50.0%	37.5%	.0%	12.5%	100.0
	children have						%
	gone without						
	food at home						
	Someti	4	11	7	1	0	23
mes	% within times	17.4%	47.8%	30.4%	4.3%	.0%	100.0
	children have						%
	gone without						
	food at home						
	Rarely	4	8	3	0	0	15
	% within times	26.7%	53.3%	20.0%	.0%	.0%	100.0
	children have						%
	gone without						
	food at home						
		13	27	15	1	1	57
		22.8%	47.4%	26.3%	1.8%	1.8%	100.0
							%

Majority of those children at 45.5% who have never gone without food felt that FGM is as a result of tradition with a further 36.6% of these claiming it was due to peer pressure, 50% of those children who felt that FGM was due to peer pressure also often go without food. This could be attributed to the fact that they are convinced by their peer to get married in search of better food. This is further supported by the fact that none of the children in this category believed that this was a rite of passage (0%) but rather a source to satisfy their denied child rights.

Table 4. 27. Are there times children have gone without adequate clothing, reasons why girls undergo FGM cross tabulation

		Reasons why girls undergo FGM					Total
		Traditi on	Peer pressur e	To get married	Rite of passage	Others	
Times you have gone without adequate clothing	Never	4	3	3	0	1	11
	% within times you have gone without adequate clothing	36.4%	27.3%	27.3%	.0%	9.1%	100.0%
	Often	0	9	2	0	0	11
	% within times you have gone without adequate clothing	.0%	81.8%	18.2%	.0%	.0%	100.0%
	Sometime s	5	9	3	0	0	17
	% within times you have gone without adequate clothing	29.4%	52.9%	17.6%	.0%	.0%	100.0%
	Rarely	4	6	6	1	0	17
	% within times you have gone without adequate clothing	23.5%	35.3%	35.3%	5.9%	.0%	100.0%

Table 4.9.3.2 shows that 36.4% of those children who claim to have sufficient clothing believe that FGM is as a result of tradition while a further 27.3% believe it was due to peer pressure and just the desire to get married. However none of those who did not have adequate clothing felt that this was out of tradition but rather 81.8% and 18.2% felt that this was from peer pressure and just the desire to get married respectively. Here it can be noted that the practice of female genital mutilation have been fuelled by the need of clothing that makes them believe that when they have undergone the rite then they get married and in so doing hope to get better clothing from their new families or from peer pressure who convince them that better provisions lies after they are married. Thus we clearly note that lack of adequate clothing affect the realization of children’s right among children in Kangeta division.

4.9.4 To establish the influence of child abuse and neglect on the realization of children rights in Kangeta division

Table 4. 28. Times when children have gone without food at home, common forms of child abuse Cross tabulation

		Common forms of child abuse				Total
		Sexual abuse	Physical abuse	Psychological abuse	Others	
Times children have gone without food at home	Never	9	2	0	0	11
	% within times children have gone without food at home	81.8%	18.2%	.0%	.0%	100.0%
	Often	2	5	1	0	8
	% within times children have gone without food at home	25.0%	62.5%	12.5%	.0%	100.0%
	Sometimes	13	7	2	1	23

	% within times	56.5%	30.4%	8.7%	4.3%	100.0%
	children have gone without food at home					
Rarely		7	7	1	0	15
	% within times	46.7%	46.7%	6.7%	.0%	100.0%
	children have gone without food at home					

The research discovered that majority of the respondents as indicated by 62.5% who felt that often they have gone without food also felt that the most common kind of neglect was physical. 81.8% of those children who felt that sexual abuse was the most common child abuse claim not to have spent without food and a further 46.7% who have rarely gone without food claim also that sexual abuse was the most common type of child abuse in their locality. It can be noted that these forms of abuse tends to follow a certain pattern, those children who are offered adequate food are more likely to be tortured sexually compared to those who don't get adequate medical attention. According to these findings we deduce that these child abuses are distributed according to social status and a further study would prove this assertion. We thus conclude that child neglect affect the realization of children rights in Kangeta division

Table 4. 29. Are there times children have gone without being taken to hospital when sick, common types of child neglect in your area Cross tabulation

		Common types of child neglect in your area					
		Educational	Physical	Emotional	Health	Others	Total
Times children have gone without being taken to the hospital	Never	4	1	1	1	3	10
	% within times you have gone without being taken to the hospital when sick	40.0%	10.0%	10.0%	10.0%	30.0%	100.0%
	Often	3	5	5	1	0	14
	% within times you have gone without being taken to the hospital when sick	21.4%	35.7%	35.7%	7.1%	.0%	100.0%
	Sometimes	9	4	3	5	0	21
	% within times you have gone without being taken to the hospital when sick	42.9%	19.0%	14.3%	23.8%	.0%	100.0%
	Rarely	0	1	10	0	0	11
	% within times you have gone without being taken to the hospital when sick	.0%	9.1%	90.9%	.0%	.0%	100.0%
Total		16	11	19	7	3	56
		28.6%	19.6%	33.9%	12.5%	5.4%	100.0%

Majority of the respondents table 4.9.4.2 at 35.7% who felt that often they are not taken to hospital while sick also felt that the most common kind of neglect was emotional, this was same as those who felt physical neglect was mostly accountable.40% of those children who

are not offered education also felt they are never taken to hospital while sick. 90.9% of those who are rarely denied medical attention from their parents claim that they are tortured psychologically and hence feel they are denied this as a right. We associate this to some well up families that parents are busy to have time for their children and hence the psychological torture. It can be concluded that no child right is provided in isolation or independent of the others hence the need to have a holistic approach to provision of children rights. However a further study would need to be done to ascertain the possibility that some well up parents have no time for their children's psychological and emotional needs. It is evidenced that all forms of abuse to children occur in Kangeta division.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter covers the summary of the findings of the study, conclusions and the recommendations derived from the study. The main purpose of the study was to establish the influence of Socio Cultural Practices on the realization of Children's Rights in Kangeta Division. The continued practice of some social cultural practices that includes domestic violence, early marriages, female genital mutilation and child abuse as stipulated in this study have significantly contributed to child rights violations that has denied children their basic needs.

The summary is given as per the research objectives and informed by the questions of this study which were: to what extent is the influence of domestic violence on the realization of children rights in Kangeta, followed by to what extent is the influence of early marriages on the realization of children rights in Kangeta, thirdly what is the influence of female genital mutilation on the realization of children rights in Kangeta and finally what is the influence of child abuse and neglect on the realization of children rights in Kangeta.

To achieve this, primary data was collected using questionnaires with class eight pupils from 6 primary schools in the target location. The study used purposive sampling technique to get the sample size. It targeted a sample population of 70 pupils from a total population of 175 class eight children from the 6 public primary schools in Kangeta division. The primary data was then organized, coded and analyzed using frequency tables and cross tabulation.

5.2.1 Summary of the findings as per the objectives: Influence of domestic violence on the realization of children rights.

90.9% of the children who never misses meal at their home claim that their parents are not involved in domestic violence. A further 66.7% who claim that their parents are involved in domestic violence confesses to have often gone without food compared to 33.3% of those who have not witnessed any domestic violence in their homes and have often gone home

without food. It can be noted that those children who have not witnessed any form of family violence report better food provisions in those families as compared to those families where there are domestic violence. Thus it can be concluded that domestic violence affects food provision which is a basic right for children.

28.6% of those children who claim that their parents are involved in domestic violence also claim that they were abused as opposed to the 4% who have never witnessed domestic violence in their homes and are abused. Similarly 44% of the respondents who lacked food in their homes are abused compared to 7.1% of the children who have not witnessed any domestic violence in their homes. Therefore high incidences of domestic violence directly correlate to children being subjected to all forms of abuse.

5.2.2 Findings regarding the influence of early marriages on the realization of children rights

52.1% of those respondents who felt that both girls and boys are involved in early marriages also felt that these early marriages happen between ages 15- 18 years. A further 45.8% of these children in Kangeta division who felt that both boys and girls are involved in early marriages felt that these early marriages occur between the ages of 11 and 14 years. Furthermore 28.6% of those respondents who felt that early marriage occur between the ages 11 and 14 felt that both boys and girls are not involved in early marriages with a further 71.4% of those who believed that early marriages existed to both male and female having the same opinion. We thus do not see any association between the age of marriage to the belief of the existence of early marriages.

It is therefore evidenced that majority of respondents are involved in early marriage while still children and this compromises their ability to make informed decisions about their lives since they are not fully mature physically and emotionally. It is also important to note that both girls and boys are involved in early marriages while they are still children as defined by United Nations on the Rights of Children. Majority of the boys and girls who believe in the existence of early marriages in at 54.3% claim that this is due to peer pressure. Where a further 23.9% of these claim that they are forced by parents while a further 19% claim that they indulge in early marriages to fulfill their traditions.

5.2.3 Findings regarding the influence of female genital mutilation on the realization of children rights

45.5% of those children who have never gone without food felt that FGM are as a result of tradition with a further 36.6% of these claiming it was due to peer pressure 50% of those children who felt that FGM was due to peer pressure also often go without food. This could be attributed to the fact that they are convinced by their peer to get married in search of better food. This is further supported by the fact that none of the children in this category believed that this was a rite of passage (0%) but rather a source to satisfy their denied children rights. 36.4% of those children who claim to have sufficient clothing believe that FGM is as a result of tradition while a further 27.3% believe it was due to peer pressure and just the desire to get married. However none of those who did not have adequate clothing felt that this was out of tradition but rather 81.8% and 18.2% felt that this was from peer pressure and just the desire to get married respectively.

It can therefore be deduced that the practice of female genital mutilation could be fuelled by the need of clothing that makes them believe that when they have undergone the rite they get married and in so doing hope to get better clothing from their new families or from peer pressure who convince them that better provisions lies after they get married which is preceded by female genital mutilation. Thus we clearly note that lack of adequate clothing affect the realization of children's right and fuels child rights further by subjecting children to female circumcision and early marriages.

5.2.4 Findings regarding the influence of child abuse and neglect on the realization of children rights

62.5% of the respondents who felt that often they are have gone without food also felt that the most common kind of neglect was physical. 81.8% of the children who felt that sexual abuse was the most common form of child abuse claim not to have spent without food and a further 46.7% who have rarely gone without food claim also that sexual abuse was the most common type of child abuse in their locality. It can be noted that these forms of abuse tends to follow a certain patter, those children who are offered adequate food are more likely to be tortured sexually compared to those who do not get adequate medical attention. According to

these findings we suggest that these child abuses are distributed according to social status and a further study would prove this assertion. We thus conclude that child neglect affect the realization of child's rights in Kangeta division. 35.7% of the respondents who felt that often they are not taken to hospital while sick also felt that the most common kind of neglect was emotional neglect. This was same as those who felt physical neglect was mostly accountable.40% of those children who are not offered education also felt they are never taken to hospital while sick.90.9% of those who are rarely denied medical attention from their parents claim that they are tortured psychologically and hence feel they are denied this as a right. We associate this to some well up families that parents are busy to have time for their children and hence the psychological torture. A further study would need to be done to ascertain this fact but clearly we note all forms of abuse to children in Kangeta division.

5.3. Conclusion

The findings of this study indicate that there are many child rights violations that are experienced by children from kangeta division. Key among such violations is survival rights like food which 45.5% of the respondents acknowledged to have missed at home, with further 31.8% admitting to have gone without adequate clothing and 19.7% having not been taken to the hospital when they are sick. If not adequately provided survival rights can lead to serious challenges to growth and development of children.

The study reviewed that domestic violence is common with 41.5% acknowledging that they have experienced their parents engage in the domestic violence at least monthly, weekly and daily which adversely affect s the realization of children rights. This is evidenced by 57.6% revealing that the mothers are mostly affected which directly affect children as 33.3% and 21.2% admitted to have missed schooling and lacked food respectively in the event that their parents were involved in domestic violence. There is significant evidence that children are involved in early marriages and female genital mutilation within the study area. 45% girls and 65.2% boys attested that both boys and girls are involved in early marriages at ages between 15 and 18 years. At the same time, 50% of revealed that girls are circumcised between ages 11 and 14 primarily due to peer pressure. The convention on the rights of the child (UNCRC) adopted by the United Nations in 1989 defines children as human beings

below the age of 18 years. It therefore translates that these children are not able to make informed decisions about their lives since they have not yet attained their physical, mental and psychological maturity.

This study further found out that there are major common forms of child abuse and neglect experiences by children ranging from physical, psychological and sexual abuses with shocking results of 40.9% being sexual abuses and the main perpetrators of abuse being parents. This clearly indicates that the main abusers of children are persons close to them and not strangers as the contrary would be.

5.4. Recommendations of the study

Based on the findings of this study, the researcher recommends the following:

1. The Government, civil society organizations and other stake holders should play a concerted effort to educate and create awareness on the effects of negative cultural practices like FGM, Early marriages and Domestic violence among others targeting both adults and children. As revealed by this study, some children get involved in FGM with the hope that they would be married and thereafter get some of the basic needs they missed at their homes.
2. Parents should be sensitized and made aware that children rights should be provided holistically and not in isolation or independently and there is no right that is more superior to the other. Hence physical provisions like food, education, clothing among others should be as important as love and emotional provisions as they have all been found to affect the lives of children.
3. The government should endeavor to enforce relevant laws and international instruments that are relevant to children key among which are the 2010 constitution, the children act of 2001 and the convention on the rights of children aimed at safeguarding the rights and welfare of children. As evidenced, Article 24(3) of the United Nations Convention on the Rights of the Child (UNCRC) imposes an obligation on States to abolish traditional practices harmful to the health and social lives of children.

4. It is recommended that awareness be created on the existence of Government and other stakeholders programs that address child rights violations with a view of minimizing the incidences. The communities need to be informed on the role of the Government especially the children departments as they are the custodian of children welfare in Kenya
5. There is need for development partners led by the Government and non governmental organizations to build the capacity of community social structures and gazetted child protection structures like the Area Advisory Councils (AAC) of the Government and the Njuri Ncheke (The Ameru Council of Elders). Once functional these structures will be instrumental in addressing cases of child rights violations at the community local level and enhance reporting of such cases to the relevant authorities of the Government such as the Children department and the provincial administration.

5.5 Suggestion for further research

The researcher suggests the following areas for further research:

1. A further study to be done to establish if the kind of abuses are specific to some social status as the study found out that those children who are given adequate clothing and medical care are more likely to be sexually abused while those who did not have enough food are more likely to be abused physically.
2. To undertake a research on the impacts of Miraa (Khatt) production and trade on the socio – economic wellbeing of children as well as families and communities at large in Igembe region.

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APPENDICES

Appendix 1

Letter of transmittal

Charles Gikunda Mukunga
P.o.Box 1722 – 60200
Meru.

15th June 2013

The Divisional Education Officer
Kangeta Division
P.o. Box Kangeta

Dear Sir / Madam

REF: CONSENT FOR DATA COLLECTION

Reference is drawn on the above. I am a student at the University of Nairobi pursuing master's course in project planning and management. I am undertaking a research on the Social Cultural Practices that influence the realization of children rights in Kangeta Division of Igembe South District.

I wish to seek your approval to collect the necessary data for this project. This shall entail administering questionnaires to sampled class eight children from the 6 target primary schools in kangaeta Division. The information collected shall be treated with outmost confidentiality and will only be used for the purposes of this research.

Thank you in advance.

Yours faithfully

Charles Gikunda

Appendix 11

Questionnaire for class eight pupils

This questionnaire attempts to find out some of the social cultural practices that influence the realization of children rights. The information given shall be treated with outmost confidentiality and will be used for research purposes only. Your name is not required to ensure confidentiality so please be very honest in answering each of these questions.

Part 1: Background information

1. Indicate your gender

- (a) Male () (b) Female ()

2. What is your age bracket?

- (a) 10 – 13 () (b) 14 – 18 () (c) Over 18 ()

3. Are your parents alive or deceased?

- (a) Both alive () (b) Father alive () (c) Mother alive () (d) Both deceased ()

4. Who do you live with?

- (a) Both parents () (b) Father only () (c) Mother only () (d) grandparents () (e) close relatives () (f) others specify

5. How regularly do you attend school?

- (a) Every day () (b) Once/week () (c) Twice/week () (e) Three times/week () (f) Four times/week () (g) Five times/week (h) Depends on the season

6. What are the main reasons why you don't attend school regularly?

- (a) Cannot afford school () (b) School not suitable or safe () (c) () illness (self) (d) To help in household (f) To work for wages () (g) Peer influence (g) To take care of ill family member (h) Other specify.....

Part 11: Child rights

7. Are there times children have gone without food at home?

- (a) Never () (b) often () (c) sometimes () (d) rarely ()

8. Are there times children have gone without being provided with adequate clothing?

- (a) Never () (b) often () (c) sometimes () (d) rarely ()

9. Are there times children have gone without being taken to the hospital when sick?
(a) Never () (b) often () (c) sometimes () (d) rarely ()

Part 111: Domestic Violence

10. Have your parents / guardians been involved in domestic violence?
(a) Yes () (b) No ()
11. If yes, how often has this happened?
(a) Daily () (b) Weekly () (c) Monthly () (d) rarely
12. Who suffers most as a result of domestic violence?
(a) Mother () (b) Father () (c) Sisters () (d) Brothers () (e) Others
specify.....
13. How has this violence affected children in your community?
(a) Abused () (b) Lacked food () (c) Not attending school () (d) Psychologically () (e)
Not able to be taken to the hospital (f) Others specify.....

Part IV: Early Marriages

14. Are both girls and boys involved in early marriages in your community?
(a) Yes () (b) No ()
15. What is the age of most girls and boys involved in early marriages?
Girls (a) 7– 10 () (b) 11 – 14 () (c) 15 - 18 ()
Boys (a) 7– 10 () (b) 11 – 14 () (c) 15 - 18 ()
16. How has this violence affected children in the community?
(a) Abused () (b) Lacked food () (c) Not attending school () (d) Psychologically () (e)
Not able to be taken to the hospital (f) Others specify

Part V: Female Genital Mutilation

17. At what age do most girls undergo FGM?
(a) 7– 10 () (b) 11 – 14 () (c) 15 - 18 ()
18. What are some of the reasons why girls undergo FGM in your community?
(a) Tradition () (b) peer pressure () (c) get married () (d) rite of passage (e) others
specify

19. What do you think are some of the effects of FGM to children?

- (a) Drop out of school () (b) Health related problems () (c) Psychological problems () Death
(d) others specify

Part V1 Child abuse and neglect

20. What are the common forms of child abuse in your community?

- (a) Sexual abuse () (b) physical abuse () (c) psychological abuse () (d) others specify
.....

21. What are the common types of child neglect in your area?

- (a) Educational () (b) physical () (c) Emotional () (d) Health () (e) others
specify.....

22. Have you or other children in the community been abused in any way?

- (a) Yes () (b) No ()

23. If yes what types of abuse?

- (a) Sexual abuse () (b) physical abuse () (c) psychological abuse () (d) others specify

24. Who are the main perpetrators of child abuse?

- (a) Parents () (b) brothers () (c) sisters () (d) strangers (e) others specify
.....

Thank you very much