

**EARLY SEXUAL EXPOSURE AND THE RIGHTS OF
CHILDREN IN KIBERA SLUMS, NAIROBI COUNTY**

**BY
SITATI TEBLA NAMASA**

**A Research Project Submitted in Partial Fulfillment of the
Requirements for the award of the Degree of Master of Arts in
Human Rights of the University of Nairobi**

August 2016

DECLARATION

I declare that this is my original work and to my knowledge it has not been presented for the award of a degree in any other university.

Tebila Namasa Sitati

Date

C53/79514/2012

This research project has been submitted with our approval as University Supervisors.

Dr. Jackson W. Muyila

Date

Prof. Ephraim W. Wahome

Date

DEDICATION

I dedicate this project to all the children living in informal urban settlements across the world.

ACKNOWLEDGEMENT

I would like to take this opportunity to express my sincere gratitude to all those individuals who made it possible to realize this report. In particular, I would like to thank the Almighty God for the gift of life which enabled me to carry out the whole research project. I also feel greatly honored for the support and guidance I received from my supervisors; Dr. Jackson W. Muyila and Prof. Ephraim W. Wahome during the whole research period. I also extend my gratitude to my parents for the education they have provided me throughout my lifetime. Finally, I would like to thank the parents, research assistants and key informants in Kibera for ensuring that I received the necessary support and facilitation during data collection for this research project.

ABSTRACT

This study aimed at finding out how early sexual exposure affects rights and welfare of children in Kibera slums. In addition, the study sought to examine the socio-economic factors and negative effects of early sexual exposure among children. It also aimed at exploring various strategies utilized by parents in Kibera to protect the right and welfare of children from early sexual exposure. The study applied both quantitative and qualitative method of data collection and analysis. Stratified random sampling and purposive sampling methods were used to select respondents of the sampled group. The respondents included children of equal gender aged 10-17 years, parents and key informants who were sampled for interviews. Semi structured questionnaire was used to collect data and findings analyzed using both quantitative and qualitative techniques.

This study revealed that children in Kibera are highly exposed to pornographic materials, sex itself and sexual harassment. The study found out that the key factors were most attributed to peer -pressure, poverty, and mass media. Teenage pregnancy, school drop-out, disease contraction and addiction to drugs were revealed as the resultant effects of early sexual exposure. Parents lack knowledge on what to do on sexual matters to their children in cases of sexual harassment or defilement. Authorities were mentioned for taking bribes and laxity while parents were accused of covering up evidence and resolving to handle matters locally. Despite the existence of various child protection instruments, children were largely unaware of the laws protecting them while parents and key informants only mentioned the Constitution of Kenya 2010.

The study concluded that children rights in Kibera are highly abused as a result of early sexual exposure. It recommends intensified child rights protection awareness as a collective responsibility, Government and other programmers to focus on mentorship and economic programs targeting this population. There is need to conduct further studies on impact of pornography on children development in informal settlements.

ACRONYMS

ACRWC	African Convention on the Rights and Welfare of Children
AIDS	Acquired Immune Disease Syndrome
APA	American Psychological Association
CFK	Carolina for Kibera
CRC	Convention on the Rights of the Child of the United Nations
CSA	Child Sexual Abuse
CSEC	Commercial Sexual Exploitation of Children
GOK	Government of Kenya
GVRC	Gender Violence Recovery Centre
HIV	Human Immuno-Deficiency Virus
ILO	International Labor Organization
MSF	Medicine San Frontiers
SHOFCO	Shining Hope for Communities
UN	United Nations
UNICEF	United Nations International Children Education Fund

TABLE OF CONTENTS

DEDICATION.....	ii
ACKNOWLEDGEMENT.....	iii
ABSTRACT.....	iv
ACRONYMS	v
LIST OF TABLES	ix
LIST OF FIGURES	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Background Information.....	1
1.2 Statement of the Research problem	6
1.3 Justification and Significance of the study	8
1.4 Study Objectives	9
1.4.1 Overall objective	9
1.4.2 Specific research objectives	10
1.5 Research questions.....	10
1.5.1 Central question.....	10
1.5.2 Research Sub- questions.....	10
1.6 Scope of study.....	11
1.7 Study limitations	11
1.8 Operational Definitions.....	12
CHAPTER TWO: LITERATURE REVIEW.....	14
2.1 Introduction.....	14
2.2 Facets of child sexual exposure and child Sexual abuse.....	15
2.3 The Cycle of Child Sexual Abuse.....	19
2.4 Consequences of early child sexual exposure and abuse on children health and well being.....	21
2.5 Investigation and Action towards Children sexual exposure and abuse.....	23
2.6 Breaking the Cycle of Sexual Abuse	24
2.7. Legal Framework on Child Rights Protection	25
2.7.1 International legal instruments.....	25

2.7.1.1 Hague Convention on the Protection of Children and Cooperation with Respect to Inter- Country Adoption, (1996)	26
2.7.1.2 Rome Statute of the International Criminal Court, 1998.	26
2.7.1.3 ILO Convention (182) concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor, (1999).	27
2.7.1.4 Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000	27
2.7.1.5 United Nations Convention on Transnational Organized Crime, 2000	29
2.7.2 Regional Legal Instruments	30
2.7.2.1 The African Charter on the Rights and Welfare of the Child (1999)	30
2.7.3 National Instruments	31
2.7.3.1 The Constitution of Kenya (2010).	31
2.7.3.2 The Children’s’ Act (2001).....	31
2.7.3.3 The Sexual Offences Act 3 (2006).....	32
2.7.3.4 The Penal Code (Cap.63 Laws of Kenya)	33
2.8 Study theoretical framework.....	33
2.9 Study conceptual framework	36
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY	39
3.1 Introduction.....	39
3.2 Study site description.....	39
3.3. Research design	40
3.4 Target population	40
3.5 Sampling procedure	41
3.5.1 Sample size	41
3.6 Data Collection and Study Instrument.....	42
3.7 Data Analysis	42
3.8 Ethical Considerations	43
CHAPTER FOUR: RESEARCH FINDINGS	44
4.0 Introduction.....	44
4.1 Protection mechanisms	53
4.2 Parents Interviews.....	56

4.3 Challenges faced by care giver	63
4.4 Key informants interviews findings	64
4.5 The extent in which children living in Kibera slums are vulnerable to early sexual exposure and sexual activities.....	64
4.6 Factors leading to such cases being reported and after how long.....	65
4.7 Measures taken to contribute to reduction of early child sexual exposure and abuse cases within the community	65
4.8 Effects of early sexual exposure and abuse to the child, family, community and society	66
4.9 Low implementation of children rights.....	66
4.10 Preventive strategic measures	67
4.11 Child right violated by early sexual exposure.....	67
4.11.1 Right to privacy	67
4.11.2 Right to education	68
4.11.3 Right to protection from sexual exploitation.....	68
4.11.4 Survival and best interest of the child	69
4.12 Summary of findings.....	70
4.13 Discussion	71
CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS	74
5.1 Conclusion	74
5.2 Recommendations.....	75
5.3 Suggestions for further studies.....	76
REFERENCES.....	77
Apendix I: Teenagers (10-17 Years) Questionnaire	84
Apendix II: Parents/Caregivers Questionnaire	91
Apendix III: Key Experts Interview Schedule.....	96

LIST OF TABLES

Table 4.1 Adolescent respondent's frequency distribution by Gender	44
Table 4.2: Frequency distribution by age.....	45
Table 4.3: Frequency distribution of number of rooms among respondents' households.....	46
Table 4.4: Frequency distribution of person they slumber with, in the same roof/bedding.....	47
Table 4.5: Frequency distribution of primary caregiver	48
Table 4.6: Frequency distribution of teenagers who have heard about sex	48
Table 4.7: Frequency distribution of sexual exposure activity among children	49
Table 4.8: Frequency distribution of sexual activity exposed to.....	50
Table 4.9: Frequency distribution on knowledge of someone exposed to sexual issues	51
Table 4.10: Frequency distribution of results of early sexual exposure among the young people.....	52
Table 4.11: Frequency distribution of parent action.....	53
Table 4.12: Frequency distribution of known children rights	53
Table 4.13: Frequency distribution of awareness of any law that protects children rights	54
Table 4.14: Frequency distribution of knowledge of any agency protecting children rights	55
Table 4.15: Frequency distribution by gender.....	56
Table 4.16: Frequency distribution by age	56
Table 4.17: Frequency distribution by marital status	57
Table 4.18: Frequency distribution on highest level of schooling.....	57
Table 4.19: Frequency distribution on parent status.....	58
Table 4.20: Frequency distribution by caregiver of 10 to 17years old	58
Table 4.21: Frequency distribution of the household Size	59
Table 4.22: Frequency distribution on household Income	60
Table 4.23: Frequency distribution on factors that leads to early sexual exposure.....	60
Table 4.24: Frequency distribution on children well protected	61

Table 4.25: Frequency distribution on children under caregiver exposed..... 62

Table 4.26: Frequency distribution on child protection laws knowledge..... 62

LIST OF FIGURES

Figure 1.1: Study conceptual framework model.....	38
Figure 3.1: Map of Kibera slums showing the villages (Marras, S. 2012).....	40
Figure 4.1: School enrollment of teenage respondents.....	45
Figure 4.2: Sources of sex information.....	49
Figure 4.3: Exposure factors to early sexual activities	51
Figure 4.4: Knowledge of child rights	54
Figure 4.5: Laws protecting child rights awareness.....	55
Figure 4.6: Rights abused due to early sexual exposure.....	61

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Child sexual abuse (CSA), early exposure to sexual activities and the commercial sexual exploitation of children (CSEC) are issues of global concern. Global commitment to combat sexual abuse and commercial sexual exploitation of children is evident in the principles and provisions of the widely ratified Convention on the Rights of the Child (CRC) which came into force in 1990. Article 19 of the CRC requires States Parties to take all appropriate measures to protect the child from “...all forms of physical or mental violence, injury or abuse, neglect, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has the care of the child” (Baah, 2000)

There is a growing awareness among African governments on children’s rights and the need to protect children from violations of those rights, particularly from early sexual exposure, sexual abuse and exploitation. African countries wide ratification of the Convention on the Rights of the Child is an indication of continents’ consensus to realize children’s rights; the signing of the Stockholm Declaration and the Agenda for Action by many governments indicated their commitment to end sexual exploitation of children (UNICEF, 2012).

Chapter four of the Kenya Constitution 2010 protects fundamental rights and freedoms of every person in Kenya including children. There is no provision relating to children but all the provisions of the constitution apply to all including children. In compliance with the CRC, the Children Act 2001 categorically states that a child is

anyone below the age of 18 years and prohibits sexual abuse and exploitation of children. Section 15 of the Children Act 2001 provides children with protection “from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials”. The Criminal Law Amendment Act, which was passed in 2003, increased the minimum age for sexual consent to 16 years for girls but there is still no minimum age set for boys. The Marriage Act 2014, however, sets the minimum age of marriage 18 years (GOK 2014).

In Kenya, cultural customs and practices are exempted from the constitutional guarantee to equal treatment before the law and, hence, children receive differential treatment depending on cultural/tribal background. Even though the enactment of the Children Act is an important step towards an improved and uniform legislation, the fact that the other family laws have not been changed means that the problem of discrepancy is still present. A uniform and clear legislation is a very important prerequisite for effective protection and implementation of children’s right.

Children involvement in early sex activities and exposure is a violation of protection rights since legal provision in Kenya relating to sex considers anyone below 18 years as minors who should be protected. The provisions were made on the realization that in our society children under the age of 18 years are either not fully mature to consent or engage in sexual intercourse and are too vulnerable and require protection of the law from those bent on engaging in immoral sexual acts (High Court of Kenya, Criminal Appeal 5 of 2010). These studies therefore add to the legal interpretation of the definition of a child.

According to UN Habitat, the existing physical and environmental conditions in urban slums are typically very poor and extremely hazardous, especially for young children. While such children, particularly in developed countries, may benefit from the so-called 'urban advantage' in enjoying their rights with access to better schooling, high-quality healthcare, and the typically higher incomes of their parents, such opportunities are not within the reach of all children living in urban areas. A risk to children's right to development is often found to be higher and more severe for children living in urban informal settlements or slums (UN-Habitat, 2003).

Both boys and girls living in slums are likely to get exposed to and initiate sexual activity at earlier ages than both their non-slum urban and rural counterparts (Greif et al 2011; Kabiru et al., 2010; Dodoo et al, 2007). Rates of HIV/AIDS are usually higher in urban centers as compared to rural regions, and slum areas typically have a higher prevalence than other areas. A study conducted by Madise and others (2012) revealed that the prevalence of HIV in Nairobi's slum settlements is 12%, as compared to 5% for other urban and 6% for rural areas.

The 2009 Kenya population and housing census indicate that Kibera's population stands at 170, 070 compared to previous estimates of one to two million people (KNBS 2009). This survey further indicated that 43 per cent of all Kenyans are below the age of 15 years. Children constituted a large proportion of Kenya's population with those between 15 and 24 years totaling to 7.9 million, in which 2.6 million live in urban areas. Of the latter group, 900,000 (34.4%) lived in poverty in urban areas in 2009. The majority of youth in this group live in slum communities, Kibera included. (Johnson and Alan, 2011).

Children and youth in slum dwellings in Nairobi and Kibera face numerous challenges as they transit from adolescence into adulthood. They find themselves in a rather hostile slum environment characterized by unemployment, poor housing, large family sizes, violence, crime, drug and alcohol abuse, poor education facilities and lack of recreational activities. This situation subjects adolescents in the slums in Nairobi to early sexual activities three years earlier and twice more likely to have multiple partners than adolescents who live in non-slum parts of Nairobi (KNBS, 2012).

Early sexual exposure and potential exploitation have severe and long term effects on all aspects of child's development. In particular, children subjected to such abuses are susceptible to experiencing depression, low esteem, loss of trust to others, anger, poor social skills, substance abuse and various forms of physical harm. This robs these children their right to development to full potential and resultant negative implications for a society's development (Delane, 2005).

Early sexual exposure highly compromises children rights that are guaranteed by the State. Section 19 of the Children Act 2001 states that "Every child shall have the right to privacy subject to parental guidance"; ... Section 7(1)... "Every child shall be entitled to education, a provision of which shall be the responsibility of the Government and the parents". .Section 15 protects children from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials". All these are enshrined by Section 4 (2) which asserts that ... "In all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or

legislative bodies, the best interest of the child shall be a primary consideration” (Children Act 2001).

These rights are being violated due to early sexual exposure in the slums which affects their welfare for healthy growth and development. Failure to protect children undermines national development with negative effects that continue beyond childhood into the individual’s adult life. As children continue to suffer violence, abuse and exploitation, the world will fail in its obligations to protect children. It will further fail to meet its development aspirations as laid out in the Sustainable Development Goals Agenda.

In spite of the existence of child rights and welfare protection instruments, the inadequacy of existing policies in their implementation, institutional legislations, dense population as well as insufficient services to assist families in need and child victims in Kibera continues to persist. Early sexual exposure greatly affects children right in Kibera due to their vulnerability. Therefore, focus on children rights and welfare protection when designing and implementing slum interventions in Kenya has the potential ‘to place the children at the center of the urban agenda’ (UNICEF, 2012).

1.2 Statement of the Research problem

Children living in urban poverty worldwide have the full range of civil, political, social, cultural and economic rights recognized by international human rights instruments. The most rapidly and widely ratified of these is the Convention on the Rights of the Child. The rights of every child include survival; development to the fullest; protection from abuse, exploitation and discrimination; and full participation in family, cultural and social life. The Convention protects these rights by detailing commitments with respect to health care, education, legal, civil and social protection (UNICEF, 2012).

Kibera slum is one of the largest informal settlements in Sub-Saharan Africa. The poor living conditions coupled with economic hardships predisposes residents to critical problems relating to sexual behavior and in particular children. Young people in particular require an environment that reinforces sexual abstinence and postponement of sexual debut for their healthy development. Contrarily, children early exposure to sexual activities and to sex due to lack of privacy contradicts the social norms ascribed to it.

Prior studies on early sexual exposure and sexual abuse in Kibera revealed that 43% of children 10-19 years of age reported that their first sex was coerced (Erulkar and Mathake, 2007), compared to 24% of adolescents in other informal settlements who reported coercion at sexual initiation (APHRC, 2002). Similar research in other Nairobi slums among other informal settlements in sub-Saharan Africa un-earthed that young slum residents were more likely to partake riskier sexual behaviors', such as early sexual debut, greater numbers of sexual partners, and less condom use than

their non-slum counterparts (Greif *et al*,2011; Dodoo *et al*,2007; Zulu *et al*,2002). Teenagers are even more vulnerable to poor sexual and reproductive health outcomes due to low levels of knowledge of how STIs and HIV are transmitted and an inaccurate understanding of their own personal risk (APHRC, 2002). This early sexual exposure among these groups impacted into serious teenagers' right to protection from abuse with ripple effects on their survival, full development and participation in bolstering their well-being during this critical stage.

Despite existence of international and local instruments ratified by government in order to protect children from harm resulting from early exposure to sex and sexual activities, and backed by research evidence confirming existence of early sexual exposure and activities amongst children in Kibera (Erulkar and Mathake, 2007), teenage children living in Kibera continue to suffer from risks encapsulated by early sexual exposure and abuse due to poor enforcement of these laws or lack of knowledge and information of their existence either by themselves or by their urban poor parents and caregivers. Moreover strategies laid by government and other development actors in this area as an effort to mitigate the causes and impacts of heinous sexual acts have yielded trivial outcomes.

Therefore, there is an urgent need to conduct further study to assess the extent in which early sexual exposure affects children's sound development to inform localization of existing rights in programming targeting children to foster children rights justice in Kibera slums with replication in other similar parts of Kenya.

1.3 Justification and Significance of the study

Underpinning child-friendly urban planning and programming is a human rights-based governance model that embodies the principles of non-discrimination, survival, development, and participation. This is enshrined in the Convention on the Rights of the Child. Children are recognized as rights holders who should be involved in both planning and implementation of measures that affect them. This will make neglected groups more visible and grant all children a platform to secure their needs and rights. This is in accordance to UNICEFs' hallmark Child-Friendly Cities approach contributing to achieving development goals with equity. (UNICEF, 2012)

Children unknowingly get easily lured to sexual activities at very tender ages against their protection rights. This results to increased cases of child defilement, early pregnancies, school dropout among others. Section 15 of the Kenya Children Act 2001 provides children with protection "from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials" (GOK, 2001). Recognition of children rights in Kibera slums, as enshrined in the Convention on the Rights of the Child, the African charter on the rights and welfare of the child is imperative in the implementation of sexual health and other child development related interventions in slum settlements.

For most children living in Kibera slum, there are significant obstacles to the realization of their basic rights and welfare, namely discrimination and stigmatization resulting from their urban poverty, inadequate knowledge of child protection instruments together with unavailability of many services and resources children need to survive and succeed. An investment in children's sexual health, as well as their

overall urban environment, will significantly improve children's wellbeing, along with guaranteeing their rights. These rights, particularly those most relevant to building Child Friendly Cities, should be emphasized in the planning of projects related to children and young people living in slums globally (UNICEF 2004).

In conducting this research, the study intended to benefit various stakeholders in ensuring success in implementing group rights. Firstly, sensitize and inform parents on the vital need to protect their children from early exposure to sex and sexual activities for a sound development of their children. In addition, parents should be in a position to know the existence of rights and take effective actions in executing their parenting role of protecting their children from potential sexual and other forms of abuse. Thirdly, findings should contribute to informing policies and programs that which ensure that the existing child protection laws are reinforced and implemented at local levels, based on existing area specific, cultural, economic and environmental dynamics. In this case, this is particular to informal urban settlements where these laws are often disregarded or population less aware.

1.4 Study Objectives

1.4.1 Overall objective

The purpose of this study was to find out how early sexual exposure affects the rights of children living in Kibera slums, Nairobi County.

1.4.2 Specific research objectives

The objectives of this study were:

1. To determine different types of sexual exposure activities that violate the rights of children aged 10-17 years in Kibera slums.
2. To examine socio-economic factors leading to early sexual exposure among children between ages ten to seventeen years in Kibera Slums.
3. To assess the negative effects of early sexual exposure on children aged between ten to seventeen years in Kibera slums.
4. To explore various strategies utilized by parents in Kibera to protect the rights and welfare of children from early sexual exposure.

1.5 Research questions

1.5.1 Central question

The central question to this study was “How does early sexual exposure affect the rights of children aged between ten and seventeen years in Kibera slums?”

1.5.2 Research Sub- questions

1. What types of sexual explicit activities are children aged 10-17 years in Kibera slums vulnerable to?
2. What socio- economic factors lead to early sexual exposure to children aged 10-17 years in Kibera slums?
3. What effect does early sexual exposure have on children’s well-being in Kibera slums?
4. How do parents in Kibera slums act to uphold the rights of children, protect them from detrimental early sexual exposure?

1.6 Scope of study

The research confined itself to Kibera informal settlements. Information was acquired using questionnaires targeting teenagers aged 10-17 years and their parents or caregivers. Similarly, key expert interviews were conducted targeting government children service department in Kibera, and human rights professionals working in Kibera slums. Relevant secondary literature was reviewed.

1.7 Study limitations

This study was challenged by a number of factors. First, the respondent particularly the parents accompanied by their children may not give full information. This is based on the sensitive nature of the research topic. Sex is considered a taboo or secret topic by most communities in Kenya and particularly when it involves discussing it with children. This may introduce bias in terms of response to the research questions or decision by respondents not to take part or respond to sensitive research questions. However the questions were designed effectively and eliminated any fears from the respondents and ensured that technical terms were localized so that respondents do not feel humiliated with the words used.

Second, Parents feared that they could get reprimanded when they realize that early child exposure to sex and sexual activities is serious abuse which is punishable by law. To curb this, clear study purpose and the ethics of confidentiality were communicated to the respective respondents. Last, the fact that children were to be interviewed in the presences of an adult, as an ethical requirement was a limitation. In a research where the respondents cannot make own independent decisions, like in this

case, an informed consent was sought from the respective parents or caregivers and their children before conducting an interview.

1.8 Operational Definitions

A child- in this research will be defined according to the Constitution of Kenya 2010 to refer to human being below the age of 18 years (GOK 2010)

Child abuse- Any action that causes physical, sexual, psychological or mental injury to a child. In this research it will refer to the involvement of a child in sexual activity that he or she does not fully comprehend or unable to give informed consent to, or for which the child is not developmentally prepared.

Child right- is a fundamental human right that protects the child as a human being. These rights include the right to education, the right to a decent standard of living and the right to health among others. In this study it will mean the right to protection from sexual exploitation and abuse, right to education, right to privacy and right to survival and development.

Child sexual exploitation- it includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials.

Early sex- Refers to exposure by an individual to a child less than 18 years to sexual content or experiences with frightening episodes by; own discovery, adult exploitation, pressure into the act through rape or incest.

Rights- according to UNCHR rights refer to freedoms which are essential for personal good as well as the good of the community. In this study it refers to right to protection from sexual abuse, activities that expose children to sexual contents or acts.

Sexual exposure- will refer to disclosure of sexual content to children including display of one's own genitalia either voluntarily or by coercion.

Slums- according to UN Habitat, refer to informal settlements which are typically characterized by poverty, lack of security (both physical security and tenure security), and their scarcity in key urban services including sanitation and improved water sources. Kibera will be the slum of reference in this research as the characteristics it has confers with those described by the UN- Habitat.

Violation of rights- in this context abuse will occur when the rights of a child who has been taken in charge under the children Act 2001 are not respected or upheld.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Children rights have been recognized in international law as early as 1924, when the first international Declaration on the Rights of the Child was adopted by the League of Nations. Subsequent, human rights instruments – both those of the United Nations, such as the Universal Declaration of Human Rights of 1948, and regional instruments, such as the American Declaration on the Rights and Duties of Man of the same year recognized more generally the human right to be free from violence, abuse and exploitation. These rights applied to everyone, including children, and were developed further in such instruments as the International Covenant on Civil and Political Rights of 1966.

International consensus developed on the need for a new instrument that would explicitly lay out the specific and special rights of children. In 1989, the United Nations Convention on the Rights of the Child was adopted by the General Assembly. It rapidly became the most widely ratified human rights treaty in history, enjoying almost universal ratification. Children's rights to protection from sexual abuse and exploitation are clearly laid out in international law, the legal standards of regional bodies and in the domestic law of most if not all countries in the world. This also reflects a basic human consensus that a world fit for children is one in which all children are protected.

At the UN General Assembly Special Session on Children held in 2002, States committed themselves in the declaration of *A World Fit for Children*, the outcome document of that meeting, to building “a world in which all girls and boys can enjoy childhood...in which they are loved, respected and cherished...in which their safety and well-being are paramount and in which they can develop in health, peace and dignity”. These sentiments extend beyond legal standards. Every culture in the world cherishes its children yet we continue to fail to protect them.

The Convention on the Rights of the Child advances international standards on children’s rights in a number of ways. It elaborates and makes legally binding many of the rights of children laid out in previous instruments. It contains new provisions relating to children, for example, with regard to rights to participation, and the principle that in all decisions concerning the child, the child’s best interests must come first.

2.2 Facets of child sexual exposure and child Sexual abuse

Article 19 of the Convention on the Rights of the Child, requires action to protect children from all forms of...maltreatment or exploitation, including sexual abuse... This is expanded in article 34 which stipulates that state parties should undertake national, bilateral and multilateral measures to protect children from all forms of sexual abuse and exploitation. This article specifies these abuses as:

- a) The inducement or coercion of a child to engage in any unlawful sexual activity.
- b) The exploitative use of children in prostitution or other unlawful sexual practices.
- c) The exploitative use of children in pornographic performances and materials

Some forms of child sexual abuse are rooted in century-old traditional practices while others are quite new; for instance the use of modern technology to disseminate child pornography and other forms of commercial sexual exploitation including organized sex tourism involving child prostitutes (UNICEF, 2001).

The committee on the rights of children expressed particular concern on traditional beliefs that lead to sexual exposure and exploitation of children, for instance; belief that having sex with a virgin or a young girl could cure venereal diseases (Onyango, 1989). Such a belief can be a big contributor to sexual abuses on children and especially by men who may be suffering from venereal diseases including HIV/AIDs.

According to UNICEF (2001), commercial sexual exploitation of children is a form of sexual abuse. This is because it comprises sexual abuse of children by adults and the remuneration of money to the child or a third party that may supposedly “own” the child. The child is treated as a sex object in this case. Child pornography is a by-product of child sexual abuse. In this case, children may be forced to strip naked, their photos taken and put in magazines. On the other hand, they may be forced to have sex with adults. The sexual exploitation of children is an intolerable form of child labor.

Child prostitution is a problem in both industrialized and developing countries. Particular outrage has been focused on revelation of sex tourism, the availability of child prostitutes being advertised in the promotion of holidays for mostly western tourists in various countries including Philippines, India, and Sri-Lanka. It is the assault of the innocence and dignity of those least able to protect themselves (UNICEF, 2006).

According to National Council on Children Services (NCCS, 2011) report on the audit and review of existing policies, laws, regulations, practices and customs relating to sexual offences in Kenya , the study came up with different sexual abuse categories according to the respondents they included: defilement at 74.8 %, attempted defilement at 72.4 %, incest at 74.8%, attempted incest at 74.8%, early marriages at 95.9%, child prostitution at 91.1%, child sex tourism at 61%, child trafficking at 75.6%, child pornography at 63.4 % indecent act with a child at 65% and sexual assault at 83.7%.(NCCS, 2011).

On the other hand, UNICEF (2009), found evidence of three main forms of child sexual abuse in a study survey in the Caribbean: intra-familial abuse (abuse that happens in the privacy of the home) and includes incest and step-father abuse; non-family abuse (abuse that takes place outside of the family setting) and transactional sexual abuse. The first two forms of sexual abuse take place in an atmosphere of secrecy and are kept hidden. The key defining features found in intra-familial sexual abuse were Secretive, invisible and silenced. Often multiple victims within a household with several siblings involved; May involve informal pedophiles networks - grandparents, uncles, brothers, cousins, sometimes abusing the same child. Main perpetrators said to be step-fathers; mothers' boyfriends and biological fathers. Women often know but failed to act for various reasons.

The main features of non-family sexual abuse are: Most abusers are known to the child –stranger abuse was considered very rare since in small societies there is a very high chance the child knows their abuser; Abuser is usually a trusted adult (neighbors, teachers, shopkeepers among others); Evidence of adolescent boys with predatory

behavior targeting vulnerable girls and seeking out households with low levels of parental supervision; Some non-family abuse is ‘opportunistic’ that is the abuser finds themselves in a situation where they can abuse a child for instance turning up to a house and finding a child alone (UNICEF, 2009).

Onyango (1988) notes that in developing countries, due to economic conditions and inadequate legal constraints, men are able to obtain access to children in ways that they could not in their own countries. Available studies on sexual abuse and child labor in Kenya indicate that in some of the families with young girls working as maids, some employees or their sons sexually abuse the young girls. In schools, unsuspecting girls have been sexually abused by some of their male teachers. Discretely, the situation is made worse in urban slums where the social, economic and environmental conditions are poor. Parents have very little control over what their children watch on mass media in a ‘*pornified*’ techno maniac growing society (Meth, 2013). This therefore is not handled expeditiously will result into a cyclical dwarf society where law is overcome by deviance and anomie.

Parents raising their children in slum settlements often report hardships faced by themselves and their children due to conditions in the slums; parental dissatisfaction with the environment, social conditions, financial costs, and lack of resources is often quite high (Meth, 2013). Slum environments are often perceived by parents to be less than ideal for child well-being and development, particularly with regard to children’s sexual health and survival. In part due to these issues and due to lack of urban services, many parents living in slum settlements make decisions for alternative living arrangements for children (Cotton and Beguy 2013; Archambault *et al*, 2012).

It is in this setting that many adolescents make their transition to adulthood; they often begin to make many important transitions to adulthood, such as sexual debut, marriage, and childbearing. Social conditions, including a lack of monitoring by parents and community members, exposure to unrated sexual information on media, fewer economic and educational opportunities, heightened social exclusion, and the risk of gender-based violence, this exposes adolescents and youth to increased vulnerability as they make choices that may have life-long consequences. While there is increasing interest in informal urban settlements, few studies have focused on the adolescent experience in these environments (APHRC, 2002)

2.3 The Cycle of Child Sexual Abuse

According to Wilshaw (1999), there is a very useful framework that is used to understand how a particular society recognizes and responds to child sexual abuse within itself. His 'step framework model' helps in understanding the variations in reported incidence figures. The 'The step' model uses a five step process that moves from denial to full acceptance and careful attention to the plight of the abused children.

In Step one: the society in this stage is in denial about the existence of any physical or sexual abuse. In this stage, if there is any abuse of the kind, then it must have been committed by drunks, psychotics or foreigners. Children are assumed to be innocent and cannot understand adult acts yet they suffer most. The second step: the society here gives some attention to abuse but in its vague forms. There is normally an increase in effective responses to the physical abuse of children. The mother of the sexually abused child may see the physical evidence of sexual abuse and is therefore

forced to admit that it actually happened. These adults, though with their realization, takes little action to assist the victims.

Stage three: here, physical abuse is given full attention and more attention is paid to the sexually abused children. More forms of abuse are also recognized. Stage four: the society is able to recognize emotional abuse and neglect. Patterns of severe rejection and emotional deprivation are recognized and documented. The final stage five: the society is now able to pay attention to the plight of sexually abused children. This could be through for instance taking the abused children to institutions or homes that cater for such kind of children. It could also mean reporting to authorities for further actions.

In a study of 280 high-risk juvenile sexual abusers, only 71% of the sample that had been selected had been sexually abused meaning that a different explanation needs to be sought for the behavior of the 29% of non- sexually abused children. A limitation of this study was the lack of longer term follow-up to measure rates of sexual reoffending by the sexually abused and non-sexually abused children (Vizard, Hickey, French, et al., 2007).

An additional indicator of risk of perpetration of sexual abuse by juveniles seems to relate to 'exposure to a climate of intra familial violence', particularly witnessing and experiencing physical violence including domestic violence (Bentovim and Williams, 1998; Hickey et al., 2008; Skuse et al., 1998). It is possible argue that these experiences of physical violence and the breaching of personal boundaries by assault may in some way give permission for the young person to go on to inflict sexual

violence on other children. Overall, research has showed that only a minority (12%) of sexually abused children goes on to sexually abuse others and that around 50% of juvenile perpetrators of sexual abuse have themselves been sexually abused (Bentovim and Williams, 1998; Salter et al., 2003). Furthermore, although a significant minority of adult sexual abusers has been sexually abused themselves, many have not suffered sexual abuse, but may have experienced other forms of child abuse and significant loss in childhood (Glasser et al, 2001)

2.4 Consequences of early child sexual exposure and abuse on children health and well being

According to Gill (1991), sexual exposure and abuse often does not only result in lasting physical injuries or produce clear observable evidence; but also be associated with various psychological and behavioral problems well into adulthood. There is no single child abuse syndrome or single response pattern for children who have been sexually abused. Factors that influence a child's response include; age, severity and duration, invasiveness of the acts, relationship to the perpetrator, and the support and reactions from others. Some of the signs and symptoms of sexual abuse may seem subtle and less likely to be related to sexual abuse.

Gill further denotes that some of the immediate and long-term consequences a child might experience as a result of being sexually exposed or abused include but not limited to: Health and Physical effects. These include Pregnancy, especially in early adolescence; Sexually transmitted diseases; difficulty in walking, sitting, or standing; torn, stained, or bloody underclothing; Vaginal/penile discharge; Pain during urination or urinary tract infections; Bruises on the child's mouth, to the hard or soft

palate; Sleep disturbances (difficulty sleeping, nightmares); Enuresis or encopresis; Self-injurious behavior (cutting, burning oneself, suicide attempts) Cognitive Development and Academic Achievement(Age-inappropriate sexual knowledge; Sexually explicit drawings (not open to interpretation); Sudden changes in academic performance; Refusal to participate in certain activities ; Difficulty concentrating) :Emotional, Psychosocial, Aggressive sexual behavior with use of force or verbal threats; Socially isolated or withdrawn; Extreme fear reactions; Dependent or clingy behavior; Poor social skills; Substance abuse or delinquency, especially in adolescents; Difficulty trusting others).

Most forms of behavioral disturbance have been described as resulting from abuse. Harvey et al (1995) observed that behavior that is constantly associated with abuse, evidence of sexualization and evidence of traumatization can tell it all. Evidence of sexualization includes abnormal sexual behavior such as preoccupation with their genitals, expression of genital or sexual interest in play. On the other hand, evidence of traumatization is less clearly identified but includes: anxiety, fearfulness, expression of guilt, panic, nightmares sleeps disturbances, withdrawal oppositional and conducts disorder. While aggression in children is relatively non-specific behavior, some abused children will replicate the aggression that they have experienced. Harvey et al (1995) noted that about 70% of allegations eventually prove to be valued.

Kehoe, P. (1987) notes that while there is no typical child victim, it is possible to make some assumptions about risk factors for being sexually abused; More girls than boys are sexually abused, although it is believed that boys are less likely to report

their abuse than girls. Children who are emotionally needy because of family problems, poor parental supervision, and low self-esteem may be most vulnerable to sexual abuse because offenders deliberately target children who are responsive to their attention. Thus, force is frequently not needed. In some cases in which force, threats, or use of strength are involved, the offender is more commonly an adolescent.

2.5 Investigation and Action towards Children sexual exposure and abuse

There has been acute management of child sexual abuse in accordance to the way in which the child presents and also the agency which the allegation is brought. Lauver and Fogel (1990) argued that in the past ten years, the reported incidences of sexual exploitation of children had increased markedly. On the other hand, Geer et al (1994) adds that although historically considering taboo, various writings have suggested that the manipulation of children for a variety of sexual purposes has long existed. The actual evidence of child sexual abuse is difficult to measure, since it is one of the most underreported forms of crime. It is estimated that only 10 to 20 percent of the sexual abuse cases are actually reported. This is contributed by the fear of embarrassment and concern about the possible response of social, medical and legal agencies most likely to contribute to under reporting (Fogel and Lauver, 1983).

According to Sloan (1983), sexual abuse is not often identified through physical indications alone, frequently, a child confides in a trusted teacher, counselor or nurse that he or she has been sexually abused. The physical signs that health professionals should look for include; sexually transmitted infections, bruising of or pain in the vaginal or anal area and pregnancy. In addition, there are certain behavioral signs that

may be inactive of sexual assault: changes in personality, withdrawal, and sexually provocative behavior and play activities utilizing appropriate sexual knowledge.

In 2011-2012 Gender Violence Recovery Centre (GVRC) annual report stated that the total number of sexual violence cases reported to them rose only slightly with 2532 cases reported just above the 2524 cases reported in 2010-2011. Among female survivors of sexual violence, children accounted for 51% of the total, the same percentage as in 2010-2011. It is not clear whether more children than adults are in fact being defiled or whether more children are being taken for treatment. What is clear though is that the data reflected a worrying trend; year on year the GVRC is now treating more female children than adults, indicating that large numbers of minors are being targeted for sexual abuse.

2.6 Breaking the Cycle of Sexual Abuse

Fogel and Lauver (1990) notes that sooner or later in most cases of child sexual abuse, some events break the cycle: discovery of pregnancy, rebellion by the victims, the victim's leaving home, divorce, a change in victim, or more rarely reporting of the problem they generally feel love for their fathers even when they are angry with them. This can be so since they may feel pain and guilt for humiliating and degrading their father and the threat of breaking up the family. According to Faulk (1994), after reporting the situation, the child may grieve the loss of her father or her intact family. The mother of the incest victim who reports the problem often doubts the child, preferring to believe her husband instead (Geer et al, 1994). The mother too is threatened by the possible breakup of the family system and loss of financial support particularly if he is the sole bread winner. Farmer and Pollock (2003) agree with Geer

et al and notes that maternal support is consistently mentioned as an important predictor of children's wellbeing following disclosure of sexual exposure and sexual abuse.

In cases whereby family members believe the child, they often condemn the child for publicizing the problem. A vicious cycle of blame is established and often the child who may already be feeling guilty bears it all. Mothers who become aware of child sexual assault of their daughters by their husbands, are often ashamed that they failed to protect their children or that they failed to see the signs and act on them. They blame themselves in addition to punishing their children and dealing with their husband's guilt.

2.7. Legal Framework on Child Rights Protection

2.7.1 International legal instruments

In five years since the Stockholm Agenda for Action, there has been a remarkable flow of international instruments focusing on standard setting and enforcement of children issues including child sexual abuse. Chief to them is the Rome Statute of the International Criminal Court (1998); ILO Convention 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor (1999); the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000); and the UN Convention on Transnational Organized Crime (2000).

2.7.1.1 Hague Convention on the Protection of Children and Cooperation with Respect to Inter- Country Adoption, (1996)

According to Kluwer (1998), The Hague Convention is an important tool in preventing the international trafficking of children for all forms of exploitation. It is designed to ensure that inter-country adoptions are made in the best interests of the child and with respect of their fundamental human rights, prevent abduction, the sale of or traffic in children. Importantly, the Hague Convention prohibits improper financial gain from inter-country adoption, specifying that only costs and expenses, including reasonable professional fees of persons involved in the adoption, may be charged or paid, (Article 32).

2.7.1.2 Rome Statute of the International Criminal Court, 1998.

In regard to Article 126 (2001) when got ratified, the International Criminal Court will have jurisdiction for war crimes and crimes against humanity in which Kenya is a signatory. Included in the category of crimes against humanity is enslavement [Article 7 (1) (c)] which includes trafficking and .rape, sexual slavery, enforced prostitution or any other form of sexual violence of comparable gravity. Rape, sexual slavery and enforced prostitution may also constitute war crimes [Article 8 (xxii)]. Such crimes should not be subject to any statute of limitation (Article 29).

Ultimately, the power of the court in its jurisdiction relies over the most serious crimes of concern to the international community. Hence, it is significant that the Court has, by extension of its definition of enslavement, included widespread or systematic sexual exploitation of Children in this categorization.

2.7.1.3 ILO Convention (182) concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor, (1999).

The ILO Worst Forms of Child Labor Convention (C 182) requires, as a matter of urgency, states to prohibit and eliminate the worst forms of child labor. These include the sale and trafficking of children, the use, procuring or offering of a child for prostitution, the production of pornographic materials or for pornographic performances, and any work which is likely to harm the health, safety or morals of the child (Article 3). Article 7 emphasizes the importance of free basic education and, where possible, appropriate vocational training, both as a preventative measure and as a means of reintegration.

Convention 182 is important because it has a horizontal effect by obliging States to consult with employers and workers. Organizations to establish or to designate monitoring mechanisms by involving civil society, C 182 helps raise awareness of the sexual exploitation of children which is particularly valuable tool in preventing child sex tourism that directly promotes the sale of children, child prostitution and child pornography.

2.7.1.4 Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000

The Optional Protocol covers the same ground as articles 1, 11, 21 and 32 to 36 of the Convention on the Rights of Children. The Protocol calls on States Parties to prohibit the sale of children, child prostitution and child pornography. However, in its detail, the Optional Protocol makes significant improvements in the enforcement of law and in creating child-centered proceedings. It also focuses States attention on the

disproportionate number of girls who are sexually exploited. The Protocol provides States with a central point for explanation of key terms. It defines the sale of children as an act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration. [Article 2(a)]. Child prostitution is defined as the use of children in sexual activities for remuneration or other consideration. Child pornography includes any representation by any means of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes. [Article 2(c)].

At a minimum, States Parties are obliged to criminalize child sexual exploitation offence whether committed nationally or transnational (Article 3). Because of the transnational nature of many of these child rights violations, States Parties should also establish and claim jurisdiction for offences committed on ships or aircraft registered in the State [Art 4(1)]. The Protocol carefully clarifies that it is necessary for a State to exercise extraterritorial Jurisdiction (Article 4). This means that criminal laws need to be developed or strengthened to criminalize the acts of nationals or residents of a State when they abuse children in another country. Extraterritorial jurisdiction is essential, as it limits opportunity for offenders to escape prosecution. Because of the transnational nature of the abuses, countries will risk becoming safe havens for child traffickers unless the principle of extra-territorial jurisdiction is widely recognized and applied to all aspects of the sexual exploitation of children.

Equally important is extradition. Extradition is essential, so that a person who exploits or traffics a child in one country is prosecuted either in their home country or in the country where the violation occurs. According to the Protocol, offences concerning

the sale of children, child prostitution and child pornography are deemed extraditable. Where a request for extradition is received from a State that has no extradition treaty, the requested State may usefully consider the Protocol as the legal basis for such extradition [Article 5].

The Protocol is particularly valuable in its focus of government responsibility on the creation of child-friendly legal proceedings. Article 8 of the Protocol seeks to protect the rights of child victims and witnesses without prejudicing the rights of the accused to a fair trial. States should inform child victims of their rights; of the role and scope, timing and progress of the proceedings and provide appropriate support services to child victims, including the protection of the child's privacy. Where necessary, provision should be made for the safety of the child victims and their families and witnesses. Importantly, there should be no unnecessary delay in the disposition of cases or in the provision of compensation to child victims, and uncertainty as to the actual age of the victim should not prevent the initiation of a criminal investigation.

2.7.1.5 United Nations Convention on Transnational Organized Crime, 2000

For the purposes of the sexual exploitation of children, the UN Convention on Transnational Organized Crime establishes a link between trafficking in persons and the obligation of States Parties to promote cooperation to prevent and combat organized criminal activity across borders. The Convention usefully obliges States Parties to give each other the widest measure of mutual legal assistance in investigations, prosecutions and judicial proceedings. However, it is important to realize that the Convention will only be applicable in relation to child sexual exploitation if the offences carry a penalty of four or more years of imprisonment

[Article 2(b)] or if it relates to the ancillary offence of obstruction of justice [Articles 3(1)(a) and 23]. The Convention strengthens the claim of child victims of sexual exploitation for compensation (Article 25) Training and technical assistance that facilitates extradition and mutual legal assistance is also included (Article 29).

The Convention and its Protocols demonstrate that the importance of a child-centered approach to sexual exploitation of children still has not percolated through to implementing bodies, such as law enforcement agencies, which do not focus exclusively on children. Most of the provisions relating to the protection and assistance of child victims are not incorporated in the main Convention but only in the Protocol. In other words, inherent in the Convention is an artificial and unsustainable distinction between the States interest in prevention and punishment, and the protection and assistance of child victims.

2.7.2 Regional Legal Instruments

2.7.2.1 The African Charter on the Rights and Welfare of the Child (1999)

The African member states of African Union are meant to adhere to the rights and welfare of the child. The African Union recognizes the importance of Human Rights. The declaration on Rights and Welfare of the African Child was adopted by these heads of states in Monrovia, July 20th 1979.

Under (Article 16), the protection of the African child from abuse and torture is recognized: State Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or

abuse, neglect or maltreatment including sexual exposure and sexual abuse, while in the care of the child; Protective measures under this article shall include effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting referral investigation, treatment, and follow-up of instances of child abuse and neglect.

2.7.3 National Instruments

2.7.3.1 The Constitution of Kenya (2010).

According to The Constitution of Kenya chapter five, it has provided for these rights to be enacted under article 53. Under this article, the children have a right to protection and care from parents. Section (d) of Article 53 says that a child has a right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labor.

2.7.3.2 The Children's' Act (2001)

The Children Act was passed into law in the Year 2001 as Act No. 8 of 2001. It came into force in March 1, 2002. The objective of the Act was to "...make provision for parental responsibility, fostering, adoption, custody, maintenance, guardianship, care and protection of children; to make provision for administration of children's institutions; to give effect to the principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child..."

According to The Children's Act of (2001) section 15, a child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials. Notwithstanding penalties contained in any other law, where any person willfully or as a consequence of culpable negligence infringes this right, such a person shall be liable upon summary conviction to a term of imprisonment not exceeding twelve months, or to a fine not exceeding fifty thousand shillings or to both imprisonment and fine.

2.7.3.3 The Sexual Offences Act 3 (2006)

Kenya Sexual Offences Act came into force on 21 July 2006. It expanded the definition of rape to comply with jurisprudence from the international arena and introduced new crimes that did not exist in the previous legal framework. The Office of the Attorney General produced a Reference Manual that expounds the Act and set standards as well as recommendations on best practices to various key service providers: police, medical practitioners, civil society, gender activists, and consumers of criminal justice services in general. This article examines the short-comings encountered by for instance women who seek redress within the criminal justice sector as well as their making recommendations to counter those short-comings.

According to the Sexual Offences Act 3 (2006), children are also included in the protection. Articles 12 through 16 of the act emphasize children protection from various offences as: Promotion of Sexual Offences with a Child; Child Trafficking; Child Sex Tourism; Child Prostitution; Child Pornography. Section 12(a and b) for instance, person including a juristic person who manufactures or distributes any article that promotes or is intended to promote a sexual offence with a child; or who

supplies or displays to a child any article which is intended to be used in the performance of a sexual act with the intention of encouraging or enabling that child to perform such sexual act, is guilty of an offence and is liable upon conviction to imprisonment for a term of not less than five years and where the accused person is a juristic person to a fine of not less than five hundred thousand shillings.

2.7.3.4 The Penal Code (Cap.63 Laws of Kenya)

The Penal Code defines the Penal system in Kenya. It outlines criminal offences and prescribes penalties to them.

The Penal Code protects children, in that acts and omissions, which amount to child abuse, are classified as punishable offences.

These include:

- Sexual abuse: Offences outlined in the Penal Code- Rape, Defilement, indecent assault, incest (both by males and females) and unnatural offences.
- Physical Abuse: Offences include: common assault, assault occasioning actual bodily harm and grievous bodily harm.

Other offences that protect the lives of children include concealment of birth, killing of the unborn, and procreation of an abortion.

2.8 Study theoretical framework

There are several theories that explain sexual abusive occurrence. This study is guided by the psychoanalytic theory of Sigmund Freud (1859-1939) and integrated theory of sexual offending posited by (Ward and Beech, 2006)

The psychoanalytic theory of Sigmund Freud (1859-1939) is a popular explanation of human behavior. It states that personality imbalances had their roots in abnormal emotional and mental development. A person might become fixated at a certain development stage or regress to an earlier stage. Fixation and regression arises at the phallic stage of development that is three to six years of age. Fixation and regression to this stage may result in sexual assault, rape or prostitution. It may also result in unresolved oedipal or Electra conflicts. According to him many sexual offenders are presumed to be psychopaths, sociopaths or antisocial; personalities and are characterized by no sense of guilt, no subjective conscience and no sense of right and wrong.

The integrated theory of sexual offending by (Ward and Beech, 2006) postulates that two developmental resources combine and interact to shape an individual's unique psychological functioning: Biological factors (essentially genetic and evolutionary factors); social learning factors (i.e., the social, cultural and physical environment, along with an individual's personal circumstances). These scholars use the term 'ecological niche' to refer to the potentially adverse environments facing the individual as they develop throughout their life. An individual's ecological niche can have a significant effect on the development of the brain and neurobiological systems, creating the clinical symptoms often seen in child sexual abusers, as well as having the potential, under some circumstances, to "override normal psychological controls to facilitate sexually abusive behavior" (Ward and Beech, 2006, p.5)

Ward and Beech also draw on Pennington's (2002) description of three interlocking neuropsychological mechanisms, with distinct functions and structures that interact to produce all psychological processes (or pathways/dynamic risk factors): the motivational/emotional system - deficits here manifesting themselves as problems in intimacy; the action selection and control system - deficits here manifesting themselves in self-regulation problems; and the perception and memory system - deficits here manifesting themselves as maladaptive belief systems (i.e., pro-offending attitudes, distorted sexual scripts). According to Ward and Beech (2006), *deviant sexual arousal* (being sexually aroused by children) arises from a combination of deficits in these three neuropsychological systems, given that arousal itself is a mechanical process.

These Scholars further suggest that it is this neuropsychological level that represents the critical area for the development of our understanding of sexually abusive behavior. It is when the integrity and function of these mechanisms are compromised that the clinical phenomena are in operation, increasing the risk of sexually abusive behavior. This theory perfectly integrates to the study purpose as it illustrates how biological and social learning factors interact to shape an individual's rights and abuse of the same rights by others. More specifically, how the two interplay in children living Kibera slums ecological niche as they pursue their total rights to wellbeing and full development.

2.9 Study conceptual framework

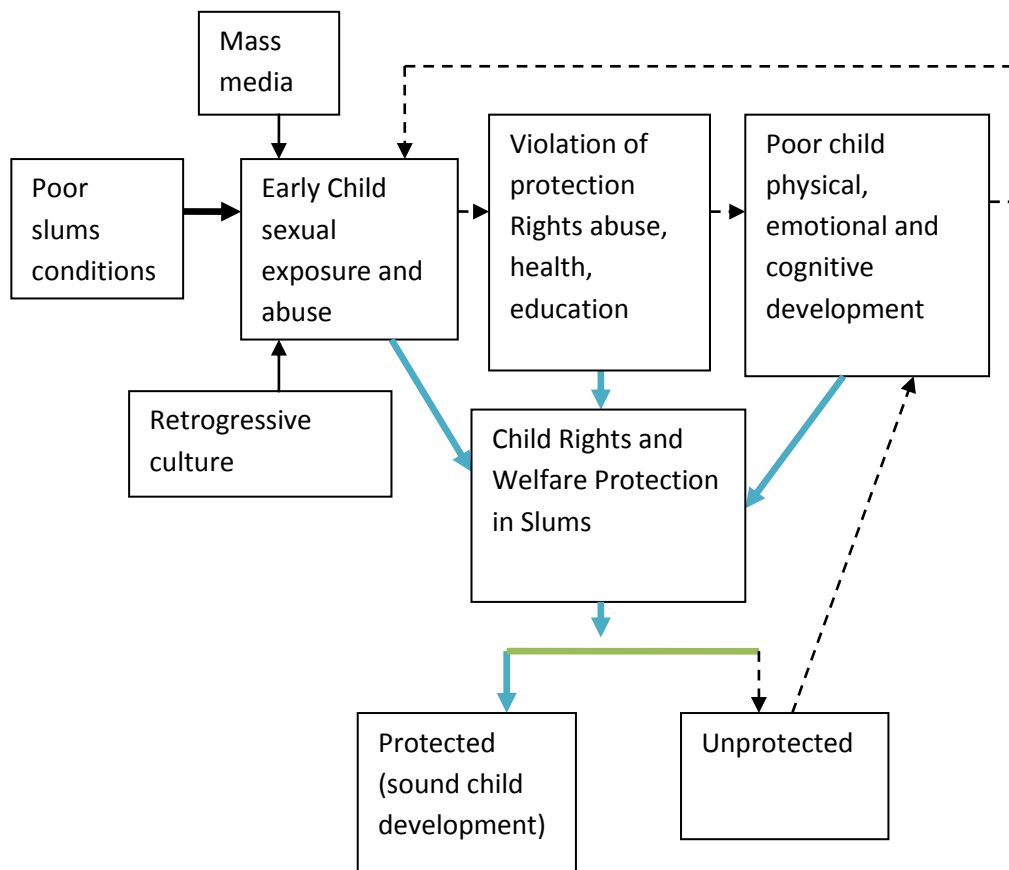
Child sexual abuse has been a long time phenomenon according to the reviewed literature. This has continued to recur due to variables that have created an environment that is favorable. Some of these variables include the living conditions, children exposure, poverty levels within the informal settlements, retrogressive cultural practices and influence from mass media and information technology.

Living conditions in the slums are characterized by semi-permanent housing and insecurity. These are assumed to perpetuate sexual abuse of children; children are exposed when in a household one finds there are no adults and such houses are headed by children and also in circumstances where the relatives in the household become the abusers. Children get exposed due to lack of privacy as the houses are too small and the houses are sound permeable to happenings in the neighborhood. This leaves children at risk of being sexually abused and exposed to explicit sexual materials.

Poverty in itself does not cause child sexual abuse. However, lack of finances in the family or unemployment may contribute negative patterns that lead to child sexual abuse; culture is related to child sexual abuse due to beliefs that people hold that after having sex with young children they will be healed as observed in the literature review and also when parents pass on as a result of disease and therefore leave their children with no adult to protect them against such a hazards.

This cycle of event results to various child rights violations including right to good health, privacy and education may be terminated and other many cognitive and emotional underdevelopment. Consequently, this permits poor development into adulthood by such children revolving the cycle of abuse in these settlements. Contrarily, with the enforcement of child protection legislative laws for the rights and welfare of children, shielded with the international and national child protection instruments, the level of abuse and exposure can be minimized and result in sound adequate child growth and development irrespective of their environment thus rolling to responsible society protecting its young generation. This can be summarized as indicated in the framework. (See fig 1.1)

Figure 1.1: Study conceptual framework model



CHAPTER THREE:RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology used for this study and provides a general framework. The chapter presents details of the research design, target population, sample and sampling procedures, method of data collection and study instrument, data analysis techniques and ethical issues considered during the research process.

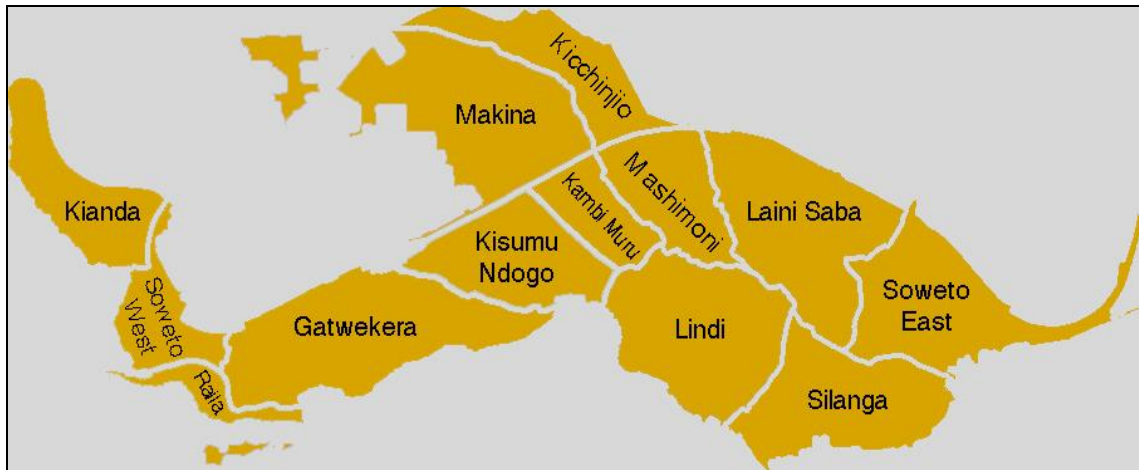
3.2 Study site description

Kibera is situated in Nairobi's South Western peri-urban zone approximately seven kilometers from the Nairobi City Centre. Kibera houses 170,000 of Nairobi's slum dwellers, and is considered the biggest slum in Africa, indeed amongst the biggest in the world. Paradoxically, this situation has attracted tourism in recent years although 90% the land in Kibera is reportedly owned by the government. The residents in this community live in 12 x 12ft houses better known as shacks. The houses are built with mud walls, screened with concrete, corrugated tin roof and dirt or concrete floor. These shacks often house eight or more family members, many of whom sleep on the floor (APHRC 2002).

The majority of the tenants of the shacks are Luo and Luhya from Western Kenya and the Kamba from Eastern Kenya while Nubians constitute 15% of the population (APHRC 2002). This community is reported by many researchers as characterized by overcrowded dwellings; unemployment; poor environmental conditions; limited water supply; poor sanitation; inadequate electricity supply and access to health facilities (ibid). The area as a whole comprises of fourteen villages covering approximately 250

hectares of land. The villages are Lindi, Kisumu Ndogo, Kambimuru, Soweto East and West, Makina, Kianda, Darajani, Karanja, Mashimoni, Silanga, Gatwekera, Laini Saba, and Raila (See Fig 3.1)

Figure 3.1: Map of Kibera slums showing the villages (Marras, S. 2012)



Scale 1cm = 25000cm on the ground

3.3. Research design

This research study used both quantitative and qualitative method of data collection, in-depth interviews and survey questionnaires methodologies were incorporated.

3.4 Target population

The target population for this study constituted all the children aged ten to seventeen years, all parents who are taking care of children aged ten to seventeen years and selected key informants who have knowledge of the topic and are working for children in Kibera informal settlement of Nairobi County.

3.5 Sampling procedure

The study applied both random sampling and non-random sampling procedures to obtain the respondents who were children, their parents and selected key informants. In this study the site was divided into strata comprising each of the 14 villages in Kibera. Purposive sample targets of 140 adolescents were selected from the fourteen village strata, thus, a proportionate allocation of 10 households where a teenager of the specified target age group were selected randomly from each village stratum for interview.

A total of 28 parents/caregiver were selected randomly, 2 from each strata. In addition purposive sampling method was used to identify key informants on early child sexual exposure within Kibera informal settlements: 2 teachers, St. Christine Educational Centre and Spurgeons Academy Schools; 2 Chief Officers, Kibera Sarangombe and Lainisaba location; 2 Religious leaders, Muslim and Catholic Priest; 2 NGO leaders, Plan International and Daughters United, 1 Government Children Officer of Langata Sub County; 2 Community Health Workers. Key informants selection was informed by their knowledge, experience and role they play in handling children sexual abuse issues.

3.5.1 Sample size

The sample frame of the study included a representative sample of the individuals target population living in Kibera. The sample size of children was 140, parents 28 and 11 key informants.

3.6 Data Collection and Study Instrument

The main data collection instruments in this study are the questionnaires. The study employed a survey approach where a semi-structured questionnaire was administered. This allowed for standardization of responses as well as in-depth responses. The questionnaire was divided into the main areas of investigation except the first part which captured the demographic characteristics of the respondents.

Secondary sources were sought from various categories of the respondents. These were the local chiefs' camps records and religious records in the area. Secondary data enabled the researcher observe trends of child sexual abuse in the area of study. Desk research was also used to source information from newspapers, published articles, journals and magazines.

3.7 Data Analysis

Both quantitative and qualitative approach was used for data analysis. The data from the questionnaire was coded and entered into the computer for computation of descriptive statistics. The qualitative data generated from open ended questions used in depth interviews was categorized in themes in accordance with research objectives and reported in narrative form along with quantitative presentation. Data was analyzed using SPSS version 20.0

3.8 Ethical Considerations

The researcher explained to the respondents about the research and its academic purposes. It was made clear that participation was voluntary and that respondents were free to decline or withdraw any time during the research period. Respondents were not coerced into participating in the study. The participants made an informed consent on whether to participate or not. However, children under 18 years who are considered minor by the Constitution of Kenya, cannot be interviewed independently hence an adult had to be present which helped to build confidence of underage and assurance that parents and caregivers approved the interview approach and were comfortable with the situation. Participants were guaranteed that their privacy was protected by strict adherence to standards of anonymity and confidentiality.

CHAPTER FOUR RESEARCH FINDINGS

4.0 Introduction

This chapter presents findings of all the variables that were tested in the research. The data was collected from 14 villages where samples of 10 teenagers were randomly drawn from each village with 50-50 gender balance. 2 Parents were randomly drawn from each village and 11 key informants were interviewed.

The teenager results were as follows;

Table 4.1 Adolescent respondent's frequency distribution by Gender

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Male	70	50.0	50.0	50.0
Valid Female	70	50.0	50.0	100.0
Total	140	100.0	100.0	

Table 4.1 shows the number of males and females who participated in the study. The respondents were equal in number thus there was a 50-50 gender balance based on the sample size and target population. There was a questionnaire response rate of 100% thus the collected questionnaires were valid for analysis.

Table 4.2: Frequency distribution by age

Value	Frequency	Percent	Valid Percent	Cumulative Percent
9-11	40	28.6	28.6	28.6
12-14	42	30.0	30.0	58.6
15-17	58	41.4	41.4	100.0
Total	140	100.0	100.0	

Majority of the teenagers interviewed were 15-17 years of age. Low numbers of respondents were 9-11 years of age. There was a good representation from all age categories.

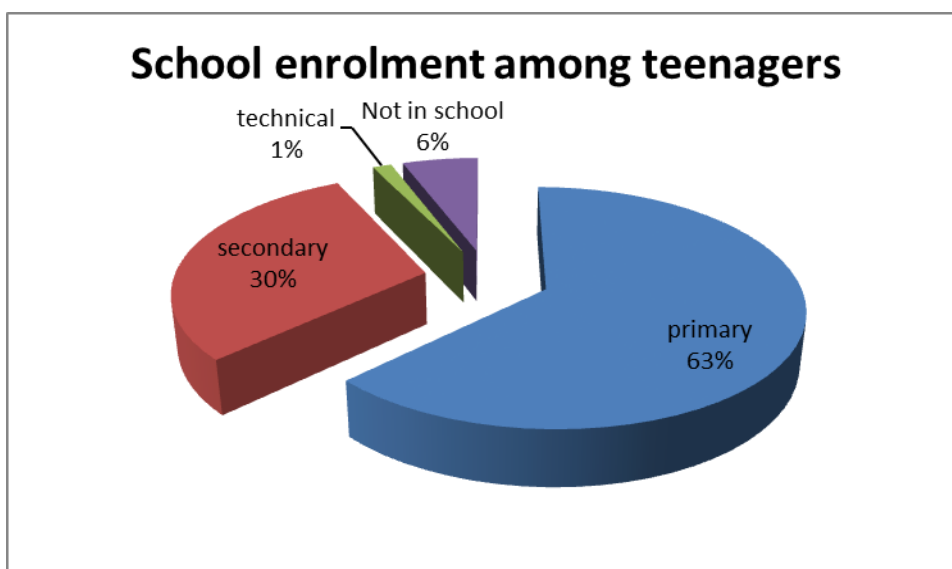


Figure 4.1: School enrollment of teenage respondents.

94.3% of the teenagers interviewed were enrolled either to primary, secondary or technical schools. Figure 4.1 shows enrollment to academic levels, with majority

being in primary school. Only a few 5.7% were not in school. One child reported truancy as the cause of not being in school.

Table 4.3: Frequency distribution of number of rooms among respondents' households

Value	Frequency	Percent	Valid Percent	Cumulative Percent
1	61	43.6	44.5	44.5
2	57	40.7	41.6	86.1
3	15	10.7	10.9	97.1
4	3	2.1	2.2	99.3
12	1	.7	.7	100.0
Total	137	97.9	100.0	
No Response	3	2.1		
Total	140	100.0		

The average household size from the respondents was 4.8 persons. Most of these households live in one roomed house (44.5%) and two roomed house (41.6%). (See table 4.3)

Table 4.4: Frequency distribution of person they slumber with, in the same roof/bedding

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Parents	18	12.9	15.3	15.3
Siblings	75	53.6	63.6	78.8
Friends of same age	8	5.7	6.8	85.6
Siblings of opposite Sex	17	12.1	14.4	100.0
Total	118	84.3	100.0	
No Response	22	15.7		
Total	140	100.0		

The response to the question on who do the children slumber with under the same roof\bedding, the respondents had the following to say ; 15.3% sleep with their parents, 63.6% with siblings, 6.8% with friends of same age and 14.4 % with siblings of the opposite sex.(See table 4.4)

Table 4.5: Frequency distribution of primary caregiver

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Parents alive	86	61.4	63.7	63.7
Single parent mother	31	22.1	23.0	86.7
Single parent father	8	5.7	5.9	92.6
Aunties/extended family	10	7.1	7.4	100.0
Total	135	96.4	100.0	
No Response	5	3.6		
Total	140	100.0		

Table 4.5 shows, Single parents mother (23%), single parent fathers (5.9%) and extended families (7.4%) offer primary care to the teenagers. 63.7% of the teenagers are taken care of by both parents.

Table 4.6: Frequency distribution of teenagers who have heard about sex

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	123	87.9	87.9	87.9
No	17	12.1	12.1	100.0
Total	140	100.0	100.0	

Among the teenagers interviewed, 87.9% have heard about sex in their lives.12.1% were noted not to have heard about sex (See table 4.6).

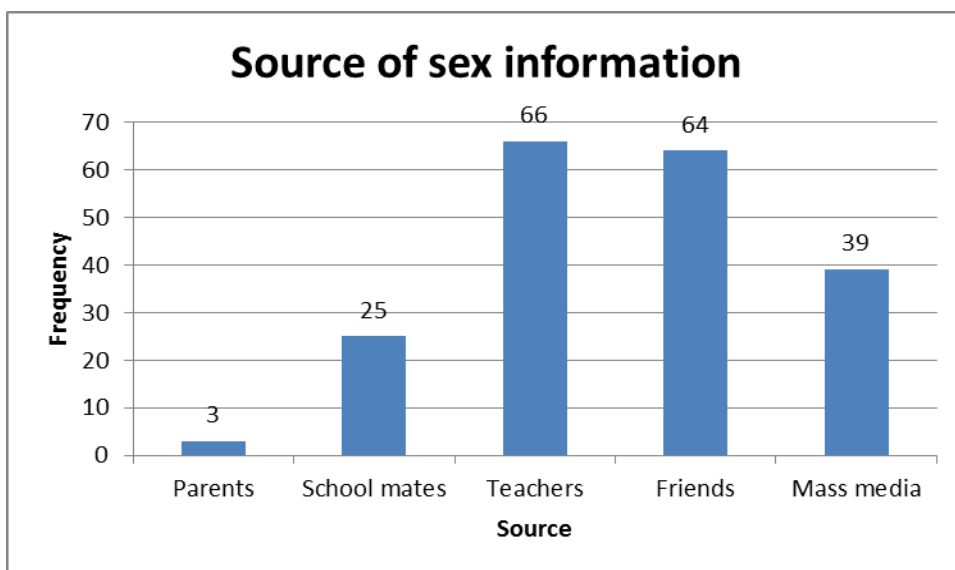


Figure 4.2: Sources of sex information

The response to the question concerning source of sex information by teenagers' shows that teachers were highly ranked, followed by friends and mass media including TV, radio and video shows respectively. The parents were ranked least, in this parameter. (See figure 4.2).

Table 4.7: Frequency distribution of sexual exposure activity among children

Sexual exposure activity	Frequency	Percentage
Sex itself	46	24.7%
Pornography from TV/video shows	80	43.0%
Adults having sex	14	7.5%
Defilement or harassment from other people	46	24.7%
Total	186	100

Pornography 43% was rated the highest form of sexual exposure activity teenage youth in the Kibera informal settlements get involved in, followed by 24.7% sex itself and 24.7% defilement/harassment. A few cases 7.5% were reported of exposure to adults having sex in the same household/ neighborhood. (See table 4.7)

Table 4.8: Frequency distribution of sexual activity exposed to

Sexual activity exposed to	Frequency	Percentage
Sex itself	15	21.1%
Pornography from TV/video shows	39	54.9%
Adults having sex	4	5.6%
Defilement or harassment from other people	13	18.3%
Total	71	100

Of those teenagers interviewed, 54.9% confirmed to have been exposed to pornography, 21.1% sex itself, 18.3% defilement or harassment from other people and 5.6% teenagers see adults having sex. Table 4.8 summarizes the activities they have been exposed to in which pornography takes the lead.

Table 4.9: Frequency distribution on knowledge of someone exposed to sexual issues

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	52	37.1	39.1	39.1
Valid No	81	57.9	60.9	100.0
Total	133	95.0	100.0	
No Response	7	5.0		
Total	140	100.0		

Table 4.9 shows 39.1% of the teenagers know an age mate exposed to sexual activities. Most of them reported to know high cases of friends engaged in sexual intercourse, defilement/ harassment cases and watching pornographic materials in the neighborhood.

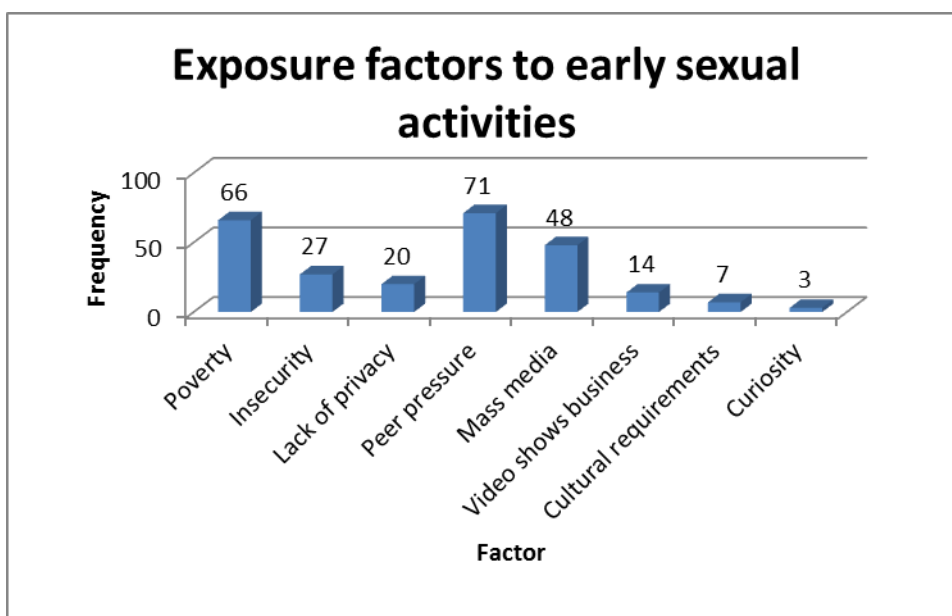


Figure 4.3: Exposure factors to early sexual activities

The response to the question on factors that can make teenagers get exposed to or involved in early sexual exposure activities shows that 27.4 % of the respondents ranked peer pressure as leading exposure factor to early sexual activities, 25.8% poverty, 18.8% Mass media, 10.5% insecurity, 7.8% lack of privacy, 5.5% video show business, 2.7% cultural requirement and 1.1% curiosity was ranked the least. (See figure 4.3)

Table 4.10: Frequency distribution of results of early sexual exposure among the young people

Result	Frequency	Percentage
Pregnancy	89	33.3%
School drop out	73	27.3%
Diseases including HIV	69	25.8%
Addiction and drugs	25	9.4%
Abortion	3	1.1%
Early marriages	7	2.6%
Infertility	1	0.4%
Total	267	100

33.3% of the respondents mentioned pregnancy as the resultant effect of early sexual exposure, 27.3% school drop-out, 25.8%, diseases including HIV, 9.4% addiction to drugs, 2.6% early marriages, 2.6% abortion and 0.4% infertility. (See Table 4.10)

4.1 Protection mechanisms

Table 4.11: Frequency distribution of parent action

Parent Action	Frequency	Percentage
Parents control TV usage	29	17.2%
Parents cane for punishment	32	18.9%
Report to authority	20	11.8%
Parent does nothing	41	24.3%
Talk/advise children	37	21.9%
others	10	5.9%
	169	100

In terms of what parents do to protect children from early exposure and involvement in sexual activities 24.3% of parents do nothing, 21.9% talk/advise their children, 18.9% whip their children as a way of punishment, 17.2% control TV usage and 11.8% report to authority. (See Table 4.11)

Table 4.12: Frequency distribution of known children rights

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	120	85.7	87.0	87.0
Valid No	18	12.9	13.0	100.0
Total	138	98.6	100.0	
No Response	2	1.4		
Total	140	100.0		

87% of teenagers are aware of their rights. Only a few (13%) reported that they did not know any right. (See table 4.12)

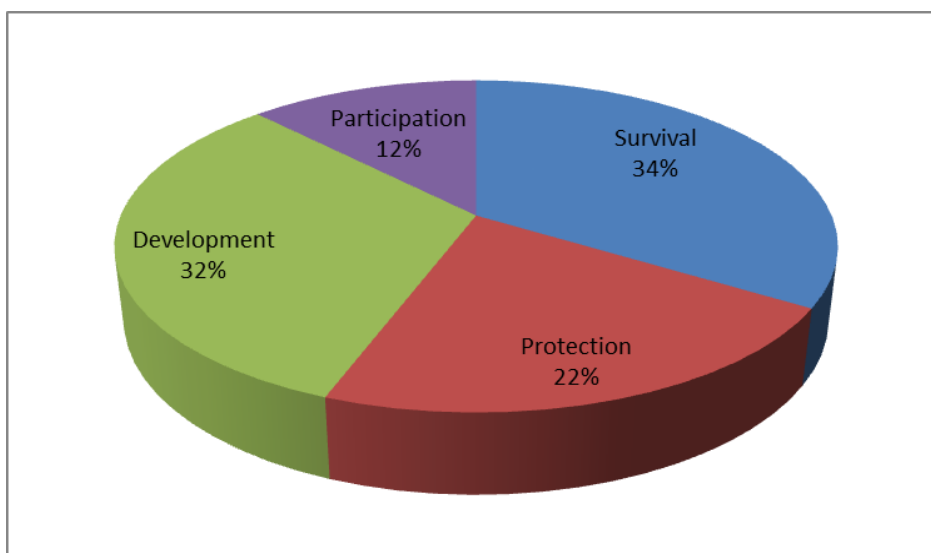


Figure 4.4: Knowledge of child rights

On knowledge of child rights, the right to survival is the most popular right, 32% right to development and 21.9% right to protection. Right to participation was least popular. (See figure 4.4)

Table 4.13: Frequency Distribution of Awareness of Any Law that Protects Children Rights

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	57	40.7	42.5	42.5
Valid No	77	55.0	57.5	100.0
Total	134	95.7	100.0	
No Response	6	4.3		
Total	140	100.0		

More than half of the teenagers 57.5% are not aware of any law that protects children rights, while 42.5% admitted they know the laws that protect them.

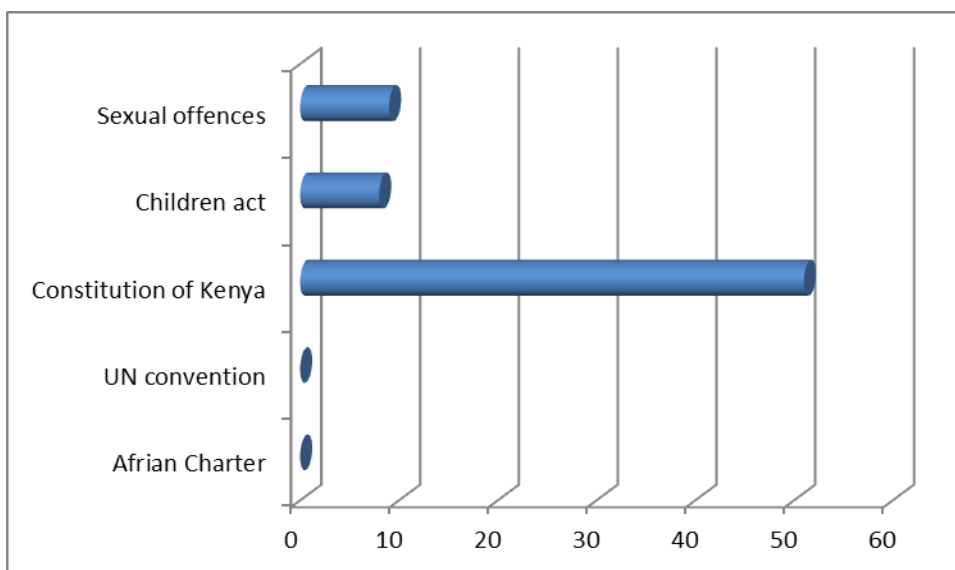


Figure 4.5: Laws protecting child rights awareness

It was noted that 50% of those aware of the laws protecting children rights cited the Constitution of Kenya, 7% knew Children Act 2001 and 8% Sexual offences Act 3 (2006). No one among the respondents was aware of African charter and UN convention. (See figure 4.5)

Table 4.14: Frequency distribution of knowledge of any agency protecting children rights

Value	Frequency	Percent	Valid Percent	Cumulative Percent
yes	46	32.9	33.6	33.6
Valid no	91	65.0	66.4	100.0
Total	137	97.9	100.0	
No Response	3	2.1		
Total	140	100.0		

Of those respondents interviewed, 66.4% admitted to have no knowledge while 33.6% were aware of agency protecting children right in Kibera.

4.2 Parents Interviews

On interviews conducted on parents/caregiver, the results were as follows:

Table 4.15: Frequency distribution by gender

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Male	7	25.0	25.0	25.0
Valid Female	21	75.0	75.0	100.0
Total	28	100.0	100.0	

The caregivers interviewed were 28, 2 from each village stratum. This consisted of 7 males and 21 females.

Table 4.16: Frequency distribution by age

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 25-31 years	8	28.6	29.6	29.6
32-38 years	12	42.9	44.4	74.1
39 and above	7	25.0	25.9	100.0
Total	27	96.4	100.0	
No Response	1	3.6		
Total	28	100.0		

Majority of the caregivers 44.4% were from 32-38 years age category. 29.6% from 25-31 years and a few 25.9% from 39 years and above. (See table 4.16)

Table 4.17: Frequency distribution by marital status

Value	Frequency	Percent	Valid Percent	Cumulative Percent
single	3	10.7	10.7	10.7
married	22	78.6	78.6	89.3
Valid separated	1	3.6	3.6	92.9
divorced	2	7.1	7.1	100.0
Total	28	100.0	100.0	

78.6% of the caregivers are married with an exception of a few; 10.7% single, 3.6% separated and 7.1% divorced. (See table 4.17).

Table 4.18: Frequency distribution on highest level of schooling

Value	Frequency	Percent	Valid Percent	Cumulative Percent
no school	1	3.6	3.6	3.6
primary	10	35.7	35.7	39.3
secondary	15	53.6	53.6	92.9
Valid post-secondary	1	3.6	3.6	96.4
university	1	3.6	3.6	100.0
Total	28	100.0	100.0	

According to table 4.18, 96.4% of the caregivers had some form of education. Slightly more than half of them have attained secondary education and 35.7% have gone up to

primary level. Only 7.2% have gone past secondary level. Those interviewed were majorly mothers who are caregivers of teenagers.

Table 4.19: Frequency distribution on parent status

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Mother	21	75.0	75.0	75.0
Father	6	21.4	21.4	96.4
Uncle	1	3.6	3.6	100.0
Total	28	100.0	100.0	

The response to the question on family status of the respondents to children of age 10-17years shows, 75% were mothers, 21.4% fathers and 3.6% uncle.

Table 4.20: Frequency distribution by caregiver of 10 to 17years old

Value	Frequency	Percent	Valid Percent	Cumulative Percent
yes	25	89.3	96.2	96.2
no	1	3.6	3.8	100.0
Total	26	92.9	100.0	
No Response	2	7.1		
Total	28	100.0		

Majority of the caregivers 96.2% are taking care of teenagers of ages10-17years old.

Table 4.21: Frequency Distribution of the Household Size

Value	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	3.6	4.2	4.2
2	1	3.6	4.2	8.3
3	2	7.1	8.3	16.7
4	5	17.9	20.8	37.5
Valid 5	6	21.4	25.0	62.5
6	5	17.9	20.8	83.3
7	2	7.1	8.3	91.7
8	2	7.1	8.3	100.0
Total	24	85.7	100.0	
No Response	4	14.3		
Total	28	100.0		

Of those respondents interviewed, the average household size is 5 persons.

Table 4.22: Frequency Distribution on Household Income

Value	Frequency	Percent	Valid Percent	Cumulative Percent
3001-6000	10	35.7	35.7	35.7
6001-9000	7	25.0	25.0	60.7
Valid above 10000	11	39.3	39.3	100.0
Total	28	100.0	100.0	

It was noted that the household income ranges from Kenya shillings three thousand per month to above ten thousand shillings. More than half of the population 60.7% earns less than ten thousand shillings per month. 39.3% earns above ten thousand.

Table 4.23: Frequency distribution on factors that leads to early sexual exposure

Factor	Frequency	Percentage
Mass media	15	23.4%
Poor parenting	16	25%
Poor housing setups	7	10.9%
Peer pressure	15	23.4%
Poverty	10	15.6%
Others -movies	1	1.7%
Total	64	100

Table 4.23 summarizes the factors that lead to early sexual exposure activities. 25% of Parents ascertained poor parenting, 23.4% peer pressure and 23.4% mass media as the leading cause of sexual exposure activities in Kibera. They further confirmed that 15.6% poverty and 10.9% poor housing setups exposes children to early sexual activities.

Table 4.24: Frequency distribution on children well protected

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	24	85.7	88.9	88.9
Valid no	3	10.7	11.1	100.0
Total	27	96.4	100.0	
No Response	1	3.6		
Total	28	100.0		

Table 4.24 shows most of the caregivers 88.9% felt that the children in their care were well protected. The rest 11.1% were afraid that even if they give good parental guidance, they were exposed to many factors outside their homes that put them at more risk and sometimes end up being victims.

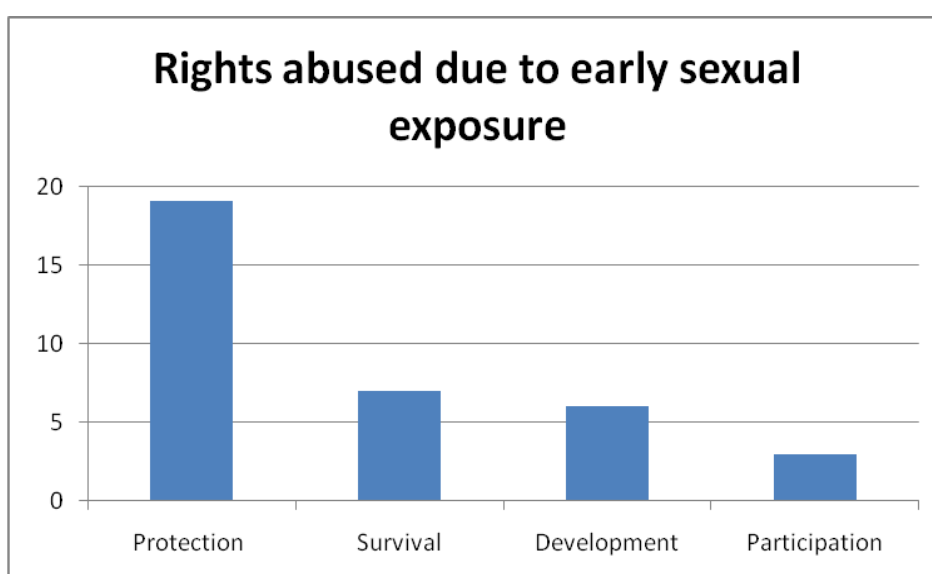


Figure 4.6: Rights abused due to early sexual exposure

Caregivers revealed that the right to protection was mostly abused when children are exposed to sexual activities during early years in their life. This was followed by survival, development and participation. (See figure 4.6)

Table 4.25: Frequency distribution on children under caregiver exposed

Value	Frequency	Percent	Valid Percent	Cumulative Percent
yes	4	14.3	16.0	16.0
Valid no	21	75.0	84.0	100.0
Total	25	89.3	100.0	
Non Response	3	10.7		
Total	28	100.0		

The response to the question on children under caregiver ever been exposed to sexual activities, shows 84% of the caregivers reported that children under their care were not exposed to sexual activities. 16% admitted that children under their care are exposed. (See table 4.25)

Table 4.26: Frequency distribution on child protection laws knowledge

Value	Frequency	Percent	Valid Percent	Cumulative Percent
Constitution of Kenya	10	35.7	66.7	66.7
Valid Children Act	4	14.3	26.7	93.3
Sexual offences	1	3.6	6.7	100.0
Total	15	53.6	100.0	
Non Response	13	46.4		
Total	28	100.0		

Table 4.26 shows 66.7% of the caregivers reported to know The Constitution of Kenya 2010, 26.7% Children Act 2001 and 6.7% Sexual Offences Act 3 (2006) as child development laws that aim at full child development and well-being.

4.3 Challenges faced by care giver

The response to the question on the challenges faced by caregivers in Kibera in effort to protect children against early sexual exposure and sex activities when the parents were asked about, they had the following responses;

Peer pressure

Peer pressure is very high and dealing with the teenagers is proving a challenge. Most of them are very stubborn and do not adhere to instructions from parents; teenagers like to do what their friends are doing and mostly their lives end up being ruined. There are many factors within the society they live in that expose them even with strict parental guidance. Pornographic video shows expose them and this leads them to try what they see and hear.

Sex subject

Sex subject is not popular among the parents. Most of them prefer not to talk about it. This exposes the children to trust information offered outside their homes which most of the time end up messing their lives. This is worsened by parents who are busy providing financial support to their children; they lack time to know the general welfare of children and what happens when they are not at home.

Ignorance

A lot of ignorance is promoting violation of children rights. Parents lack knowledge of the steps to take incase their children are exposed to early sexual activities. They do not know where to report, what agencies can help and the laws protecting their children. They end up covering the issue and dealing with consequences a lone. Local

administration is not cooperative and end up setting the perpetrators free even after a serious sexual offence like defilement.

4.4 Key informants interviews findings

A total of 11 key informants were interviewed who had knowledge and experience on children in Kibera. The findings to the questions were as follows;

4.5 The extent in which children living in Kibera slums are vulnerable to early sexual exposure and sexual activities

The people in authority agreed that the children are greatly vulnerable to early sexual exposure and sexual activities. Many parents are poor and cannot afford basic needs; the girls get money to buy their essentials from boys in return for sex. Poor living conditions increase their vulnerability especially the housing set up where they see adults having sex and insecure surroundings where they can be raped any time. The bars are close to houses and children engage in drinking at an early age which exposes them to alcohol and drugs addiction. Mass media also exposes the young people especially internet and pornographic video show business in the surroundings, the children practice what they watch in those videos.

Parents also play a big role on their children vulnerability to sexual activities; mostly they shun away from discussing this topic and leave the children to discover on their own. In addition, parents are busy working to provide for their families and have no time for their children. They end up learning from their peers with no one to give them the right information. Most of the households also house the extended family, the relatives end up molesting these children sexually and physically abuse them.

Most of these cases are unreported to protect the family ties and the victims are left to carry the whole burden alone.

4.6 Factors leading to such cases being reported and after how long

Many respondents from the key expert interviews agreed that few cases are reported. This is mostly attributed to lack of awareness to parents and children on criminality of such offences, their rights and not knowing where to report such incidences. When the offence is done by close relatives, the parents tend to overlook it and negotiate at family levels. If the offence is not considered of high magnitude and side effects have not started showing, it ends up being ignored. The local administration has not been supportive enough especially to the victims, they accept bribes and let loose the offenders hence denying justice to the victims.

4.7 Measures taken to contribute to reduction of early child sexual exposure and abuse cases within the community

Most of the representatives ascertained that there is great need to create awareness on children's rights, give the children facts about early sexual exposure, where to report in case of an abuse. This can be achieved by teachers incorporating it in the syllabus, inviting experts to schools to talk to children and through chief barazas where parents will learn how to protect their children. Agencies working within Kibera should be incorporated in creating awareness in their areas of expertise; for instance, reproductive health to help mitigate the rising cases of early pregnancies. In partnership with the community and the local administration, they will ensure the law is enforced to the perpetrators of such offences. All victims will be linked to agencies for proper medical care and support.

4.8 Effects of early sexual exposure and abuse to the child, family, community and society

Early sexual exposure and abuse has severe effects to the child. This ranges from early pregnancies which lead to school drop outs and end up compromising their education. These young parents may end up with birth complications leading to death in some instances. The children fear contracting diseases like HIV/AIDs, STIs among others. Some incidences like rape, abortions leave the children psychologically traumatized and stigmatized added to the burden of being a child parent where they have to work to take care of their children's basic needs.

The families have to adjust to cater for the young parent with their babies in terms of extra space and stretching the available resources to bring up the child. In case of diseases, the family income is diverted to treatment. The family ends up being disappointed by their children because they feel all their investment in them has gone to waste. There is degradation of morality in the community and underdevelopment since most of the young people become a burden to the society. The crime rate increases within the society as result of many jobless people.

4.9 Low implementation of children rights

Despite the existence of international, regional and local child protection laws, implementation has lagged behind. This is because awareness is still low and people are ignorant of their rights and laws protecting children. This goes to an extent of witnessing a child abuse and not reporting to the necessary agencies. Mistrust with the local administration has been derailing such cases since they do not treat them with the seriousness it deserves. This is aggravated by the fact that parents are busy and

lack the time to follow up such cases. At the grass roots level, there are no mechanisms in place to curb such problems. There is lack of policies in place aiming at protecting children from early sexual exposure. Where such policies exist, implementation is very poor and justice is never accorded to the victims. The agencies working to promote children rights are not well known.

4.10 Preventive strategic measures

One of the strategies which come out strongly is lack of awareness. This is both for the children and the parents. Most of them are not aware the laws that aim at protecting their rights and penalties associated with violating them hence cannot utilize them. Empowering them with the right information will help them offer parental guidance and counseling to children and help them seek justice in case of any sexual offence committed to the children. With a more informed society and laws in place to protect children, the parents will be in the front line to assist in the legal process for the perpetrators.

4.11 Child right violated by early sexual exposure

4.11.1 Right to privacy

Early sexual exposure highly compromises the right to privacy, Section 19 of the Children Act 2001 states that “Every child shall have the right to privacy subject to parental guidance in Kibera, the living conditions in the slums are characterized by high population and semi-permanent housing. This research indicated the average household size from the respondents was 4.8 persons, most of these households live in one roomed house (44.5%) or two roomed house (41.6%). Children get exposed due to lack of privacy as the houses are too small and the houses are sound permeable to

happenings in the neighborhood. This research indicated a few cases, 7.5% of exposure reported by children seeing adults having sex in the same household/ neighborhood. This is a violation of children right to privacy in spite of the protection provided by the state.

4.11.2 Right to education

Early sexual exposure violates the right to education of children living in Kibera slums. Section 7(1) of the Children Act 2001 states that, “Every child shall be entitled to education the provision of which shall be the responsibility of the Government and the parents”. Early sexual exposure and abuse has severe effects on children living in Kibera. This ranges from early pregnancies, which lead to school drop outs, thereby compromising their education. Teenage pregnancy, school drop-out, disease contraction and addiction to drugs were revealed as the resultant effects of early sexual exposure. Girl child parent according to the key experts is forced to work to take care of her child basic need. Boys were reported to engage in drug abuse due to these consequences children are not able to continue with their education.

4.11.3 Right to protection from sexual exploitation

Children’s rights to protection from sexual abuse and exploitation are clearly laid out in international law, the legal standards of regional bodies and in the domestic law of most countries. Section 15 of the Children Act (2001) protects children from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials”. There is a need to protect this right by the state; however the right is being violated especially in children living in Kibera informal settlement. Of the teenagers interviewed, 54.9% confirmed to have been

exposed to pornography, 21.1% to sex itself, 18.3% in defilement or harassment from other people and 5.6% teenagers seeing adults having sex. There is need to create awareness and empower the community on child rights especially protection rights against early sexual exposure and offer support in the event the rights are abused.

4.11.4 Survival and best interest of the child

Section 4 (2) Children Act 2001 states that “In all actions concerning children whether undertaken by public or private social welfare institutions, courts of law administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration” . Children in Kibera are not able to make decision by themselves, people are ignorant of their rights and laws protecting children. This goes to an extent of witnessing a child abuse and not reporting to the necessary agencies. Parents do not know where to report, what agencies can help and the laws protecting their children against early sexual exposure. They end up covering the issue and dealing with consequences alone.

Parents in Kibera also play a big role in their children’s vulnerability to sexual activities; mostly they shun away from discussing this topic and leave the children to discover on their own. In addition, parents are busy working to provide for their families and have no time for their children. Most of the households also house the extended family, the relatives end up molesting these children sexually and physically abuse them. Most of these cases are unreported to protect the family ties and the victims are left to carry the whole burden alone. Children continue to suffer despite their right to participate in decision being violated. Parents make decisions for them and protect perpetrators of sexual abuse thus compromising what is best for the child.

4.12 Summary of findings

Teenage is characterized by a lot of peer influence and they like to do what their friends are doing. Some are limited by lack of resources especially girls to cater for their needs like sanitary towels and other basic needs. The leading sexual exposure activities to the teenagers include pornography, sex itself and rape cases. Other activities identified are sexual harassment, mass media and discos which expose the youth. Exposure to mass media is still very high and a major contributing factor to early sexual activities. 39.1% of teenagers interviewed reported to know a victim who has been affected by the results of early sexual exposure and sexual activities. Girls are mostly affected by early pregnancies and they end up dropping out of school to take care of their children. These force them to become young mother's. Boys were reported to engage in drug abuse. This explains why poverty comes second as many of them are willing to offer their bodies in exchange for money.

Most children are aware of what to be done in case of an abuse like defilement or sexual offence. Carolina for Kibera (CFK) is the most popular agency in Kibera. They fight against early sexual exposure and protection of children's rights especially girls. They also educate girls on matters of reproductive health and ensure they have access to education. Other agencies known include Medicines San Frontier(MSF) which deals with abused children and Shinning Hope For Community(SHOFCO) who ensure access to education for the most vulnerable children.

To make Kibera a better and safe place for children, the teenagers strongly advocated for parents to be educated on children rights that protect them, what to do in case those rights are abused and made aware of the laws that protect their rights. The

children also need to know their rights and what to do in case their rights are violated. Parents need to advise their children on what is right and educate them on matters concerning sex and early sexual exposure. Parents in Kibera mostly do less to protect their children from early sexual exposure and involvement in early sexual activities. They claim when the incidence has happened there is nothing much to reverse it.

Caregivers concurred that there are adverse effects of early sexual exposure to the children. Some of the effects mentioned include but not limited to diseases including; HIV/AIDs, STIs, early pregnancies leading to school dropouts and the society at large will have ruined morals. To minimize the exposure, many parents agreed that there is a great need to create awareness to the children, parents and society levels on early sexual exposure and effects. Strict parental guidance is necessary for the well-being of our children. Sex education need to be emphasized at homes, schools and church to empower the children with right information and do away with the misconceptions that are learned from peers. It an appropriate time the teenagers are enlightened about reproductive health since a substantial percentage of teenagers are sexually active to avoid incidences of deaths as a result of abortions by quacks. There is need for more organizations and agencies working to empower the community on child rights and to offer support in the event the rights are abused.

4.13 Discussion

A study done by Cotton and Beguy 2013; Archambault *et al*, 2012 revealed that Adolescence is a tumultuous time for young men and women, during which they often begin to make many important transitions to adulthood, such as sexual debut, marriage, and childbearing. Social conditions, including a lack of monitoring by

parents and community members, exposure to unrated sexual information on media, fewer economic and educational opportunities, heightened social exclusion, and the risk of gender-based violence, put adolescents and youth at an increased vulnerability as they make these transitions and choices that may have life-long consequences. This was replicated in this study findings in which pornography from TV/video shows in the slum, sex itself and rape or harassment from people are sexual exposure activities young people in Kibera informal settlements are exposed to. 39.1 % of teenagers reported to know high cases of friends engaged in sex, rape or harassment cases and watching pornographic materials in the neighborhood.

Children in Kibera face numerous challenges as they transit from adolescence into adulthood. They find themselves in rather hostile slum environment characterized by unemployment, poor housing, large family size, violence crime, drug and alcohol abuse, poor education facilities and lack of recreational activities. This reality subjects adolescents in the slums in Nairobi to early sexual activities to three years earlier and twice more likely to have multiple partners than adolescent who live in non- slum areas. Mugisha et al (2003).The study established peer pressure, poverty and mass media as the leading factors to sexual exposure activity among teenagers coinciding with earlier findings.

Gill (1991) looks at the long term consequences a child might have as a result of being sexually exposed or abused include but not limited to: Health and Physical effects. These include Pregnancy, especially in early adolescence; Sexually transmitted diseases; difficulty in walking, sitting, or standing; torn, stained, or bloody underclothing; Vaginal/penile discharge; Pain during urination or urinary tract

infections. A study conducted by Madise and others revealed that prevalence of HIV in Nairobi's slum settlements is 12% as compared to 5% for other urban and 6% for rural areas (Madise *et al*, 2012). This research indicated pregnancy, school drop-out and diseases including HIV/AIDs are the major effects of early sexual exposure among teenagers. Addiction and drug abuse and abortion were also mentioned.

Article 19 of the CRC requires States Parties to take all appropriate measures to protect the child from "...all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has the care of the child..." This is expanded in article 34 which stipulates state parties to undertake national, bilateral and multilateral measures to protect children from all forms of sexual abuse and exploitation. According to this research, most of the children were aware of their rights. Only a few (13%) reported that did not know any right. The most popular right is the right to survival, development and protection. The right to participation was not well known. More than half of the teenagers (57.5%) are not aware of any law that protects children rights. The protection right regarding early sexual exposure is not known to children and parents.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This study confirmed that early sexual exposure among children aged 10-17 years living in Kibera slums is a great threat to enjoyment of their rights and well-being. The exposure ranged from pornography to sexual activity itself. This is triggered by poverty, peer pressure among teenagers, insufficient awareness on child rights protection laws and poor execution of sexual abuse justice for children within the community. This study reveals that the girl child bears the highest brunt of the resultant effects while boy child significantly getting affected. The findings revealed that the effects had ripple effect on all their rights; protection, survival, participation and development. This in turn has a potential long term impact on their physical and psychological well-being during adulthood; therefore, a problem which must be rationally dealt with.

Although progress has been made with the Constitution of Kenya 2010 mentioned as the key tool to child rights protection known in the community, further effort needs to be done in terms of awareness creation for caregivers, community and children on their rights. There is need to strengthen the implementation of existing local and international child protection policies through programs that aims at child rights protection, socio-economic stability targeting both children of this age group, their caregivers and the entire community. Consequently, this will lead to creating sustainable child friendly cities where every child enjoy their rights with justice to rights abuse offenders and that every child is sure of living to their fullest potential

irrespective of socio-economic, cultural or environmental realities. Indeed through this study, all the study objectives were adequately achieved in which herein recommendations were made for action and future research on the topic area.

5.2 Recommendations

The leading recommendation to protect children rights within Kibera is to create child protection awareness. Parents need to be empowered with information on the rights their children should enjoy. They needed to be educated on the actions to take in case their children are exposed and the laws in place that should be used to protect them. Different actors in the society need to join hands to fight against exposure to early sexual activities as a whole. There is need for more organizations working towards promoting children's rights to help in creating awareness and dealing with abused cases. The popularity of the existing organizations is very low, there is need to reach all to ensure people are aware of what the organizations are doing and where to access their services.

The pornographic videos raises the teenager's curiosity to put in practice what they see; they need to be banned or regulated to right consumers only because they target these age groups. Parents need to monitor the content and safety of mass media their children get exposed to because with free internet and smart phones they can access pornographic sites and still get exposed to early sexual activities. Government should ensure that existing laws on child rights and protection against detrimental sexual activities are executed in Kibera especially for the perpetrators who mostly bribe the local administration and walk around freely.

The slums are very congested with substandard housing; most of the time the environment exposes the children to perpetrators whom they share houses, sleeping areas and common places like the toilets and bathrooms. There is need for better housing and put lighting on areas to curb some of the crimes. The environment contributes a lot in exposing the children to the perpetrators. There is need for improved security and better housing conditions.

Since poverty exposes the children in the informal settlements, the resource allocation should be increased to cater for their basic needs. The government has a role to play in sensitizing people on their rights. The society needs to know the government agencies in place to protect their rights and how to access them. There is need for more organizations to create awareness on children rights and fight against violation of the same. This will also ensure victims get justice and treatment necessarily.

5.3 Suggestions for further studies

Although there have been several researches done dealing with early sexual exposure among children, there still need for more scholars to come up with related topics concerning the same and how it violates the rights and welfare of children . Pornography as a major factor leading to early sexual exposure should be researched on to enable policy makers finds various implications of the same. Peer pressure and poor housing set –up have been a major cause of early sexual exposure in Kibera slums which has a ripple effect to the rights of children; right to development, survival, participation and protection. These two topics can further be researched to give relevant information on the same phenomena.

REFERENCES

- African Population and Health Research Center (APHRC) (2002). *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-Sectional Slums Survey (NCSS) 2000*. Nairobi, Kenya: African Population and Health Research Center.
- American Psychological Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*, American Psychological Association Press.
- ANPPCAN (2000) *Annual Report on Child Abuse*.
- Archambault, C., J. de Laat., Zulu E.M (2012) "Urban Services and Child Migration to the Slums of Nairobi." *World Development*.
- African Charter on the Rights and Welfare of the Child, OAU Doc CAB/LEG/24.9/49(1990);adopted 11 July 1990, entered into force 29 November 1999.
- Baah, R.A (2000) *Human rights in Africa: The conflict of implementation* Lanham, MD: University Press of America.
- Bentovim, A., and Williams, B. (1998). *Children and adolescents: Victims who become perpetrators. Advances in Psychiatric Treatment*, 4, pp.101–107.
- Borg, W. R., and Gall, M. D. (2003). *Educational Research: An Introduction* (Fifth edition.). New York: Longman publishers.
- Cotton, C. and Beguy D (2013). "Mothering as Migrants: Experiences from the Informal Settlements of Nairobi, Kenya." *Journal of Biosocial Science* 45(6): pp. 721-742.
- Dodoo, F., Zulu E., and Ezeh A. (2007). "Urban-Rural Differences in Socioeconomic Deprivation-Sexual Behavior Link in Kenya." *Social Science and Medicine* 64(5): pp. 1019-31.

- Erulkar, A. and Mathake J. (2007). "*Adolescence in the Kibera Slums of Nairobi, Kenya.*" Nairobi and New York: Population Council.
- Farmer Elaine and Pollack Sue (2003) "Child and Family Work" in *Child Welfare Journal* vol. 8 (2): 101-120.
- Faulk, M (1994). *Basic Forensic Psychiatry* Prentice Hall Publishers: London.
- Fogel and Lauver (1990). *Approaches to Human Sexuality.* W.B Sanders Publishers: North Carolina.
- Gender Violence and Recovery Centre (GVRC) Annual report (2011-2012).
- Geer, E (1994). *Human Sexuality.* Prentice Hall Publishers: Engle Woods Cliff.
- Gill, E (1996). *Treating Abused Adolescents.* Guilford press: New York.
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., and Farrelly, S. (2001).
Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*, 179, pp.482–494.
- Gordon, B. and Schroeder, C. (1995) *Sexuality, a Developmental Approach to Problems.* Plenum press: New York.
- Government Printer (2001) *Kenya Gazette Supplement Act. The Children Act 2001* (No. 8).
- Government Printer (2006) *Sexual Offences Act (No 3) of 2006.*
- Government of Kenya (GOK) (2010) *The Constitution of Kenya.* Government Press.
- Government of Kenya (GOK) (2014) *The Marriage Act.* Government Press. Nairobi.
- Greif, M., Doodoo, F., and Jayaraman, A. (2011). "*Urbanization, Poverty and Sexual Behavior: The Tale of Five African Cities.*" *Urban Studies* 48(5).
- Harvey, D. et al (1995). *Community Child Health and Pediatrics.* Oxford printing press: London.
- ILO Convention 182 (1999) on *Global March against Child Labor Journal.*

- International Covenant on Economic, Social and Cultural Rights, adopted 16 December 1966 (entered into force 3 January 1976) G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3.
- Jaeger, R. M. (1988). *Survey Methods in Educational Research*. Washington D.C.: Brooking Institution Press.
- Johnson, Alan G. (2011): *Urbanization and Youth in Kenya: A Demographic Overview*, pp. 6-9.
- Kerlinger, F. N. (1973). *Foundation of Behavioral Science*. New York: Holt, Renehard and Winston.
- Kenya Law reports, The Penal Code, Chapter 63 Laws of Kenya (2009) Revised Edition.
- Kenya Central Bureau of Statistics (2009), *Kenya Population and Housing Census 2009*, Nairobi: Government Printer.
- Kenya National Bureau of Statistics et al (2012): *Violence Against Children in Kenya: Findings from 2010 National Survey*.
- Kithaka, A.(2008). "Enforcement of the Sexual Offences Act of 2006 in Kenya" in Pambazuka News.
- Madise, N.; A. Ziraba, J., Inungu, S., Khamadi, A., Ezeh, E., Zulu, J., Kebaso, V., Okoth and M. Mwau M. (2012). "Are Slum Dwellers at Heightened Risk of HIV Infection Than Other Urban Residents? Evidence from Population-Based HIV Prevalence Surveys in Kenya." *Health and Place* 18(5): pg. 1144-52.
- Meth, P. (2013). 'I don't like my children to grow up in this bad area': Parental anxieties about living in informal settlements." *International Journal of Urban and Regional Research* 37.

- Mehta, et al (1979) *Sexually Abused Children and their Families*. University of Colorado, Denver.
- Mugenda, O. M. and Mugenda, A. G. (1999). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Acts Press.
- Mugisha, et al (2003): *Alcohol, substance and drug use among urban slum adolescents in Nairobi*, pp. 203–240; Zulu, E. M. et al (2002), pp. 311 – 323.
- Nachmias, F (1996): *Research Methods in the Social Sciences* Oaks: Sage publications.
- National Council for Children’s Services (NCCS) (2010). *Summary of the outcome mapping and assessing Kenya’s national child protection system: Strengths, weaknesses, recommendations*. Nairobi: NCCS.
- Onyango and Philista (1988). Child Abuse and Neglect. Initiative Publishers: Nairobi.
- Orodho, A. J. (2003). *Essentials of Educational and Social Sciences Research Method*. Nairobi: Masola Publishers.
- Ogula, P A (2005). *Research Methods*. Nairobi. CUEA Publications.
- Owens, L. K. (2002). *Introduction to Survey Research Design*. *SRL Fall 2002 Seminar Series*. Accessed Jan 14, 2015 from <http://www.srl.uic.edu>.
- Penningtons, J. (2002). “Children who are Victims of Sexual Assault and the Psychology of the Offenders” in *American Journal of Psychiatry*, vol. 30(4) p. 398
- Rome Statute of the International Criminal Court (1998).
- Schmidt (1980). *Hand book of Child Sexual Abuse: Identification, Assessment and Treatment* Wiley Publications, Paris.
- Sloan, E. (1983). *Child Abuse Governing Law and Legislation*. Dobbs Ferry Publishers: Oceana.

- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., and Skuse, D. (2003). *Development of sexually abusive behaviour in sexually victimized males: A longitudinal study*. *The Lancet*, 361, pp. 471–476.
- Skuse, D., Bentovim, A., Hodges, J., Stevenson, J., Andreou, C., Lanyado, M., and McMillan, D. (1998). Risk factors for development of sexually abusive behavior in sexually victimized adolescent boys: Cross sectional study. *British Medical Journal*, 317, pp. 175 - 179.
- Stephens, Carolyn (2012) *Urban Social and Environmental Inequalities: Impacts on child rights, health and wellbeing in cities*, UNICEF background discussion paper for *The State of the World's Children 2012*.
- The Coalition on Child Rights and Child Protection in Kenya, (2002) "A report on Training Workshop for Doctors and Clinical Officers" Nairobi: ANNPCAN Publishers.
- UN HABITAT.(2003). "Slums of the World: The Face of Urban Poverty in the New Millennium? Monitoring the Millennium Development Goal, Target 11 - World-Wide Slum Dweller Estimation." Nairobi, Kenya: UN-HABITAT.
- UNICEF (2001) *A Situational Analysis of Sexual Exploitation of Children in the Eastern and Southern Africa*. ANNPCAN Publishers: Nairobi.
- UNICEF (2004). *"Building Child Friendly Cities: A Framework for Action."* Florence, Italy: UNICEF Innocent Research Centre.
- UNICEF (2009) *UNICEF's state on the World's Children report: Where is the worst place in the world to grow up?* UNICEF Publishers: Geneva.
- UNICEF (2012). *"The State of the World's Children 2012: Children in an Urban World."* New York, New York: United Nations Children's Fund.

UNICEF(2006) “*Commercial Sexual Exploitation of Children (CSEC) and Child Sexual Abuse (CSA) in the Pacific: A Regional Report*”, 2006, UNICEF, UNESCAP and ECPAT.

Universal Declaration of Human Rights, adopted by the UN General Assembly on 10 December 1948.

United Nations Children Fund (UNICEF)(2010) *Violence against children in Kenya, Findings from a 2010 National Survey*, Nairobi: ANNPCAN Publishers.

United Nations (2004). *Convention against Transnational Organized Crime and Journal the Protocol Thereto*. New York.

United Nations Declaration on the Rights of the Child, G.A. res. 1386 (XIV), 14 U.N. GAOR Supp.(No. 16) at 19, U.N. Doc. A/4354 (1959).

United Nations Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, Adopted and opened for signature, ratification and accession by General Assembly resolution A/RES/54/263.

United Nations Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, G.A. Res. 54/263, Annex II, 54 U.N. GAOR Supp. (No. 49) at 6, U.N. Doc. A/ 54/49, Vol. III (2000), entered into force January 18, 2002.

Vizard, E., Hickey, N., French, L., and McCrory, E. (2007). Children and adolescents who present with sexually abusive behaviour: A U.K. descriptive study. *Journal of Forensic Psychology and Psychiatry*, 17, p. 3.

Ward and Beech (2006) *Theories of Sexual Offending*, John Wiley and Sons Limited.
Southern Gate, Chichester.

Wilshaw, Gary (1999) "Perspectives on Surviving Childhood Sexual Abuse" in
Advanced Nursing Journal, vol 30(2) pp.303-309.

Zulu, E., F. Dodoo and Ezech A. (2002). "*Sexual Risk-Taking in the Slums of Nairobi, Kenya, 1993-98.*" *Population Studies* 56, pp.311-23.

Internet sources

[www.omct.org/pdf/situationof violence againstwomenandchildreninkenya/cradle](http://www.omct.org/pdf/situationof%20violence%20against%20womenandchildreninkenya/cradle)
(01/09/2014)

www.pulp.up.ac.za/pdf/./2009-11.pdf(26/02/2015)

www.kenyalaw.org (18/03/2015)

www.annpcan.org (11/05/2015)

www.coastweek.com/ a report by gvrk and childline kenya (01/09/2014)

www.kibera.org.uk/Facts.html

Case *Ezekiel Cheruiyot Koros v. Republic* Criminal Appeal 5 of 2010 in the High
Court of Kenya at Kericho.

APENDIX I: RESEARCH QUESTIONNAIRES

TEENAGERS (10-17 YEARS) QUESTIONNAIRE (20-30 minutes)

Date of Interview / / Village

Consent

My name is Sitati T. Namasa pursuing a Masters of Art Degree in Human Rights at the University of Nairobi. I am undertaking a study on: **Early sexual exposure and the rights of children living in Kibera slums, Nairobi County**. You have been chosen randomly to participate in this research study. There are no personal benefits or risks to your participation. However, it is possible that some of the questions asked are of sensitive nature. Please note that your name will not be recorded in the questionnaire. Furthermore, any details related to your privacy will be kept confidential. The interview will take 20-30 minutes, but with your cooperation it will be done quicker.

May I have your permission to undertake this interview? Yes No

If you do not want to participate, kindly explain why

Caregivers consent to interview the child

Signature of the interviewee that a verbal consent was obtained

	QUESTIONS	CHECKLIST	GUIDE
	<i>Translate only when necessary but effectively without losing intended meaning. Ask appropriately.</i>	<i>Do not read to the respondent. Tick or mark the codes appropriately. Retain</i>	<i>Write any notes here</i>

		<i>objectivity as much as possible</i>	
1.0	TENAGERS BASIC INFORMATION		
1.1	Respondents' Gender	01) Male 02) Female	Observe
1.2	What is your age in years	01) 9-11 02) 12-14 03) 15-17 04) No idea	Write actual years
1.3a)	Are you currently enrolled and going to school	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b)	If yes which level	Primary (class)----- Secondary (form)----- Technical specify----- -	Indicate no
c)	If No why?		Probe and take notes
2.0	HOUSE HOLD COMPOSITION		
2.1a)	How many people are living in your household?		Indicate no
b)	How many rooms do you have home		
2.2	Do you have other siblings of your age living in the same household?		

2.3	Who is your primary caregiver here in Kibera	Parents alive Single parent mother Single parent father Aunties or extended family	
2.4	Amongst the following whom do you slumber with under the same roof/bedding?	Parents Siblings Friends of same age	
3.0	INFORMATION ON SEX AND SEXUAL ACTIVITIES		
3.1a)	Have you ever heard about sex?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b)	If yes what was the source of your information	Parents /caregiver School mates Teacher Friends Mass media-specify	
3.2	What sexual exposure activities can young people like you get involved into?	Sex itself Pornography from TV/video shows in the slum Adults having sex in the same house, or neighborhood Rape or harassment	

		from other people No idea?	
3.3a)	Have you ever been exposed to any of the above?	Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/>	Assure confidentiality
b)	If yes which one?	Sex itself Pornography from TV/video shows in the slum Adults having sex in the same house, or neighborhood Rape or harassment from other people No idea?	Assure confidentiality
3.4a)	Do you know anyone of your age or of up to 17 years who have been exposed to such sexual issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b)	What was it?		List
4.0	FACTORS AND EFFECTS TO EARLY SEXUAL EXPOSURE AND SEXUAL ACTIVITIES AMONG CHILDREN IN KIBERA		
4.1	What main factors do you think can make young people like you get exposed to or involved in early	Poverty Insecurity Lack of privacy within	Tick only mentioned one

	sexual activities here in Kibera	households Peer pressure Mass media/radio, TV Video shows business Cultural requirements Others – specify.....	
4.2	Can you mention some of the effects	Pregnancy	
a)	of early sexual exposure or sexual activities among young people	School drop out Diseases including HIV Addiction and other bad behaviors including drugs Others Specify.....	
b)	Do you know any young person of age 10- 17 who was a victim of the above? What was it?		Probe and take notes
5.0	PROTECTION MECHANISMS		
5.1	What do parents here in Kibera do to protect children like you from early exposure and involvement in sexual activities?	Control TV usage Cane for punishment Report to authority Does nothing Other ---- specify.....	Write notes

5.2	Do you know some of the children rights?	Yes No	
a)			
b)	If yes which one	Survival Protection Development Participation	Group appropriately?
5.3	Are you aware of any law that aims at protecting children rights including those relating to sex issues here in Kibera?	Yes No	
a)			
b)	If yes Which one(s)?	African charter UN convention Constitution of Kenya Children Act Sexual offences	Tick appropriately
5.4	Do you know of any agency government of NGO that is here in Kibera or around that works towards protection of children Rights	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a)			
b)	If yes Which one and what do they do?		Take notes
5.5	If children like you is raped or offended sexually? What should be done?	Forgive offender Report to police Report to teacher/ parent or pastor	

		Have no idea Other specify.....	
5.6	What do you think can be done to make Kibera a better place in the city protecting children against early sexual exposure and violation of other rights?		Take notes
	Thank the respondent and assure confidentiality.		

APENDIX II: RESEARCH QUESTIONNAIRES

PARENTS/CAREGIVERS QUESTIONNAIRE (20-30 minutes)

	QUESTIONS	CHECKLIST	GUIDE
	<i>Translate only when necessary but effectively without losing intended meaning. Ask appropriately.</i>	<i>Do not read to the respondent. Tick or mark the codes appropriately. Retain objectivity as much as possible</i>	<i>Write any notes here</i>
1.0	Gender	Male Female	Observe
1.2	Age in years	18-24 25-31 32-38 39 and above	
1.3	Marital status	Single Married Separated Divorced	
1.4	What is the highest level of schooling you attained	No school Primary Secondary Post-secondary University	
1.5	How many adult males and females live in your household?	Male adults Female adults	Indicate no.

		Children	
1.6	What is the estimated monthly household income in Ksh.	0-3000 3001-6000 6001-9000 Above 10,000	
1.7	What is your family status	Mother Father Aunt Uncle Grand parent Other --- Specify-----	
Factors to early Sexual Exposure			
2.1	Do you care for any child aged between 10-17 years in this household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.2	What are the types of sexual exposure activities that young people aged between 10-17 years living here in Kibera which are detrimental to their well-being?		Write list noted
2.3	What are the main factors you think lead to activities you have mentioned above?	Mass media Poor parenting Housing set ups Peer pressure among Poverty	

		Other -- Specify----	
2.4 a)	Do you think the children under your care are well protected against detrimental early sexual exposure and sexual activities	Yes No	
b)	Give an explanations to your answer above		
Effects of early sexual exposure to children			
3.1	Are there effects children getting exposed to sexual activities or sex early?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.2	What are some of the main effects of early sexual exposure and activities/abuse have on children aged between 10- 17 years?		List
3.3	What can be done to minimize children exposure to sexual and sex activities here in Kibera		
Child Rights Connectivity			
4.1	Are you aware of which children right is abused due to early children sexual exposure or sexual activities?	Protection Survival Development Participation	Tick one
4.2	Which rights should all children including those living slums enjoy?		Group appropriate

			what's mentioned
4.3 a)	Have any of your children under your care ever been exposed to sexual activity?		
b)	What did you do?		
c)	Why did you take that action (main reason)		
4.4	In your own setting, how do you protect your children from early sexual exposure, sexual activities or abuse?		
4.5 a)	Do you know any child Rights protection laws that aim at full child development and well- being?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b)	If yes which one?	UN Convention African Charter Constitution of Kenya Children Act Sexual offenses	
4.6	What are some of the challenges that caregivers face in Kibera in effort to protecting children against early sexual exposure and sex activities		Write notes

4.7	Which main thing can be done here in Kibera to protect children Rights		
	Thank the respondent for their participation and re- assure them confidentiality		

APPENDIX III: KEY EXPERTS INTERVIEW SCHEDULE (15-20 MINUTES)

1. a) To what extent do you think children living in Kibera slums are vulnerable to early sexual exposure and sexual activities?
b) What are the key factors to your answer above?
2. Which factors lead to such cases being reported and after how long?
3. To what extent do you think such cases are reported? And why? Please explain
4. As a representative of this community, what measures have you taken to contribute to the reduction of early child sexual exposure and abuse cases in this community?
5. What effects does early sexual exposure and abuse of children cause to the child, family, community and the society like Kibera?
6. Despite the existence of both international, regional and local child protection documents, why do you think, their implementation has been low in informal urban settlements?
7. In your opinion, what main strategies/preventative measures can the community and government take to prevent the escalation of early sexual exposure and sexual activities among children living in Kibera?
8. Do you think the care givers in your community are self-aware of the rights of their children and more so the Sexual Offences?
9. If the caregivers are not aware, what measures should be taken to increase awareness and improve children rights and welfare in urban slums like Kibera?