SEXUAL ABUSE AMONG BOYS IN PUBLIC PRIMARY SCHOOLS IN MUKURU KWA NJENGA SLUM, NAIROBI COUNTY-KENYA

RACHEL ATIENO ODORO (BSCN)
Q139/CTY/PT/20282/2012

THIS THESIS IS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR AWARD OF DEGREE OF MASTERS IN SCHOOL OF PUBLIC HEALTH OF KENYATTA UNIVERSITY

OCTOBER, 2016
DECLARATION

This thesis is my original work and has not been presented to any other examination body or university for any other award. No part of this thesis should be reproduced without my consent or that of the Kenyatta University.

Signature: _______________    Date: _______________

Rachael Atieno Odoro

Q139/PT/CTY/20282/2012(BSCN)

Supervisors

We confirm that the work reported in this thesis was carried out by the student under our supervision.

Signature: _______________    Date: _______________

Dr. Justus O.S Osero
Department of Community Health

Signature: _______________    Date: _______________

Prof. Okello Agina
Department of Obstetrics and Gynecology
DEDICATION

I dedicate this work to my husband Daniel Otieno Jabuya, my parents, brothers, friends and colleges at the Kenyatta University.
ACKNOWLEDGEMENT

Glory and honor to the Almighty God for the opportunity to pursue this course. Blessed be your Holy name Lord God for the providence of keeping me alive and healthy while undertaking this study other than all the unfathomable daily blessings.

This work could not have been possible without the following persons and institutions that I sincerely acknowledge: It is impeccable to appreciate the immense support and tremendous encouragement from my supervisors Prof. Okello Agina and Dr. Justus Osero who ensured that all the work went smoothly and were always available for consultations. I also appreciate my husband for his partial financial support and enabling environment to complete my studies.

In a special way I appreciate the guidance given by Prof. Margret Keraka, Dr. Daniel N. Akunga, Dr. Jackim Nyamari and Dr. Warutere, and their positive suggestions and criticism that contributed to the success of this work. I cannot forget my fellow classmates in Public Reproductive Health for their encouragement and support.

My gratitude goes to all the primary school head teachers, all the teachers, parents and pupils from St. Catherine, Our Lady of Mercy, Mukuru Kwa Njenga, Mariakani and Nairobi South Primary schools for their cooperation. I sincerely thank the people of Mukuru village who permitted us to interview them and their children, and Mr. Chairman Musa, a very informed village elder from Mukuru Kwa Njenga slum. I extend my heartfelt gratitude to my two research assistants who assisted in both data collection processes and also carrying out the interviews without which reliable data would have not been obtained. Lastly I thank those who were a source of constant encouragement.
# TABLE OF CONTENTS

DECLARATION.................................................................................................................. ii
DEDICATION................................................................................................................... iii
ACKNOWLEDGEMENT................................................................................................. iv
TABLE OF CONTENTS ................................................................................................. v
LIST OF TABLES ........................................................................................................... ix
LIST OF FIGURES ......................................................................................................... x
ABBREVIATIONS AND ACRONYMS.............................................................................. xi
DEFINITION OF TERMS................................................................................................. xii

ABSTRACT....................................................................................................................... xiii

CHAPTER ONE: INTRODUCTION ................................................................................... 1
  1.1 Background of the Study ....................................................................................... 1
  1.2 Problem Statement ............................................................................................... 3
  1.3 Justification .......................................................................................................... 4
  1.4 Research Questions ............................................................................................. 5
  1.5 Null Hypotheses .................................................................................................. 5
  1.6 Objectives of the Study ....................................................................................... 5
    1.6.1 General Objectives ....................................................................................... 5
    1.6.2 Specific Objectives ...................................................................................... 6
  1.7 Significance .......................................................................................................... 6
  1.8 Limitations and Delimitation ............................................................................... 7
  1.9 Conceptual Framework ....................................................................................... 8
  1.10 Sigmund Freud's Psychoanalytic Theory ............................................................... 9

CHAPTER TWO: LITERATURE REVIEW ....................................................................... 11
  2.1 Introduction ......................................................................................................... 11
  2.2 The Prevalence of Sexual Abuse ......................................................................... 11
2.3 Types of Sexual Abuse ........................................................................................................ 12
2.4 Risk Factors of Sexual Abuse .......................................................................................... 13
2.5 Level of awareness of Boys on Sexual Abuse ................................................................. 14
2.6 The Perpetrators of Sexual Abuse among Children ......................................................... 16

CHAPTER THREE: MATERIALS AND METHODS ....................................................... 17
3.1 Introduction .................................................................................................................... 17
3.2 Research Design ........................................................................................................... 17
3.3 Variables ...................................................................................................................... 17
3.3.1 Independent Variables ............................................................................................ 17
3.3.2 Dependent Variables .............................................................................................. 17
3.4 Location of the Study ................................................................................................... 17
3.5 Study Population .......................................................................................................... 18
3.6 Inclusion Criteria ......................................................................................................... 18
3.7 Exclusion Criteria ........................................................................................................ 18
3.8 Sampling Techniques .................................................................................................. 18
3.9 Sample Size Determination ......................................................................................... 19
3.10 Research Instruments ................................................................................................. 20
3.11 Pre-Testing .................................................................................................................. 21
3.12 Validity ....................................................................................................................... 21
3.13 Reliability .................................................................................................................... 21
3.14 Data Collection Techniques ....................................................................................... 21
3.15 Data Analysis and Presentation ................................................................................... 22
3.16 Logistical and Ethical Consideration .......................................................................... 23

CHAPTER FOUR: RESULTS .......................................................................................... 24
4.1 Socio-demographic characteristics ............................................................................. 24
4.1.1 Child’s characteristics .......................................................... 24
4.1.2 Living environment ............................................................. 25
4.2 Prevalence of Sexual Abuse ......................................................... 26
4.3 Risk factors of sexual abuse ......................................................... 28
  4.3.1 Bivariate analysis ............................................................... 28
  4.3.2 Multivariate Analysis ............................................................ 29
4.4 Level of awareness on sexual abuse ............................................. 31
4.5 Perpetrators of Sexual Abuse ....................................................... 35

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS 37
5.1 Discussion ............................................................................. 37
  5.1.1 Socio-demographic characteristics ........................................ 37
  5.1.2 Prevalence of sexual abuse ................................................... 38
  5.1.3 Risk factors of sexual abuse .................................................. 40
  5.1.4 Level of awareness on sexual abuse ....................................... 43
  5.1.5 Perpetrators of sexual abuse ................................................ 44
5.2 CONCLUSION ......................................................................... 46
  5.2.1 Prevalence of Sexual Abuse ................................................ 46
  5.2.2 Risk Factors of Sexual Abuse ............................................... 47
  5.2.3 Awareness Level on Sexual Abuse ....................................... 47
  5.2.4 Perpetrators of Sexual Abuse ............................................... 48
5.3 RECOMMENDATIONS ............................................................. 48
  5.3.1 Recommendation for further studies ..................................... 48
  5.3.2 Recommendation from the study ......................................... 48
REFERENCES .............................................................................. 50
APPENDICES ............................................................................... 53
Appendix 1: Proposed work plan for the research process 2013/2014 .......... 53
Appendix 2: Budget Proposal for the Research ................................................................. 54
Appendix 3: Study Area Map .......................................................................................... 55
Appendix 4: Consent ....................................................................................................... 56
Appendix 5: Questionnaire ............................................................................................ 60
Appendix 6: Focused Group Discussion Tool for Randomly Selected Boys ........... 65
Appendix 7: Key Informant Interview Schedule .............................................................. 66
Appendix 8: KU Ethical Approval Letter ........................................................................ 67
LIST OF TABLES

Table 3.1: Distribution of the study participants in each study school ........................................ 20
Table 4.1: Socio-demographic characteristics of the child ................................................................. 24
Table 4.2: Sexual Abuse Prevalence by School .................................................................................. 27
Table 4.3: Victims, time, place and reasons for sexual abuse ......................................................... 28
Table 4.4: Bivariate Relationship ....................................................................................................... 29
Table 4.5: Risk factors of child Sexual abuse ..................................................................................... 31
Table 4.6: Risk factors perception ...................................................................................................... 33
Table 4.7: Awareness of Sexual abuse ................................................................................................ 34
Table 4.8: Level of awareness of sexual abuse by sexual abuse experience ........................................ 35
Table 4.9: Perpetrators of sexual abuse ............................................................................................... 36
LIST OF FIGURES

Figure 2. 1: Conceptual Framework .................................................................................. 8
Figure 4. 1: Person sharing bed room with boy child ....................................................... 25
Figure 4. 2: Bed Room sharing preference ........................................................................ 25
Figure 4. 3: Forms of sexual abuse .................................................................................... 26
Figure 4. 4: Number of times of sexual abuse ................................................................. 27
Figure 4. 5: Source of exposure to pornography ............................................................... 32
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC</td>
<td>Convention on the right of the child</td>
</tr>
<tr>
<td>CSA</td>
<td>Child Sexual Abuse</td>
</tr>
<tr>
<td>CSEC</td>
<td>Commercial Sexual Exploitation of Children</td>
</tr>
<tr>
<td>ECPAT</td>
<td>End child prostitution, child pornography and trafficking of children for sexual purposes</td>
</tr>
<tr>
<td>FGD</td>
<td>Focused group discussions</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>IRIN</td>
<td>Integrated Regional Information Networks</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic Health Survey</td>
</tr>
<tr>
<td>KII</td>
<td>Key informant interviews</td>
</tr>
<tr>
<td>KUERC</td>
<td>Kenyatta University Ethical Research Committee</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>National Council of Science and Technology Institute</td>
</tr>
<tr>
<td>NCANDS</td>
<td>National Child Abuse and Neglect Data System</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>Presidents Emergency Plan for Aids Relief</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNVAC</td>
<td>United Nations violence against children</td>
</tr>
<tr>
<td>VAC</td>
<td>Violence against Children</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization.</td>
</tr>
</tbody>
</table>
DEFINITION OF TERMS

Child: Any one below 18 years of age is considered a child (sexual offences Act, 2006). 6-18 year old are still children although many are already exposed to challenges from the adult world.

Child Sexual Abuse: Range of specific acts that may or may not involve actual physical contact including: rape, incest, exposure to sexual materials, exposure of child to sexual act deliberately or unknowingly and uncomfortable or intrusive touching of a child.

Commercial Sexual Abuse: It’s asexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons’. The child is treated as a sexual object and as a commercial object or the child engages in sexual activities to have key needs fulfilled such as food, shelter or access to education.

Gender Based Violence: A major public health problem which directly affect women and men’s reproductive health. It’s a pervasive and serious problem that continues to violate human rights around the world and affects physical, mental health, self-esteem, their ability to work and their capacity to make decisions about their fertility and reproductive health.

Incest: Sex between a blood relative and a minor.

Rape: Forced and “consensual” sexual intercourse with a minor.

Sodomy: Anal or oral sex between human beings; the act of which may be punishable as a criminal offense (Oxford Dictionary meaning).

Self-Defense Teachers: Teachers who offer the pupils trainings on life skills to protect themselves from harm and danger.
ABSTRACT

Sexual abuse among children has long history in Kenyan schools. Recent evidence however points out on underreported cases of boy child sexual abuse; rise in incidence of reported crimes of sexual nature and sporadic occurrence of such inhumane treatment of children outside and within learning institutions attest to threatened sexual safety and future reproductive health of children. The study aimed at assessing prevalence and risk factors of sexual abuse among boy child in public primary schools in Mukuru Kwa Njenga slum, in Nairobi County. Specific objectives of the study included: to assess awareness level of sexual abuse, to determine prevalence of sexual abuse, to identify risk factors of sexual abuse among boy child, and finally to establish who the perpetrators of sexual abuse among boy child are. The study adopted cross sectional descriptive approach. The study population was sexually abused and non-sexually abused boys aged amid10-18, with a sample size of 300 and key informants. Mukuru Kwa Njenga slum was randomly selected among the three major slums in Nairobi. All the four major public primary schools were selected into the study purposively and some boys in the respective schools were sampled using simple random sampling technique. The schools and the boys were assigned random numbers. However, a few cases in the slum were used proportionately and through key informant interviews and focused group discussions until sample size was achieved. Both qualitative and quantitative data collection methods were used to enhance realization of strangulation effect. Focused Group Discussion guides, Key Informant Interview guides and Questionnaires with Closed and open ended questions were used. As such, necessary ethical considerations such as permission from research authorities, teachers as child custodians and key informants in the study were observed. However, following the sensitivity of the topic consent, assent and confidentiality were strictly observed. Data analysis was done using SPSS version 17. The results were as follows: prevalence of sexual violence among boys in the study is 75.3% with a chi-square p< .001, mean age of the pupils is 12.31 (+ .16), 68% had low awareness level on sexual abuse, pupils living with single parents were 5.163 times at risk of sexual abuse while those sharing a room with mother were less likely to experience sexual abuse (0.082 times) as compared to those sharing room with sisters. Majority of boy child sexual abuse perpetrators are strangers (58.2%) and peers (27.6%) and the crime occurs mainly in the neighborhood in the absence of parents. In conclusion sexual abuse prevalence in the study area is high, children are at risk, there are low awareness levels, and perpetrators are varied as shown above. Recommendations: child protection agencies to come up with strategies to save the boy child from this inhumane act. Studies of same kind in other slum areas and among children generally should be carried out.
CHAPTER ONE: INTRODUCTION

This chapter contains background of the study, problem statement, research questions, objectives, justification, and hypothesis, significance of the study, ethical consideration and conceptual framework.

1.1 Background of the Study

Child sexual violence has reached very high levels (Andrews, Skinner, & Zuma, 2006). Moreover, it is affirmed that 1 in every 10 girls and 1 in 20 boys respectively have experienced sexual violence worldwide (UNICEF, 2007).

According to report by Nairobi based Centre for the Study of Adolescents (CSA), 40% of girls’ and 50% of boys were reported to have engaged in sexual activity before their 19th birthday (CSA, 2009). But, up to 50% of those who sexually abuse children are under the age of 18 years. Nonetheless, 88% of cases of sexual abuse are never reported to the authorities (Child Health International, 2008). It is affirmed that sexual abuse among children is a serious problem both in Kenya and globally. But, it is surprising that the prevalence, risk factors, s, level of knowledge/awareness and perpetrator of boys about the problem are not clearly known. This is somewhat based on the fact that there is little quantifiable data on the issue within Kenya, regionally and globally; little research has been done at Mukuru Kwa Njenga specifically on boy child sexual abuse.

Sexual abuse could explicitly be defined as sexual intercourse or its deviations. In furtherance, sexual abuse could be regarded as an act whereby a person; adult or child forces, coerces or threatens a child to have any form of sexual activity at the perpetrators’
direction (American Humane Association, 2013). Conversely, Kenya Demographic Health Survey ultimately does not explicitly report specific data on sexual abuse against boys (KDHS, 2008). As such, the major reason for gradual increase in child abuse cases results from underreporting globally.

WHO defines child sexual abuse as an involvement of a child in sexual activities that he or she does not fully comprehend, is unable to give informed consent to, or a case whereby a child is not developmentally prepared and cannot either give consent to, or still that involves the law or social taboos of society (WHO, 2010). Moreover, according to UN global study on violence against children (UNVAC), child sexual abuse (CSA) is any kind of sexual activity to which children are subjected, especially by someone who is responsible for them, or has power or control over them, and who they should be able to trust (UNIVAC, 2010).

The international society estimates global abuse of boy child under the age of 18 years at 73million. However, it is imperative to assert that the true extent of the problem is not known,(Ringrose, Gill, Livingstone, & Harvey, 2012). Sexual abuse among young boys below the age of 18years is a growing concern at the national and global scopes. However, very little is known about the scale and nature of sexual abuse among boys. Accordingly, the emerging researches in South Africa estimates that, about 1out of 10 men in adulthood are reported to have been sexually abused by other men. In furtherance, it is clear that sexual abuse fuels the spread of HIV/Aids worldwide.

Moreover, the United Nations estimate that 4000 young people aged between 15 to 24 years get infected with HIV/Aids around the world daily. Hence, it is also important to
note that harmful social norms and practices increase vulnerability of both boys and men, for example, pressure from peers or other people with multiple sexual partners of those who seek transactional sex (Onis et al., 2007).

Available data about the menace suggests that about 20% of women and 5-10% of men suffered sexual abuse as children. But, psychological, emotional abuse as well as neglect is not known (WHO, 2014). According to 2009/2010 government report in Kenya, approximately 1000 teachers had been dismissed from duty in that period for sexually abusing children. However, both Children’s Act and Sexual Offences Act in Kenya criminalize sex with children under age of 18. As such, in 2010, TSC issued guidelines designed to protect children in schools.

Research indicated that schools are the second highest after family set-ups, where children are sexually abused; boys also get sodomized in religious institutions. Hence, it is important to pinpoint and spotlight such institutions to create awareness (IRIN, 2014). In Kenya like any other sub-Saharan African countries, there is limited data on sexual abuse, but about 29% of girls and 20% boys aged 13 and below occasionally reports one or more episodes of sexual harassment (IRIN, 2014).

1.2 Problem Statement

Sexual abuse among children is reported to occur in schools within Mukuru Kwa Njenga slum in accordance with reports by self-defense teachers in one of the public primary schools and children’s office report at St Elizabeth Legal Office in 2013/2014, (out of the 3000 cases of child sexual abuse, 2000 are boy child), though the magnitude is yet to be known. But few studies have specifically synchronized realistic data on men/boys
violence. It is prudent to assert that little research has been done on sexual violence among school going boy child in Mukuru Kwa Njenga slum, and in Kenya as a whole. Children in day schools are more prone to sexual violence comparatively to those in boarding schools (UN study on VAC, 2006).

Consequently, available data suggests that approximately 10% of men and 20% of women suffered from sexual abuse at childhood age although psychological, emotional abuse as well as neglect is not known (WHO, 2014). However, one of the recent studies on sexual violence recommended that future research agenda for Kenya should basically focus on the prevalence of sexual violence and the perception of the same within Kenyan communities, and how these affect responses (RH, 2009). According to study done in 2013/2014 by Nairobi Women Gender Based Violence Centre, approximately 5% of sexual abuse cases in the population they sampled involved boy child.

1.3 Justification

Sexual abuse among children has long history in Kenyan schools. Recent evidence however points out on underreported cases of boy child sexual abuse; rise in incidence of reported crimes of sexual nature and sporadic occurrence of such inhumane treatment of children outside and within learning institutions attest to threatened sexual safety and future reproductive health of children.

Children in day schools are more prone to sexual violence since they are more vulnerable to the predisposing factors (UN study on VAC, 2006). However, sexual violence has adverse reproductive effects to boys especially the HIV/AIDS infection with 1% male and 3% female adolescents of the same age (KDHS, 2008/9). There is little data on exact
number of child victims because so much happen in secret and is not reported (UNICEF, 2007).

1.4 Research Questions

i. What is the prevalence of sexual abuse among boy child aged between 10 to 18 years in Mukuru Kwa Njenga slum public primary schools in Nairobi County?

ii. What are the risk factors of sexual abuse among boy child in Mukuru Kwa Njenga slum public primary schools in Nairobi County?

iii. What is the level of awareness on sexual abuse of boy child in Mukuru Kwa Njenga slum public primary schools in Nairobi County?

iv. Who are the perpetrators of sexual abuse among boy child in Mukuru Kwa Njenga slum public primary schools in Nairobi County?

1.5 Null Hypotheses

The prevalence of Sexual abuse among boy child in public primary school in Mukuru Kwa Njenga slum is not associated with risk factors.

1.6 Objectives of the Study

1.6.1 General Objectives

To determine levels of sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, in Nairobi County.
1.6.2 Specific Objectives

I. To determine the prevalence of sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi, County.

II. To find out the risk factors of sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi, County.

III. To determine the level of awareness on sexual abuse among boys in public primary school in Mukuru Kwa Njenga slum, Nairobi, County.

IV. To establish who the perpetrators of sexual abuse among boys in public primary school are, in Mukuru Kwa Njenga slum, in Nairobi County.

1.7 Significance

The research study generated vital information for both planning and public health policy interventions, especially in designing effective intervention strategies for prevention of sexual abuse among boy child. The study will contribute to national efforts in research for information-based decision making.

The findings of this study will help to derive interventions and prevention strategies on sexual based violence. It is significant to survivors, community health workers, human rights advocates, legislators, law enforcers, opinion leaders, and other respective stakeholders in dealing with sexual violence and health issues associated with it.

The study promotes continued empathy and support for survivors. In addition, the knowledge gained is essential for diverse groups of service providers in responding to current trends towards professionalization in the field of sexual violence.
The study sheds light on an issue which rarely receives attention. The findings are very valuable to everyone involved in the management and prevention of sexual abuse.

1.8 Limitations and Delimitation

Lack of Co-operation was present especially when some of the respondents got reluctant and/or feared to disclose or elaborate on the questions posed to them. There was fear of victimization as a result of misconception on interviewee approach leading to negative information concerning the perpetrators, organization and school but they were assured of the confidentiality of the information obtained.

Fear of lack of confidentiality was overcome through clear explanation of the study purpose and how it equally benefited them.

The study was delimited to Mukuru Kwa Njenga slum in Nairobi County, where the researcher established the prevalence and risk factors of sexual abuse among boy child.
1.9 Conceptual Framework

**Independent variables**

**Socio-demographic**
- Characteristics of sexual abuse: Age, religion

**Perpetrators of sexual abuse**
- Family/child custodian
- Esteemed member of society connectedness

**Risk factors of sexual abuse**
- Economic difficulties/poverty
- Knowledge of children
- Money/greediness
- Social support systems
- Parenting/disintegrated family values
- Drug & alcohol use
- Overcrowding households
  - Poor governance &, inadequate legal systems

**Level of awareness on what is sexual abuse and its effects.**
- Physical/psychological and social development
- STIs/HIV/Aids
- Stool incontinence
- Absenteeism from school
- Poor performance in school

**Dependent variable**

- Risk of Sexual abuse

---

**Figure 2.1: Conceptual Framework**

1.10 Sigmund Freud’s Psychoanalytic Theory

Freud’s theory argues that human behavior is the result of the interaction among three components of the mind; id, ego and superego.

![Diagram of Freud's Psychoanalytic Theory]

**Figure 2.2 Sigmund Freud’s Psychoanalytic Theory**

Freud’s work has influenced even the way people bring up their children. The theory was further divided into psychosexual stages. According to Freud, children are born with libido (a sexual pleasure or urge) and there are a number of stages of childhood development, during which children seek pleasure from different objects and to be psychologically healthy we must successfully complete each stage, if not mental abnormality can occur. The superego is the moral part of us and it develops through moral and ethical restrain placed on us by our care givers.

If oral phase is not well taken care of the child may become a smoker, develop dependency, and aggression. Anal phase fixation may include obsessiveness, tidiness, meanness, untidiness and generosity. Finally the phallic phase due to abnormal family
setup leading to unusual relationship with mother/father, then a child may exhibit vanity, self obsession, sexual anxiety, inadequacy, inferiority and envy . The age group 10-18 years that this study is focusing on are in the super ego and the genital stage (puberty to adulthood) It’s the last stage of psychosexual theory of personality (Sigmund Freud, 2013)

Fixation at the oral stage may result to a person gaining pleasure primarily from kissing and oral sex rather than sexual intercourse. This actually explains some sexual deviant behaviors. At puberty the child focuses on adjusting to its environment and acquiring the knowledge and skills it will need as an adult. A lot of education needs to start as early as age five.

At genital stage (puberty-death) the sexual pleasure drive is gained from masturbation and sexual intercourse and sexual drive from id are re-awoken, per suite of sex and sexual relationship takes place. Freud’s theory of therefore may explain some of the behaviors of children.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The literature review chapter contains information on sexual abuse among boy child, the prevalence of sexual abuse among children, types of sexual abuse, risk factors of sexual abuse among boys, perpetrators of sexual abuse and the perceived effects of sexual abuse among boys.

2.2 The Prevalence of Sexual Abuse

According to documented studies on sexual abuse, it is impossible to measure the actual prevalence rate of violence against children worldwide. It implies that there is lack of sufficient data on the exact number of child victims because many cases happen in secret, and are not reported. However, between 500 million and 1.5 billion children respectively are estimated to experience violence annually (UNICEF, 2007). Some studies estimate sexual violence at 13.8 for both boys and girls (UNICEF, 2009). Most studies worldwide show that first sexual experience among many young people are as a result of forced sex (WHO, 2005).

Moreover, sexual violence among children is a global concern. Approximately 1 in every 10 boys has experienced sexual violence worldwide (UNICEF, 2007). As such, the disclosure rates of sexual violence among boy child are poor (KVACS, 2010). According to meta-analysis study completed in 2009 across 22 countries globally, it is estimated that South Africa has the highest prevalence rates of child sexual abuse for men. This stands
at (60.9%) while that of women is at 43.7%. In furtherance, Jordan is ranked second with prevalence rate for men at 27%. Based on sexual abuse among men, Tanzania is ranked third with prevalence rate of 25%. The study conversely noted that low prevalence rates among men may be inaccurate, and under-reporting may be prevalent due to shame and fear of being labeled as homosexuals. The study affirms the problem among both men and women in all the countries studied (John Wihbey, 2011).

However, in 2009, a report on practical measures needed on teen sex education indicated that Kenyan teenagers are having sex and they appear to have no clue how to go about it (Nairobi based Centre for adolescence, 2009). In addition, the report exemplified that about 40% of girls’ and 50% of boys respectively are reported to engage in sexual activities before their 19th birthday (CSA, 2009). Up to 50% of those who sexually abuse children are under the age of 18. Moreover, 88% of sexual abuse cases are never reported to authorities (Child Health International, 2008).

2.3 Types of Sexual Abuse

The study explored physical, sexual and neglect as forms of abuse that depend on age and sex of child. But, rampant cases often occur among children who have reached puberty or adolescence.

However, sodomy could be affirmed to relate to both oral and anal sex as subsets of sexual abuse and gender based violence (GBV). The Kenya Demographic Health Survey ultimately does not account for any gender based violence against boys (KDHS, 2008). But, problem of Commercial Sexual Exploitation of Children (CSEC) has increasingly become a major global concern. In addition, the magnitude of the problem in the East and
Southern African Region has not been adequately documented. Whilst according to UNICEF, it is estimated that millions of children in the region are sexually exploited. The global pervasiveness of the problem culminated into the first World Congress on Commercial Sexual Exploitation of Children. However, the meeting that was held in Stockholm, Sweden in 1996 purposefully explicated the problem on the international political agenda. In furtherance, the outcome of the Stockholm conference resulted into adoption of an International Action Plan against the Commercial Sexual Exploitation of Children. It consequently received endorsement of the UN agencies, NGOs and governments, Kenya being a signatory (Ajala, 2014).

2.4 Risk Factors of Sexual Abuse

When exploring risk factors of sexual abuse, it is prudent to underscore cultural practices that condone sexual abuse of children, which include among others; poverty/economic difficulties, lack of data & information to base interventions, lack of clear definition of the problem, lack of trained personnel, the spread of HIV/AIDS, lack of awareness of children’s Rights, lack of proper legislation, poor enforcement of the law, and lack of proper co-ordination. Mukuru Kwa Njenga primary schools’ location could pose a boy child to sexual exploitation and abuse (Andrews et al., 2006).

According to global research done by UNICEF in 2008/2011, the major causes of sexual abuse in children include poverty as a precursor, money, greediness and war. However other causes include natural disasters, economic injustices, dispute between rich & poor, large scale migration & urbanization, lack of education, disintegration of family and social values, social attitude, lack of protection of vulnerable children, underfunding or
failure of social services, poor governance systems, inadequate legal systems and also failure to protect vulnerable children from criminal acts. It is important to mention that gender inequality, pornography, technology, drugs and alcohol, lack of social support for working mothers and tourism are other risk factors of sexual abuse.

Nonetheless, single parenting which is commonly exhibited especially by young parents without support of extended families, overcrowding households, lack of income to meet family needs, existence of violent relationships in homes increases child vulnerability to sexual abuse. Parents with low self-esteem, poor control over impulses, mental health problems, those who display antisocial behavior, uninformed and have unrealistic expectation about child development (WHO, 2005).

2.5 Level of awareness of Boys on Sexual Abuse

The effect of sexual abuse extends far beyond childhood. Sexual abuse robs children of their childhood and creates mistrust, feelings of guilt and self-abusive behavior. This leads to antisocial behavior, depression, identity confusion, loss of self-esteem, and other serious emotional problems. Moreover, it could also lead to difficulties in intimate relationships later in life. As such, it is important to assert that sexual victimization of children is ethically and morally wrong (American Humane Association, 2013).

Sexual exploitation of children results in serious and often life threatening consequences such as physical, psychological and social development. However, its effects include but not limited to threat of early pregnancy, maternal mortality, infancy, retarded development, physical disabilities and sexually transmitted diseases like HIV/AIDS.
However, at the community level, commercial sexual exploitation of children represents erosion of common values and rights. This constitutes fundamental violation of children’s rights, which calls for concerted efforts to eradicate these practices and enhance equal rights to others (UNICEF, 2007). Psychologically, affected child cannot concentrate well in class; a fact that could be noted in their performance. In some instances, sicknesses such as STI could cost a child school days as they seek treatment or hospitalization due to physical trauma.

Parental role in providing information and guidance is vital to children. In fact, children believe that their parents should take guiding role (as always stressed in the context of the convention on the rights of the child) yet parents barely talk to them about sex. As such, children need to communicate openly with their parents on sexuality. Parents need peer education and counseling. CRC provides that a child has a right to be protected from all forms of sexual exploitation and abuse (Svevo-Cianci, Hart, & Rubinson, 2010).

State agencies should strive to protect children from all forms of sexual exploitation and abuse. The government should take appropriate measures to prevent the inducement or coercion of children into any unlawful sexual activity, the exploitative use of children in prostitution or other unlawful sexual practices and exposure to pornographic materials

According to Article (19) of the CRC, a child should be protected against all kinds of physical or mental violence, including sexual abuse. Moreover, Article (39), states that that children who are exploited and exposed to abuse, cruelty, inhuman or degrading treatment should be helped through rehabilitation.
2.6 The Perpetrators of Sexual Abuse among Children

It is well recognized that local men and those from neighboring countries sexually exploit Kenyan children, but, in regard to sex tourism, both men and women are active in the country. Current studies have shown that some of the perpetrators of child sexual abuse are highly esteemed members of the society. In such cases, victims; both boys and girls are aged between 10-18 years. Recent research evidence suggests that there is a decrease in the age of the children involved, while sexual exploitation of children as young as six years of age is increasingly becoming pervasive (ECPAT, 2014).

It could be exemplified that sexual abuse is not only carried out by strangers but also by people known to us including neighbors, teachers, relatives, parents and others. It is explicit that sexual abuse and exploitation of children within the home, school and workplace is widespread in East and southern Africa and such children are more likely to end up in commercial sex work (Kaponda, 2000).
CHAPTER THREE: MATERIALS AND METHODS

3.1 Introduction

This chapter contains study design, study area, study population, variables, sampling procedures, sample size determination, data collection tools and data analysis methods.

3.2 Research Design

The study is a cross sectional descriptive study design.

3.3 Variables

3.3.1 Independent Variables

The independent variables of this study were: alcohol use/nonuse, forced sex at debut and type, family/child custodian/esteemed members of the society connectedness, socio-economic status of the boys’ family/poverty, service availability, medical/legal and social support services, parent and boys’ knowledge on effects of sexual abuse and existing services, socio-demographic factors of sexual abuse: age, sex and religion.

3.3.2 Dependent Variables

Risk of Sexual abuse was identified as the dependent variable.

3.4 Location of the Study

The study was carried out at Mukuru Kwa Njenga informal set-up, South B Nairobi district, Makadara sub-county, which is positioned about 3 kilometers from the Nairobi City Centre. However, the study area is situated along Mombasa road next to South B
formal settlement. The schools are within a slum in that area as located in (Appendix 5.3). This study site was chosen due to its characteristics and risk in the environment but it was also randomly selected among the three main slums. The population of primary school children in this area aged, 10-18 years was around 4,000.

3.5 Study Population

The study was carried out among boy child from age between 10 to 18 years in public day schools within Mukuru Kwa Njenga slum, Nairobi District, Nairobi County-Kenya. Moreover, the total number of boys aged between 10 to 18 years in the four schools was 1000 pupils. This study was only interested on adolescent age group as a key population.

3.6 Inclusion Criteria

Boy child aged between 10 to 18 years in public primary schools in Mukuru Kwa Njenga Slum, Nairobi County.

3.7 Exclusion Criteria

Sick boys, those absent from school during sampling period, boys below 10 years and those above 18 years of age were not included in the study as the interest was adolescent boys.

3.8 Sampling Techniques

The study was done in four (4) public day primary schools which were purposively selected within Mukuru Kwa Njenga slum. There were challenges in getting permission to access and interview the children in the private primary schools. The four public
primary schools had the largest number of boy child aged between 10-18 years and the self defense teachers had reported such inhumane acts of child sexual abuse to be occurring in these four schools. However, the allocation of the number of participants was proportionate to the population of boys aged between 10 to 18 years in each school: (Table 3.1). Class 4,5,6,7 and 8 formed the strata in each school as that age group of interest were only in those classes 4-8 and simple random sampling was used to identify and pick respondents (the individual boys) from each stratum. In addition, key informants and focused group participants respectively were purposively selected. The key informants included the teachers, village elders and boys.

3.9 Sample Size Determination

The study used Fisher et.al. 1998 formula to calculate sample size as follows;

\[ n_0 = \frac{Z^2 \times p \times (1-p)}{d^2} = \frac{1.96^2 \times 0.5 \times (1-0.5)}{0.05^2} = 384.16 \approx 384 \]

Where \( n_0 \) is the initial samples size, \( Z \) is the abissca of the normal distribution under error estimate (1.96 for this case), \( p \) is the estimated prevalence of sexual abuse among boys (50% was assumed since it was unknown) and \( d \) is the standard error level allowed (5%).

Given that the entire population of boys in the study area was 1000 (<10,000), finite population correction factor was applied to determine the final samples size given by:

\[ n = \frac{n_0}{1 + \frac{n_0 - 1}{N}} = \frac{384}{1 + \frac{384-1}{1000}} = 277.7 \approx 278 \]
Inclusive of 7.9% attrition rate, the study utilized 300 boys as the final sample size though the attrition rate was not very necessary in such a study.

Table 3.1: Distribution of the study participants in each study school

<table>
<thead>
<tr>
<th>School</th>
<th>Number of boys (10-18 years)</th>
<th>No of participants in @class</th>
<th>Selected Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>250</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>O</td>
<td>250</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>N</td>
<td>300</td>
<td>18</td>
<td>90</td>
</tr>
<tr>
<td>S</td>
<td>200</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>1000</td>
<td>300</td>
<td>300</td>
</tr>
</tbody>
</table>

3.10 Research Instruments

The researcher used self-administered questionnaires for class 5-8 boys and researcher administered questionnaires for boys in class 4 and any other boys who needed. Key informant interview guide were used for boys, teachers and village elders and focused group discussion guides as data collection instruments. The questionnaires contained both closed and open-ended questions that generated much data as possible. According to (Charya, 2003), the questioning techniques were preferred for the study due to the fact that compared to either direct observation or experimentation; it yields broader range of data. This was effectively used for producing reliable information on socio-economic characteristics, attitudes, opinions and motives of individuals.

Also the questioning technique was faster and cheaper than observation. Moreover, key informant guides were used for gathering information from the key informants who included two boys, two teachers in each school were also interviewed, one children’s officer and two village elders respectively. The FGD guide was used for both sexually
abused and none abused children in each school but it was unsuccessful as there was poor disclosure among the respondents and none of the boys were willing to talk.

3.11 Pre-Testing

The FGD and questionnaire pretesting were done among boys at Olympic primary school in Kibera slum to verify the validity and reliability of instruments that were to be used for data collection during the study.

3.12 Validity

Validity was ensured through the use of expertise review of the three instruments and training of research assistants.

3.13 Reliability

The research instruments were pretested and respective operational terms were defined explicitly.

3.14 Data Collection Techniques

Qualitative data was first transcribed through exploration of previous research by distinct authors to create an insight for the study at hand. Moreover, quantitative data was collected within study location in the field through self-administered questionnaires to ensure utmost confidentiality since the disclosure levels among the boys aged between 10-18 years were very low. In addition, the great population does not disclose such ordeals to derive accurate information from the researcher administered questionnaires
(Kilpatrick et al., 2001 and Sheehan, 2007). Although for the very young boys who needed any assistance with the questionnaire filling, the same were granted.

The Researcher conducted four Focused group discussions with 6-8 boys aged between 10-18 years in each school. This was done to enrich the information generated. The boys’ participated while the researcher moderated the discussions. Consent to record the responses was sought from the participants (Holly et al, 2011 and Young et al, 2009). Despite the effort made FGD was unsuccessful.

Key informant interviews using interview guides were conducted with at least one children’s officer, two school heads, two self-defense teachers, two village elders and two students at the Mukuru slum public schools. All gathered information supplemented the questionnaires and the FGDs. The mentioned above usually received complains about sexual abuse. The instrument was proven useful in other sexual abuse studies (Breiding et al., 2011; Ajuwon et al., 2006).

3.15 Data Analysis and Presentation

Quantitative data was tabulated and analyzed using descriptive statistics which entailed frequency distribution tables, percentages, graphs and charts with an aid of Statistical Package for Social Scientists (SPSS) and MS Excel. The researcher obtained percentages, tables and charts that eased interpretation, conclusion and recommendations.

Qualitative data was transcribed verbatim into MS word according to emerged themes. Quantitative data was coded and entered into SPSS version 17 for data management.
Frequencies and percentages were used to describe quantitative data while Chi Square tests as well as binary logistic regression were used to test for distinct associations between the dependent and independent variables as shown in chapter 4.

3.16 Logistical and Ethical Consideration

The study was approval and authorization from relevant bodies was obtained. Approval to carry out research was obtained from Kenyatta University graduate school, Ethical approval was obtained from KUERC. Research Permit was obtained from NACOSTI and permission from the Ministry of Education and schools administrations was also obtained. Informed consent was however, sought from the village elders and, teachers, parents of the minors and obtained, the minors also gave their assent. Confidentiality was maintained throughout the study and this helped to increase the disclosure of sexual abuse act.
CHAPTER FOUR: RESULTS

4.1 Socio-demographic characteristics

4.1.1 Child’s characteristics

Out of the 300 boy child sampled, majority 111 (36.7%) of the respondents were in class six. 287 (95.7%) were Christians while 13(4.3%) were Muslims. Majority 210 (70.0%) lived with their parents, 72(24.0%) were living with single parents while 18(6.0% ) were living with a guardian. Majority 163 (54.3%) of the respondents was aged between 12 and 13 years with a mean age of 12.31(±16).

Table 4.1: Socio-demographic characteristics of the child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Categories</th>
<th>Frequency</th>
<th>Percent (n = 300)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education level</td>
<td>Class 4</td>
<td>32</td>
<td>10.7</td>
</tr>
<tr>
<td></td>
<td>Class 5</td>
<td>44</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td>Class 6</td>
<td>110</td>
<td>36.7</td>
</tr>
<tr>
<td></td>
<td>Class 7</td>
<td>80</td>
<td>26.7</td>
</tr>
<tr>
<td></td>
<td>Class 8</td>
<td>34</td>
<td>11.3</td>
</tr>
<tr>
<td>Religion</td>
<td>Christian</td>
<td>287</td>
<td>95.7</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>13</td>
<td>4.3</td>
</tr>
<tr>
<td>Person living with</td>
<td>Both parents</td>
<td>210</td>
<td>70.0</td>
</tr>
<tr>
<td></td>
<td>Single parent</td>
<td>72</td>
<td>24.0</td>
</tr>
<tr>
<td></td>
<td>Guardian</td>
<td>18</td>
<td>6.0</td>
</tr>
<tr>
<td>Age in years</td>
<td>10 – 11</td>
<td>78</td>
<td>26.0</td>
</tr>
<tr>
<td></td>
<td>12 – 13</td>
<td>163</td>
<td>54.3</td>
</tr>
<tr>
<td></td>
<td>14 – 15</td>
<td>52</td>
<td>17.3</td>
</tr>
<tr>
<td></td>
<td>16 – 17</td>
<td>7</td>
<td>2.3</td>
</tr>
</tbody>
</table>

The age group covered by the study is actually adolescents, though even those below age 10 could also be victims but they were not part of this study.
4.1.2 Living environment

Majority 262 (87.3%) of the respondents were sharing bedroom rooms with other people while 38 (12.7%) were not sharing bed rooms. Among those sharing bed rooms, majority 179 (68.3%) were sharing bed rooms with their brother(s) while 6 (2.3%) were sharing with their aunties.

![Person sharing room with](image1)

**Figure 4. 1: Person sharing bed room with boy child**

Majority 204(77.9%) of respondents sharing rooms with other people preferred sharing their rooms while 58(22.1%) did not prefer sharing with other people majorly because they lacked privacy 51(87.9%) or because they were being sexually harassed 7(12.1%).

![Room sharing preference](image2)

**Figure 4. 2:Bed Room sharing preference**
4.2 Prevalence of Sexual Abuse

The study went ahead to investigate the proportion of pupils who had been exposed to sexual abuse. It was established that majority 226 (75.3%) of the pupils had undergone sexual abuse of one form or another. While 74 (24.7%) had not. The most common type of sexual abuse the respondents were exposed to included fondling others 215 (71.7%) being fondled 198(65.9%), looking at pornography 183(61%), watching an adult masturbate171(57.1%), looking at an adults genital parts 116 (38.5%), watching an adult undressing to show genital parts 97 (32.2%), submitting to insertion of finger or an object by an adult 93 (31.0%), submission to full sexual intercourse with an adult 77 (25.7%) and picturing or filming of genital parts 25 (8.4%).

![Forms of sexual abuse](image)

**Figure 4. 3: Forms of sexual abuse**

The study revealed that among the sexually abused pupils majority 172(76.1%) of the respondents had been abused three times and more, 18 (8.0%) twice and 36 (15.9%) had undergone sexual abuse once.
The study also compared the proportion of sexual abuse among pupils across the four public primary schools and established that Mariakani Primary school had the highest cases 66(88.0%), followed by Our lady of Mercy 64(85.3%), St Catherine 42(70%), while Nairobi South Primary 54(60%) had the least cases of sexual abuse. Prevalence of sexual abuse significantly differed between the schools (Chi-square P-value < .001).

### Table 4.2: Sexual Abuse Prevalence by School

<table>
<thead>
<tr>
<th>School</th>
<th>Not experienced</th>
<th>Experienced</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>M</td>
<td>9</td>
<td>12.0</td>
<td>66</td>
</tr>
<tr>
<td>N</td>
<td>36</td>
<td>40.0</td>
<td>54</td>
</tr>
<tr>
<td>O</td>
<td>11</td>
<td>14.7</td>
<td>64</td>
</tr>
<tr>
<td>S</td>
<td>18</td>
<td>30.0</td>
<td>42</td>
</tr>
</tbody>
</table>

Majority of the respondents who had experienced child sexual abuse thought that sexual abuse mostly 92 (40.7%) happened when everybody is away; that it happens mostly 138 (61.1%) in the neighborhoods; that it happens mostly 114 (50.4%) because of inadequate security for the child. Only 98 (43%) of the sexually abused pupils who revealed whom the perpetrators were. Proportion of respondents was significantly different across time, place, reasons and perpetrators of sexual abuse.

![Number of times of sexual abuse](image)
Table 4.3: Victims, time, place and reasons for sexual abuse

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Percent (N = 226)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time of sexual abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When everybody is away</td>
<td>92</td>
<td>40.7</td>
</tr>
<tr>
<td>At night</td>
<td>87</td>
<td>38.5</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>None respondences</td>
<td>21</td>
<td>11.5</td>
</tr>
<tr>
<td><strong>Place of sexual abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbourhood</td>
<td>138</td>
<td>61.1</td>
</tr>
<tr>
<td>At home</td>
<td>59</td>
<td>26.1</td>
</tr>
<tr>
<td>In school</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>None respondences</td>
<td>21</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Reasons for sexual abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate security for children</td>
<td>114</td>
<td>50.4</td>
</tr>
<tr>
<td>No one else at home</td>
<td>49</td>
<td>21.7</td>
</tr>
<tr>
<td>Uncaring parent</td>
<td>38</td>
<td>16.8</td>
</tr>
<tr>
<td>Uncaring teachers</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>None respondences</td>
<td>21</td>
<td>1.8</td>
</tr>
</tbody>
</table>

### 4.3 Risk factors of sexual abuse

#### 4.3.1 Bivariate analysis

Pearson chi-square indicated that student class, the person living with the child, person who the child is sharing room with, age and level of awareness on child sexual abuse were significantly associated with sexual abuse experience.
### Table 4.4: Bivariate Relationship

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Categories</th>
<th>Sexual abuse experience</th>
<th>Chi-square p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not experienced</td>
<td>Experienced</td>
</tr>
<tr>
<td>Education level</td>
<td>Class 4</td>
<td>8(10.8)</td>
<td>24(10.6)</td>
</tr>
<tr>
<td></td>
<td>Class 5</td>
<td>11(14.9)</td>
<td>33(14.6)</td>
</tr>
<tr>
<td></td>
<td>Class 6</td>
<td>27(36.5)</td>
<td>83(36.7)</td>
</tr>
<tr>
<td></td>
<td>Class 7</td>
<td>27(36.5)</td>
<td>53(23.5)</td>
</tr>
<tr>
<td></td>
<td>Class 8</td>
<td>1(1.4)</td>
<td>33(14.6)</td>
</tr>
<tr>
<td>Religion</td>
<td>Christian</td>
<td>70(94.6)</td>
<td>217(96.0)</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>4(5.4)</td>
<td>9(4.0)</td>
</tr>
<tr>
<td>Person(s) living with</td>
<td>Both parents</td>
<td>49(66.2)</td>
<td>161(71.2)</td>
</tr>
<tr>
<td></td>
<td>Single parent</td>
<td>14(18.9)</td>
<td>58(25.7)</td>
</tr>
<tr>
<td></td>
<td>Guardian</td>
<td>11(14.9)</td>
<td>7(3.1)</td>
</tr>
<tr>
<td>Room sharing</td>
<td>Not sharing</td>
<td>10(13.5)</td>
<td>28(12.4)</td>
</tr>
<tr>
<td></td>
<td>Sharing</td>
<td>64(86.5)</td>
<td>198(87.6)</td>
</tr>
<tr>
<td>Person sharing room</td>
<td>Aunt</td>
<td>0(0.0)</td>
<td>6(3.0)</td>
</tr>
<tr>
<td></td>
<td>Brother(s)</td>
<td>49(66.2)</td>
<td>130(65.7)</td>
</tr>
<tr>
<td></td>
<td>Father</td>
<td>1(1.6)</td>
<td>19(9.6)</td>
</tr>
<tr>
<td></td>
<td>Mother</td>
<td>7(10.9)</td>
<td>9(4.5)</td>
</tr>
<tr>
<td></td>
<td>Sister(s)</td>
<td>7(10.9)</td>
<td>34(17.2)</td>
</tr>
<tr>
<td>Rom sharing</td>
<td>Prefer</td>
<td>47(73.4)</td>
<td>157(79.3)</td>
</tr>
<tr>
<td></td>
<td>Not preferring</td>
<td>17(26.6)</td>
<td>41(20.7)</td>
</tr>
<tr>
<td>Age</td>
<td>10 – 11 years</td>
<td>12(16.2)</td>
<td>66(29.2)</td>
</tr>
<tr>
<td></td>
<td>12 – 13 years</td>
<td>58(78.4)</td>
<td>105(46.5)</td>
</tr>
<tr>
<td></td>
<td>14 – 15 years</td>
<td>3(4.1)</td>
<td>49(21.7)</td>
</tr>
<tr>
<td></td>
<td>16 – 17 years</td>
<td>1(1.4)</td>
<td>6(2.7)</td>
</tr>
<tr>
<td>Level of awareness</td>
<td>Very low</td>
<td>22(29.7)</td>
<td>35(15.5)</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>32(43.2)</td>
<td>172(76.1)</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>20(27.0)</td>
<td>13(5.8)</td>
</tr>
<tr>
<td></td>
<td>Very high</td>
<td>0(0.0)</td>
<td>6(2.7)</td>
</tr>
</tbody>
</table>

* Fisher’s Exact

#### 4.3.2 Multivariate Analysis

To determine the significant predictors of sexual abuse, Multiple Binary logistic regression was carried out among variables that were identified by Pearson Chi-square as
being associated with sexual abuse which included student class, the person living with the child, person who the child is sharing room with, age and level of awareness on child sexual abuse were significantly associated with sexual abuse experience.

Respondents living with a single parent or a guardian were significantly 5.163 and 6.510 times respectively more likely to experience sexual abuse as compared to respondents living with both parents. This was similar to an observation by a village elder who alluded to increased occurrence among children living with foster parents as indicated in the following statement:

‘Children report to us witnessing their foster parents being intimate as the living room is mostly single and shared with children’ (Elder KII)

Respondents sharing a room with a mother were less likely (odds ratio = .082) to experience sexual abuse as compared to respondents sharing a room with a sister. Respondents with high level of awareness on sexual abuse were less likely (odds ratio = .409) to experience sexual abuse as compared to respondents with very low levels of awareness on sexual abuse.

This implies that person living with a child, person the child is sharing room with and level of awareness on child sexual abuse were significantly associated to sexual abuse experience. Thus the null hypothesis that the prevalence of sexual abuse among public primary school boys in Mukuru Kwa Njenga is not associated with risk factors is rejected with respect to these risk factors assessed in table 4.5.
### Table 4.5: Risk factors of child Sexual abuse

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Categories</th>
<th>Sexual abuse experience</th>
<th>P Value</th>
<th>Odds ratio (C.I)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not experienced</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Class 4</td>
<td>8(10.8)</td>
<td>24(10.6)</td>
<td>.089</td>
</tr>
<tr>
<td></td>
<td>Class 5</td>
<td>11(14.9)</td>
<td>33(14.6)</td>
<td>.571</td>
</tr>
<tr>
<td></td>
<td>Class 6</td>
<td>27(36.5)</td>
<td>83(36.7)</td>
<td>.994</td>
</tr>
<tr>
<td></td>
<td>Class 7</td>
<td>27(36.5)</td>
<td>53(23.5)</td>
<td>.372</td>
</tr>
<tr>
<td></td>
<td>Class 8 (Ref)</td>
<td>1(1.4)</td>
<td>33(14.6)</td>
<td></td>
</tr>
<tr>
<td>Person(s)</td>
<td>Both parents (Ref)</td>
<td>49(66.2)</td>
<td>161(71.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single parent</td>
<td>14(18.9)</td>
<td>58(25.7)</td>
<td>.002</td>
</tr>
<tr>
<td>living with</td>
<td>Guardian</td>
<td>11(14.9)</td>
<td>7(3.1)</td>
<td>.013</td>
</tr>
<tr>
<td></td>
<td>Aunt</td>
<td>0(0.0)</td>
<td>6(3.0)</td>
<td>.999</td>
</tr>
<tr>
<td></td>
<td>Brother(s)</td>
<td>49(76.6)</td>
<td>130(65.7)</td>
<td>.082</td>
</tr>
<tr>
<td></td>
<td>Father</td>
<td>1(1.6)</td>
<td>19(9.6)</td>
<td>.357</td>
</tr>
<tr>
<td>sharing room</td>
<td>Mother</td>
<td>7(10.9)</td>
<td>9(4.5)</td>
<td>.007</td>
</tr>
<tr>
<td></td>
<td>Sister(s) (Ref)</td>
<td>7(10.9)</td>
<td>34(17.2)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>10 – 11 years</td>
<td>12(16.2)</td>
<td>66(29.2)</td>
<td>.792</td>
</tr>
<tr>
<td></td>
<td>12 – 13 years</td>
<td>58(78.4)</td>
<td>105(46.5)</td>
<td>.207</td>
</tr>
<tr>
<td></td>
<td>14 – 15 years</td>
<td>3(4.1)</td>
<td>49(21.7)</td>
<td>.573</td>
</tr>
<tr>
<td></td>
<td>16 – 17 years (Ref)</td>
<td>1(1.4)</td>
<td>6(2.7)</td>
<td></td>
</tr>
<tr>
<td>Level of awareness</td>
<td>Very low (Ref)</td>
<td>22(29.7)</td>
<td>35(15.5)</td>
<td>.999</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>32(43.2)</td>
<td>172(76.1)</td>
<td>.999</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>20(27.0)</td>
<td>13(5.8)</td>
<td>.999</td>
</tr>
<tr>
<td></td>
<td>Very high</td>
<td>0(0.0)</td>
<td>6(2.7)</td>
<td></td>
</tr>
</tbody>
</table>

#### 4.4 Level of awareness on sexual abuse

Majority 286(95.3%) of the respondents knew of pornography with major (71.3%) source being media (TV, films & magazine).
A third (33.3%) of the respondents perceived sexual abuse as an act of sodomy. According to majority (78.0%) of the respondents, child sexual abuses can cause both physical injuries and absenteeism from school. Majority (89%) of the respondents had heard of sexual abuse of which majority (54% thought that the victims were girls. This was contrary to observations made in the Children’s Offices which reported that out of 3000 cases of sexual abuse cases reported in the year 2013/2014, 2000 of the victims were boys while the remainder, 1000 were girl child victims.

Majority of the respondents disagreed that economic difficulty 278(93.3%), lack of awareness on effects 264 (88.0%), money and other gifts 203(67.7%), sleeping arrangement at home 291(79.0%) perceived norm of use of drugs and alcohol 276(92.0%), absence of parents 298(96.3%) and having first forced sexual exposure 271(90.3%) makes them have sexual relation. However, majority 248(82.7%) of the respondents agreed that they were aware of social support where they could report any kind to sexual abuse. An interview with a KII in the Children’s Office noted that children in the area preferred to report to Children Office as compared to reporting to the security
agencies as they perceived the security agencies of not following up on the reported cases as in the following excerpt:

‘We receive more cases of child sexual abuse here as compared to the Police Stations. The locals have negative attitude towards the police and they deem them to lack interest in following up cases of child sexual abuse. In cases we receive we not only follow to prosecute the perpetrators but also offer counseling to the child victims’ (Children Office KII)

Table 4.6: Risk factors perception

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic difficulty makes me have sexual relationship</td>
<td>0(0.0)</td>
<td>280(93.3)</td>
<td>20(6.7)</td>
<td>0(0.0)</td>
</tr>
<tr>
<td>Lack of knowledge on the effects made me have sexual relationship</td>
<td>0(0.0)</td>
<td>264(88.0)</td>
<td>23(7.7)</td>
<td>13(4.3)</td>
</tr>
<tr>
<td>Money and other gifts make me accept sexual relationship.</td>
<td>0(0.0)</td>
<td>203(67.7)</td>
<td>86(28.7)</td>
<td>11(3.7)</td>
</tr>
<tr>
<td>I am aware of the social support system where I can report any kind of sexual abuse</td>
<td>0(0.0)</td>
<td>20(6.7)</td>
<td>248(82.7)</td>
<td>32(10.7)</td>
</tr>
<tr>
<td>The sleeping arrangement at home has made me practice sexual relationship</td>
<td>0(0.0)</td>
<td>237(79.0)</td>
<td>57(19.0)</td>
<td>6(2.0)</td>
</tr>
<tr>
<td>Use of drugs and alcohol is normal</td>
<td>0(0.0)</td>
<td>276(92.0)</td>
<td>19(6.3)</td>
<td>5(1.7)</td>
</tr>
<tr>
<td>Absence of a parent has exposed me to sexual relationship</td>
<td>0(0.0)</td>
<td>289(96.3)</td>
<td>8(2.7)</td>
<td>3(1.0)</td>
</tr>
<tr>
<td>Having forced first sexual exposure has made me continue with it</td>
<td>0(0.0)</td>
<td>271(90.3)</td>
<td>23(7.7)</td>
<td>6(2.0)</td>
</tr>
</tbody>
</table>
Table 4.7: Awareness of Sexual abuse

<table>
<thead>
<tr>
<th>Awareness of sexual abuse</th>
<th>Dimensions</th>
<th>Frequency</th>
<th>Percent (n=300)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of sexual abuse</td>
<td>Range of specific acts that may or may not involve actual physical contact including: rape, incest, exposure to sexual materials, exposure of child to sexual act deliberately or unknowingly and uncomfortable or intrusive touching of a child and any unwanted sexual contact including touching/foundling</td>
<td>42</td>
<td>14.0</td>
</tr>
<tr>
<td></td>
<td>Exposure to pornography</td>
<td>17</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Incest</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Rape</td>
<td>68</td>
<td>22.7</td>
</tr>
<tr>
<td></td>
<td>Sexual assault</td>
<td>45</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>Sexual harassment</td>
<td>16</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>Sodomy</td>
<td>100</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>All of the above</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>Effects of sexual abuse</td>
<td>Can cause physical injury</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td>Can cause absenteeism from school</td>
<td>58</td>
<td>19.3</td>
</tr>
<tr>
<td></td>
<td>All of the above</td>
<td>234</td>
<td>78.0</td>
</tr>
</tbody>
</table>

Victims of sexual abuse (N = 267)

| Victims of sexual abuse | Girls | 29 | 9.7 |
|                        | Both | 162 | 54.0 |
|                        | Boys | 76 | 25.3 |

To determine the level of awareness of the respondents, a scoring system was considered on definitions and effects given by the respondents. On the definition of sexual abuse, respondents who knew sexual abuse as any unwanted sexual contact including touching/foundling were awarded a score of 2, respondents who knew it as individual forms of sexual abuse were awarded a score of 1 while respondents who knew it as both were awarded a score of 3. On the effects of sexual abuse respondents who knew it to cause physical injury or absenteeism from school were awarded a score of 1 while respondents who knew both were awarded a score of 2. These scores were then added up.
and the sum coded as having very high (5), high (4), low (3) or very low (2) awareness level.

Majority 204 (68.0%) of the respondents had low levels of sexual abuse awareness and similarly on average there was low level of awareness on sexual abuse. Both respondents who had experienced sexual abuse and those who had not experienced majorly had low level of awareness on child sexual abuse, 226 (75.3%) and 74 (24.7%) respectively. However there was no significant association between level of awareness and sexual abuse experience (Fisher’s Exact: Chi-square p-value < 0.001)

**Table 4.8: Level of awareness of sexual abuse by sexual abuse experience**

<table>
<thead>
<tr>
<th>Level of awareness</th>
<th>Sexual abuse experience</th>
<th>Fisher’s Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not experienced (% n = 74</td>
<td>Experienced (% n = 226</td>
</tr>
<tr>
<td>Very low</td>
<td>22(29.7)</td>
<td>35(15.5)</td>
</tr>
<tr>
<td>Low</td>
<td>32(43.2)</td>
<td>172(76.1)</td>
</tr>
<tr>
<td>High</td>
<td>20(27.0)</td>
<td>13(5.8)</td>
</tr>
<tr>
<td>Very high</td>
<td>0(.0)</td>
<td>6(2.7)</td>
</tr>
</tbody>
</table>

Sexual abuse can cause physical injury, absenteeism from school, uncontrolled stool passage, sexually transmitted infections (HIV/Aids) and poor performance in school. According to a KII teacher, they would know that a child has experienced sexual abuse by inconsistent school attendance and general withdrawal from activities in the school. In addition boys having peer sexual abuse tended to get in toilets together and frequently abandoned classes to go the toilet together.

**4.5 Perpetrators of Sexual Abuse**

Majority 57 (58.2%) indicated strangers, followed by peers 27 ((27.6%), cousin 5 (5.1%), family friends 4 (4.1%), uncles 2 (2%) and fathers friend, instructors, mothers each 1 (1%). The strangers according to the KII involved street children who prey on school children while on their way to and from school as illustrated by the following expression:
‘We receive a lot of child sexual abuse cases perpetrated by street boys. The street boys attack children while enroute to and from school. There are also cases in which children go home and are attacked by strangers when parents are away’

(Child Office KII)

Table 4.9: Perpetrators of sexual abuse

<table>
<thead>
<tr>
<th>Perpetrators</th>
<th>Frequency</th>
<th>Percent (N = 98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stranger</td>
<td>57</td>
<td>58.2%</td>
</tr>
<tr>
<td>Father’s Friend</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Family Friend</td>
<td>4</td>
<td>4.1%</td>
</tr>
<tr>
<td>Instructor</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Cousin</td>
<td>5</td>
<td>5.1%</td>
</tr>
<tr>
<td>Peer</td>
<td>27</td>
<td>27.6%</td>
</tr>
<tr>
<td>Uncle</td>
<td>2</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter presents review of the discussion of results, conclusions that have been drawn from the data analyzed and policy recommendations to be implemented, and proposals for areas in which further research can be carried out.

5.1 Discussion

This section of chapter five tries to compare the current research findings with some of the previous studies done on child sexual abuse.

5.1.1 Socio-demographic characteristics

The socio-demographic characteristics that the researcher studied were age, sex, and religion. In the previous studies gender is a major factor in sexual abuse and females are reported to be more likely to be abused than males (Sedlack, et. Al., 2010). In the study carried out in Mukuru public primary schools the 29 boys (10.9%) felt boys are the victims of child sexual abuse, 162 (60.7%) felt girls are the victims and 76 (28.5%) were of the opinion that both boys and girls are victims.

The age of the male being abused Plays a part. 8% of victims age 12-17 are male, 26% of victims under the age of 12 are male (Snyder, 2000). This study population were all males. Prevalence of sexual abuse among the different age groups clearly indicated that majority (32.3%) of the respondents were aged between 12 and 13 years with a mean age of 12.31(±.16) years. However, according to literary information by Finkelhor et al., (2009), children of all ages from birth to age 18 may be sexually abused. Recent surveys also indicate that, adolescents aged 14 to 17 were by far most likely to be sexually
victimized. As such, accordingly, more than 1 in 4 (27.3%) had been sexually victimized during their lifetime. Comparatively, the literary data maps our study since it is true that children aged 10 to 17, have faced sexual abuse. This study indicated that the most affected age group is 10 to 14, with reduction of such kind of inhumane treatment between ages 15 to 17.

Based on comparative data, the study carried out in Mukuru Kwa Njenga slum shows a reduction in percentage of children who have been sexually abused once or more standing at 19.6%, while the previous study indicated 27.3% as in above statement. Although the study adopted random sample selection technique, and more boys aged 12 were selected to participate in the study, it was noted that age 12 is most affected by sexual abuse.

Although religion plays a very important role in shaping individual’s behavior, according to this study in sexual abuse in public primary schools in Mukuru Kwa Njenga, it was noted that among 300 respondents randomly selected from four public primary schools, 97.7 percent were Christians, while 4.3% were Muslims. It is explicit that religion plays insignificant role in child sexual abuse. The above information is supported by key informant interviews, which were equally conducted among Christians and Muslims.

5.1.2 Prevalence of sexual abuse

Mariakani Primary school had the highest cases (88.0%) of sexual abuse while Nairobi South Primary had the least cases of sexual abuse. Prevalence of sexual abuse significantly differed between the schools (Chi-square P-value < .001). The main objective of the study was to determine the prevalence and risk factors of sexual abuse
among primary school boys in Mukuru Kwa Njenga slum, Nairobi County. Primary data was obtained from boy child aged 10 to 18 in the four major public primary schools in that area. The key informants included teachers from the respective schools, village elders, and some of the boys.

However, following the previous studies done on boy child sexual abuse in Kenya and globally, this study revealed a varied result on prevalence of sexual abuse, which is currently at 75.3 percent. As such, in comparison with results obtained from other studies which showcased that prevalence rate of boy child sexual abuse at 10 percent (UNICEF, 2007), the difference could be affirmed to result from increased rate of disclosure among the respondents (boys).

But, when one sees such high prevalence rates of sexual abuse among boy child in the public primary schools then the stakeholders need to be very knowledgeable and wise in order to deal with these kinds of sexual criminal acts. However according to Stevo-Cianci, Hart, & Robinson (2010), children need peer education and counseling, they also need to be protected from all forms of sexual exploitation and abuse but the survey done clearly points out that the children feel they lack security.

KII acknowledge the occurrence of sexual abuse. However, those reported at police stations were not acted upon while those reported to children’s office (ST. Elizabeth) were acted upon (According to the Village Elders). Real prevalence is not known due to no disclosure or reporting (US centre of disease control and prevention, 2006). 73% do not tell for at least 1yr, 45%-5yrs, some never disclose (Broman et al.2007). This study
might have a higher prevalence rate because may be 73% who disclose after one year disclosed that they had been sexually abused.

5.1.3 Risk factors of sexual abuse

Respondents living with a single parent were significantly 10.653 times more likely to experience sexual abuse as compared to respondents living with a guardian.

Respondents sharing a bedroom with mother were less likely (odds ratio = .082) to experience sexual abuse as compared to respondents sharing a bedroom with a sister.

Family risk factors (history of abuse, poor family functioning) including more harsh discipline and poor family attachment/bonding, social deficits or low social scales, loneliness, difficulties with intimate relationship could actually cause low disclosure of sexual abuse incidences.

Family structure is reported as the most important risk factor in child sexual abuse. Therefore children who live with both biological parents are at low risk of sexual abuse than children living with step parents or a single parent. Children who live with foster parents are 10 times more likely to be sexually abused than children that live with both biological parents while children who had a live-in partner are at highest risk (20 times) more likely to be victims of sexual abuse than children living with both biological parents (Sedlack, et. al., 2010).

This study in Mukuru slum primary schools clearly shows that children who lived with single parent were ten times just as those who live with foster parents as shown in the study carried out by Sedlack in 2010.
Although 210 boys (70%) live with both biological parents, 72 (24%) live with single parent and 18(6%) live with guardians, the work commitment that makes parents to be away from children at home, school, in the neighborhood aggravated by economic difficulties faced by parents and children hence make them share their rooms/bedrooms with others predispose the children still to sexual abuse. No wonder 7(12.1%) of the boys reported not to like sharing their bedroom due to the fact that they are sexually abused while 51(87.9%) reported that they did not prefer to share because of lack of privacy.

In some previous studies poverty is viewed as a precursor of child sexual abuse as mentioned in the literature review this may be true or false unless proven otherwise as above. Remember even parents who are economically stable can still have their children sexually abused due to work commitment that keeps them from home away from the child.

However, within the study area, the researcher was trying to explore the relationship between risk factors of sexual abuse and sexual abuse. Now, some of the risk factors that predispose children in Mukuru Kwa Njenga to sexual abuse included: economic difficulties, awareness gaps on sexual abuse, lack of social support system to the children, poor parenting that culminated into children being left alone at home and in the neighborhood hence falling into the hands of the perpetrators.

Drugs and alcohol use could as well be key contributors as risk factors of sexual abuse. This was ascertained through qualitative and quantitative data collected and analyzed during the research. As indicated, 276 of the respondents, which is 92 percent of the respondents disagreed that alcohol and drug use is normal, and had been sexually abused
either ones, twice, thrice or more. Hence it could be deducted that these boys must have encountered the inhumane practices in the hands of drugs and alcohol users.

In addition, overcrowding households is another risk factor of sexual abuse. It is true that 83% of the residents stay in single rooms, which they referred to as one bedroom. Merely 17 percent of the respondents affirmed to stay in 2, 3 and 4 roomed households. Therefore the study affirms the statement above since it explicitly indicated lack of privacy, sexual harassment and others respectively as the reasons for not liking to share rooms.

Conversely, forced first sex at debut and type was identified as another risk factor of sexual abuse. The study also shows that 9.17 percent of respondents agreed that as a result of forced first sex debut, they continued with sexual abuse. Surprisingly, in spite of the fact that media is used as an effective source of entertainment and source of information, it is evidenced that it has detrimental effects on children. As such, pornography has been associated with encouragement of exploitation of children through indecent exposure by perpetrators of child abuse within the study. Among the 300 respondents, 244, which is 81.3 percent had known about pornography, specifically, 68 respondents were exposed to sexual material through the media, while 62 respondents knew about the same through friends, and finally those who learned about pornography through adults and other sources were 12 respondents. In addition, according 140 respondents, which is 46.6 percent agreed to have looked at pornography. Hence media use also predisposes the children to sexual abuse.
All children are at risk. African American children are almost twice at risk than white children (Sedlack, et al 2010).

Child victims or who witness of other crimes are significantly more likely to be sexually abused (Finkelhor, 2010). Family structure is the most important risk factor in child sexual abuse—those who live with both biological parents are less at risk. Foster parents—10 times likely to be abused, Single parent with a live in partner-20 time likely to be victims (Sedlack, et al 2010).

5.1.4 Level of awareness on sexual abuse

Generally 68% have low awareness levels on sexual abuse, 19% very low awareness, 11% have high awareness and only 2% have very high awareness on sexual abuse.

It is important to derive child perception on the meaning of sexual abuse. As such, it is an actual sexual act that involves sexual penetration, touching of the child’s breasts and/or genitals, voyeurism (the person behind looking at the child’s naked body), exhibitionism (perpetrator showing a child his/her naked body), showing child pornography or using the child in the production of the same.

Others include incest, creating, depicting and/or distributing prohibited materials on sexual pictures and videos of the child and/or to the child online, and stocking grooming and engaging in sexual explicit behaviors with children online, and commercial trafficking of the child for prostitution among others (Finkelhor, et al. 2008).

In accordance with this study, there is awareness gap among the boy child in Mukuru slum public primary schools, especially on what sexual abuse is, risk factors and effects of sexual abuse respectively but when told what sexual abuse was then the researcher
realized many had been sexually abused in one way or another. Conversely in spite of the fact that most of the respondents could recognize some of the sexual abuse acts, the majority could hardly identify one or two. Only 2 percent of the respondents had general explicit understanding of the common sexual abuse acts. Similarly, the children have deficient awareness on effects and risks of sexual abuse among others.

But, accordingly, 78 percent of the respondents knew that sexual abuse can cause the following effects: physical injury, absenteeism from school, uncontrolled stool passage, sexually transmitted infections (HIV/Aids), poor performance in school and others, while 22 percent knew either. Moreover, other effects that could be observed as exhibited by the victims of sexual abuse included but not limited to: guilt, depression, antisocial behavior, lack of trust and loss of self-esteem.

5.1.5 Perpetrators of sexual abuse

It is a reality that sexual abuse is a crime and abuse of trust, power and authority that may result into serious short and long term problems for the child. Moreover, a person who sexually abuses a child or exposes him/her to sexual act is a criminal and should be prosecuted accordingly. According to analyzed data ranking from top to bottom of the list of perpetrators of sexual violence in Mukuru Kwa Njenga slum, strangers form the majority followed by peers, cousins, family friends, uncles, mothers, father’s friends and instructors among others. In the African society, child upbringing was regarded as a societal role and one could entrust his or her children with the neighbors and they would still be safe and well taken care-of, but according to this study, neighborhood is ranked among key places where perpetrators of child sexual abuse in Mukuru Kwa Njenga slum commonly happen.
As such, street children are a new challenge in the market of sexual abuse among boy child, among the respondents, street families/children constitute 8.6% among the perceived perpetrators of child sexual abuse in the study area. According to surveys conducted, children are most often abused by people whom they are acquainted (Finkelhor et al., 2009). In this respect, uncles, maids/servants fathers, brothers, cousins, parents and other relatives fall among the people that children are more acquainted. According to the study they contribute to 39.6% of the respondents. Comparatively, survey conducted by Snider in the year 2000, indicates that 34% of perpetrators were family members, while according to this study stands at 31.9% respectively. Finally, some perpetrators of sexual abuse are among esteemed members of the society, parents and other relatives could also be among esteemed members of the society. Therefore according to Texas Department of criminal justice, it isn’t strangers our children have to fear most but also people known to them that they trust too.

According to Finkelhor et al. (2009), sexually abused children may also experience verbal, emotional or physical abuse. Comparatively, it is true since the study noted that 123 sexually abused children are often withdrawn, emotional, and both physically and psychologically affected. Moreover, during the trial of focus group discussion, it was clear that some of the boys could not verbalize their problems and the fact that they previously experienced sexual abuse. But, after noting the impediment, the researcher engaged the boys in one on one interview which yielded much information since they opened up.

However, according to study done by Karen J. Terry (2008), it is important to note that social services’ agencies and criminal justice institutions, each only partially capture part
of the picture of child sexual abuse. Incidents of events involving child sexual abuse may be reported directly to the police and/or may come to the attention of the staff of social service agencies, or even child legal officers who never takes the matter serious and no action is taken.

The above was confirmed through key informant interviews that cases reported to police, parents, teachers among others but no action is taken. Though the reported crimes to child legal officers are sometimes acted upon Therefore, it is important to acknowledge that many such incidents may not generate any official reports at all. Hence no clear data on sexual abuse is available at the government institutions/po police data and even at the child legal offices.

5.2 CONCLUSION

Based on study topic “sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi County- Kenya” the background of the study explored sexual abuse as a serious and persistent issue in Kenya and globally, moreover, it is imperative to assert that the Kenya demographic health survey does not report any substantial data on the scourge (KDHS, 2008). However, in the problem statement, this study affirmed that sexual abuse cases are often reported to the parents and police, by the self-defense teachers, though not all but, it is blatant that until more researches are done and generalization is achieved, the magnitude will still be difficult to establish.

5.2.1 Prevalence of Sexual Abuse

According to WHO (2014), it is justifiable that sexual abuse among children is a growing vise in Kenya and globally, comparatively, it is worrying that this study rates
sexual abuse prevalence at 75.3 percent unlike the previous studies that exemplified the rate at 10 percent generally among boy child.

### 5.2.2 Risk Factors of Sexual Abuse

Actually, it was realized that, despite knowing the risks and effects of sexual abuse, some respondents, quite a high number affirmed that they are still being abused. This is based on the fact that the boys feel unprotected at home, in schools and on their way to and from school, and within the neighborhood. Unlike the normal situations whereby children ascertain parental guidance, the state of the society has made it difficult for children to dive close links to the parents; work based commitments widens the gap since parents are often busy looking for source of livelihood, children find it hard to cope.

There are quite a number of risk factors to sexual abuse among the children in Mukuru Kwa Njenga public primary schools. These include economic difficulties, awareness gaps on sexual abuse, lack of social support system to the children, poor parenting that culminated into children being left alone at home and in the neighborhood hence falling into the hands of the perpetrators.

Drugs and alcohol use, family structure issues such as single parenting, step parenting, lack of child protection at home and in school and lack of privacy as children share bedrooms with others.

### 5.2.3 Awareness Level on Sexual Abuse

Awareness on sexual abuse is still wanting, the awareness levels are low according to the results generated, though many children have gone through different forms of sexual
abuse, for example watching pornographic movies, and the children were not aware that this was child sexual abuse.

5.2.4 Perpetrators of Sexual Abuse

It is apparent that perpetrators have much time to access the boys comparatively to parents, thus increasing the rate of perpetration.

Perpetrators of boy child sexual abuse include cousins, brothers, sisters, uncles, parents, neighbors, caregivers/maids, street children/families, and in schools peers and fellow children practice the inhumane act in toilets, bathrooms and the like.

5.3 RECOMMENDATIONS

5.3.1 Recommendation for further studies

Prevalence of sexual abuse and risk factors among children/ boy child below age 10,

The same research can be done in other slums to be able to make generalization.

5.3.2 Recommendation from the study

Stakeholders of child protection including teachers, children legal officers, parents among others need awareness creation on recommended strategies of child protection.

Teachers need to engage the children during games time and any other breaks they have during school hours as a lot of peer sexual abuse occur during these breaks. There is need for child counselors in our schools.
Legal officers including the children’s officers, the police, the chiefs and all the state law enforcers need to take up the matters seriously when reported to them. There is need for security for children on their way from and to school.

Parenting is key to child behavioral development, proper parental guidance is needed for the children as most of the boy child, felt they are not protected well as parents are too busy with work.
REFERENCES


Finkelhor, D., Richard K. Ormrod, and Heather A. Turner. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. Crimes against Children Research Center, University of New Hampshire, 12 6 Horton Social Science Center, 2 0 College Road, Durham, NH 03824, USA: Child Abuse & Neglect 33 (20 09) 403–411


Sigmund Freud. 2013. Introduction to psychosexual development, New York City.


Appendix 1: Proposed work plan for the research process 2013/2014

<table>
<thead>
<tr>
<th>ACTIVITY/MOTH</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal development</td>
<td></td>
<td></td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposal approval by IREC</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment of research assistants</td>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test of data collection tool</td>
<td></td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start-up research data collection</td>
<td></td>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data entry</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Data analysis</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Report writing and review by supervisor</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Submission of thesis, defense and correction</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
### Appendix 2: Budget Proposal for the Research

<table>
<thead>
<tr>
<th>ITEM</th>
<th>KSHs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proposals development (typing and printing)</td>
<td>100,000</td>
</tr>
<tr>
<td>2. Equipment-laptop, pens, papers</td>
<td>140,000</td>
</tr>
<tr>
<td>3. Training activities</td>
<td>200,000</td>
</tr>
<tr>
<td>4. Accommodation and meals for 62 days, @ day 4000 for two researchers</td>
<td>248,000</td>
</tr>
<tr>
<td>5. Research commencement and analysis, SPSS software.</td>
<td>200,000</td>
</tr>
<tr>
<td>6. Transport costs</td>
<td>120,000</td>
</tr>
<tr>
<td>7. Cum coders 2 @ 45,000</td>
<td>90,000</td>
</tr>
<tr>
<td>8. Miscellaneous allowances 10%</td>
<td>114,800</td>
</tr>
<tr>
<td>9. Literature review, Amref and other library charges</td>
<td>100,000</td>
</tr>
<tr>
<td>10. Workshop and forum</td>
<td>100,000</td>
</tr>
<tr>
<td>11. Publication</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,262,800</strong></td>
</tr>
</tbody>
</table>
Appendix 3: Study Area Map

Kenya in geographic coordinates; the grid displayed is at 5 degree intervals of latitude and longitude. Mukuru Kwa Njenga informal set up south B Nairobi district which is about 6 kilometers from the city centre of Nairobi. It is situated along Mombasa road next to south B formal settlement. The schools are in a slum in that area.

DIRECTION TO MUKURU KWA NJENGA SLUM
Appendix 4: Consent

Part 1: Introduction

My name is Rachael Atieno Odoro. I am a student pursuing Master of Public Health (Reproductive Health) degree in Kenyatta University. As a requirement by the university, for the completion and award of my degree, I am conducting a study titled: prevalence and risk factors of sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi- Kenya.

Procedures to be followed

I am going to explain about this research and invite you to voluntarily participate in this research. You will be asked questions contained in the key informant interview schedule /focused group discussion guide either by me or one of my assistants. Feel free to answer as you wish. You are free to ask for any clarification before making a decision. You are also free to ask any question or clarification about the research during or after data collection using the contact address provided at the end of this document.

Benefits

There are no direct benefits for you as an individual, monetary or otherwise, but your participation will assist in finding out the prevalence and risk factors of sexual abuse of sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi, Kenya. This information will be important in planning and running of programmes to promote boy child health.
Risk

The only risk involved in participating in this research is that the questions asked may be touching on your private life. You will also need to spare a little of your time to answer the questions.

Voluntary Participation

Your involvement in this research is completely voluntary. You can voluntarily choose whether to participate or not. Your choice will not in any way affect you or the child whom you have consented on behalf. You may discontinue taking part in this study at any point.

Duration

The data collection will only take period of 30 minutes. During this time, you will be expected to answer questions from only one questionnaire and may be one interview schedule or one focused group discussion.

Confidentiality

The identity of those taking part in the research will not be disclosed or shared with anyone. To ensure confidentiality the data collection forms will not bear your name or other details that can identify you. All the data and the information obtained during the study will be used for the sole purpose of meeting the objectives of the study.

Contact Information

If you have any questions, you may contact Dr. Justus Osero, 0724-86-93-30 or Prof. Okello Agina 0722-52-67-28 or the Kenyatta University Ethical Review Committee Secretariat on kuerc.secretary@ku.ac.ke/ 020-8710901
Agreement to take part in the study

Your signature below means that you have read/ been explained the above information about the study and that you have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later if you want to. You will be given a copy of this consent form.

__________________________  __________________   ____________
Participants /custodians name  signature/ Thumb print  Date

__________________________  __________________   ____________
Person obtaining consent  signature  Date

AGREEMENT TO ALLOW CHILD TO TAKE PART IN THE STUDY

I……………………………………………………………………………………………..

PARENT/GUADIAN

TO…………………………………………………………………..DO CONSENT TO ALLOW THE CHILD PARTICIPATE IN THE STUDY ABOVE.
PART 2: Assent Form for Boy Child

My name is Rachael A. Odoro, a masters Student in Kenyatta University and am conducting a research study. **The study is titled: sexual abuse among boys in public primary schools in Mukuru Kwa Njenga slum, Nairobi, Kenya.** You are asked to volunteer to participate in the above titled study. Your parent/guardian has given his/her consent for you to participate in this study.

As a volunteer boy child, this study requires you to honestly fill in a questionnaire only once. This will take **30 minutes** of your time. The questions asked may be touching on your private life and issues that may arouse negative emotions. The research findings will be important in improving the Sexual and Reproductive Health of boy child. There will be no monetary remuneration. You may end your participation at any time you choose. The information you give will be used only for this research and with full guarantee of confidentiality. Having being satisfactorily informed about the study, you will give your assent to participate in this study.

**AGREEMENT TO BE IN THE STUDY**

Your signature below means that you have read the above information about the study and have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later if you want to. You will be given a copy of this assent form.

________________________         __________________________  __________
Boy’s name                                        signature /thumb print of the boy         Date

________________________
Person obtaining Assent                                        signature                   Date
Appendix 5: Questionnaire

FOR EACH QUESTION PUT THE ANSWER IN THE BOX/SPACE BY TICKING THE CORRECT ANSWER IN THE BOX OR IN THE SPACE PROVIDED

SECTION A: Socio Demographic Characteristics

1. How old are you? ................................................ (Age in years)

2. Education level:
   - Class 4 □
   - Class 5 □
   - Class 6 □
   - Class 7 □

3. What is your religion?
   - Christian □
   - Muslim □
   - Buddhists □
   - Hindu □
   - Others □

4. Whom do you live with?
   - Parent □
   - Guardian □
   - Alone □

5. Are both of your parents still alive? Yes □ No □

6. If no, who of your parents is alive?
   - a) Father □
   - Mother □
   - both □

7. If yes to number 5, are they living together?
   - Yes □
   - No □

8. If no to number 7 above why are your parents not living together?
   - Divorced □
   - separated □
   - work □
   - business □
   - sickness □
   - others specify □

9. Are your parents/parent employment? Yes □ No □

10. Where are your parent/guardian employed?
    - a) Your father
        - Employed by the government □
        - self employed □
        - work for private company □
        - others □
    - b) Your mother
Employed by the government  □  self employed  □  work for private company  □
others  □
c) Your guardian  □

Employed by the government  □  self employed  □  work for private company  □
others

11. What type of house do you live in?  □
Live with my parents in a rented house  □
I live in a rented room  □
Live with relatives who own a house  □
I live in parent house  □

12. How many rooms does the house have?  ..................

13. With whom do you share your bedroom?

a……………………………………………………..
b……………………………………………………..
c……………………………………………………..

14. Do you like sharing your bedroom with him or her?

Yes  □  No  □  Not sure  □

15. If No, what makes you dislike sharing your bedroom?

No privacy  □  Am sexually harassed  □  others, name them……………………………..

SECTION B: KNOWLEDGE ON SEXUAL ABUSE.

1. What do you understand by child sexual abuse?

Any unwanted sexual contact including but not limited to touching or fondling. □
Exposure to pornography □  Molestation □  Incest □  sexual assault  □
Sodomy □  Sexual harassment □  All the above □

2. Have you heard about child sexual abuse?
3. Who are victims of child sexual abuse?

Boys ☐ Girls ☐ Both ☐

4. Who are the perpetrators?

Neighbors ☐ Uncle ☐ maid/servant ☐ brother/sister ☐ parent other relatives ☐
(Specify) Street children/families/stranger ☐

5. When does it happen?

At night ☐ when everybody is away ☐ others ☐

6. Where does it happen?

At home ☐ in school ☐ Neighborhood ☐ others ☐ specify …………..

7. Why does it happen?

No one else at home ☐ inadequate security for children ☐ Uncaring parents ☐
Uncaring teachers ☐

8) Do you know about pornography?

Yes ☐ No ☐

9. If yes, how do you know about pornography?

Film ☐ TV ☐ Magazine ☐ Friends ☐ Adults ☐ others ☐ All the above ☐

Media (magazine, TV, film)☐

10. Which one of the following are effects of sexual abuse?

Can cause sexually transmitted infections ☐
Can cause poor performance in school ☐
All the above ☐

Others, name them ……………………………………………
SECTION C: PREVALENCE OF SEXUAL ABUSE

1. Did an adult or older relative, family friend or stranger ever forced or allowed you to
   a) Look at his or her genitals?
      Yes ☐ No ☐ I don’t remember ☐
   b) Undress and show him/her genitals
      Yes ☐ No ☐ I don’t remember ☐
   c) Watch him or her masturbate
      Yes ☐ No ☐ I don’t remember ☐
   d) Be fondled (caresses, rubs, kisses on the whole body and/or your genitals)?
      Yes ☐ No ☐ I don’t remember ☐
   e) Fondled him/her (caresses, rubs, kisses on the whole body and/or your genitals)
      Yes ☐ No ☐ I don’t remember ☐
   f) Look at pornographic pictures, drawings, films, video tapes or magazines?
      Yes ☐ No ☐ I don’t remember ☐
   g) Be naked and to expose your genitals for picture taking or filming?
      Yes ☐ No ☐ I don’t remember ☐
   h) Submit to full sexual intercourse?
      Yes ☐ No ☐ I don’t remember ☐
   i) Submit to having his/her finger or an object introduced in your body?
      Yes ☐ No ☐ I don’t remember ☐

2. If yes to any of number 1 above, how many times did someone do this to you?
   Once ☐ Twice ☐ Three times or more ☐
D: PERPETRATORS OF SEXUAL ABUSE

Who has ever sexually abused you? (Several answers possible)

Stranger □ Father □ Fathers □ friend □ Mother □ mothers friend □ Baby □
sitter Family friends □ instructor □ Teacher □ Cousin □ Peer □ Grandfather □
Grandmother □ Brother □ Sister □ Aunt □ Uncle □ Neighbor □
Someone else (specify without giving names ……) □

It never happened to me □

E: RISK FACTORS OF SEXUAL ABUSE

Tick in the right column if you disagree or agree or strongly agree with the statement below

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic difficulty makes me have sexual relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of knowledge on the effects made me have sexual relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money and other gifts make me accept sexual relationship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of the social support system where I can report any kind of sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The sleeping arrangement at home has made me practice sexual relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of drugs and alcohol is normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of a parent has exposed me to sexual relationship.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having forced first sexual exposure has made me continue with it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6: Focused Group Discussion Tool for Randomly Selected Boys

1. What is sexual abuse? If they don’t understand explain the meaning and let them be aware before proceeding to the other questions.

2. What could be the predisposing factors to sexual abuse or what can make a boy to be sexually abused?

3. Who are some of the perpetrators of sexual abuse or who usually have sex-touches boys private parts/show boys pornographic movies/sexually assaults boys?

4. What are some of the effects of sexual abuse among boys aged 10-18, you may be aware about or what are the effect of early sex before age above 18?

5. What do you do when someone sexually influences you in sex or the person forces you or pay you to touch your private parts or to watch pornographic movies or have sex with you?
Appendix 7: Key Informant Interview Schedule

1. In the past one year how many cases of sexual abuse among boys aged 10-18 years have been reported to you?

2. Who are the main perpetrators reported to you?

3. What are the predisposing factors to sexual abuse among boy child, you may be aware about?

4. What are some of the effects of sexual abuse among boy child?

5. What is sexual abuse and what do you do when the cases are reported to you?
Appendix 8: KU Ethical Approval Letter

KENYATTA UNIVERSITY
ETHICS REVIEW COMMITTEE

Email: chairman.kuerc@ku.ac.ke
       secretary.kuerc@ku.ac.ke
       erkku2006@gmail.com
Website: www.ku.ac.ke

Our Ref: KU/R/COMM/51/404

P. O. Box 43844 - 00100 Nairobi
Tel: 8710901/12
Fax: 8711424/8711575

Date: 25th February, 2015

Racheal Atieno Odoro
Kenyatta University
P.O. Box 43844-00100, Nairobi

Dear Atieno,

APPLICATION NUMBER PKU/249/1228– “SEXUAL ABUSE AMONG BOYS IN PUBLIC PRIMARY SCHOOLS IN MUKURU KWA NJENGA SLUM, NAIROBI COUNTY, KENYA.” – VERSION 2.

1. IDENTIFICATION OF PROTOCOL
   The application before the committee is with a research topic, “Sexual Abuse among boys in Public Primary Schools in Mukuru kwa Njenga Slum, Nairobi County, Kenya”, version 2, discussed on 20th February, 2015.

2. APPLICANT
   Racheal Atieno Odoro

3. SITE
   Mukuru kwa Njenga Slum, Nairobi County, Kenya

4. DECISION
   The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines AND APPROVED that the research may proceed for a period of ONE year from 25th February, 2015.

5. ADVICE/CONDITIONS
   i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
   ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
   iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
   iv. Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.
If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

PROF. NICHOLAS K. GIKONYO
CHAIRMAN ETHICS REVIEW COMMITTEE

25 FEB 2015

Accept the advice given and will fulfill the conditions therein.

Signature.......................... Dated this day of.......................... 2015.

cc. Vice-Chancellor