



Universiteit Utrecht  
Faculty of Geosciences

**a smile from kenya**

# Sexuality education as a weapon against gendered oppression?

A case study of the Amazing You! sexuality education programme  
and its effects on children in Malindi, Kenya.

*By Lisa Conzemius*



23 September 2023

Master's thesis  
Research M.Sc. Sustainable Development  
Track International Development  
Faculty of Geosciences  
Utrecht University

Submitted by: Lisa Conzemius  
Student Number – 5775149  
[l.conzemius1@students.uu.nl](mailto:l.conzemius1@students.uu.nl)

Supervisor: Prof. dr. Ajay Bailey  
Head of Department  
Department Human Geography and Spatial Planning  
Faculty of Geosciences, Utrecht University  
[a.bailey@uu.nl](mailto:a.bailey@uu.nl)

Second reader: Dr. Dora Martins Sampaio  
Assistant Professor  
Department Human Geography and Spatial Planning  
Faculty of Geosciences, Utrecht University  
[d.i.martinssampaio@uu.nl](mailto:d.i.martinssampaio@uu.nl)

ASFK Contact: Jet Schenk  
Chairwoman  
A Smile From Kenya  
[jetschenk@outlook.com](mailto:jetschenk@outlook.com)

Cover photo: *community members dancing and singing during a service at the local church.*

## **Summary**

Child abuse and neglect are a global public health problem, predominant throughout all generations and societies. Research on CSA is critical as CSA endangers the well-being of children due to immediate emotional and physical trauma and high rates of physical and psychological health issues that can be traced back to assault. However, research on CSA in Africa, including Kenya, is considered problematic. UNICEF urges the development of a properly researched information base for African countries to gain a deeper understanding of the context, mechanisms, and dynamics of CSA. Sexuality education has proved to be a powerful tool sexual violence prevention. An approach that has gained popularity among human rights advocating organisations is the concept of comprehensive sexuality education (CSE). CSE can promote gender equality, foster critical thinking, strengthen capacities for citizenship, address vulnerabilities to fight exclusion, recognise the complexities of young people's lives, and be gender inclusive. However, abstinence-only education (AOE) is predominant in sub-Saharan Africa, which does not promote informed decision making.

Therefore, this research addresses the question: *What are the effects of sexuality education on children in Kenya?* This question is answered through the lens of a case study intervention examining a niche intervention established by a Dutch NGO in Malindi District. By applying the theory of planned behaviour, it is analysed how community and students' perspectives on gender equality, consent, and sexual abuse and harassment influence student display of protective behaviours against sexual violence. Qualitative data was gathered through participant observations and interviews.

Findings show a strong focus on abstinence and other patriarchal influences in the programme. While the programme does affect the understanding of gender equality, consent, and sexual abuse and harassment, the messages conveyed are not in line with the critical values of CSE. Data revealed that even though AY SEP promotes gender equality, the reality is a culture ingrained with GBD and violence, which also influences the content of lessons. Consent is taught and understood in the context of abstinence, ignoring the reality of sexually active students in the community. This harms students' bodily and individual integrity and discriminates against abuse victims by devaluing them based on their chastity. With a limited understanding of gender equality and consent and no stimulation of critical thinking, students are not taught to challenge harmful traditions and beliefs or question stigma. In return, the programme does not address vulnerabilities to fight exclusion by not actively dismissing stigma but stimulating the latter. Even though the programme is gender inclusive, stakeholders tend to have an unbalanced approach to gender equality by overvaluing female academic achievement over male achievements. The programme does empower children to engage in protective behaviours but does not teach them how to exercise agency.

**Keywords:** Child Sexual Abuse, Abstinence-Only Education, Comprehensive Sexuality Education, Photo Elicitation Interviews, Culture of Silence, Gender Equality, Consent.

### *Acknowledgements*

First of all, I would like to thank my supervisor, prof. dr. Ajay Bailey, for guiding me in writing this thesis. Thank you for your thoughtful and constructive feedback that allowed me to critically rethink every step of my research process. Your supervision has taught me valuable lessons that have made me grow as a researcher, but also on a personal level.

Second, I want to express my gratitude to the 'A Smile From Kenya' team for trusting me with this incredible research project. Jet Schenk, I am forever thankful that you invited me into your world in Malindi and showed me all the incredible work your organization has done so far. I truly appreciate your and your team's passion for all the projects. I also want to express my gratitude to Esther and Baraka who have so heartily welcomed me in their community. Esther, thank you for showing me around the schools, welcoming me in your home, and helping with every step of the data collection process. Baraka, I appreciate your dedication for driving me around Malindi town and further into the country, translating everything and helping me out with endless tasks.

I also want to thank all the people in Malindi who helped me complete this research. Thank you to all the participants who answered all my questions. Thank you to all school staff involved in scheduling the FGD with students. Thank you to all the lovely people I met in the church, the small shops, or on the street. Thank you for showing me insights into your community.

I would also like to thank all my family, friends, and roommates for bearing me with over the last months, endlessly showing support and never getting tired of me or my thesis. A special thanks needs to be expressed to Evelien for her mental support during our study dates, to Jesse, who has not left my side during the finalizing process of this thesis, and to Melanie for drawing cartoons used in the research and her endless mental support.

Lastly, I want to express my gratitude towards my sister who has been by my side in Malindi, supporting me through the data collection process and even stepping in as research assistant during field work. I would like to dedicate this thesis to you.

## **Table of Contents**

<b>Summary</b> .....	2
<b>Acknowledgements</b> .....	3
<b>Table of Contents</b> .....	4
<b>List of Figures, Tables and Pictures</b> .....	6
<b>List of Abbreviations</b> .....	8
<b>1. The Global Public Health Crisis of Child Sexual Abuse</b> .....	9
<b>1.1. Research Objective, Question and Contribution</b> .....	10
<b>2. Research Framework</b> .....	12
<b>2.1. Research Context</b> .....	12
2.1.1. Previous Studies.....	12
2.1.2. Drivers of CSA.....	13
2.1.3. Legislation.....	15
<b>2.2. Case Study Intervention</b> .....	17
2.2.1. Amazing You!.....	17
<b>2.3. Theoretical Framework</b> .....	19
2.3.1. Feminist Theory.....	19
2.3.2. Theory of Planned Behaviour.....	20
<b>2.4. Conceptual Framework</b> .....	22
<b>3. Research Ethics</b> .....	25
<b>4. Methodology</b> .....	25
<b>4.1. Decolonizing Research Methods</b> .....	25
<b>4.2. Research Framework</b> .....	26
<b>4.3. Data Collection</b> .....	27
4.3.1. Malindi.....	27
4.3.2. Data Collection Methods.....	27
4.3.3. Participant Recruitment.....	37
<b>4.4. Data Analysis</b> .....	39
<b>5. Results</b> .....	40
<b>5.1. Protective Behaviour</b> .....	40
<b>5.2. Gender Equality and Sexual Abuse and Harassment</b> .....	42
5.2.1. Community Meaning of Gender Equality.....	42
5.2.2. Gender Equality and Sexual Abuse.....	43
5.2.3. Gender Equality and Sexual Harassment.....	50
5.2.4. The Pitfalls of Correction for Gender Inequality.....	52
<b>5.3. Consent</b> .....	53
5.3.1. Community Customs and Beliefs.....	53
5.3.2. Abstinence-Only Education.....	55
<b>5.4. Culture of Silence</b> .....	59
<b>6. Discussion</b> .....	61
<b>6.1. Stakeholder Perspectives</b> .....	60
<b>6.2. Student Perspectives</b> .....	63
<b>6.3. Protective Behaviour</b> .....	64
<b>6.4. Recommendations</b> .....	66
6.4.1. Eliminate Patriarchal Influences in AY SEP.....	66
6.4.2. Involve Parents in AY SEP.....	66
6.4.3. Eliminate Harmful Beliefs and Oppose Patriarchal Influences.....	66
6.4.4. Integrate Knowledge about Legislation.....	67
<b>6.5. Contribution to Research</b> .....	67
<b>6.6. Limitations</b> .....	68

7. <i>Conclusion</i> .....	69
8. <i>References</i> .....	69
9. <i>APPENDIX</i> .....	78

*List of Figures, Tables and Pictures*

<b>Figure 1.</b> Timeline of relevant legislative frameworks.....	16
<b>Figure 2.</b> Theory of Planned Behaviour (Ajzen, 2019).....	21
<b>Figure 3.</b> Conceptual Framework.....	23
<b>Figure 4.</b> Research Framework.....	26
<b>Figure 5.</b> Classifications of Sexual Harassment.....	51
<b>Table 1.</b> Major Knowledge Gaps Concerning Sexual Violence in Kenya (Maternowska, 2009, p.10-11)...	11
<b>Table 2.</b> Protective and Risk Factors for CSA in Kenya.....	14
<b>Table 3.</b> Curriculum Comprehensive Sexual Education and Life Skills (age 10-15).....	17
<b>Table 4.</b> Relevant Stakeholders.....	18
<b>Table 5.</b> Different Feminism Branches and their Core Beliefs.....	19
<b>Table 6.</b> Definitions.....	24
<b>Table 7.</b> Stakeholder Overview.....	28
<b>Table 8.</b> Practical Arrangements.....	37
<b>Table 9.</b> Overview of Participating Schools.....	38
<b>Table 10.</b> Criteria for Informed consent, including mental capacity (Mental Health Foundation, 1999)....	39
<b>Table 11.</b> Quotes Indicating Protective Behaviour.....	41
<b>Table 12.</b> Quotes Describing Gender Roles.....	45
<b>Table 13.</b> Quotes Describing Incidents of Paid Sex Work and Silencing Victims and Witnesses.....	48
<b>Table 14.</b> Quotes Describing Incidents of Violence to Discipline Women.....	50
<b>Table 15.</b> Quotes Describing Sexual Harassment.....	52
<b>Table 16.</b> Quotes Describing Affirmative Consent.....	56
<b>Table 17.</b> Quotes Describing Ingrained Fear-Based Messages.....	57
<b>Table 18.</b> Participant Quotes Expressing Empowerment.....	58
<b>Table 19.</b> Overview of Relevant Regulatory Framework to Empower Women and Children.....	67
<b>Picture 1.</b> Gender Inequality.....	30, 46
<b>Picture 2.</b> Gender Equality.....	30, 46
<b>Picture 3.</b> Girl feeding chickens.....	31



<b>Picture 4.</b> Boy feeding chickens.....	31
<b>Picture 5.</b> Withdrawal of Consent Scene 1.....	31
<b>Picture 6.</b> Withdrawal of Consent Scene 2.....	31, 47
<b>Picture 7.</b> Withdrawal of Consent Scene 3.....	32
<b>Picture 8.</b> Withdrawal of Consent Scene 4.....	32
<b>Picture 9.</b> Withdrawal of Consent Scene 5.....	32
<b>Picture 10.</b> Affirmative Consent.....	32
<b>Picture 11.</b> Sexual Harassment Scene 1.....	33
<b>Picture 12.</b> Sexual Harassment Scene 2.....	33, 54
<b>Picture 13.</b> Boy Engaging in Sexwork.....	34
<b>Picture 14.</b> Girl Engaging in Sexwork.....	34
<b>Picture 15.</b> Using Force on a Girl.....	34
<b>Picture 16.</b> Using Force on a Boy.....	34
<b>Picture 17.</b> Discipline Through Violence.....	35
<b>Picture 18.</b> Undressing by Force.....	35
<b>Picture 19.</b> Using Force on a Woman.....	35



*List of Abbreviations*

ACRWC	African Charter on the Rights and Welfare of the Child
AOE	Abstinence-Only Education
AY	Amazing You!
CBPR	Community-Based Participatory Research
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSE	Comprehensive Sexuality Education
ESA	East and Southern Africa
FGD	Focus Group Discussion
GoK	Government of Kenya
ICPD	International Conference on Population and Development
NCAJ	National Council on the Administration Justice
NCCS	National Council for Child Services
NGO	Non-Governmental Organisation
OAGDJ	Office of the Attorney General Department of Justice
PTSD	Post Traumatic Stress Disorder
SEP	Sexual Education Programme
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TPB	Theory of Planned Behaviour
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

### ***1. The Global Public Health Crisis of CSA***

Child abuse and neglect are a global public health problem, predominant throughout all generations and societies (WHO, 2004). The World Health Organization (WHO) (2004) estimates that around 40 million children aged between 0 and 14 suffer from abuse and neglect globally and categorises child sexual abuse (CSA) as the most devastating and severe transgression of a child's rights to health and protection. Likewise, the sustainable development goals (SDGs) addressed the urgency of the CSA crisis, calling for ending all forms of violence against children in Target 16.2 and ending harmful cultural practices that affect the development and well-being of children in Target 5.3 (United Nations, 2015). Studies suggest that CSA is pervasive in Kenya, where 40% of the population is children (Kenyan Central Bureau of Statistics, 2006). Due to high poverty rates, lack of educational options, the AIDS pandemic, and harmful cultural beliefs, Kenyan children are highly exposed to risks of sexual violence (Plummer & Njuguna, 2009). However, the true extent remains unknown, as under-reporting and poor public health crisis management lead to ignorance and cover-ups of cases (Maternowska, 2009; Plummer & Njuguna, 2009; WHO, 1999; WHO 2001; WHO, 2004). Laws on CSA have only recently been enacted and implemented, hampering adequate responses to the matter and CSA prevention. Moreover, aftercare is often Western practices and ideologies disregarding African communities' distinctive needs and cultures (Plummer & Njuguna, 2009).

The United Nations International Children's Emergency Fund (UNICEF) urges the development of a properly researched information base for African countries to gain a deeper understanding of the context, mechanisms, and dynamics of CSA (Tuesday, 2006). However, research on CSA in Africa, including Kenya, is considered problematic. Researching children presents ethical challenges, and the sensitive nature of studying such delicate topics further compounds these ethical complexities (O'Reilly & Parker, 2014). Inconsistency in research and cultural beliefs across the country add to the problem. The lack of consistency in study methods, study designs, and analysis of results, varying academic and legal definitions of 'sexual abuse' and 'childhood', and debates about whether differences in age and power between the predator and the abused must be accounted for, pose challenges for setting up a proper research methodology (Maternowska, 2009; WHO, 2012). Next to these academic challenges, cultural beliefs add to the complexity of the problem, as Kenya is home to 42 communities that exhibit varying understandings of sexual violence while maintaining a consistent taboo surrounding discussions of sex-related topics, particularly CSA (Kilonzo, 2008; Mbugua, 2007). The following chapters will highlight essential contributions to research on CSA in Kenya.

Research on CSA is critical as CSA endangers the well-being of children due to immediate emotional and physical trauma and high rates of physical and psychological health issues that can be traced back to assault (Basile et al., 2011; Bonomi et al., 2009; Danielson & Holmes, 2004; Devries et al, 2011; Tjaden & Thoennes, 2006; Turner et al., 2012; Tyler, 2002; Ullman & Brecklin, 2002). Considering these severe consequences of sexual violence, it is evident that prevention and intervention activities should be a solid priority for protecting (potential) victims. The Centre for Disease Control and Prevention (CDC) 2004 classifies prevention activities into three categories: Primary Prevention activities, taking place before sexual violence occurrences to prevent initial perpetration or victimisation and spare potential victims all physical and psychological consequences of such; Secondary Prevention Activities, taking place immediately after sexual violence has occurred to deal with short-term consequences; and Tertiary Prevention as a long-term response after the occurrence of sexual violence dealing with lasting consequences for the victim, but also treatment interventions for the perpetrators.

Sexuality education has proved to be a powerful tool for primary, secondary, and tertiary sexual violence prevention (WHO, UNAIDS & UNICEF, 2013). An approach that has gained popularity among human rights advocating organisations is the concept of comprehensive sexuality education (CSE). UNFPA (2010) states that CSE should promote gender equality, foster critical thinking, strengthen capacities for citizenship, address vulnerabilities to fight exclusion, recognise the

complexities of young people's lives, and be gender inclusive. UNESCO (2017) developed the International Technical Guidance on Sexuality Education in collaboration with UNFPA, UNICEF, UN Women, UNAIDS and WHO. The guide states that CSE programmes should be scientifically accurate, incremental, age- and developmentally appropriate, curriculum-based, and comprehensive. The comprehensive aspect of CSE refers to the breadth, depth, and consistency of topics, as opposed to one-off lessons or interventions, such as abstinence-only education (AOE), which will be discussed in later paragraphs. CSE should address sexual and reproductive health issues and psychological, social, and emotional issues relating to some social and cultural contexts. Ultimately, CSE should support learners' empowerment by improving their analytical, communication, and other life skills for health and well-being.

Evidence shows that CSE, when designed and implemented correctly, is effective for sexual violence prevention. Research found that following CSE resulted in delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms and increased use of other contraceptive methods. Studies further demonstrate that CSE increases young people's knowledge and improves their attitudes towards sexual and reproductive health, such as the risk of pregnancy or sexually transmitted infections (STIs) (UNESCO, 2016). The latter holds especially true for gender-inclusive programmes, which are substantially more effective at reducing unwanted pregnancies and STI rates than programmes (partly) excluding one gender (Haberland & Rogow, 2015). Research further highlights that international human rights-based CSE proves especially powerful when combatting CSA due to its positive effect on the knowledge and attitudes of potential victims, such as improved understanding of one's rights within a sexual relationship, enhanced communication between parents and students about sexual relationships, and greater confidence with managing risky situations (Constantine et al., 2015; Rohrbach et al., 2015; UNESCO, 2016).

Moreover, studies found that introducing CSE can reduce the risk of becoming perpetrators of sexual abuse, as adolescence is a critical age to reinforce appropriate sexual behaviours and avoid the accumulation of risk factors inducing abusive behaviours leading to sexual violence (Schneider & Hirsch, 2020). In contrast to CSE, AOE has been ineffective in decreasing sexual risk-taking (Kirby, 2007; Underhill et al., 2007; Dixon-Mueller, 2010; Fonner et al., 2014). The latter also holds for the sub-Saharan African context, where the President's Emergency Plan for AIDS Relief (PEPFAR) has provided the most substantial funding of abstinence and faithfulness programming. Funded programmes were ineffective in decreasing the number of sexual partners, delaying initiation, and decreasing teenage pregnancies (Lo et al., 2016). On the contrary, AOE generally increased the likelihood of unprotected sex (Kohler et al., 2008; Rosenbaum, 2009; Stanger-Hall & Hall, 2011).

### ***1.1. Research Objective, Question and Contribution***

This research aims to help find and evaluate adequate sexual violence prevention aimed at children to help tackle the global health crisis of child neglect and abuse. The underlying social problem lies within the community's power relations and the impact of such power dynamics on the sexual and overall well-being of children. The underlying scientific problem lies in the need to evaluate the contextualisation of sexual violence prevention programmes targeted to improve the well-being of children. It is essential to understand the impact of prevention programs on reducing the occurrence of CSA by assessing the programme's embeddedness in the community and the extent to which the underlying causes and risk factors are addressed to identify potential gaps or areas for improvement in said prevention efforts. In her work 'Sexual Violence: Setting the Research Agenda for Kenya', Maternowaska (2009) identified four significant knowledge gaps concerning sexual violence in Kenya, depicted in Table 1.

**Table 1.** Major Knowledge Gaps Concerning Sexual Violence in Kenya (Matemowska, 2009, p.10-11)

<i>N<sup>o</sup></i>	<i>Knowledge Gaps</i>
1	Understand the nature, contexts, and prevalence of sexual violence
2	Document and evaluate prevention initiatives from national to grassroots and spanning legislation, advocacy, and community interventions to identify replicable and scalable interventions
3	Research innovative ways to improve access to, uptake and delivery of quality sexual violence care, treatment and rehabilitation services for men and women in Kenya
4	Improve knowledge on sexual violence focusing on priority populations with higher risk and vulnerability towards sexual violence

The ambition of this research is to help fill knowledge gap 2 to help contribute to the research agenda previously mentioned. Maternowaska (2009) explains that the source and prevention of sexual violence primarily lie within communities, and community-level interventions are most successful when utilising community knowledge and resources to induce social change. The author highlights the need to evaluate such community-level interventions to review promising practices for replicability. Furthermore, Maternowaska (2009) states that prevention methods are often focused on general populations, as opposed to community- and age-specific, with limited awareness of the specificity of increased vulnerabilities among minorities such as children. This leads to the following central research question:

*RQ: How do sexual education programmes shape students' protective behaviour towards sexual violence?*

Community understanding and perception of the concepts of gender equality, consent, and sexual abuse and harassment are analysed to gain insights into students' knowledge, attitudes, and empowerment and uncover the dynamics, prevalence, and drivers of CSA in the context of sexual violence in Kenya.

*SQ1. What are the different perspectives of stakeholders on gender equality, consent, and sexual abuse and harassment?*

*SQ2: How does sexual education shape students' knowledge of gender equality, consent, and sexual abuse and harassment?*

By exploring students' understanding of gender equality and consent and its impact on their protective behaviour towards sexual violence, this research contributes to identifying the role of education and awareness in preventing sexual violence. It highlights the importance of promoting gender equality to address the underlying drivers of sexual violence and create a culture of respect, consent, and safety for all individuals (UN Women, 2018). By exploring how students comprehend consent, the research can shed light on their awareness of power dynamics and their ability to identify and confront situations that violate consent (UNESCO, 2017). Further, the research can uncover how attitudes, beliefs, and stereotypes surrounding gender roles and power dynamics influence their understanding of consent (Lewis & Russel, 2019). This knowledge can help inform the development of targeted interventions and educational programs that address harmful gender norms and promote egalitarian relationships (Maternowaska, 2009). Finally, by exploring community understanding of sexual abuse and harassment, potential risks and drivers of CSA can be identified (Plummer &

Njuguma, 2007; UNESCO, 2017; Wangamati, 2018). Finally, protective behaviours displayed by students are uncovered.

*SQ3: What protective behaviours towards sexual violence are displayed by students?*

A community-level intervention targeted at children in the Kenyan district of Malindi serves as a case study intervention. The sexual violence prevention programme is offered by a Dutch NGO in close collaboration with the community, employing local teachers and counsellors and possessing an independent Kenyan board. This research will employ participatory research methods that involve active engagement and collaboration with the community, ensuring their voices are heard and their knowledge is valued. This approach can foster community ownership and sustainability of the intervention. Ethnographic methods, such as observations and in-depth interviews, will help understand the cultural, social, and contextual factors influencing students' protective behaviour. These qualitative approaches can capture nuanced insights, cultural norms, and local perspectives that quantitative methods may not reveal. The theory of planned behaviour is applied as a framework and adjusted accordingly to the context to explore how social norms and cultural beliefs influence students' protective behaviour. It also investigates how the sexual prevention programme challenges or supports harmful norms and fosters positive cultural change to contribute to sustainable development goals. Finally, it is analysed how the programme promotes empowerment and agency among students to enable them to actively protect themselves and contribute to sustainable development in their communities.

## **2. Research Framework**

After briefly outlining the dimensions of the global health crisis, this chapter presents the framework in which the research is embedded. First, the research will be contextualised by highlighting previous research on CSA in Kenya, including research on sexual violence prevention methods. Consequently, this paper will explore the underlying causes of CSA and define critical terms. An overview of national and international documents and laws about CSA further outlines relevant definitions. Finally, theories forming the basis from which the conceptual framework is derived are discussed.

### **2.1. Research Context**

#### **2.1.1. Previous Studies**

A study conducted on 10,000 female secondary school pupils in 1994 resulted in 24% of the sexually active pupils indicating to have experienced forced sex on their first encounter (Okumu & Youri, 1994). In another study conducted in 1995, researching contraceptives among Kenyan high school students, 9% of the participants indicated not using contraceptives at their last sexual intercourse as they had been forced to have sex (Kiragu & Zabin, 1995). A nationwide study in 2002 stated that 25% of girls and women aged between 12 and 24 lost their virginity by force (Government of Kenya, 2002). Another countrywide study conducted in 2004 revealed that 29% of girls and 20% of boys aged 13 underreported one or more encounters involving sexual harassment (Erulkar, 2004). In 2006, a UNICEF report stated that every year, 40,000 Kenyan children between the ages of 12 and 19 are exploited in commercial sexual activities, where 40-75% of the exploiters are believed to be Kenyan men (Tuesday, 2006). These children are often pressured by their parents to participate in these sexual activities for the financial gain of the latter (United States Department of State, 2004). A study by Munene (2007) with 2,400 Kenyan women found that more than 50% of Kenyan girls had their first sexual encounter by age 16 and that 67% never discussed any sex-related topics with family members.

With the COVID-19 crisis, CSA circumstances seem only to have aggravated. Studies over the past three years indicate a direct correlation between the implementation of mitigation measures like curfews, lockdowns, and travel restrictions disrupt socioeconomically and the increase of sexual

violence as well as the increased time of exposure to abusers (Soland et al., 2017; Mittal & Singh, 2020). Moreover, as mitigation measures also obstruct health and social services, access to these essential services is minimal (Mittal & Singh, 2020; Muldoon et al., 2021; Roesch et al., 2020). As the first COVID-19 cases were confirmed on March 13, 2020, the GoK implemented mitigation measures, like school closures and reassigning health workers to COVID-19 case management (Ochieng et al., 2022). The UNFPA (2020) stated in May 2020, warning governments that an expected 31 million cases of sexual and gender-based violence would be seen globally while implementing mitigation measures. Flower et al. (unpub. data, 2020) found that CSA patterns in Kenya had changed and that the average age of CSA survivors had decreased from 16 to 12 years. Their findings also state that 76% of offences occurred during school hours. Wangamti et al. (2017) study stated that 78% of perpetrators were known to the victim, being either a family member or a neighbour. It must be noted that both studies were not designed to quantify national estimates of sexual violence but to raise awareness of the increase in sexual violence towards women and girls in Kenya. Ochieng et al. (2022) found that reported cases of sexual violence in Kenya doubled during the COVID-19 pandemic, with the highest increase of 117.2% in the 10-17 age group and a 20.7% increase in the < 10-year age group.

A study by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA (2012) reviewed the school curricula of East- and Southern African countries. They identified age-appropriate content, reasonable coverage of communication skills, a broad focus on refusal skills and risk avoidance, and an increasing focus on gender as key strengths of the Kenyan curriculum. Nonetheless, the shortcomings of the programme were identities in the emphasis on abstinence as only prevention of pregnancies and STIs, and therefore lacking adequate basic information on contraceptives, condoms, sex and sexual health, along with the exclusion of crucial subjects like reproduction, STIs, abortion, access to condoms and sexual health services; and omitted other social and contextual aspects, such as harassment and parental monitoring. Nonetheless, sexuality education in Kenya is available in diverse forms besides CSE. Sinclair et al. (2013) conducted a case study in a slum in Nairobi, where 522 adolescent high school girls followed a 6-week self-defence programme. In the ten months following the self-defence classes, sexual assault incidents had decreased from 24.6% to 9.2%. In another study conducted by Dupas (2011) in primary schools in Kenya, pregnancy rates decreased by 28% after providing teenage girls with information on the relative risk of HIV infection by partner's age, suggesting substitution away from older (riskier) partners and toward same-age partners. This study further confirms that the old abstinence-only curriculum did not influence teenage pregnancies.

### 2.1.2. Drivers of CSA

Various authors have researched the drivers of sexual violence in Kenya. By considering culture and its strong influence on young people's behaviour, Plummer and Njuguna (2007) and Wangamati (2018) explored protective and risk factors regarding CSA, suggesting that cultural factors can protect children or make them more vulnerable.

**Table 2.** Protective and Risk Factors for CSA in Kenya

<i>Risk Factors</i>	<i>Protective Factors</i>
Divorced Parents	Parental Employment
Stepparent	High Birth Order Number
Domestic Violence	Presence of Biological Parent(s)
Bad Parent-Child Relationship	Separation
Parental Health Conditions	Harsh deterrents
Substance Abuse	Sexuality and Gender
Non-nuclear Family Composition	Guidance and Supervision
High Poverty Levels	
Gender Roles	
Patriarchy	
Sexual Norms	
Culture of Silence	
Social Changes	
Role Assigned to Children	
Development Stage	
Peer Pressure	
Gender Disparity	
HIV Epidemic	
Social Media Platforms	
Mode of Dress Behaviour	

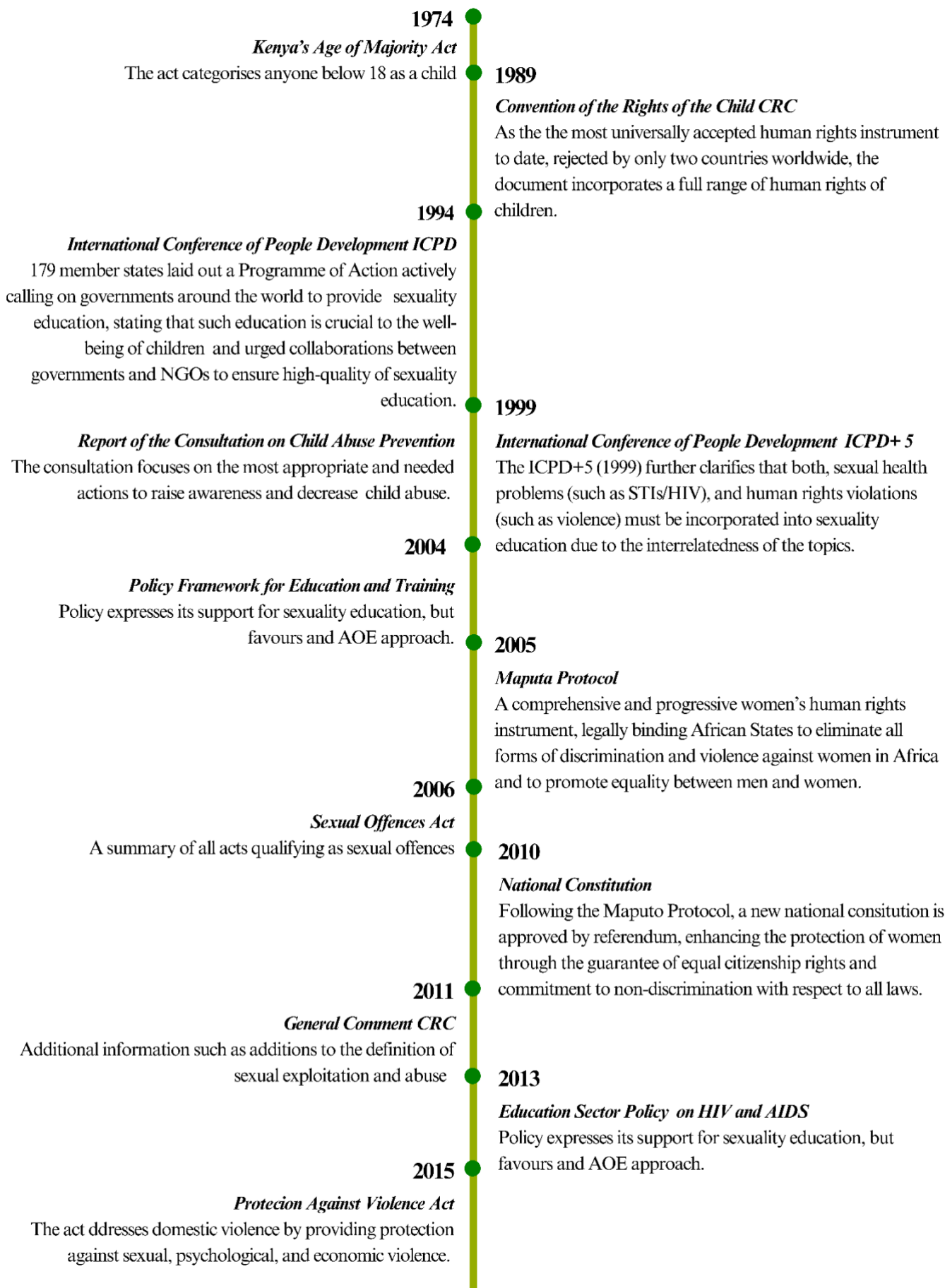
Wangamati (2018) and Meinck et al. (2015) classify poverty as an essential risk factor, as minors from low-income families tend to engage in transactional sex for survival and social status. Further, Plummer and Njuguna (2007) and Wangamati (2018) identified gender with patriarchy as a significant risk factor. Gender-based violence (GBV) arises from unequal power relations between men and women, stimulated by patriarchal values identifying women as inferior to men (Ragnarsson et al., 2010). The latter holds especially true for the Kenyan context, where women endure GBV because the patriarchal value system reinforces deep-seated societal attitudes, cultural beliefs and practices that make women and girls subordinate and submissive to men (Okereke, 2006; Spronk, 2014). Various authors also identified a ‘culture of silence’ as a significant risk factor for CSA. Sex-related topics often induce shyness, embarrassment and reluctance to communicate in Kenyan communities (Jaccard et al., 2000; Noone & Young, 2010; Poulsen et al., 2010; Crichton et al., 2012). Cultural factors, namely residual traditional barriers, inhibitions due to European Christianity, and the tendency to rely on books



and schoolteachers, inhibit parents from openly communicating with their children (Mbugua, 2007). Even though some mothers acknowledge their responsibility to communicate with their children, many delay or avoid communication because of discomfort (Crichon et al., 2012). This is especially worrying as research highlights the importance of effective parent-child communication in preparing children for adult life, as it enhances parent-child connectedness and is associated with improved developmental, health and behavioural outcomes in adolescents (Ackard et al., 2006; Boutelle et al., 2009). This holds especially true for sex-related topics, as communication between parents and children has proved to help equip children with valuable knowledge and skills to avoid sexual risk-taking (Short & Rosenthal, 2008; Stubbs, 2008). Moreover, the silence surrounding sex-related topics can lead to ignoring, underreporting, or even denying cases of CSA (Mbugua, 2007; WHO, 2004). When sexual violence cannot be addressed within families, the latter fails to protect the child from the immediate threat caused. Silence about CSA becomes especially dangerous for the child if sexual violence occurs within the sanctuary of the home, increasingly so if it is enacted by someone the child trusts (WHO, 2004).

### 2.1.3. Legislation

International laws, policies, and documents have been integrated to protect children from sexual violence worldwide. Figure 1 displays a timeline of regulatory frameworks relevant to this research. Various definitions applied in this research originate from the regulatory frameworks displayed below, which will be highlighted in the method section. Despite policies and laws, sexual violence continues to persist in Kenya. The Office of the Attorney General and Department of Justice and the National Council on the Administration of Justice (OAGDP & NCAJ) (2021) summarised the challenges in the National Policy on the Prevention, Response and Protection from Unlawful Sexual Acts and the Administration of Justice in Sexual Offences Matters. The report revealed that the practice of forced and early marriages is a significant contributing factor to sexual violence. Furthermore, underreporting of sexual offences is stimulated by the societal perception of sexual violence and poor management on the side of the police, allowing perpetrators to continue assaults and leave victims suffering in silence. The report identified stigma, victim-blaming and fear of exposing the perpetrators due to fear of the perpetrators themselves or the loss of sustenance in intra-family sexual violence cases as drivers of underreporting rooted in society. Further, the lack of arrests of sexual offenders by the police, poor treatment of victims during reporting, and unlawful charges of victims by police officers were identified as drivers of underreporting stimulated by police.



**Figure 1.** Timeline of relevant legislative frameworks

## 2.2. Case Study Intervention

Prior research on the effects of sexual education programmes and the effects of sexuality education on protective behaviour is limited; this research will employ a case study intervention to gain a deeper understanding of these topics and produce novel perspectives and insights (Mills et al., 2009). The rationale behind this research design is the need for documentation and evaluation of initiatives for sexual violence prevention, as stated in the research agenda by Maternowaska (2009). While several sexual violence preventions are in place in Kenya, this research will focus on the school-based sexuality education programme (SEP) named 'Amazing You!' offered by an organisation called 'A Smile From Kenya'. The following sections will briefly introduce the programme and relevant stakeholders.

### 2.2.1. Amazing You

The programme was established as a post-COVID-19 response to rising numbers of CSA due to mitigation measures. Students from 14 schools, forming 16,000 students, are participating in the AY SEP. Several schools have been part of the programme for more than two years. Students aged 10-15 join sessions of 30-60 minutes under the guidance of a facilitator once every 2 to 3 weeks. The programme's objectives are to increase children's understanding of body privacy, gender equality, rights, sexual and reproductive health, and STDs and to reinforce and promote attitudes and behaviours that will lead to a better quality of life for children and adolescents. Such attitudes and behaviours include openness about abuse and harassment, reduced bullying and reduced commercial sexual activity. The curriculum is based on the video content of Amaze.org, a website providing video material for medically accurate, age-appropriate, affirming, and honest sex education. The organisation actively encourages educators to adjust their content according to the cultural context, which has been done by cutting out irrelevant video segments. The lessons start with an (altered) video of Amaze.org introducing the topic and continue with the teacher's elaboration and further explanations on the topic. An overview of the content of the lessons is given in Table 3

**Table 3.** Curriculum Comprehensive Sexual Education and Life Skills (age 10-15)

<i>Session N<sup>o</sup></i>	<i>Session Topic</i>
<i>Session 1</i>	Puberty – Our bodies
<i>Session 2</i>	Puberty – sexuality explained
<i>Session 3</i>	Personal Safety – What is sexual harassment?
<i>Session 4</i>	Personal Safety – Sexual assault and sexual abuse
<i>Session 5</i>	Personal Safety – Commercial sexual exploitation
<i>Session 6</i>	Personal Safety – Intimate partner violence
<i>Session 7</i>	Healthy Relationships – What makes a relationship healthy?
<i>Session 8</i>	Healthy Relationships – All about feelings and showing affection
<i>Session 9</i>	Healthy Relationships – Consent: Maybe doesn't mean yes!
<i>Session 10</i>	Healthy Relationships – Communication with a person you can trust
<i>Session 11</i>	Pregnancy & Reproduction – Where do babies come from?
<i>Session 12</i>	Pregnancy & Reproduction – What to know about a girls' period
<i>Session 13</i>	STDs – What are STDs?
<i>Session 14</i>	STDs – What is HIV?
<i>Session 15</i>	Pregnancy & Reproduction/STDs – Contraception

The SEP holds various stakeholders with varying knowledge about the content, effects, and dynamics of the programme. Table 4 summarises relevant stakeholders that were included in the case

study intervention. Specific relations and involvement in the programme are specified, and the contribution to the research of the specific stakeholders is elaborated.

**Table 4.** Relevant Stakeholders

<i>Stakeholders</i>	<i>Tasks/Characteristics</i>	<i>Contribution to Research</i>
<i>Teacher</i>	Community member	In-depth local community knowledge
	Certified teacher	In-depth knowledge of AY SEP
	Children Support	In-depth knowledge of student behaviour
	Check-in moments between NGO, teacher, patron and director	
<i>Counsellor</i>	Community member	In-depth knowledge of AY SEP
	Assistant teacher	In-depth knowledge of child psychology
	Private counsellor	In-depth knowledge of student behaviour
	Children Support	
<i>Patrons</i>	Community member	In-depth local community knowledge
	Appointed trust person for the students	In-depth knowledge of student behaviour
	Overview of programme at school	In-depth knowledge of school-specific contexts
	Children Support Check-in moments between NGO, teacher, patron and director	Student Capacity Check
<i>Directors</i>	Community member	In-depth local community knowledge
	Approval of programme at school	In-depth knowledge of school-specific contexts
	Check-in moments between NGO, teacher, patron and director	
<i>Locals</i>	Community Member	In-depth local community knowledge
<i>Students</i>	Community Member	In-depth local community knowledge
	Active Participants of AY SEP	Central research participants

### 2.3. Theoretical Framework

#### 2.3.1. Feminist Theory

Psychological theories on CSA continue to dominate etiological and rehabilitative approaches to understanding and treating sexually abusive behaviour. There has, however, been a neglect of the cultural dimensions of CSA. Feminist theories of CSA have been particularly helpful in filling this explanatory gap, as they have persisted in locating sexually abusive behaviour within a cultural context. Hooks (2000) introduced the feminist theory as an extension of feminism into the theoretical and philosophical world. It is now a significant branch of sociology to achieve equality for men and women. The theory views society as a conflict between men and women due to oppression and disadvantage caused by social institutions. By highlighting the various social problems experienced by women, like discrimination based on sex and gender, objectification, economic inequality, power, gender roles, and stereotypes, feminists hope to achieve gender equality. To achieve this goal, the theory states that it is essential to recognise inequalities between men and women based on power and status and that these qualities can be the root of the conflict between the two genders. Hooks (2000) further elaborates that gender roles are a social construct created by patriarchy, a system of social structures that assigns dominating, oppressing, and exploiting rights to men over women.

There are different branches of feminism, namely liberal feminism, Marxist feminism, radical feminism, and intersectional feminism. The core beliefs on the reason for women's oppression and how equality can be achieved are depicted in Table 5. All branches share the common goal of gender equality but are based on different principles and values. There are, however, various basic principles supported by all branches, such as ending gender oppression, ending structural oppression, expanding human choice, ending sexual violence, and promoting sexual freedom. Post-feminism concerning ending sexual violence is especially relevant to this research. This branch rejects other feminist theories as they perceive them as purely based on the experiences of primarily Western, middle-class, white women.

**Table 5.** Different Feminism Branches and their Core Beliefs

<i>Branches of Feminism</i>	<i>Root of Oppression</i>	<i>Ways of Achieving Equality</i>
<i>Liberal</i>	Social and cultural institutions exclude women from participating in public life.	Education and policy change
<i>Marxist</i>	Capitalism granting a small number of men all power.	Socialist revolution
<i>Modern</i>	Patriarchy grants all political power to men.	Gender separation and political lesbianism.
<i>Post-Modern</i>	No universal root and experience of oppression	No universal way

Feminism examines CSA in relation to culture. Gil (1995) proposed that: '*Cultural issues are relevant to child sexual abuse in three major ways: how cultural beliefs or attitudes contribute to family climates in which children can be abused; how cultural organisation prohibits or hinders disclosure; and how culture plays a role in seeking or accepting social service or mental health assistance*' (p. 14). While various authors have analysed CSA in relation to feminist theory, only very few authors have analysed CSA through the perspective of postmodern feminism. This perspective is primarily based on criticism of the radical feminist stance on CSA; where CSA is viewed in terms of patriarchy and men's

possession of power, sexual abuse is viewed as a representation of this power, and gender is seen as the primary factor; portraying it as a simplistic way of conceptualising male power and child abuse (Purvis & Ward, 2006). In postmodern feminism, the focus is on identifying oppression's effects rather than pointing to universal causes. It challenges the notion of gender and power being fixed. It seeks to disclose the plurality and diversity of men to stop the discourse of men being portrayed as hopelessly bad and devoid of control over their sexual feelings ([Featherstone & Fawcett, 1994](#)). However, the postmodern view on CSA fails to account for CSA clearly and succinctly and is unable to articulate their theoretical position on child sexual offending (Purvis & Ward, 2006).

Feminist theories prove to be a valuable tool for analysing sexuality education in relation to CSA. Primary sexual violence interventions, including sexuality education, aim to determine the problem and its magnitude, identify potential perpetrators and victims, and explain how abuse can be prevented and what interventions are necessary when abuse is suspected or known (Laws, 2003). Purvis & Ward (2006) argue that, with its general focus on the effects of gendering and cultural roots of abusive attitudes and behaviours, feminist theory is a helpful tool to break down unhealthy polarised views of men, women, and children and can identify cultural risk factors for sexual violence. They deem feminist analyses of gender and sex roles appropriate for identifying salient targets for socio-cultural change.

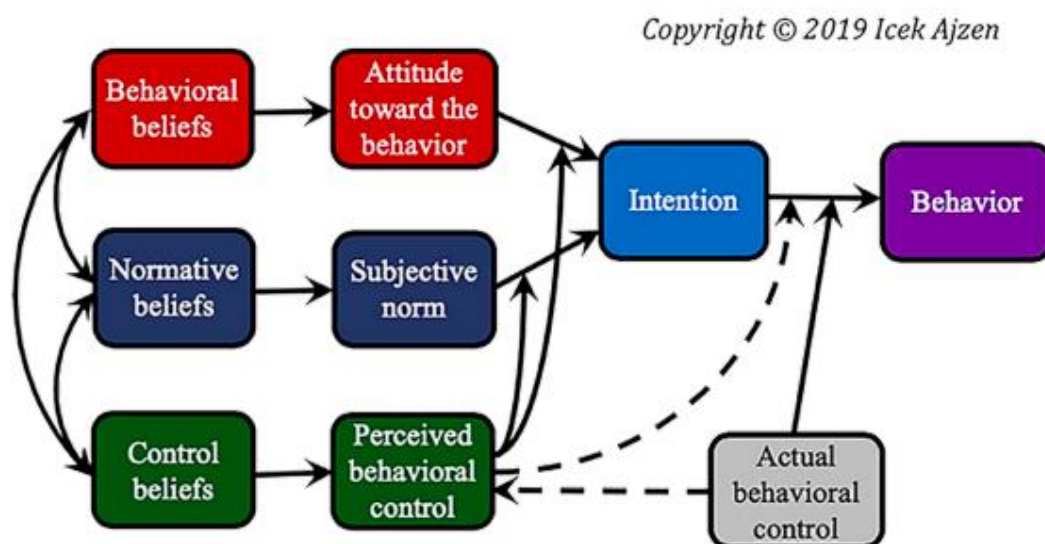
### 2.3.2. Theory of Planned Behaviour

Ajzen (1991) developed the theory of planned behaviour (TPB) from the theory of reasoned action (Fishbein & Ajzen, 1975). The theory assumes that a person's intention in performing a specific behaviour predicts the actual behaviour, and the stronger the intention, the more likely the occurrence of the actual behaviour. In this study, behavioural intention is the intention of children to protect themselves from sexual violence. The TPB has been used to predict many different types of behavioural intentions across different cultures (Myers & Horswill, 2006) and has also widely been applied to predict sex-related behaviour such as AIDS/HIV prevention intentions in high school students in South Africa (Boer & Mashamba, 2005) or intentions to use contraceptive measures in Indian college women (Fazekas et al., 2001). The TPB has also been applied to sexual behaviours among youths in the sub-Saharan African context, such as to predict the sexual risk behaviour or the intention to use condoms (Protogerou, 2011; Schaalma et al., 2009). It has also been used to predict children's behaviours (Gratton et al., 2007), and even to predict protective behaviour regarding sexual abuse among high school students in Hong Kong (Li et al., 2010). Therefore, the TPB appeared to be a valuable model to understand better the intentions of children in Malindi to protect themselves against sexual violence after following the AY SEP.

Li (2010) identified possible predictors of taking protective action based on the TPB: attitude toward behaviour, subjective norm, and perceived behavioural control, depicted in Figure 2. Based on Ajzen's (1991) and Li's (2010) definitions, attitudes pertain to protecting oneself from CSA, referring to the individual's overall perception of the target behaviour as favourable. Subjective norms refer to the child's perception of their social surroundings and their perception of the protective behaviour of the child. Perceived behavioural control is the child's perception of control over protecting himself or herself from CSA. Specifically, perceived behavioural control refers to the beliefs regarding the degree to which that person can control CSA by overtly rejecting sexually violent behaviours (e.g., by saying "no" to unwanted sexual touching). The findings of Li's (2010) study reveal that subjective norms and perceived behavioural control directly influenced the intention for protective behaviour for both boys and girls. Attitudes play a significant role in the intention for protective behaviour in girls but not boys. This suggests that if a child has a general perception that its social surroundings are urging them to protect themselves against CSA, and the child feels that she or he can perform such a protective behaviour, there is a firm intention to perform such a protective behaviour.

Ajzen (1991) developed the theory of planned behaviour (TPB) from the theory of reasoned action (Fishbein & Ajzen, 1975). The theory assumes that a person's intention in performing a specific behaviour predicts the actual behaviour, and the stronger the intention, the more likely the occurrence of the actual behaviour. In this study, behavioural intention is the intention of children to protect themselves from sexual violence. The TPB has been used to predict many different types of behavioural intentions across different cultures (Myers & Horswill, 2006) and has also widely been applied to predict sex-related behaviour such as AIDS/HIV prevention intentions in high school students in South Africa (Boer & Mashamba, 2005) or intentions to use contraceptive measures in Indian college women (Fazekas et al., 2001). The TPB has also been applied to sexual behaviours among youths in the sub-Saharan African context, such as to predict the sexual risk behaviour or the intention to use condoms (Protogerou, 2011; Schaalma et al., 2009). It has also been used to predict children's behaviours (Gratton et al., 2007), and even to predict protective behaviour regarding sexual abuse among high school students in Hong Kong (Li et al., 2010). Therefore, the TPB appeared to be a valuable model to understand better the intentions of children in Malindi to protect themselves against sexual violence after following the AY SEP.

Li (2010) identified possible predictors of taking protective action based on the TPB: attitude toward behaviour, subjective norm, and perceived behavioural control, depicted in Figure 2. Based on Ajzen's (1991) and Li's (2010) definitions, attitudes pertain to protecting oneself from CSA, referring to the individual's overall perception of the target behaviour as favourable. Subjective norms refer to the child's perception of their social surroundings and their perception of the protective behaviour of the child. Perceived behavioural control is the child's perception of control over protecting himself or herself from CSA. Specifically, perceived behavioural control refers to the beliefs regarding the degree to which that person can control CSA by overtly rejecting sexually violent behaviours (e.g., by saying "no" to unwanted sexual touching). The findings of Li's (2010) study reveal that subjective norms and perceived behavioural control directly influenced the intention for protective behaviour for both boys and girls. Attitudes play a significant role in the intention for protective behaviour in girls but not boys. This suggests that if a child has a general perception that its social surroundings are urging them to protect themselves against CSA, and the child feels that she or he can perform such a protective behaviour, there is a firm intention to perform such a protective behaviour.



**Figure 2.** Theory of Planned Behaviour (Ajzen, 2019)



The TPB, specifically the adjusted model of Li (2010), will be applied in this research. This research will analyse Kenyan children's behavioural, normative, and control beliefs influenced by sexuality education. Consequently, protective behaviours displayed by students will be highlighted. Evidence suggests that education targeted at knowledge gaps influences behavioural, normative, and control beliefs, leading to a heightened intention to display specific behaviour (Boroumandfar, 2010; Salehi, 2014; Pooreh & Nodeh, 2015). Therefore, this research assumes that lessons of the AY SEP impact the knowledge gaps regarding sexuality among Kenyan youth, as discussed earlier in this paper. It is further assumed that the newly gained knowledge will influence behavioural, normative, and control beliefs. Another assumption is made by stating that behavioural beliefs influence behavioural intention among male students, in contrast to Li's (2010) findings, where only female behaviour was influenced by attitudes. Behavioural beliefs cannot be ignored in sexual violence prevention, as students must know their right to protect themselves from sexual violence.

#### **2.4. Conceptual Framework**

Figure 3 displays the conceptual framework guiding this research. The content of the lessons of the AY SEP is believed to influence the student's understanding of gender equality, consent, and sexual abuse and harassment. Suppose students have ingrained the principles of gender equality and consent and can correctly identify occurrences and dynamics of sexual abuse and harassment. In that case, the framework assumes that this influences the students' behavioural, normative, and control beliefs. Behavioural beliefs will allow students to develop a favourable attitude towards protecting themselves from incidents of CSA. Likewise, normative beliefs will influence the students' subjective norms, leading to the belief that their social surroundings favour protective behaviours towards CSA. Control beliefs are assumed to influence perceived control over situations of CSA, referring to the conviction that engaging in protective behaviour will stop or prevent the occurrence of CSA. Attitudes, subjective norms, and perceived control are assumed to heighten the behavioural intention, ultimately leading to actual protective behaviour. Finally, it is assumed that if students engage in protective behaviour, incidents of sexual violence will ultimately decrease. As this research employs the principles of decolonising research methods or community-based participatory research (see Chapter 4.1.), there will be documentation, communication, and evaluation with relevant stakeholders throughout the research process.

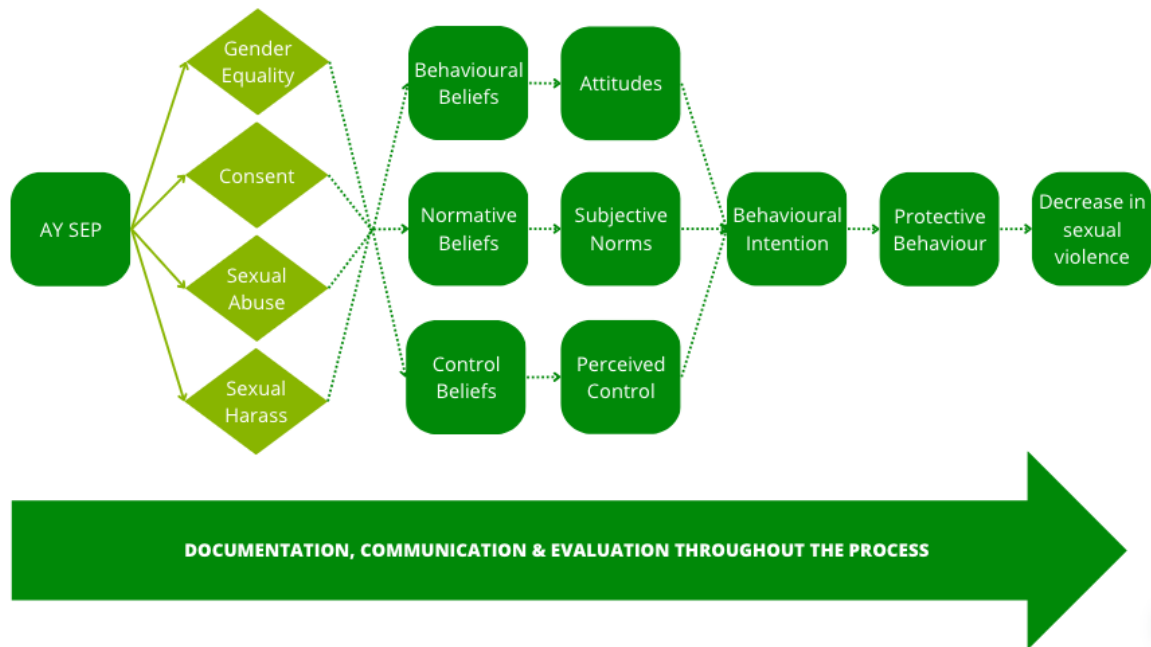
It is essential to uncover the meaning of the concepts in the community where the research is embedded to minimise cultural and confirmation bias and gather insights into potential normative beliefs. Subsequently, students' understanding of the concepts needs to be analysed. Finally, protective behaviours displayed by students need to be analysed. The research does not claim to achieve all-encompassing knowledge to answer the sub-questions but provides some general insights based on the contextual knowledge gained. This leads to the following research question and sub-questions:

*RQ: How do sexual education programmes shape students' protective behaviour towards sexual violence?*

*SQ1: What are the different perspectives of stakeholders on the understanding of the concepts?*

*SQ2: How does sexual education shape students' knowledge of the concepts?*

*SQ3: What protective behaviours towards sexual violence are displayed by students?*



**Figure 3.** Conceptual Framework

Table 6 displays all definitions used in this research. Definitions are based on previous literature reviews, regulatory frameworks relevant to this research discussed in Chapter 2.1.2.1., and the framework adopted in this research. In their review of Kenyan laws and policies aimed at protecting children from sexual violence, Wangamati et al. (2019) suggest that some laws are based on religious beliefs, making them conservative, such as the criminalization of consensual sexual activities among age-appropriate minors. Therefore, the age of consent of 18, classifying consensual sexual activities among children as abusive, will be rejected, whereas the definition of consent will be accepted.

**Table 6.** Definitions

<i>Terms</i>	<i>Definitions</i>	<i>Source</i>
<i>AYSEP</i>	<i>The Sexual Education Programme ‘Amazing You!’ provided by the NGO A Smile From Kenya.</i>	/
<i>(Child) Sexual Abuse</i>	<i>‘Coercion of a child to engage in unlawful or psychologically harmful sexual activity, use of children in commercial sexual exploitation, the use of children in audio or visual images of child sexual abuse, child prostitution, sexual slavery, sexual exploitation in travel tourism, trafficking (within and between countries), and sale for sexual purposes and forced marriages.’</i>	<i>Convention of the Right of the Child</i>
<i>Sexual Harassment</i>	<i>‘Any person, who is in a position of authority, or holding a public office, who persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome.’</i>	<i>Sexual Offences Act No. 3 of 2006</i>
<i>Consent</i>	<i>A person consents if he or she agrees by choice, and has the freedom and capacity to make that choice.</i>	<i>Sexual Offences Act No. 3 of 2006</i>
<i>Gender Equality</i>	<i>‘Equal rights, responsibilities and opportunities of women and men and girls and boys. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.’</i>	<i>UNICEF, 2007</i>
<i>Behavioural Beliefs</i>	<i>Behavioural beliefs are assumed to influence attitudes toward the behaviour.</i>	<i>Ajzen, 1991</i>
<i>Normative Beliefs</i>	<i>Normative beliefs constitute the underlying determinants of subjective norms.</i>	<i>Ajzen, 1991</i>
<i>Control Beliefs</i>	<i>Control beliefs provide the basis for perceptions of behavioural control.</i>	<i>Ajzen, 1991</i>
<i>Attitudes</i>	<i>Attitudes pertain to the idea of protecting oneself from CSA, referring to the individual’s overall perception of the target behaviour as favourable or not.</i>	<i>Ajzen, 1991; Li, 2010</i>
<i>Subjective Norms</i>	<i>Subjective norms refer to the child’s perception of their social surroundings and their perception of the protective behaviour of the child.</i>	<i>Ajzen, 1991; Li, 2010</i>
<i>Perceived Control</i>	<i>Perceived behavioural control is the child’s perception of control over protecting himself or herself from CSA. Specifically, perceived behavioural control refers to the beliefs regarding the degree to which that person can control CSA by overtly rejecting sexually violent behaviours (e.g., by saying “no” to unwanted sexual touching).</i>	<i>Ajzen, 1991; Li, 2010</i>

<i>Behavioural Intention</i>	Behavioural intention refers to the motivational factors that influence a given behaviour where the stronger the intention to perform the behaviour, the more likely the behaviour will be performed.	Ajzen, 1991
<i>Protective Behaviour</i>	Improved understanding of own rights, enhanced communication, greater confidence with managing risky situations, reduced risk of becoming perpetrators of sexual abuse, rejected harmful gender stereotypes, challenged oppressive norms, and promoted respectful and egalitarian relationships, recognize power imbalances, reject victim-blaming and stigma, challenge power imbalances, delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms and increased use of contraception.	Constantine et al., 2015b; Rohrbach et al., 2015; UNESCO, 2016; UN Women & UNICEF, 2018
<i>Sexual Violence</i>	<i>'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'</i>	WHO, 2011

### 3. **Research Ethics**

Ethical considerations are crucial as it is the researcher's responsibility to ensure the safety of all participants (Field & Berhman, 2004). In addition, as research participants, children and adolescents are even more vulnerable, making the need for protection even more vital (Morrow & Richards, 1996). As this research is classified as mental health research due to the significant impact on the mental health of sexual violence survivors (D'Andrea et al., 2012; Mutavi et al., 2017; Tolin & Foa, 2008; Trickett et al., 2011;), it will adopt the most common ethical approach in (mental) health research, namely the deontology approach (O'Reilly & Parker, 2014). The approach provides a mechanism guiding the researcher in all stages of the research to ensure avoiding any harm to participants (O'Reilly & Parker, 2014). Deontology is a rule-based approach based on four principles: autonomy, justice, beneficence, and non-maleficence. O'Reilly & Parker (2014) translate these four principles into ensuring child autonomy, anonymity and confidentiality, correcting for power imbalances, avoiding coercion, and debriefing and safeguarding children. These principles will be discussed in the method section accordingly, highlighting how the various ethical issues are tackled and how this research aims to protect participants to the best extent possible. Adhering to these principles and rules ensures that the research will follow Article 12 of the United Nations Convention on the Rights of the Child (United Nations High Commissioner for Human Rights, 1989), stating that those working with children: *'shall assure the child, who is capable of forming his or her views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'*.

### 4. **Methodology**

#### 4.1. **Decolonizing Research Methods**

The emerging trend of decolonising, indigenous epistemologies and research methodologies shift away from Western academic research and challenge their superiority. The shift in methodology acknowledges the value of local knowledge of subjugated, marginalised indigenous people (Bermudez, 2016). A sub-branch of participatory research is community-based participatory research (CBPR),

where participants belong to a specific community the researcher is not part of. CBPR aims to educate, improve practice, or induce social change while engaging community stakeholders as equal research partners (Green et al., 1995; Israel et al., 1998; Baum et al., 2006). The approach advocates for a power balance between researcher and research and rejects the power relationships inherently embedded in Western knowledge production (Baum et al., 2006). CBPR has proved appropriate when working with marginalised populations as it highlights the importance of respectful relationships and the sharing of control over individual and group health and social conditions (Baum et al., 2006; Cargo & Mercer, 2008).

#### 4.2. Research Framework

Figure 4 depicts the research framework. The analytical process is aligned with the research questions and consists of four main steps: preliminary research, research phase, concluding phase, and finalising phase. First, relevant theories and context are provided, and the case study intervention is introduced. Second, field research was carried out for six weeks in Malindi, Kenya, collecting qualitative data in the form of open and semi-structured interviews to assess different stakeholder perspectives on the concepts of gender equality, consent, and sexual abuse and harassment. Subsequently, students' understanding of gender equality, consent, and sexual harassment and abuse, as well as possible protective behaviours displayed, are analysed through PO and FGD using PEI. The central research question can be answered in the concluding phase with the newly gained knowledge and insights. Finally, discussing the findings will conclude with recommendations.

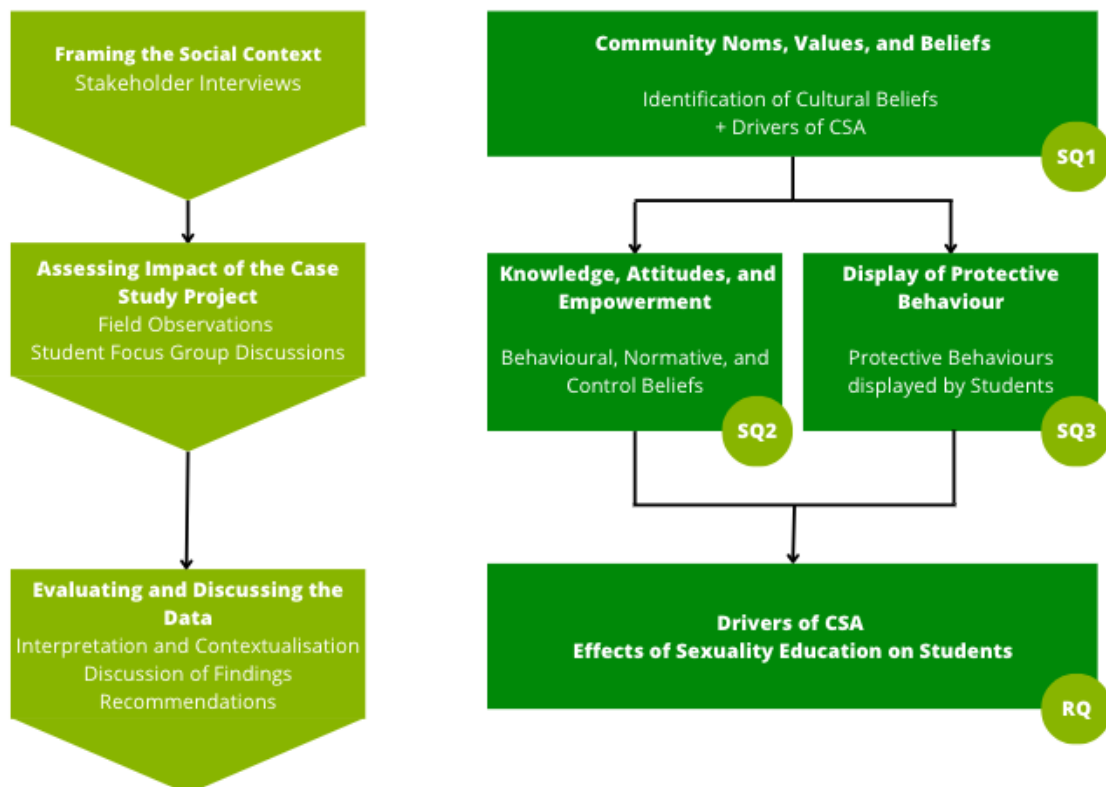


Figure 4. Research Framework

### 4.3. *Data Collection*

#### 4.3.1. Malindi

Malindi town is located on the Indian Ocean in Coast Province, Kenya, 108 km north of Mombasa. The town is in Malindi District, part of Kilifi County. With a population of 119,859, it is the tenth-largest city in Kenya (Kenya Bureau of Statistics, 2019). With its history of colonisation of slavery and ivory trade, the city is multicultural, with African, Arab, Asian and European influences. Malindi town is a major tourist destination, a significant local market town, and a small industrial centre with commercial, undeveloped, farmed, and residential areas. Malindi District has 39 primary schools, from which 17 schools are participating in the AY SEP. The district has a public primary school net enrollment rate of around 84% for girls and 85% for boys (Education Data and Policy Centre, 2005). It is unclear whether the remaining per cent is enrolled in private schools or is not visiting schools. School lessons are given in Swahili or Giriama, the first being the official spoken language in school and the latter the students' mother tongue. School days in Malindi Town start at 7 a.m., and children are either dropped off by motorbike or walk to school, depending on the distance between the school and their home. Every school has their mandatory uniform in specific school colours, including a skirt for girls, trousers for boys, and a shirt and blazer for both genders.

#### 4.3.2. Data Collection Methods

##### 4.3.2.1. Stakeholder Interviews

To gain a deeper understanding of the culture of the community and the general understanding and perception of the concepts of gender equality, consent, and sexual abuse and harassment, interviews were conducted with relevant stakeholders. Stakeholder interviews were further used to gather indigenous input for the PEI. The flexibility and adaptability of qualitative research methods have been precious as they allowed for a dynamic flow of the data collection process (Patton, 2002). As the interview guides were supplemented with insights from interviews, field notes, and observations, new interview fragments were conducted with the teacher and the counsellor between lessons, during lunch breaks, or while travelling to various schools during the whole six weeks of collecting data. The interview with the director was conducted in a café, leading to skipping certain parts of the interview guide to remain respectful and appropriate. The interview with the second director was conducted spontaneously in the director's office while waiting for the PEI of the retrospective school to be set up. The interview was relatively short because the waiting time was shorter than initially anticipated. The second patron was interviewed at the end of an AY SEP lesson in the classroom. The participant's English proficiency level hampered the collection of rich data as questions seemed to be partly misunderstood. Therefore, the researcher decided to reject the interview guide in all upcoming interviews with participants with low proficiency in the English language and conduct an open interview instead. Subsequently, Pamela's interview, which was conducted in the classroom of her primary school in the presence of her pupils aged 1-3, was in the form of an open interview, allowing her to share all the information and knowledge she deemed valuable, and minimising the language barrier to the best extent possible. As the children had not yet mastered English, all topics could be discussed. Janice's interview was conducted at her workplace, allowing for much privacy and enabling her to discuss all topics in the interview guide and all topics arising during the interview. Howard's interview was conducted in two separate settings. As the first setting was in his home in the presence of family members and did not allow for much privacy, a second interview was scheduled at the researcher's house to discuss all topics the participant did not feel comfortable discussing in the first session.

To facilitate the coding progress, all transcripts of one participant were merged into one document. Although the data collected from interviews with the second director and the second patron was valuable, the interviews were relatively brief and less comprehensive than the data obtained from the other interviews. Therefore, this paper adapts the term "all participants" when referring to the

stakeholders, excluding the second director and the second patron. Table 7 summarises the stakeholder interviews and their characteristics.

**Table 7.** Stakeholder Overview

<i>Stakeholders Category</i>	<i>Number and Type of Respondent</i>	<i>Acronym</i>	<i>Gender</i>	<i>Research Method</i>	<i>Location</i>
<i>Experts</i>	AY SEP Teacher	Teacher <sup>1</sup>	Female	OI/SSI	Various Locations
	AY SEP Counsellor	Counsellor <sup>2</sup>	Female	SSI	Various Locations
<i>Primary Stakeholder</i>	2 Directors	Director <sup>3</sup>	Male	SSI	Public Café
		Second Director <sup>4</sup>	Male	SSI	Private Office
	2 Patrons	Patron <sup>5</sup>	Female	SSI	Private Office
		Second Patron <sup>6</sup>	Female	SSI	Classroom
<i>Secondary Stakeholder</i>	1 Older Generation	Pamela <sup>7</sup>	Female	OI	Classroom
	2 Younger Generations	Janice <sup>8</sup>	Female	SSI	Private Office
		Howard <sup>9</sup>	Male	SSI	Various Locations

#### 4.3.2.2. Participant Observations

Naturally occurring data was gathered through PO, improving the understanding of the social setting of the AY SEP (Holt, 2004; Clark, 2005; Greig et al., 2007; Carnevale et al., 2008). Participant observations included participating in the AY SEP lessons, the question hour following the lesson, and social activities such as church visits. The method employed a mix of naturalistic and participant methods, observing the children in their natural routine of following the lessons or visiting the church and participating in the lessons or service when encouraged by the teacher or other community members (O'Reilly & Parker, 2014). Visits to church were partly recorded via pictures, videos and note-taking. The recording method of AY SEP lessons was set to taking notes for several reasons. First, lessons are commonly given in Swahili and Giriama, with only small parts in English. Second, classrooms were often overcrowded, making audio or video recordings chaotic. Adding to preexisting complications, receiving consent from all students for video or audio recording would have been time-consuming (O'Reilly & Parker, 2014). Moreover, video recordings could have been disruptive as children are not used to recording devices (Greig et al., 2007).

Participant observations were challenging as the process was disruptive to their natural routine. Upon the arrival of the members of the NGO and the researcher, the focus of the children and other



community members shifted from their daily activities to the arrival of the visitors. Foreign guests were treated differently compared to the local community members. Nevertheless, efforts were made to be as non-disruptive as possible during AY SEP lessons. When the classroom size allowed for sitting in the back and out of sight of pupils, the researcher and other foreign guests positioned themselves in that specific spot. However, certain classrooms were too small, forcing the foreign guests to sit at the front, facing the students. Moreover, if all pupils were sitting on the ground, the researcher also sat on the ground. To reduce novelty and curiosity, the researcher and employees of the NGO introduced themselves at the beginning of the lessons and explained the reason for their presence. The researcher actively encouraged the teacher to keep the lessons in Swahili and Giriama, which led to the introduction of the lesson being given in English and the sexuality content mainly in Swahili and Giriama, with some English clarifications for the guests. This allowed for a more routine course of the lesson but inhibited particular insights into the lessons due to the language barrier. The question hour after class was also held in Giriama, with stakeholders translating the questions into English if students consented. When visiting the church, the researcher actively engaged with community members and the service to gain valuable insights. While the service was given in Giriama, conversations with community members were in English.

#### 4.3.2.3. Child Participant PEI

PEI uncovers participants' worldviews by analysing their reaction to photographs, drawings, or other visual aids, revealing their underlying perceptions and values (Heisley & Levy, 1991; Clark, 1999). The PEI approach helps overcome boundaries such as illiteracy and the lack of experience with structured reflective activity and stimulates participant responses (Joanou, 2009). PEI empowers children by acknowledging them as active participants in their own lives as well as recognising them as partners in research explaining their values, perspectives, and views to the adult researcher (Almqvist & Almqvist, 2015; Cappello, 2005; Clark-Ibanez, 2004; Clark, 1999). PEI further empowers children by actively encouraging them to take control of the activity (e.g. choosing specific pictures presented to them) and to communicate about complex and abstract issues (Thomas & O'Kane, 1998; Waller & Bitou, 2011).

A photo kit was made in collaboration with relevant stakeholders to explore the concepts of gender equality, consent, and sexual abuse and harassment and create (Frith & Harcourt, 2007). The final concepts for the photographs were based on preexisting pictures on the internet and stakeholder suggestions. First, suitable photographs representing the different concepts were sought via the platforms 'Google Images', 'iStock', and 'Shutterstock'. Keywords used on all platforms were culturally and contextually relevant adjectives followed by specific concepts. An overview of the keywords can be found in Appendix E. Stakeholders were asked to share their ideas for photographs representing the different concepts. To represent gender (in)equality, stakeholders suggested a comparison of similar situations, with one scene representing gender equality and the other representing gender inequality. Another recommendation consisted of representing gender roles in pictures, more specifically, household chores such as animal care executed by a male in one picture and a female in the other picture. Ideas to represent affirmative consent consisted of representing a couple holding hands. To represent a withdrawal of consent, stakeholders suggested scenes where a woman is overpowered by a man, either pushing him away or unable to defend herself. Recommendations for the representation of sexual harassment consisted of verbal and physical harassment. Stakeholders indicated verbal harassment could be represented by males laughing at a woman, with some scenes showing the male(s) pointing at the secondary genitals (e.g. breasts) of the woman. Physical harassment should be represented by male(s) touching the secondary genitals of the woman, with the latter expressing discomfort. Finally, stakeholders stated that pictures representing sexual abuse should represent the various forms of CSA present in the community. First, financial compensation referring to sex work

should be represented. Second, forcing victims to enter a house without witnesses should be represented. Lastly, violence should be included in the scenes. Dramaturges and children were employed as subjects for the photographs, from whom final input was sought. Additionally, two illustrations were made to represent scenes that could not be staged during the photoshoot.

The final picture selection for gender equality consisted of two pairs of pictures. Two illustrations represented children feeding chickens, referring to the household chore of animal care. One illustration represents a female child, while the other depicts a male child. Both males and females were depicted with subtle differences to examine whether children would naturally assume the characters to be female, reinforcing traditional gender roles. Two other pictures from the final selection depicted similar scenes, showcasing gender equality as both partners carried equal items. In contrast, the other illustrated gender inequality as the woman carried everything. To underscore the different settings of the scenes, the picture representing gender equality was taken from the Internet, while the other originated from the photoshoot. The final picture selection for consent included one picture representing affirmative consent and five pictures of withdrawal of consent. Despite the imbalance representing a limitation, this approach was adopted to honour the stakeholders' requests and align the research with the community's preferences. Pictures depicting scenes of sexual harassment displayed both verbal and physical harassment. Pictures representing sexual abuse did not display scenes of active sexual abuse, but rather scenes prior and post-abuse. This approach was implemented to safeguard children and investigate whether they would independently make the connections between the scenes and sexual abuse themselves.

#### *Final Picture Selection Gender Equality*



Picture 1. Gender Inequality



Picture 2. Gender Equality





Picture 3. Girl feeding chickens



Picture 4. Boy feeding chickens

*Final Picture Selection Consent*



Picture 5. Withdrawal of Consent Scene 1



Picture 6. Withdrawal of Consent Scene 2





Picture 7. Withdrawal of Consent Scene 3



Picture 8. Withdrawal of Consent Scene 4



Picture 9. Withdrawal of Consent Scene 5



Picture 10. Affirmative Consent



*Final Picture Selection Sexual Harassment*



Picture 11. Sexual Harassment Scene 1



Picture 12. Sexual Harassment Scene 2



*Final Picture Selection Sexual Abuse*



Picture 13. Boy Engaging in Sex work



Picture 14. Girl Engaging in Sex work



Picture 15. Using Force on a Girl



Picture 16. Using Force on a Boy



Picture 17. Discipline Through Violence



Picture 18. Undressing by Force



Picture 19. Using Force on a Woman

Child participants were offered the choice between an individual interview, dyad interview, or focus group discussion, mixed or divided by gender, to guarantee maximum comfort during the interview session. Whereas dyads or focus group discussions can help reduce anxiety and create a safe environment for children, individual interviews are more appropriate if children feel hampered from sharing their thoughts and experiences when peers are present (Capello, 2005; Morgan, 1997; Rugg, 2010; Shohel & Mahruf, 2012). All child participants chose FGD as a preferred mode of data collection. Two pilot FGDs have been conducted before finalising the interview protocol to enhance reliability and validity. The pilot interviews revealed that presenting them all at once impacted the perception of the pictures, as children did not see the pictures as individual entities but as cohesive narratives. Moreover,



the group size did not allow every child to share their opinions and experiences in an elaborate way and stimulated several parallel discussions. It was concluded that pictures needed to be presented in different rounds, where one round represents one concept. Further, to inhibit the perception of a cohesive narrative, pictures that were initially used as inspiration were added to the final picture selection. The final picture selection can be found in Appendix G. Lastly, the group size was sized down.

### ***Final Interview Protocol***

The FGD was structured according to Mareschal et al. 's (2019) four stages of FGD with children: an introduction, warm-up activities, discussion of concepts, and a concluding phase. In the introduction stage, participants were welcomed, and the course of the FGD was explained with explicit reassurance that there were no right or wrong answers and an emphasis that honesty was appreciated. Further, participants were reassured that they only needed to share what they were comfortable to share. The warm-up activities included stretching exercises to physically loosen up and singing to loosen up mentally. This stage was concluded by simply ordering smiley faces from the happiest to the saddest. These faces could also be used as a reference point for expressing emotions in later stages. During the discussion stage, all four concepts were discussed in separate rounds, starting off with less emotional areas and introducing more sensitive topics towards the end, resulting in the following order: gender equality, consent, sexual harassment, and sexual abuse (Corbin & Morse, 2003). Before displaying the pictures, it was underscored that they were staged, as the protagonists were community members who risked being recognised by students. Children were encouraged to choose a photograph of themselves and share their thoughts, opinions, and experiences To give child participants a degree of control over the interview(Sinding & Aronson, 2003). The concluding phase consisted of a debriefing mechanism for participants to ensure that children left with a similar emotional and physical state as they arrived (O'Reilly & Parker, 2014). Children were allowed to ask questions, and a last round of singing was integrated to loosen up before exiting the interview. The final interview guide can be found in Appendix D.

As child mental health research has an inclined possibility that illegal behaviours compromising the child's safety and health can be part of the data collected (Fisher et al., 2002), a protocol for safeguarding children revealing information pointing in the direction of illegal behaviours endangering said the child was produced in collaboration with the counsellor to handle delicate cases and avoid misinterpretation (Cameron, 2005; O'Reilly & Parker, 2016). The protocol states that the name was given to the counsellor in any past, present, or future abuse of child participant(s). Only information possibly relating to abuse should be revealed to the counsellor, who would decide whether a session with the child was scheduled via the patron.

**Table 8.** Practical Arrangements

<i>Element</i>	<i>Protocol</i>	<i>Underlying Reason</i>	<i>Stakeholders</i>	<i>Literature</i>
Setting	School	Schools often symbolise a sense of safety and familiarity for many children	✓	Mareschal et al., 2019
Third-Party Consent	Director	Under official Kenyan law, directors assume guardianship roles during school hours. Maximise participation rates and minimise altering or muting children.	✓	Geluda et al., 2005 Mannay, 2013 Mbugua, 2009 Plummer & Njuguna, 2009 Zartler & Richter, 2014 <i>The Constitution of Kenya</i> , 2010
Group Size	4	Everyone can share opinions		Gibson, 2012
Language	English	Avoid potential negative impact of a translator on children's behaviour, such as causing them to become silent.	✓	O'Reilly & Parker, 2016

### 4.3.3. Participant Recruitment

#### 4.3.3.1. Stakeholders

This research employs purposive sampling, a non-probability sampling method where participants are selected based on their ability to provide relevant and rich information about the research topic to gain a deeper understanding of the research problem (Rai & Thapa, 2015). A subcategory of purposive sampling is criterion sampling, where participants are selected based on predetermined criteria. Such criteria for stakeholders included level of involvement in the programme, level of English proficiency, and age. Further, convenience sampling was also employed to allow for flexibility in the research process and account for the limited period of the data collection process.

#### 4.3.3.2. Child Participants

Seventeen schools participated in the AY SEP during the data collection process. As PO took place in the first week of the data collection process, the researcher visited all schools that were included in the lesson programme of that specific week for PO, setting the sampling method to convenience sampling. As for the FGD, a combination of criterion sampling and convenience sampling has also been adopted, with the criteria being developed collaboratively with relevant stakeholders, such as teachers, counsellors, and patrons. The criteria entailed being enrolled in urban schools, as students who frequently reside in the Malindi town are more used to foreigners, having followed more than 2 AY lessons, and having sufficient proficiency in the English language. Efforts were made to schedule FGDs at all urban schools, but due to communication issues and time limitations, only four urban schools were part of the final sample.

**Table 9.** Overview of Participating Schools

<i>School</i>	<i>PO</i>	<i>PEI</i>	<i>N<sup>o</sup> of PEI</i>	<i>Type</i>
Sosoni	✓			Rural
Pishi Mwenga	✓			Rural
Kakonene	✓			Rural
Central	✓			Urban
Majivuni	✓			Urban
Ashleys	✓			Urban
Maziwani	✓			Urban
Ganda	✓	✓	3	Urban
HGM	✓	✓	3	Urban
St. Andrews	✓	✓	1	Urban
Pamoja	✓	✓	1	Urban

Consent was sought from a third party and child participants to respect the child's autonomy. Third-party consent is a complex issue as it can harm participant rates and alter or mute child participants, especially in the Kenyan context with a reigning culture of silence (Geluda et al., 2005; Mannay, 2013; Mbugua, 2009; Plummer & Njuguna, 2009; Zartler & Richter, 2014). As directors assume guardianship roles during school hours (*The Constitution of Kenya, 2010*), it was concluded that directors were the most suitable third party. The criteria for informed consent of child participants themselves is presented in Table 10. Also important to mention is that consent is an iterative process and needs to be revisited throughout all research stages (O'Reilly et al., 2011). Therefore, consent and voluntary participation were revisited at the beginning of the interview, and a check-in moment was integrated, allowing children to leave if they wanted to. Further, the interview was terminated early if the researcher felt like the children were not at ease.

**Table 10.** Criteria for Informed consent, including mental capacity (Mental Health Foundation, 1999)

	<i>Informed Consent</i>	<i>Mental capacity</i>	<i>Applied</i>
1	Information is presented in an understandable way		Information sheet in Swahili <sup>1,2,3</sup>
2	Consent is voluntary		Children were free to accept or decline participation after explanations
3	Capacity to provide consent*	Individual understands given information  Individual retains information long enough to make a decision Individual can weigh up information available to make a decision Individual can communicate decision	Capacity check performed by qualified person, therefore patrons <sup>4</sup>

1. Michelle, O., & Parker, N. (2014). *Doing mental health research with children and adolescents: A guide to qualitative methods*. Sage.
2. Skutnabb-Kangas, T. (2000). *Linguistic genocide in education--or worldwide diversity and human rights?*. Routledge.
3. Smith, B. A. (1999). Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenological research. *Image: The journal of nursing scholarship*, 31(4), 359-363.
4. Hunter, D., & Pierscionek, B. K. (2007). Children, Gillick competency and consent for involvement in research. *Journal of Medical Ethics*, 33(11), 659-662.

Several limitations presented themselves during the participant recruitment process. There is reason to believe that not all patrons stuck to the interview protocol. The researcher suspected that certain patrons haphazardly chose children for the FGD, suggesting that their participation may not have been voluntary or could have been coerced into participating. Even if participation was voluntary, children might not have gotten their preferred type of interview (individual interview, dyad interview, mixed or gender-exclusive FGD). Furthermore, it is suspected that not all children underwent a capacity check and/or were never presented with the information sheet before the interview. To overcome these ethical challenges, the information sheet was presented at the beginning of the interviews, accompanied by thorough explanations of the process of the interviews and assurance of confidentiality. The option of entirely skipping the FGD or early termination was given, and the earlier-mentioned check-in moment was integrated to ensure voluntary participation. However, as the researcher was not qualified to perform a capacity check, there was no possibility to integrate it later in the process.

#### **4.4. Data Analysis**

Extensive notes were taken during meetings and interviews with stakeholders, field observations, and FGDs, supplemented with recordings if possible and suitable. Subsequently, notes and recordings were merged and transcribed to ensure conclusions were formed that were well rooted in the data (Hennink et al., 2010). If multiple interviews were conducted with one stakeholder, the interviews were merged into one document. FGDs with child participants were recorded as well as documented via a note-taker. The transcripts merged both documentations, displaying quotes of children next to the respective photographs they were referring to. Transcripts can be found in Appendix G. A coding scheme was developed using the literature previously discussed in this paper. Data were

coded with the pre-established codes as well as with codes emerging from data during the analysis (Pedersen et al., 2017). Emerging codes were added to the coding scheme, which can be seen in Appendix F. Analysis was carried out in Maxqda software to enhance consistency and analytical transparency.

Confidentiality in child research reduces the vulnerability of child participants, as participants may experience harmful consequences if their identity or personal details are revealed (Baez, 2002; Giordano et al., 2007). This is especially important as child participants are more prone to establish trusting relationships with strangers and may impulsively disclose private aspects of their lives (Shaw, 2008; Singh & Keenan, 2010). Confidentiality was ensured by keeping transcripts of FGDs private and conducting FGDs in private rooms with no external people present. However, confidentiality was hampered during one FGD, where the school did not have enough classrooms to provide private rooms to both the counsellor for a one-on-one session and the researcher to conduct an FGD. To ensure confidentiality to the best extent possible, the respective groups situated themselves at the respective ends of the rooms, facing their backs to each other. Anonymity was ensured by replacing names with pseudonyms and the removal of identifying characteristics (O'Reilly & Parker, 2014). Moreover, confidentiality and anonymity are integrated into the information sheet (O'Reilly & Parker, 2014).

## **5. Results**

### **5.1. Protective Behaviours**



Stakeholder interviews, field observations, and FGDs with child participants revealed various protective behaviours displayed by children following the AY SEP. Protective behaviour mentioned by both groups, stakeholders and child participants, were increased personal hygiene and increased communication skills. Increased personal hygiene can be classified as protective behaviour as it can prevent illnesses like urinary tract infections, or STIs, such as bacterial vaginosis and fungal and yeast infections. Communication skills are an essential protective behaviour as they enable students to share their abusive experiences instead of isolating themselves and their pain and sharing medical issues, allowing for medical treatments. Further, stakeholders discussed female dress behaviour as a means of protection, explaining that dressing appropriately reduced the risk of becoming a victim of sexual violence as it did not stimulate the sexual desires of men. Lastly, child participants demonstrated a good understanding of their rights and displayed reduced risks of becoming sexual predators themselves.

Data revealed enhanced communication between children and teachers. The teacher, director and patron indicated that students who followed the AY SEP were likelier to open up about the abusive events to a trusted stakeholder of choice. The teacher elaborated that students also gained the courage to share specific health issues and ask for information about possible medical check-ups. However, field observations revealed that students who asked about medical check-ups encountered difficulties when addressing the same concerns with their parents. Children often felt hesitant to express said medical concerns to their parents due to fear of stigma or feelings of shyness and embarrassment. Nevertheless, sharing these medical concerns with parents is essential as the legal guardian needs to approve medical procedures. When discussing the possibility of performing medical check-ups during school hours, when the director acts as the legal guardian, the teacher stated that schools did not have the financial resources to pay for all necessary medical check-ups. The teacher elaborated that even if children shared their medical issues with their parents, they would often ignore their concerns due to stigma, embarrassment, or financial restraints. Data further revealed that communication was enhanced among students as well as between students and children with no prior sexual education.

Children demonstrated a good understanding of their own rights, such as the right to education, the right and necessity to report incidents of CSA to the police, the right to bodily integrity, and the right to withdraw consent. Participants understood that consent was non-negotiable and based on individual choice. Further, participants indicated signs of reduced risks of becoming sexual predators

by stating that they were not allowed to touch the private parts of other pupils. Table 11 shows the pictures used in the FGDs and respective quotes of students indicating the above-mentioned protective behaviours.

**Table 11.** Quotes Indicating Protective Behaviour

<i>Rights</i>	<i>Related Picture / Question</i>	<i>Quotes</i>
<i>Right to Education</i>		<p><b>B1:</b> <i>She is feeding the chicken but it is not good because she needs to go to school. [FGD2 mixed]</i></p> <p><b>B1:</b> <i>The girl is feeding the chicken and she is not at school. It makes me feel sad. [FGD3 mixed]</i></p> <p><b>B1:</b> <i>It is abuse as she has to work and does not have the right to go to school. [FGD4 mixed]</i></p>
<i>Right to Report to the Police</i>	<p><b>Interviewer:</b> <i>How does AY help children?</i></p> 	<p><b>B2:</b> <i>It makes children know that sexual abuse is bad. And if it happens you shall report. [FGD7 male-only]</i></p> <p><b>B1:</b> <i>It is corruption. He wants to do sexual to the boy and can damage his private parts and I want to advise not to take money but to tell the police. [FGD4 mixed]</i></p>



*Right to  
Withdraw  
Consent*



**B2:** *I feel sad because it is not an argument because no means no. [FGD2 mixed]*

**B1:** *I see that the girl she keep boundaries, because no means no. [FGD4 mixed]*



**Girl 2:** *He is trying to undress her but she manages to say no and pull away. It makes me sad because it is not okay and she is allowed to say no. [FGD4 mixed]*

*Reduced Risk  
of Becoming a  
Predator*



**B2:** *We are not allowed to touch someone's private parts. [FGD4 mixed]*

## **5.2. Gender Equality and Sexual Abuse and Harassment**

### **5.2.1. Community-Meaning of Gender Equality**

To explore the concept and student understanding of gender equality, it is essential to first establish the community meaning of the concept through stakeholder interviews. Equal opportunities, including academic and job opportunities, were emphasised most when discussing the underlying



meaning of gender equality with stakeholders. Nevertheless, stakeholders were aware that past and present efforts to attain gender inequality are not yet enough to eliminate the deeply ingrained patriarchal value system, where male dominance is one of the main drivers of sexual violence. However, students seem unaware of gender inequality. A participant from a younger generation even mentioned gender inequality as a primary driver of sexual violence.

Equal academic opportunities were highlighted by Janice, the counsellor, the director and the patron. Participants discussed the importance of the education system and the right to education for all genders, as it facilitates equal opportunities later in life. Further, Janice, the director and the patron mentioned the importance of equal job opportunities. Janice further underscored that equal respect at the workplace is essential to gender equality, as it ensures equal rights and prevents gender-based discrimination (GBD). The patron further highlighted the power of female achievements in a more general societal setting, explaining that women can achieve the same goals as men but that society is hindering female empowerment by labelling academic, job, or other achievements as male-only. The teacher discussed the importance of general equal opportunities in life, emphasising the importance of teaching children their worth in relation to gender equality, as parents often failed at giving such important life lessons. By teaching them self-worth and self-respect independently of gender, she is convinced to convey the message that everyone deserves equal opportunities and rights.

### 5.2.2. Gender Equality and Sexual Abuse

Whereas gender equality and its implications were taught in class, data revealed the presence of a patriarchal value system in and outside of school. A general preferential treatment of men reigns within the community, ranging from the birth of a child, to their upbringing and into adult life, bringing along certain gender norms and roles imposed onto community members. While stakeholders acknowledge the strong presence of a patriarchal value system outside of the classroom, they seem unaware of its presence within the classroom. The patriarchy's values seem so ingrained that stakeholders do not notice its influences in the classroom. Child participants seem to have ingrained the patriarchal gender roles and norms. While they seemed unaware of subtle forms of gender inequality, students discussed unequal power dynamics such as early and forced marriages, violence to discipline women, and child sex work. Nevertheless, children were prone to the gentrification of victims of sexual abuse.



The teacher, director, and patron all asserted that students in school are not only taught about gender equality but are also treated equally. Field observations confirmed the efforts for equal treatment of both genders, such as the clear emphasis on the equality of all students within the classroom. A notable example was the requirement for all students to sit on the ground, with no one being allowed to occupy chairs, as a symbol of their equal status. Another example is a specific lesson plan component, where the teacher had students repeat a chore so that they were all equal and equally valuable. Nevertheless, dress codes for girls and boys differed at all participating schools. Other patriarchal influences are elaborated in the paragraphs below.

Stakeholder interviews and field observations revealed a general preference for sons. The teacher explained the differences between female and male births, where the birth of males is celebrated, and female births are surrounded by silence. She elaborated that women who bear girls even risk blame and violence. Field observation confirmed the strong preference for sons and female-focused blame for birthing daughters. When discussing the process of fertilisation during an AY SEP lesson, the teacher highlighted that it was the male who determined the sex of the baby. She urged children to stop blaming women for the gender of the baby and shift the blame onto men. The researcher participating in the lesson suggested that blame should be directed towards no one and that the birth of a female should be celebrated equally. There was initial hesitation when asking female students if they were happy to be a woman. After openly expressing the researcher's happiness to be female, young girls started to smile

and raise their hands after the researcher. The teacher praised the interaction after the lesson, who admitted that the societal custom of celebrating male births while blaming mothers for female births had influenced her perspective. This holds as an example of unnoticed but strong patriarchal influences within the classroom, resulting in solid gender discrimination.

With patriarchal values being imposed on children even before their birth, gender roles seem to persist when children grow older, transferring a feeling of superiority to young men, accompanied by a lack of tolerance for male emotions and appointing household tasks such as child and animal care to women. The patron explained how patriarchal values ingrained in the upbringing process can influence children's behaviour, where boys internalise the message that they are superior to girls and are therefore not allowed to show weakness (e.g. express emotions, cry). The counsellor confirmed this claim and explained that expressing emotions is generally only tolerated among women. Field observations revealed that girls are often tasked with childcare, even during playtime. The director explained that while girls are often expected to help with household chores and can be denied playtime, boys are often tasked with animal care and released into free time after completing their tasks. The teacher and counsellor supported this claim but stated that there has been much social change. While some families still practise old gender roles, others divide household chores, animal care, and play time equally. Participants in the FGDs have confirmed the attribution of household chores to females. While differences in the appearances of the protagonists in both pictures are minor, they are present. Still, all participants assumed both pictures depicted females feeding chicken. Participants' assumptions differ in age categories, where most participants claimed the female was a young girl, and one participant stated that the drawing portrayed a mother. This suggests the strong presence of gender roles.

**Table 12.** Quotes Describing Gender Roles

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>B2:</b> <i>The girl is feeding the hen.</i> [FGD7 male-only]</p> <p><b>B1:</b> <i>She is feeding chicken.</i> [FGD2 mixed]</p> <p><b>G1:</b> <i>The girl feeding chicken.</i> [FGD5 female-only]</p>
	<p><b>G2:</b> <i>The girl is feeding the chicken because she wants to help.</i> [FGD2 mixed]</p> <p><b>B3:</b> <i>There is a mother that is feeding the chicken.</i> [FGD7 male-only]</p>

Patriarchal values continue to disturb power dynamics in adulthood, with gender roles and norms being transferred into adult life. However, they did not recognise subtle forms of gender inequality when confronted with pictures specifically relating to gender roles, indicating a certain unawareness of power imbalances in daily life. When asked to compare two pictures, only one female in a mixed FGD commented on the clear imbalance in the distribution of objects being carried in both pictures. Despite active encouragement to identify differences between the two pictures, other participants predominantly mentioned factors such as participant mood, rural versus urban settings, and age without further acknowledging the presence of inequality.



Picture 1. Gender Equality



Picture 2. Gender Inequality

Marriage customs such as early and forced marriages, the tradition of the dowry, and unequal property distributions widen the gender inequality gap. The teacher explained that the tradition of early and forced marriages, where young girls are pressured into engaging in relationships with men, is deeply ingrained in Kenyan culture. She elaborated that parents take it upon themselves to arrange marriages for their daughters, with arrangements involving either the parents selecting a suitable groom or accepting proposals from interested suitors. Whereas Janice and the patron confirmed the acceptance of the tradition in parts of the community, the stakeholders indicated that the practice had been declared illegal and was fading away slowly. Nevertheless, child participants discussed the principles of early and forced marriages, indicating their ongoing existence.





Picture 6. Withdrawal of consent scene 2

*B2: It makes me feel sad because the girl is very young and the boy wants her to be his wife.*  
[FGD1 mixed]

The patron highlighted the importance of granting autonomy to girls to make their own decisions regarding marriage, underscoring that minors should not engage in marital practices. She expanded on the violation of individual integrity of forced marriages, explaining that the choice over their own future is taken away from young girls. Nevertheless, the director pointed out that the dowry payment, where the bride's family receives payment of the groom, can motivate parents to marry off their daughters at an early age. The teacher and director stated that the payment can convey the message of ownership of the wife, where the woman is expected to follow the orders of the husband. However, both participants indicated that the perception of the dowry is changing. While it is still a widespread tradition, many Kenyans no longer portray it as ownership over women, especially in urban areas. Nevertheless, they claim that it is still a root cause of gender inequality within marriages.

*Director: When I talk to uneducated women, they always mention that the man tells them, 'I bought you, you are mine, you have to listen to me, you have to do whatever I say'.*


*Teacher: When a man who is not happy with his wife or his wife says something he just says shut up I bought you, you need to do what I say.*

Sexual norms and unequal property distributions further stimulate power imbalances within marriages. In a sexual relationship, it appears that male dominance and implied consent are the norms. The counsellor and the patron explained that women are prohibited from initiating sex but are expected to consent whenever the man initiates. Both participants elaborated that women are portrayed as immoral if they do not adhere to these standards. However, they indicated that sexual norms are changing. Property distribution between male and female partners stimulates unequal power dynamics. The teacher explained that, despite the fact that the task of constructing the house is appointed to women, men often retain sole ownership of the property. Additionally, men possess the authority to order their wives to leave the household at their discretion. Even though participants indicated that

customs seem to be changing, they persist in certain households. This custom can be especially harmful if the father is a threat to the children and the children cannot be protected by their mother, even more so considering the overall lack of support systems for abused women and children.

Power dynamics are also disrupted outside the context of marriage. Poverty often forces young children and women to seek provision from men or engage in sex work. Pamela and the director explained that young girls living in poverty may be vulnerable to attracting suitors who offer them stability, providing them with a home and financial support. Pamela explained that poverty levels are related to the difficulty of getting a job and that sex work is generally seen as the easiest solution for quick income. She elaborated that the price of sanitary products was one of the major reasons for girls to engage in sex work and that boys often turned to 'sugar mummies' when they could not afford university costs. The teacher stated that children whom their parents neglect can turn to sex work to afford basic living necessities. The teacher and counsellor claimed that young girls who become pregnant are frequently rejected by their families and can find themselves in similar situations of seeking stability and financial support. Such situations are gender discriminating, as men are never rejected by their families for impregnating women. Child participants also discussed sex work, where children received money or other compensation to engage in sexual activities with the perpetrator. The compensation was also often used to silence child victims or witnesses after the abuse. Child participants also discussed incidents where victims were silenced by violence.

**Table 13.** Quotes Describing Incidents of Paid Sex Work and Silencing Victims and Witnesses

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>G1:</b> <i>This little girl wants to take this money that this boy gave her [because] at home they are poor [...] The boy told the little one to not tell someone so I think that this boy wants to rape this girl but I am not feeling good because this girl, she had to take his money. It means that this girl has said yes to this boy. [FGD4 mixed]</i></p> <p><b>G3:</b> <i>I see a man giving a girl snacks to have sex with her. She is giving it to her to convince her. It makes me feel sad. [FGD5 female-only]</i></p>





**G1:** *Because the boy saw something he was not supposed to, he got money to not say anything. [FGD5 female-only]*

**G2:** *[The attacker] just saw the boy randomly on the street and the boy is not taking care [of himself], dirty socks, and the man is giving money to do bad things and the boy may tell nothing. [FGD3 mixed]*




**G4:** *The man is closing her mouth so she cannot tell anyone what he has been doing with the girl. [FGD6 female-only]*

**G1:** *If this man is abusing this child, he is telling her not to speak. She cannot speak because [her] father is abusing [her]. Maybe he is saying if you speak I will kill you. [FGD3 mixed]*

Another aspect of Kenya's patriarchal value system is the use of violence to discipline women. Several child participants stated that violence is used when women or children do not obey the orders of men, suggesting the presence of GBV. The attacker and the victims were often described to be intimate, and child participants praised the boundaries set in such relationships. This indicates the existence of IPV and implied consent within relationships, but it also shows that participants did not perceive these principles as morally good. Field observations confirmed the common practice of discipline through violence, as various community members briefly mentioned the existence and acceptance of the custom. Conversations revealed that women and children are commonly beaten, abused, or suffer other kinds of violence when they do not do as men tell them. Community members did, however, seem uncomfortable when confronted with the topic, indicating an awareness of the moral wrongdoing of the custom.



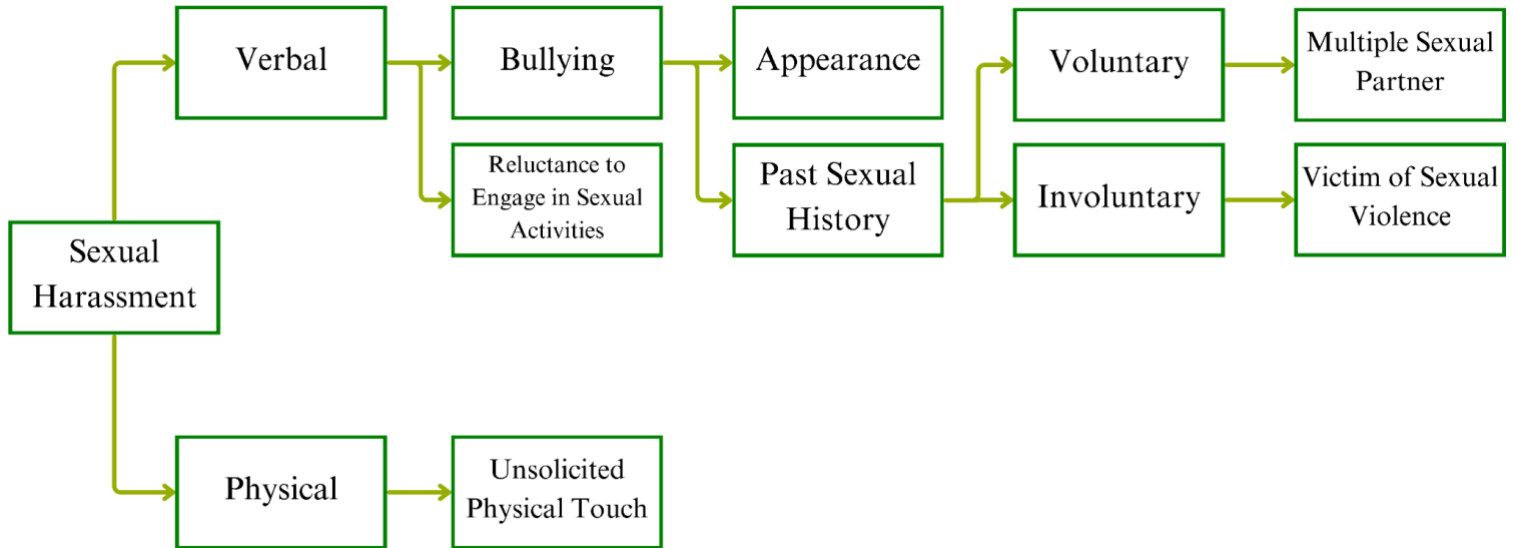
**Table 14.** Quotes Describing Incidents of Violence to Discipline Women

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>G1:</b> <i>They are living together after college. She is not doing what she said she would be doing so he is beating her. There is a person standing in the back and the person does nothing. [FGD3 mixed]</i></p> <p><b>G3:</b> <i>The boy is beating the girl. She is refusing to love him and that is why he is beating her. [FGD5 female-Only]</i></p> <p><b>B2:</b> <i>They are parents at home and they don't understand each other well and some things are not going well so that is why the man is beating the woman. I am not feeling good, I am feeling sad. [FGD4 mixed]</i></p>

Also important to mention is gender attribution concerning GBV. When confronted with pictures displaying scenes prior to and post sexual violence occurrence, participants consistently described scenes depicting females as instances of sexual abuse, while scenes featuring boys were also associated with themes such as silencing witnesses and completing drug deals. Additionally, pictures portraying the sexual abuse of boys were also subject to misgendering, with participants mistakenly identifying the young protagonists as female. Furthermore, pictures in which the gender of the child was ambiguous were exclusively gendered as female by the participants.

### 5.2.3. Gender Equality and Sexual Harassment

Sexual harassment has typically been identified as having two aspects: verbal harassment and physical harassment. Verbal harassment included insulting victims because they refused to engage in sexual activities with their attackers or bullying based on the appearance or past sexual history of the victim. Past sexual history was seen as grounds for bullying, whether it was voluntary or not, meaning a victim could be verbally harassed for being sexually abused or for having consensual sex with multiple partners in the past.



**Figure 5.** Classifications of Sexual Harassment

Opinions on the nature of sexual harassment differed among child participants. Whereas a male participant in a mixed FGD reduced sexual harassment to physical harassment, a female participant in the same mixed FGD included verbal harassment in her definition. Refusing to engage in sexual activities was seen as a legitimate reason to harass and bully-victims. Moreover, child participants discussed shame and embarrassment on the victim's side after having suffered from sexual violence, indicating stigma and victim blaming. Having had multiple sexual partners in the past was also met with critique, further confirming stigma, victim-blaming, and ingrained abstinence messages. A female participant noted that the attacker was very old and the victim was very young, suggesting unequal power dynamics in situations of sexual harassment. Also interesting to mention is that field observation revealed that stakeholders assumed that participants misunderstood sexual harassment. The teacher, counsellor and patron reported incidents where students declared they had been sexually harassed while playing. Stakeholders were convinced the incident had been an accident (e.g. falling on top of each other during playing).

**Table 15.** Quotes Describing Sexual Harassment

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>B2:</b> <i>It is only sexual harassment if you touch someone.</i></p> <p><b>G1:</b> <i>No that is not true it is already sexual harassment if you laugh at someone's body and that it is not good because other people will think that body is beautiful even though these people are laughing about it. [FGD4 mixed]</i></p> <p><b>G3:</b> <i>They are laughing because the girl has refused to have sex. [FGD5 female-only]</i></p> <p><b>B2:</b> <i>They are laughing at her because she is not beautiful. I'm not feeling good about it. [FGD3 mixed]</i></p>
	<p><b>G1:</b> <i>The girl is feeling ashamed maybe because she has been harassed, maybe it is at school the people are laughing because she is harassed at school. [FGD3 mixed]</i></p> <p><b>G4:</b> <i>Girl is ashamed of what she has done. People laughing at her because she exchanges boys everyday. [FGD5 female-only]</i></p> <p><b>G2:</b> <i>They are blaming the girl for what she has done. [FGD3 mixed]</i></p>
	<p><b>G1:</b> <i>The girl is very ashamed because the man is trying to touch their private parts. They are friends. The man is very old and the girl is very young. [FGD1 mixed]</i></p>

#### 5.2.4. The Pitfalls of Correcting for Gender Inequality

This research revealed an emerging trend of overcorrecting past gender-discriminating behaviour. Stakeholders tended to be overpraising female capabilities compared to males. Especially academically, girls' abilities were overpraised compared to male students. Further, stakeholders indicated that most sexuality education before AY SEP excluded boys from their lesson plans. When excluding boys from such crucial knowledge processes, males lack the knowledge and skills in everyday life to recognise and protect themselves from situations of CSA. This is especially important as boys

are not excluded from gender-based discrimination. The counsellor and Pamela stated that they believed girls could generally perform better in school, referring to lessons such as mathematics. The director mentioned an incident during a meeting where members were convinced girls were overall more skilled and capable of performing academically than boys. Additionally, trends of non-gender-inclusive sexuality education and their consequences for young males emerged from the data. The director and the counsellor discussed the implications of excluding boys from sexuality education. The director highlighted how boys are disadvantaged by missing vital knowledge and skills to recognise CSA. The counsellor underscored the importance of including boys in the curriculum as they are also affected by GBD.

### 5.3. Consent

#### 5.3.1. Community Customs and Beliefs

Important to mention is that engaging in sexual activities under 18 is illegal in Kenya (*The Sexual Offences Act No. 3, 2006*). Engaging in (sexual) relationships under 18 is seen as a distraction from the crucial matters in life. The community believes that children should focus on education to build their future, using their talents to build essential life skills and distract themselves from sexual desires. Even though community members see societal changes induced through the availability of sexualised images on the Internet and sexual interactions openly displayed in Western movies, sexual engagement under 18 is generally seen as self-abuse, whereas abstinence is seen as self-respect. Community customs and religious beliefs act as further motivators for abstinence from sexual activities under the age of 18. Whereas younger generations seem more open to minors engaging in (sexual) relationships, older generations still adhere to the community standards previously explained. However, older generations seem to be ignoring the pressing reality of sexually active minors in need of sexuality education, equipping them with critical knowledge and life skills to make informed decisions regarding their sexual reproductive health (SRH).

Pamela and the patron stated that children should focus on school while they are young and should only engage in sexual activities when they have reached the age of maturity. The teacher elaborated that children should focus on their talents to distract themselves from engaging in sexual activities and work towards reaching their goals in life. The director, the teacher, the patron and Pamela agreed that relationships and sexual activities can hinder children from achieving their goals. Howard, belonging to the younger generation, confirmed that these messages are spread but argued that dating is distractive at any point in life and that starting these experiences earlier is beneficial. Child participants had also ingrained these messages. A girl in a mixed FGD claimed that the female protagonist declined to engage in a relationship because she wanted to keep focusing on school.

**Howard:** *But the mother teaches what happens when dating: this can distract you and this can destroy your life. That is how they teach them.*

Further motivators for abstinence from sexual activities were religious and community beliefs. The teacher, the patron, and Pamela indicated that abstinence until marriage and monogamy are important community customs originating from religion. The teacher highlighted the importance of monogamy, emphasising that sexual intimacy should be reserved for a committed relationship between two individuals to enhance its special nature. Howard and Janice, belonging to the younger generations, confirmed that religious and community beliefs dictate that individuals should refrain from dating, engaging in sexual activities, or pursuing any romantic involvement until they reach the age of 18 and are married. It seemed that participants had ingrained the principles of abstinence before marriage.





Picture 12.

**G3:** *They are girlfriend and boyfriend, and it is good that the girl said no because it is bad to do sex before you are married. [FGD5 female-only]*

The teacher explained that sex under 18 is considered self-abuse and that abstinence is considered an act of self-respect in the community. She elaborated that sexual relationships should only occur among adults within the context of love and that sex outside of the context of love was automatically considered to be an abuse of both parties involved. However, stakeholders also stated a social change in the attitudes of young Kenyans towards sexual activities and abstinence due to digitalisation. The teacher, Pamela and Janice, indicated that the availability of sexual images and videos on the Internet stimulates children to engage in similar activities. The free availability of Western movies openly depicting kissing and sex scenes further stimulates curiosity towards sexual activities.

**Teacher:** *We did not have movies or the internet, so we did not really get the idea that it was normal to just have sexual activities, but romantic movies and the internet have really changed that.*

**Janice:** *People just do it because there is that curiosity and now it has become like normal because of the movies, because of the stories and everything so someone is like it is a normal thing everyone else does so I will just do it.*

Participants from younger generations confirmed that premarital relationships and sex are common but are hidden from parents and adults out of fear of disappointing them. Janice explained that most parents do not tolerate premarital relationships due to the automatic assumption that children will engage in unprotected sex, resulting in STIs and unwanted pregnancies. She further indicated a gender disparity of the matter, as parents, if tolerant of premarital relationships, tend only to accept the relationships of their sons but not of their daughters. Howard claimed that minors regularly engage in (sexual) relationships and showed his support for the behaviour. He underscored the importance of consensual and safe sex and acknowledged the contribution of sexuality education to help children make informed decisions regarding their sexuality. The counsellor, also belonging to the younger generation, confirmed the reality of premarital dating and sexual relationships in the community and further underscored the importance of sexuality education. She claimed that the risk and consequences of minors engaging in unsafe sexual activities are increasingly high because of the lack of sexuality education. She discussed the importance of sexuality education at the school level as parents often fail to educate their children about their sexuality. A notable example of a lack of knowledge and skills regarding SRH is a conversation with a female student who thought she could suffer from an STI because a boy had touched her breasts while playing tag.


### 5.3.2. Abstinence-Only Education

Nevertheless, data revealed an AOE approach, with a clear focus on asserting boundaries or withdrawal of consent, without addressing affirmative consent. Lessons praised abstinence as the only adequate protection against unwanted pregnancies and STIs and actively encouraged students to refrain from any materials or activities relating to sex. The content of the lessons seemed mostly fear-based and contained some incorrect information. Students seem to have ingrained abstinence-only messages and treat withdrawal of consent as a formality rather than an informed decision. Nevertheless, students also expressed empowerment when discussing the withdrawal of consent. Even Though previous research proves that sexuality education can equip children with the necessary skills and knowledge to make informed decisions for the SRH, community members of the older generations believe that children under the age of 18 do not possess the mental capacity to make such informed decisions and disregard the potential of sexuality education.

*Teacher: You know if the schools know that I teach them sexual consent, I will be banned.*

When discussing the integration of affirmative consent into the lesson content, stakeholders showed opposition. The teacher claimed that schools prohibited lessons about affirmative consent and that she would be fired for integrating the topic into the AY SEP. The director stated that children should have knowledge and access to information about sexuality but that the latter should be limited. Both stakeholders claimed that providing children with the freedom of affirmative consent would cancel out all efforts to protect children from diseases, sexual violence, and pregnancies. When discussing a picture displaying affirmative consent with child participants, all participants described the interaction as positive affection. In all female only and mixed FGDs, the protagonists were labelled as a couple. Opinions differed between two participants in a male only FGD, where one suggested the couple was engaged to be married, whereas another participant suggested the protagonists were friends. This suggests that, generally, child participants link affirmative consent to relationships. Table 16 displays the respective quotes of participants.



**Table 16.** Quotes Describing Affirmative Consent

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>G4:</b> <i>They are happy, it makes me feel happy.</i> [FGD5 female-only]</p> <p><b>G1:</b> <i>They want to be a couple and want to have children. It makes me feel good.</i> [FGD5 female-only]</p> <p><b>B1:</b> <i>It makes me feel happy that they are in love.</i> [FGD3 mixed]</p> <p><b>G2:</b> <i>The way they are holding each other, they look like boyfriend and girlfriend</i> [FGD6 female-only]</p> <p><b>B2:</b> <i>They love each other, and that teaches me that it must be easy and you should not be afraid. I feel happy they have discussed something. They are grown up and can make a future,</i> [FGD3 mixed]</p> <p><b>B2:</b> <i>The boy wants to marry the girl. It makes me feel happy.</i> [FGD7 male-only]</p> <p><b>B1:</b> <i>I think they are friends.</i> [FGD7 male-only]</p>

Furthermore, stakeholders considered abstinence the only adequate protection against the negative consequences of engaging in sexual activity, such as unwanted pregnancies and STIs. When discussing alternative anticonception methods, the director expanded on his belief that safe sex will ultimately lead to unsafe sex, concluding abstinence was the sole and best option. The teacher stated that all other anticonception methods were unsuitable due to community opposition and knowledge gaps created by the lack of information available. She claimed that birth control was either not used at all or used the wrong way. She elaborated that education about birth control is prohibited, possibly referring to the education policies favouring abstinence-only methods. Field observations revealed fear-based messages conveyed to students, stating that all sexual interactions among minors and unmarried couples or engaging with related material would ultimately lead to pregnancy and STI attraction. Other fear-based messages communicated to students stated that genitals would be damaged by engaging in early and excessive sex, with the latter being defined as being sexually active before marriage and having multiple sexual partners. Even though this information is scientifically incorrect, it is communicated to and absorbed by students, such as one male participant in a mixed FGD. The fear-based message seems to be ingrained in students.





**Table 17.** Quotes Describing Ingrained Fear-Based Messages

<i>Related Picture</i>	<i>Quotes</i>
	<p><b>B2:</b> <i>It is good because the girl made boundaries for her safety. Also, she can not get pregnant or something because she is at school. [FGD3 mixed]</i></p> <p><b>G2:</b> <i>It is good that she is refusing because she could get diseases or get pregnant. [FGD3 mixed]</i></p>
	<p><b>B2:</b> <i>He wants to do sexual to the boy and that can damage the private parts. [FGD4 mixed]</i></p>

Even though it appeared that child participants had ingrained fear-based messages and the principles of denying consent, participants did not seem to be able to make informed decisions about their SRH, as setting boundaries was a formality. While participants indicated that it was essential to deny consent whenever someone tried to touch their genitals, they could not give a thorough reasoning as to why this behaviour was unacceptable. Nevertheless, participants indicated feelings of empowerment when discussing boundaries set by the female protagonist.

**Table 18.** Participant Quotes Expressing Empowerment

Related Picture	Participant Quotes
	<p><b>G1:</b> <i>The man is trying to tell her how the man is feeling, The girl is refusing. She decided that it is not what she wants. It makes me feel very happy because the girl is strong. [FGD4 mixed]</i></p>
	<p><b>B1:</b> <i>The girl refuses. The girl says no because her father does want to have sex with her. It makes me feel happy because she said no, and it makes her self-esteem grow. [FGD3 mixed]</i></p>



*G2: This boy wants to kiss this girl but this woman refuses so it must keep boundaries. If someone wants to tell you something then the something you are not feeling happy you must say no. I feel happy because this woman refuses and that is good. [FGD4 mixed]*

Through field observations and interviews, it became evident that there was opposition from community members when questioned about the potential of sexuality education to equip children with the mental capacity to make informed decisions about their sexuality. The teacher stated that abstinence was necessary to protect children from themselves and their actions, implying that children did not have the necessary maturity to treat sex and the risks and consequences responsibly. The director elaborated that children under 18 lacked the knowledge and life skills to recognise sexual violence, concluding that all sexual interactions should be forbidden to enhance the protection of children. The patron supported these claims by stating that only adults can make informed decisions regarding their SRH as they possess evolved mental and physical maturity. Pamela confirmed the conception of the lack of mental capacity among minors by stating that children are not mature enough to understand their sexuality. She elaborated that sexuality education serves as a means to clarify that engagement in sexual activities is only acceptable during adulthood within the context of marriage.

#### **5.4. Culture of Silence**

Stakeholders indicated a culture of silence (COS) surrounding sex-related topics. Consequences of COS seem to manifest throughout all generations but seem worse in the older generations. The counsellor and the teacher stated that the current and older generations of parents have difficulties discussing sex-related topics with their children. The director explained that most parents did not know how to have meaningful conversations with their children as sex is generally not discussed in their culture. The director and patron clarified that most parents lacked the knowledge or time to educate their children on sexuality and relied on books, teachers or religious leaders to take on the task of sexuality education. The director highlighted that the lack of knowledge combined with the COS induced feelings of shyness and embarrassment surrounding sex-related conversations between parents and children. He concluded that empowering parents to have meaningful conversations is essential to end the silence and start educating the youth.

Nonetheless, there seems to be a societal shift in newer generations. Whereas community members expressed readiness to open up about the topic, cultural norms held them back. Pamela and the patron indicated they could not talk about sex with their parents but did have conversations with their children. The director further stated that more families around him are slowly opening up about sexuality. Moreover, Janice and Howard, both of the younger generations, indicated that they regularly discuss sex-related topics with their friends. Both participants also claimed to have been taught about sexuality by their parents. Janice explained that more people of younger generations were increasingly ready to open up and discuss sex-related topics, including all the taboos, but the culture prohibits them. She further emphasised that she hopes it will change soon due to digitalisation and freely accessible information.

COS also appeared to manifest itself in the generation of children, where abuse victims tend to stay silent instead of opening up. Community members engaged in victim blaming based on social norms and gender roles, such as the principle of female abstinence, instead of protecting those who have been abused. Judgement was most often directed at girls rather than boys, indicating the patriarchal foundation of the COS. Such stigma and victim-blaming appeared to have created a reality where children who have been the victims of abuse preferred to suffer in silence instead of opening up, and children who were exposed were blamed for the abuse. The director and second director indicated that children often refused to speak of their abusers to avoid feelings of shame and embarrassment. The teacher reported that children who openly admitted to being abused or suffered consequences of abuse faced stigma. The patron explained that children, especially girls, who suffered from STIs or unwanted pregnancies faced stigma from other community members. She expanded that parents also faced judgement and embarrassment. She further discussed the issue of the discrepancy between not providing sexual education to children and subsequently criticising them for lacking the knowledge to navigate their sexuality. She concluded that such hypocrisy was an underlying reason for abuse victims to stay silent.

*Patron: If the girl was impregnated, she became a laughingstock in the community. [...] Embarrassment comes when these kids [...] indulge themselves in sex and [...] they are acquiring sexually transmitted diseases and maybe they even get pregnant.*

Also important to mention is that COS is enabling practices of CSA to persist. Ignoring or denying cases of CSA permits predators to keep attacking and prohibits victims from seeking help. Further, it creates a vicious circle of the abused becoming the abusers. The counsellor indicated that forced marriages persist but are not discussed. Hence, such cases of CSA cannot be reported, and victims cannot exit the abuse. Moreover, the teacher highlighted the distressing reality regarding mental health care. She explained that women and children living in abusive homes cannot access professional help such as psychologists or mental health professionals. As a result, mothers facing mental health challenges cannot provide adequate care for their children. Consequently, the children and the mothers lack the necessary support and protection from their immediate environment and society, leaving them vulnerable to threats and harm, particularly from the abusive partner or father. The teacher further indicated that abused children strongly needed support to avoid suffering from the consequences of abuse. Such consequences included conduct disorders or even the risk of becoming predators themselves.



## 6. Discussion

### 6.1. Stakeholder Perspectives

Stakeholders seemed aware of the patriarchal value system and identified gender disparity as one of the main underlying reasons for CSA, as previously discussed by Wangamati (2018) and Plummer and Njuguna (2007). Influences of the patriarchal value systems can be found in unequal power dynamics between men and women in (sexual) relationships. Stakeholders discussed how poverty can force women and young girls to seek provision in exchange for material or financial compensation. Poverty is another driver of CSA, previously confirmed by UNICEF (2006), Tuesday (2006), Meinck et al. (2015), Wangamati (2018) and Plummer and Njuguna (2007). Poverty takes away females' individual and bodily integrity as compensation for engaging in sexual activities can present the only and easiest source of income. Moreover, poverty stimulates the tradition of early and forced marriages, where the dowry payment can motivate parents to marry off their children. Marital norms further stimulate the power imbalance between genders. As previously established by Ellsberg et al. (2001), the dowry is typically interpreted as granting men all rights over women and unconditional sexual access. This tradition is inherently discriminating based on gender, and it takes away the individual and bodily integrity of young girls. Moreover, unequal property rights within marriage violate *The National Land Commission Act No. 5 of 2012*, *The Land Act No. 6 of 2012*, and *The Land Registration Act No. 3 of 2012*, putting women and children in a vulnerable position. When mothers are forced to leave their homes, children become more vulnerable to CSA due to a lack of guidance and supervision (Meinck et al., 2015; Plummer & Njuguna, 2007). This study further proved that instances of marital expulsion become increasingly dangerous if the father is the abuser, as children lack a support system.

Nevertheless, stakeholders did not realise the extent of patriarchal influences in the community. While stakeholders such as the teacher acknowledged and disapproved of the general preference for sons, the cultural norm strongly influenced her classroom. By trying to shift the blame from women to men instead of lifting the blame altogether and empowering girls to embrace their gender, it can be argued that gender inequality was reinforced by stimulating male superiority and female suppression. Such male superiority and female suppression have been demonstrated in previous studies (Rossi & Rouanet, 2015; Ragnarsson et al., 2010). This habit is especially worrying as this study revealed that GBV is not exclusively directed at females but also at children. If men consistently assess a superior role in society, they also gain a dominant role towards children, rendering them vulnerable to CSA. Further, by stimulating the blame for female births, the pressure put on women to produce sons puts the latter in a position of extreme vulnerability, having to perpetuate the lower status of girls and bear the consequences of giving birth to an unwanted girl child, including abandonment, divorce, violence, or even death (Mwangeni, 2001; Osarenren, 2008).

It can be argued that patriarchal values stimulate COS, which stimulates victim-blaming and stigma. Stigma, victim-blaming and COS are some of the main drivers of CSA in Kenya as they lead to underreporting or even denying cases of CSA, allowing predators to walk freely and leaving children to suffer in silence (Mbugua, 2007; OAGDJ & NCCS, 2021; WHO, 2004). While traditions such as early and forced marriages still exist within the community, stakeholders admitted that community members did not discuss them. Moreover, stakeholders reported cases where children were abused by their fathers, but COS prohibited them from talking to community members to seek help. If community members stay silent, they fail to protect victims of sexual abuse ((WHO, 2004). Further, if abuse is not addressed or rejected, the victim may not even be aware that she or he is being abused. Prohibiting children from opening up about their traumas is especially worrying, as untreated trauma responses can lead to sexually violent behaviour in later stages of life, resulting in a vicious cycle of abuse and abuse. If child victims do not know they were abused and end up abusing others as a trauma response, the question arises if the former victim turned predator even knows about their moral wrongdoing. It can



be argued that COS reinforces the culture of victim-blaming and stigma by prohibiting discussions about such harmful beliefs. By avoiding such discussions, the abusive aspects of such are never questioned and are failed to be rejected. Stigma and victim-blaming are rooted in the patriarchal value system, as judgement tends to be gendered. The study revealed that primarily, females are rejected by their families when suffering consequences of engaging in unsafe sexual activities, while there was no mention of male rejection. This overlaps with previous study findings claiming that male students often do not face the same cultural consequences as female students for engaging in premarital sex (Kreager & Staff, 2009; Gardner, 2011; Kay & Jackson, 2008). The habit of female victim-blaming is further reinforced by labelling inappropriate female dress behaviour as a risk factor for CSA, also previously identified as a risk factor by Wangamati (2018). This implies that women must exchange their integrity for reduced risk of CSA. It further raises the question of what is defined as appropriate dress behaviour and if the latter reduces the risk of becoming a victim of CSA. Moreover, victim-blaming is extremely discriminating against victims of abuse, who not only have to face the trauma but are also judged and rejected by their community. Nevertheless, boys are not free from discrimination based on CSO. The custom that only girls are allowed to show emotions stimulates the COS for boys who have been victims of sexual violence, as it prohibits them from seeking help.

As previously found by Mbugua (2007), COS inhibits conversations between parents and children due to residual traditional barriers, inhibitions due to European Christianity, and the tendency to rely on books and schoolteachers. Additionally, data revealed parental lack of time and knowledge as further inhibitors. The findings further align with previous studies stating that feelings of shyness and embarrassment hinder conversations between parents and children (Jaccard et al., 2000; Noone & Young, 2010; Poulsen et al., 2010; Crichton et al., 2012). Nevertheless, meaningful conversations between parents and children are essential for children to acquire skills and knowledge for avoiding sexual risk-taking (Short & Rosenthal, 2008; Stubbs, 2008). Studies conducted in the USA revealed that such open communication leads to safer sex behaviour, such as greater use of contraceptives, delay of sexual activity, decrease in the number of sexual partners, and reduced pregnancy rates (DiClemente et al., 2001; Hutchinson et al., 2003; Miller et al., 1998). However, it can be argued that such communication in this specific community context risks reinforcing harmful beliefs and traditions as parents tend to have a strong focus on abstinence and withhold crucial information for informed decision-making.

Community members opposed the idea of teaching both affirmative and withdrawal of consent. Generally, all sexual interactions among or with minors are considered sexual abuse, and abstinence is seen as self-respect. Stakeholders consider abstinence the only possibility to protect children from STIs and unwanted pregnancies and disregard the potential of all other forms of contraception. Abstinence is supported by community and religious beliefs and the assumption that children cannot make informed decisions about their SRH. Even Though previous studies show the potential of sexuality education to empower children with such mental capacity, community members hold the belief that abstinence should be taught as the norm (Constantine et al., 2015; Rohrbach et al., 2015; UN et al., 2018; UNESCO, 2016). Dismissing children's ability to make informed decisions about their own SRH, even when provided with information to acquire such knowledge and skills, discriminates against children by disregarding them as active participants in their lives. Further concerns are raised by the implying that children are incapable of experiencing loving sexual relationships and that all marriages are based on love. This undermines children's emotions and fails to protect the latter from forced marriages.

The legal age of consent and a strong emphasis on abstinence strengthen the stigma by reinforcing deeply embedded cultural norms and harmful traditional practices, such as GBD and victim blaming. Additionally, it strongly discriminates against students who are victims of sexual abuse, devaluating them based on their chastity (Gardner, 2011). Also important to mention is that boys are not excluded from GBD, considering the exclusion of boys in sex education before the AY SEP, leaving

boys with no knowledge and protective skills about CSA. This is especially dangerous considering the findings of Ruto (2009), where 29% of participating boys and 24% of participating girls reported having been forced into unwanted sex.

The strong focus on abstinence is increasingly dangerous, considering the social changes in the community. Stakeholders discussed social changes induced through social media and other internet platforms. Plummer and Njuguna (2007) also discussed social changes as a driver of CSA. Wangamati (2018) elaborated on the use of social media platforms to spread sexualised images of minors and its impact on the perception of sexuality. Nevertheless, it can be argued that there is a difference between sexualised images and the display of consensual sexual activities (e.g. kissing scenes in Western movies). The sudden normalisation of sexual activities can, however, lead to peer pressure among minors to engage in similar sexual activities (Wangamati, 2018). This can be dangerous if minors do not possess knowledge and skills regarding safe sexual behaviour, rendering it even more essential that said minors receive CSE. CSE promotes inquiry and critical thinking from students and may serve as a powerful weapon against gendered oppression (Lewinger & Russel, 2019). When young people have access to medically accurate sexual health information, they have greater bodily integrity, which means they can make informed choices about their sexuality. Sexuality education that is factually inaccurate and withholds information ignores the realities of adolescent life and endangers the well-being of young people. It presents the latter with unnecessary risks of disease and unintended pregnancy. Evidence proves that providing young people with sexuality education focusing on responsible decision-making and mutual respect in relationships often leads to delay mature sexual activity, especially in faith communities (UNESCO, 2009). The question arises whether one can blame children for engaging in unsafe sexual practices resulting in pregnancies or STIs when they lack such essential knowledge and skills. It can further be argued that the focus on abstinence ignores pressing ongoing social changes regarding the sexual behaviour of the youth, and the complexities of young people's lives are not accounted for (UNFPA, 2010).

## **6.2. Students Perspectives**

UNESCO (2017) states that SEP should promote gender equality. Child participants were less aware of the patriarchal value system regarding gender roles and norms. Still, they managed to recognise harmful traditions such as early and forced marriages and the common belief that women must be disciplined by violence. Child participants automatically acclaimed household chores to women and girls, indicating profoundly ingrained gender roles in the community based on patriarchal values. Previous studies confirmed such gender roles, highlighting how the female child is disadvantaged from birth, with young girls being burdened with domestic tasks and childcare, even during playtime. In contrast, young boys must meet fewer demands and are allowed more playtime (Mwangeni et al., 2001). Students could also identify the tradition of early and forced marriages and their unequal power dynamics. Whereas students understood the harmful nature of the practice, its identification through PEI proves the existence of the tradition within the community. Child participants further identified the custom of discipline by violence, as previously stated by Maseno and Kilonzo (2011). As incidents have primarily been identified as taking place between romantic partners, there is reason to believe there is a strong presence of IPV in the community. The 2014 Kenya Demographic and Health Survey revealed that a considerable proportion (42%) of women and men in Kenya still believed that wife beating was acceptable under some conditions. This is especially worrying considering that children exposed to domestic violence are more likely to be victims of sexual abuse (Meinck et al., 2015; Zelimar et al., 2016). Moreover, this custom violates the *Protection Against Domestic Violence Act (2015)*. Considering that gender equality and children's well-being are strongly correlated, it leads to believe that the general well-being of children in the community is suffering due to the strong presence of gender inequality (UNICEF, 2007). When students internalise the principles of gender equality, they

are more likely to reject harmful gender stereotypes, challenge oppressive norms, and promote respectful and egalitarian relationships (UNESCO et al., 2018).

According to UNESCO (2017), SEP must be comprehensive and accurate to equip children with the knowledge and skills to make informed decisions about their SRH. With participants having ingrained the fear-based message of abstinence as the only form of protection from STIs and pregnancy, it can be argued that AY SEP is not comprehensive. Moreover, students have incorporated scientifically incorrect information, such as that genitals are damaged by engaging in early and excessive sexual activities, rendering the lesson content inaccurate. UNFPA (2010) further argues that CSE should promote critical thinking and address vulnerabilities to fight exclusion. Students identified non-adherence to abstinence as a legitimate ground to bully abuse victims. This behaviour is firmly rooted in victim-blaming and stigma. Moreover, student allegations tend to be gendered, presenting females as 'bearers of morality' responsible for stopping sexual activity before it goes too far. This principle of female abstinence has previously been discussed by Ringrose and Renold (2012). The authors argue that such gendered abstinence implicitly teaches students to self-objectify and to see their virginal status as a precious commodity, with losing said commodity at an inappropriate time rendering them damaged. This practice undermines young women's bodily integrity and strongly discriminates towards abuse victims by devaluing them based on their chastity (Gardner, 2011; Human Rights Watch, 2005; Lewinger & Russel, 2019). Moreover, students automatically relate affirmative consent to relationships. This association is possibly rooted in the community belief of implied consent within relationships. It can be argued that AY SEP does not foster critical thinking, nor does it address vulnerabilities to fight exclusion, but reinforces harmful beliefs in traditions with a focus on (female) abstinence.

Even Though students felt empowered by setting boundaries and withdrawing consent, they did not actively exercise agency. Students act as passive recipients of information but do not demonstrate the capacity to think independently and make informed decisions. Sexuality education that is factually inaccurate and withholds information ignores the realities of adolescent life and puts young people at unnecessary risk of disease and unintended pregnancy (UNFPA, 2010). When young people have access to medically accurate sexual health information, they have greater bodily integrity, which means they can make informed choices about their sexuality (UNESCO, 2017). It is thus essential to shift from AOE to CSE. Important to note is that such a shift does not imply abolishing abstinence education. On the contrary, evidence suggests that abstinence education is effective when combined with information about anti-contraceptive methods (Lewis & Russel, 2019). Many faith communities know from experience, and numerous studies show that young people tend to delay mature sexual activity when they receive sexuality education focusing on responsible decision-making and mutual respect in relationships (UNESCO, 2009). By integrating information about alternative methods of protection, students regain bodily integrity and discrimination against victims of abuse is reduced (Lewis & Russel, 2019). It, however, is essential to tackle the issue of gentrification of abstinence (Lewis & Russel, 2019).

### **6.3. Protective Behaviour**

Students demonstrated protective behaviours such as increased personal hygiene and improved communication skills. Data suggests an increase in personal hygiene among students. Such increased hygiene can prevent STI acquisition and transmission, aligning with the findings of UNESCO (2016), stating that CSE can decrease STI rates. Whereas previous studies stated that CSE enhanced communication between parents and children (Constantine et al., 2015; Rohrbach et al., 2015; UNESCO, 2016), this research found that AY SEP improved communication among children and between students and teachers. Students following the AY SEP appeared to have discussed sexual abuse and the right to report with children who did not attend the lessons. It can be argued that students actively exercised their agency to contribute to sustainable development in their community by sharing newly gained knowledge and skills with other community members. Further, enhancing teacher-student

communication has proved to be essential for providing children with the possibility of accurate medical care. However, it is concerning that medical check-ups students request cannot be followed up due to blocked communication between children and their parents or parental financial restraints.

While students demonstrated refusal skills and risk avoidance, which aligns with the findings of UNFPA & UNESCO (2012), it can be argued that students ingrained the fear-based messages of abstinence without engaging in critical thinking and questioning the underlying reasons for denying consent. It seems that AY SEP has mainly influenced subjective norms by teaching community values and beliefs but has not had much influence on student attitudes as they are not taught to think critically for themselves. Consent education for minors primarily emphasised the importance of denying consent due to legal age restrictions and the cultural belief that minors should practise abstinence to safeguard themselves. Studies confirm the role of abstinence in protection from STIs like HIV and unwanted pregnancies in Kenya (Winskell, 2011). However, a clear understanding of consent is essential as students who have ingrained the underlying principle of consent are more likely to recognise and respect the bodily autonomy of themselves and others (UNESCO, 2017). They are better equipped to navigate situations involving consent and effectively communicate their boundaries. Additionally, consent is a critical tool for recognising power imbalances, which often play a significant role in CSA in Kenya (WHO, 2004). Such knowledge and attitudes foster empathy and empower individuals to stand against sexual violence. Understanding and practising consent empowers individuals to challenge unequal power structures and identify situations where consent may be compromised due to coercion, manipulation, or an abuse of power (UNESCO, 2017).

Further, it can be argued that AY SEP can reduce the risk of students becoming perpetrators of sexual abuse. Students could identify scenes of sexual abuse and harassment and claimed that they were not allowed to touch other people's private parts. While this shows an understanding of the moral wrongdoing of sexual violence, it can be argued that students were again not challenged to think critically about the underlying reasons not to touch someone else's genitals. Nevertheless, AY SEP offers children a safe space to share incidents of sexual violence. Schneider and Hirsch (2020) claim that victims with the necessary support to work through their traumas usually avoid becoming predators. However, considering the persistence of victim-blaming culture and stigma reinforced by the strong focus on abstinence, it can be argued that the healing processes of abuse victims can be hindered. Also important to mention is that teachers seemed to dismiss possible incidences of sexual harassment among peers by writing them off as innocent accidents. Such dismissal of possible incidents of sexual violence can further hinder the healing process.

Lastly, discussing the possibilities to influence attitudes and control beliefs positively is essential. It can be argued that by ingraining the principles of gender equality and consent, attitudes that stimulate protective behaviour are influenced. However, AY SEP has adopted AOE principles, hindering students from fully understanding these concepts. This research calls for integrating the principles of CSE, namely promoting gender equality, fostering critical thinking, strengthening capacities for citizenship, addressing vulnerabilities to fight exclusion, recognising complexities of young people's lives, and being gender inclusive (UNFPA, 2010). Evidence suggests that CSE can help prevent and reduce gender-based and intimate partner violence and discrimination and increase gender equality (UN Women & UNICEF, 2018; Lewinger & Russel, 2019). As students advocate for gender equality and engage in discussions about consent and sexual violence prevention, they can influence community attitudes and behaviours, strengthening their capacities for citizenship (UNFPA, 2010). Moreover, control beliefs could be stimulated by integrating lessons about Kenyan legislation. If students know which rights are amended to them by law, beliefs regarding the degree to which students can control CSA will likely be reinforced.

## **6.4. Recommendations**

### **6.4.1. Eliminate Patriarchal Influences in AY SEP**

Even Though stakeholders are aware of the patriarchal value system, they need to be made aware of how much it influences their views. It is essential that stakeholders actively involved in the AY SEP, such as the teacher, directors, patrons, and the counsellor, are aware that AOE stimulates drivers and dynamics of CSA. It is, however, essential to respect the cultural norm of abstinence education. Therefore, arranging a meeting with old relevant stakeholders is suggested to present them with evidence that abstinence education is more effective when combined with information about anti-contraceptive methods (Lewis & Russel, 2019). Moreover, it is essential to explain how ingraining the principles of gender equality and consent can help foster critical thinking. It is essential to highlight how consent education helps students recognise and respect the bodily autonomy of themselves and others and that consent is critical for recognising power imbalances (UNESCO, 2017). Further, it is essential to underscore how the internalisation of principles of gender equality enables students to reject harmful gender stereotypes, challenge oppressive norms, and promote respectful and egalitarian relationships (UNESCO et al., 2018).

### **6.4.2. Involve Parents in AY SEP**

Programmes are most effective when substituted with community elements (ChandraMouli et al., 2015; Fonner et al., 2014; UNESCO, 2015). The combination of CSE and related services has been shown as an effective way to support young people's SRH, leading to the recommendation to include non-teaching staff and health care providers in AY SEP (UNESCO, 2015a; Hadley et al., 2016). As previously highlighted, parent-child communication is invaluable for developing knowledge and skills to make informed decisions about SRH. However, it is essential that parents are aware of patriarchal influences in their conception of sexuality prior to involving them in the programme. It is advised to organise parent-teacher evenings at schools participating in the AY SEP. All relevant stakeholders, such as the teacher, patron, director, and counsellor, should attend the meeting. Parents can be informed about the content of the lessons and given tips on how to approach sex-related topics, breaking down the silence and abolishing COS. Children should be informed about the parent-teacher meeting during AY SEP lessons. Involving parents can also help bridge the gap between child-teacher conversations about medical issues and actual medical check-ups. Additionally, information sheets containing relevant information about necessary steps and consultations can be distributed to parents to facilitate parent-child communication about medical issues. Once parents have been informed via parent-teacher evenings, they can be involved through other means. Studies have indicated that a highly effective approach for enhancing parent-to-child communication regarding sexuality is to assign students homework tasks involving discussions on specific subjects with parents or other trusted adults (UNESCO, 2009). Challenge Harmful Traditions and Beliefs in Community Settings

### **6.4.3. Eliminate Harmful Beliefs and Oppose Patriarchal Influences**

There is a strong need to reflect on and address negative social norms and harmful practices not in line with human rights to restore bodily and individual integrity and reduce gender inequality (UNESCO et al., 2018). Many community members did not receive CSE themselves. Therefore, it is advised to organise community meetings in public spaces, such as the church, to openly discuss drivers of CSA, such as patriarchal value systems, gender inequality, COS, stigma, and victim-blaming. Opening the discussion about the drivers of CSA and COS can be broken, and the dynamics of CSA can be changed. This is especially relevant as stakeholders indicate that part of the community is ready to open up, but harmful norms and traditions hinder them. UNESCO (2017) suggests turning to community leaders to support efforts to contextualise the programme's content (UNESCO, 2017). By teaching community leaders the principles of CSE, they can pave the way for accepting and supporting



CSE programmes implemented in formal and non-formal settings. It is crucial to work with these stakeholders to counter inaccurate information and dispel any existing myths and misconceptions about CSE that the community might have.

#### 6.4.4. Integrate Knowledge about Legislation

This paper offered an overview of legislation protecting children and women from violence. There is reason to believe that children and other community members need to be made aware of current legal frameworks due to recent changes. By integrating lessons about Kenyan legislation, children can be empowered by gaining a moral compass based on national laws and international human rights. Table 19 offers an overview of relevant laws that can help children and women regain an overview of their rights.

**Table 19.** Overview of Relevant Regulatory Framework to Empower Women and Children

<i>Regulatory Framework</i>	<i>Applied</i>
<i>Sexual Offences Act No. 3 of 2006</i>	Helps children and women gain an overview of acts of sexual violence. Repeal of Section 38, under which women risk being victimised for initiating prosecutions against their abusers.
<i>The Constitution of Kenya, 2010</i>	Enhances the protection of women through the guarantee of equal citizenship rights in Article 14 and the prohibition of discrimination based on sex, pregnancy and marital status in Article 27. Moreover, the constitution commits to non-discrimination concerning all laws.
<i>Protection Against Domestic Violence Act of 2015</i>	Protects against sexual, psychological, and economic violence.
<i>National Land Commission Act No. 5 of 2012</i> <i>Land Act No. 6 of 2012</i> <i>Land Registration Act No. 3 of 2012</i>	Protect against the expulsion of women from shared property.

#### 6.5. Contribution to Research

There is a need for a researched information base for African countries to gain a deeper understanding of the context, mechanisms, and dynamics of CSA (Tuesday, 2006). However, varying academic and legal definitions of 'sexual abuse' and 'childhood' and debates about whether differences in age and power between the predator and the abused must be accounted for pose challenges for setting up a proper research methodology (Maternowska, 2009; WHO, 2012). Additionally, cultural beliefs and the consistent taboo surrounding discussions of sex-related topics, particularly CSA, add to the preexisting complications (Kilonzo, 2008; Mbugua, 2007). This study aims to help establish a proper research methodology and help build a researched information base by filling the knowledge gap two proposed by Maternowska (2009) and proposing academic definitions of 'sexual abuse' and 'childhood', where differences in power between the predator and the abused are accounted for. Moreover, this study aims to contribute to reaching SDG targets 16.2., calling for ending all forms of violence against children in target, and target 5.3., ending harmful cultural practices that affect the development and

well-being of children in target by providing recommendations for community intervention based on previous evaluation.

This study aimed to fill the knowledge gap proposed by Maternowska (2009) by documenting and evaluating a grassroots, community-based intervention and discussing Kenyan legislation. By discussing the shortcomings and highlighting the intervention's strengths, the research strives to demonstrate how the intervention can be replicated in other contexts. Replicated interventions are expected to help reach the previously named SDG targets. Further, this study aims to contribute to the academic definition of sexual abuse by urging future research to account for differences in power between the predator and the abused and rejecting the classification of all sexual activities among minors as sexual abuse. The previous chapters highlighted the unequal power dynamics between genders and adults and children in the Kenyan context. Such unequal power dynamics are deeply rooted in the patriarchal value system and consistently reinforce male superiority and female suppression. This is extremely damaging to the bodily and individual of women and children as the choice of whether to engage in (sexual) relationships is often taken away from them. It is, therefore, ethically questionable whether an act can be classified as consensual if one person involved has no choice but to participate due to such unequal power dynamics at play. Further, the definition of sexual violence, including all consensual sexual activities among minors, is deemed questionable, supported by Wangamati (2016). By classifying all sexual acts among or with minors as sexual violence, community members are denying the pressing reality of sexually active minors. Moreover, children's individual and bodily integrity are taken away as they are not treated as active participants in their own lives. By giving children the freedom of choice whether to practise abstinence or be sexually active, discrimination against sexually active children is hugely reduced. Moreover, it can be argued that the stigma that victims of abuse face will also be minimised.

#### **6.6. Limitations**

Several limitations were induced by researching a community as an outsider. First, there is a possibility of cultural bias. The researcher has made efforts to ingrain herself in the culture through PO and stakeholder interviews to minimize data interpretation through her own cultural lens. Second, this imposed time restrictions on field research, as the researcher needed to travel to the community setting by plane and needed to terminate all data collection processes when returning to her home country. Third, this induced a language barrier during field research. The native language spoken by most inhabitants of Malindi is Giriama. The second spoken language is Swahili. All official communication, such as government documents, marketing communication, and school lessons, is in Swahili. As the researcher did not speak Giriama nor Swahili, and the teacher and counsellor explicitly suggested not using a translator, the interview could not be held in the mother tongue(s). This possibly induced confirmation bias as the researcher repeated participant statements if she was unsure she heard them correctly. Unfortunately, recordings could not eliminate confirmation bias if participant statements were unclear due to the English proficiency. The language barrier also influenced participant recruitment, leading to selection bias. Firstly, it was decided to include only urban schools in the data collection process as children were more used to foreigners. Secondly, child participants were partly selected based on their English proficiency. Further limitations during participant recruitment occurred through volunteer bias, as only students who volunteered to participate were included in the data sample.

The data collection process induced further limitations. The picture selection for PEI with child participants represents a limitation of this research for several reasons. Consensual or non-consensual scenes indicating sexual activities among minors were not included in the final picture selection. This decision was made to protect child actors during the photo shoot, as it was perceived as unethical to recreate such scenes. The final photo selection was also not complemented with pictures depicting such scenes found on the Internet to respect community beliefs. Moreover, there is an imbalance between

the number of pictures representing affirmative consent and pictures representing withdrawal of consent to respect community beliefs and stakeholder requests. Observation bias represents another limitation of this study. Students were actively distracted by the researcher's presence during PO of AY SEP lessons. Further limitations were encountered during the stakeholder interview process due to response bias. Due to the complex topics discussed during the interviews, social desirability bias is possible. This refers to the tendency of participants to display information they perceive as viewed favourably by the researcher. Moreover, certain participants might have been reluctant to give negative feedback as they assumed the researcher was working for the NGO providing the sexual violence intervention, leading to courtesy bias.

Lastly, even though this research applied CBPR, stakeholders could only be included in some research process steps. While stakeholders were included in the data collection process, they were excluded in the research design, data analysis, and writing process. The researcher established the research design with academic supervisors' help. The research design might not be optimally designed to analyse the niche intervention by excluding local knowledge. Further, stakeholders were not included in the coding process, meaning that local knowledge and insights could not be used during the data analysis of this research.

## **7. Conclusion**

This research aimed to analyse the effects of sexuality education on children in Kenya. There is a need to evaluate and document community-based interventions using community knowledge to induce social change to set up adequately informed information regarding CSA in African countries. By analysing the understanding and perception of consent, gender equality, and sexual abuse and harassment, this research uncovered community knowledge and attitudes and the dynamics, prevalence, and drivers of CSA. Second, by analysing student's understanding of gender equality and consent, the research further highlights gender roles and power dynamics. Further, protective behaviours displayed by students are analysed to see if and how the programme empowers students and stimulates agency.

While the programme does affect the understanding of gender equality, consent, and sexual abuse and harassment, the messages conveyed are not in line with the critical values of CSE. Data revealed that even though AY SEP promotes gender equality, the reality is a culture ingrained with GBD and violence, which also influences the content of lessons. Consent is taught and understood in the context of abstinence, ignoring the reality of sexually active students in the community. This harms students' bodily and individual integrity and discriminates against abuse victims by devaluing them based on their chastity. With a limited understanding of gender equality and consent and no stimulation of critical thinking, students are not taught to challenge harmful traditions and beliefs or question stigma. In return, the programme does not address vulnerabilities to fight exclusion by not actively dismissing stigma but stimulating the latter. Even though the programme is gender inclusive, stakeholders tend to have an unbalanced approach to gender equality by overvaluing female academic achievement over male achievements. The programme does empower children to engage in protective behaviours but does not teach them how to exercise agency.

## **8. References**

- African Union. (2003). Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Maputo: African Union.
- Almqvist, A. L., & Almqvist, L. (2015). Making oneself heard—children's experiences of empowerment in Swedish preschools. *Early Child Development and Care*, 185(4), 578-593.
- Amnesty International, (2004). Making Violence Against Women Count: Facts and Figures. Amnesty International: New York, U.S.A.

- Basile, K. C., Black, M. C., Simon, T. R., Arias, I., Brener, N. D., & Saltzman, L. E. (2006). The association between self-reported lifetime history of forced sexual intercourse and recent health-risk behaviors: findings from the 2003 National Youth Risk Behavior Survey. *Journal of Adolescent Health, 39*(5), 752-e1.
- Bermúdez, J. M., Muruthi, B. A., & Jordan, L. S. (2016). Decolonizing research methods for family science: Creating space at the center. *Journal of Family Theory & Review, 8*(2), 192-206.
- Biag, M. (2014). Perceived school safety: Visual narratives from the middle grades. *Journal of School Violence, 13*(2), 165-187.
- Boer, H., & Mashamba, M. T. (2005). Psychological correlates of HIV protection motivation among black adolescents in Venda, South Africa. *AIDS Education and Prevention, 17*, 590-602.
- Bonomi, A. E., Anderson, M. L., Reid, R. J., Rivara, F. P., Carrell, D., & Thompson, R. S. (2009). Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Archives of internal medicine, 169*(18), 1692-1697.
- Boroumandfar, K., Momenzadeh, F., Tavakkol, K., Kelishadi, R., & Rad, G. S. (2010). The effect of education on behavioral intention model of mothers' attitude towards overweight preschool children's nutritional patterns. *Iranian journal of nursing and midwifery research, 15*(Suppl 1), 386-394.
- Brown, D. W., Riley, L., Butchart, A., Meddings, D. R., Kann, L., & Harvey, A. P. (2009). Exposure to physical and sexual violence and adverse health behaviours in African children: results from the Global School-based Student Health Survey. *Bulletin of the World Health Organization, 87*(6), 447-455.
- Bunster, X. (1977). Talking pictures: Field method and visual mode. *Signs: Journal of Women in Culture and Society, 3*(1), 278-293.
- Capello, M. (2005). Photo interviews: Eliciting data through conversations with children. *Field Methods, 17*(2), 170-182.
- Carlson, E. (2017). Anti-colonial methodologies and practices for settler colonial studies. *Settler Colonial Studies, 7*(4), 496-517.
- Cavet J, Sloper P. (2004). The participation of children and young people in decisions about UK service development. *Child: Care, Health and Development 30*(6): 613-621.
- Central Bureau of Statistics. (2004). Kenya Demographic Health Survey 2003. Carlsverton, Maryland. 2
- Centres for Disease Control and Prevention. (2004). Sexual violence prevention: Beginning the dialogue. Atlanta, GA: Centers for Disease Control and Prevention.
- Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., & Temmerman, M. (2015). Twenty years after International Conference on Population and Development: where are we with adolescent sexual and reproductive health and rights?. *Journal of Adolescent Health, 56*(1), S1-S6.
- Chidwick, P. F. (1970). Some ideas concerning the origins of dowry in East Africa. *The Journal of Modern African Studies, 8*(1), 143-149.
- Christensen, P. H. (2004). Children's participation in ethnographic research: Issues of power and representation. *Children & society, 18*(2), 165-176.
- Clark, C. D. (1999). The autodriven interview: A photographic viewfinder into children's experience. *Visual Studies, 14*(1), 39-50.
- Clark-Ibanez, M. (2004). Framing the social world with photo-elicitation interviews. *American Behavioral Scientist, 47*(12), 1507-1527.
- Constantine, N. A., Jerman, P., Berglas, N. F., Angulo-Olaiz, F., Chou, C. P., & Rohrbach, L. A. (2015). Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial. *BMC Public Health, 15*(1), 1-13.
- Cook, J., & Bewley, S. (2008). Acknowledging a persistent truth: domestic violence in pregnancy. *Journal of the Royal Society of Medicine, 101*(7), 358-363.

- Corbin, J., & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative inquiry*, 9(3), 335-354.
- Cossins, A. (2000). *Masculinities, sexualities, and child sexual abuse*. Martinus Nijhoff Publishers.
- Crichton, J., Ibisomi, L., & Gyimah, S. O. (2012). Mother–daughter communication about sexual maturation, abstinence and unintended pregnancy: Experiences from an informal settlement in Nairobi, Kenya. *Journal of Adolescence*, 35(1), 21-30.
- Crivello, G., Camfield, L., & Woodhead, M. (2009). How can children tell us about their wellbeing? Exploring the potential of participatory research approaches within young lives. *Social Indicators Research*, 90(1), 51-72.
- D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & Van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187.
- Danielson, C. K., & Holmes, M. M. (2004). Adolescent sexual assault: an update of the literature. *Current Opinion in Obstetrics and Gynecology*, 16(5), 383-388.
- Davies, H. T., & Nutley, S. M. (Eds.). (2000). *What works?: Evidence-based policy and practice in public services*. Policy Press.
- DiClemente, R. J., Wingood, G. M., Crosby, R., Sionean, C., Cobb, B. K., Harrington, K., ... & Oh, M. K. (2001). Parental monitoring: Association with adolescents' risk behaviors. *Pediatrics*, 107(6), 1363-1368.
- Dixon-Mueller, R. (2010). *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*. Vol. I, Vol. II.
- Dupas, P. (2011). Do teenagers respond to HIV risk information? Evidence from a field experiment in Kenya. *American Economic Journal: Applied Economics*, 3(1), 1-34.
- Ellsberg, M., Peña, R., Herrera, A., Liljestrand, J., & Winkvist, A. (2000). Candies in hell: women's experiences of violence in Nicaragua. *Social science & medicine*, 51(11), 1595-1610.
- Fazekas, A., Senn, C. Y., & Ledgerwood, D. M. (2001). Predictions of intention to use condoms among university women: An application and extension of the theory of planned behavior. *Canadian Journal of Behavioral Science*, 33, 103-117.
- Featherstone, B., & Fawcett, B. (1994). Feminism and child abuse: opening up some possibilities?. *Critical Social Policy*, 14(42), 61-80.
- Fishbein, M., & Ajzen, I. (1977). *Belief, attitude, intention, and behavior: An introduction to theory and research*.
- Fisher, C. B., Hoagwood, K., Boyce, C., Duster, T., Frank, D. A., Grisso, T., ... & Zayas, L. H. (2002). Research ethics for mental health science involving ethnic minority children and youths. *American Psychologist*, 57(12), 1024.
- Flowe, H. D., Rockowitz, S., Rockey, J., Kanja, W., KAMAU, C., Colloff, M., Kaulder J., Woodhams J., Davies, K. (2020). Sexual and other forms of violence during the COVID-19 pandemic emergency in Kenya.
- Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School-based sex education and HIV prevention in low- and middle-income countries: A systematic review and meta-analysis. *PLoS One*, 9(3), e89692. doi:10.1371/journal.pone.0089692
- Frith H., & Harcourt, D. (2007). Using photographs to capture women's experiences of chemotherapy: Reflecting on the method. *Qualitative Health Research*, 17(10), 1340-1350.
- Gallagher, M. (2008). Foucault, power and participation. *The International Journal of Children's Rights*, 16(3), 395-406.
- Girls Not Brides. (2014). *Child Marriage around the World: Tanzania*. Retrieved from <http://www.girlsnotbrides.org/child-marriage/tanzania/>. Accessed June 15, 2023.



- Gratton, L., Povey, R., & Clark-Carter, D. (2007). Promoting children's fruit and vegetable consumption: Interventions using the theory of planned behaviour as a framework. *British Journal of Health Psychology*, 12, 639-650.
- Greig, A. D., Taylor, M. J., & MacKay, T. (2007). *Doing research with children*. Sage.
- Heise, L. (1994). Gender-based abuse: the global epidemic. *Cadernos de Saúde Pública*, 10, S135-S145.
- Heslop, J., Parkes, J., Januario, F., Sabaa, S., Oando, S., & Hess, T. (2015). Sexuality, sexual norms and schooling: choice-coercion dilemmas. In *Gender Violence in Poverty Contexts* (pp. 135-150). Routledge.
- Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric services*, 52(9), 1179-1189.
- Holt, L. (2004). The 'voices' of children: de-centring empowering research relations. *Children's Geographies*, 2(1), 13-27.
- Hooks, B. (2000). *Feminist theory: From margin to center*. Pluto Press.
- Hunter, D., & Pierscionek, B. K. (2007). Children, Gillick competency and consent for involvement in research. *Journal of Medical Ethics*, 33(11), 659-662.
- Hutchinson, M. K., Jemmott III, J. B., Jemmott, L. S., Braverman, P., & Fong, G. T. (2003). The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: a prospective study. *Journal of adolescent health*, 33(2), 98-107.
- International Conference on Population and Development. (1995). Report of the international conference on population and development: Cairo, 5-13 September 1994. na.
- International Planned Parenthood Federation (IPPF). (n.d.). Violence against women and girls: Gender equality briefing paper [PDF file]. Retrieved from [https://www.ippf.org/sites/default/files/violence\\_against\\_women\\_and\\_girls\\_-\\_gender\\_equality.pdf](https://www.ippf.org/sites/default/files/violence_against_women_and_girls_-_gender_equality.pdf)
- Irwin, L. G., & Johnson, J. (2005). Interviewing young children: Explicating our practices and dilemmas. *Qualitative health research*, 15(6), 821-831.
- Joanou (2009) The bad and the ugly: Ethical concerns in participatory photographic methods with children living and working on the streets of Lima, Peru. *Visual Studies*, 24(3), 214-223.
- Kenya National Bureau of Statistics and ICF International. (2015). *Kenya Demographic and Health Survey 2014*. Nairobi, Kenya: Kenya National Bureau of Statistics and ICF International.
- Kenya National Bureau of Statistics and ICF. (2014). *Kenya Demographic and Health Survey 2014*. Retrieved from [<https://evaw-global-database.unwomen.org/pt/countries/africa/kenya#2>].
- Keogh, S. C., Stillman, M., Awusabo-Asare, K., Sidze, E., Monzón, A. S., Motta, A., & Leong, E. (2018). Challenges to implementing national comprehensive sexuality education curricula in low-and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. *PLoS one*, 13(7), e0200513.
- Kiragu, K., & Zabin, L. S. (1995). Contraceptive use among high school students in Kenya. *International Family Planning Perspectives*, 108-113.
- Kirby, D., and Lepore, G. 2007. *Sexual Risk and Protective Factors: Factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease: Which are important? Which can you change?* Washington DC, National Campaign to Prevent Teen Pregnancy.
- Kitchener, K. S. (1988). Dual role relationships: What makes them so problematic?. *Journal of Counseling & Development*, 67(4), 217-221.
- Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of adolescent Health*, 42(4), 344-351.
- Li, M. Y., Frieze, I., & Tang, C. S. K. (2010). Understanding adolescent peer sexual harassment and abuse: Using the theory of planned behavior. *Sexual Abuse*, 22(2), 157-171.

- Lo, N. C., Lowe, A., & Bendavid, E. (2016). Abstinence funding was not associated with reductions in HIV risk behavior in sub-Saharan Africa. *Health affairs*, 35(5), 856-863.
- Mannay, D. (2013) 'Who put that on there ... why why why?' Power games and participatory techniques of visual data production. *Visual Studies*, 28(2), 136-146.
- Mareschal, S., Delaney, S., & Walton-Ellery, S. (2019). Using focus group discussions with children and adolescents—a practical guide for maximising their effectiveness.
- Maseno, L., & Kilonzo, S. M. (2011). Engendering development: Demystifying patriarchy and its effects on women in rural Kenya.
- Maternowska, C., Keesbury, J., & Kilonzo, N. (2009). Sexual violence: Setting the research agenda for Kenya.
- Maticka-Tyndale, E., & Kyeremeh, C. (2010). The trouble with condoms: norms and meanings of sexuality and condom use among school-going youth in Kenya. *International Journal of Sexual Health*, 22(4), 234-247.
- Mbugua, N. (2007). Factors inhibiting educated mothers in Kenya from giving meaningful sex-education to their daughters. *Social Science & Medicine*, 64(5), 1079-1089.
- Mbugua, N. (2007). Factors inhibiting educated mothers in Kenya from giving meaningful sex-education to their daughters. *Social Science & Medicine*, 64(5), 1079-1089.
- Michelle, O., & Parker, N. (2014). *Doing mental health research with children and adolescents: A guide to qualitative methods*. Sage.
- Miller, K. S., Levin, M. L., Whitaker, D. J., & Xu, X. (1998). Patterns of condom use among adolescents: the impact of mother-adolescent communication. *American journal of public health*, 88(10), 1542-1544.
- Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: a mini-review. *Frontiers in global women's health*, 4.
- Morgan, D. L., & Krueger, R. A. (1993). When to use focus groups and why.
- Morrow, V., & Richards, M. (1996). The ethics of social research with children: An overview 1. *Children & society*, 10(2), 90-105.
- Mugoya, G. C., Witte, T. H., & Ernst, K. C. (2015). Sociocultural and victimization factors that impact attitudes toward intimate partner violence among Kenyan women. *Journal of Interpersonal Violence*, 30(16), 2851-2871.
- Muldoon, K. A., Denize, K. M., Talarico, R., Fell, D. B., Sobiesiak, A., Heimerl, M., & Sampsel, K. (2021). COVID-19 pandemic and violence: rising risks and decreasing urgent care-seeking for sexual assault and domestic violence survivors. *BMC medicine*, 19(1), 1-9.
- Mulema, J. (2014). Son preference, childbearing behavior and respondent socio-demographic characteristics in morogoro, tanzania. *ABC Journal of Advanced Research*, 3(1), 9-13.
- Munene, M. (2007). Survey reveals deep silence in sexual matters. *Daily Nation*.
- Mutavi, T., Mathai, M., & Obondo, A. (2017). Post-traumatic stress disorder (PTSD) in sexually abused children and educational status in Kenya: a longitudinal study. *Journal of child and adolescent behavior*, 5(5).
- Mwageni, E. A., Ankomah, A., & Powell, R. A. (2001). Sex preference and contraceptive behaviour among men in Mbeya region, Tanzania. *BMJ Sexual & Reproductive Health*, 27(2), 85-89.
- Myers, L. B., & Horswill, M. S. (2006). Social cognitive predictors of sun protection intention and behavior. *Behavioral Medicine*, 32, 57-63.
- Njue, C., Voeten, H. A., & Remes, P. (2009). Disco funerals, a risk situation for HIV infection among youth in Kisumu, Kenya. *AIDS (London, England)*, 23(4), 505.
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18(2), 34-35.

- Office of the Attorney General and Department of Justice, & The National Council on the Administration of Justice. (2021). National Policy on the Prevention, Response and Protection from Unlawful Sexual Acts and the Administration of Justice in Sexual Offences Matters [PDF file]. Retrieved from <https://www.statelaw.go.ke/wp-content/uploads/2021/12/Sexual-Offences-Policy-2021.pdf>
- OHCHR. (n.d.). Developments in Laws. Retrieved from [<https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/DevelopmentsinLawsinfoGraphics.pdf>]
- Okereke, G. O. (2006). Violence against women in Africa. *African Journal of Criminology and Justice Studies*, 2(1), 1-35.
- Okumu, M. I., & Youri, P. (1994). Female Adolescent Health and Sexuality in Kenyan Secondary Schools: A Research Report.
- Osarenren, L. (2008). Tradition at the Heart of Violence against Women and Girls in Africa. Inter-African Committee on Traditional Practices (IAC),
- Packard, J. (2008). 'I'm gonna show you what it's really like out here': The power and limitation of participatory visual methods. *Visual Studies*, 23(1), 63-77.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, Cal.: Sage Publications, 4.
- Paul, M., Newns, K., & Creedy, K. V. (2006). Some ethical issues that arise from working with families in the National Health Service. *Clinical Ethics*, 1(2), 76-81.
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children* (Vol. 528, pp. 1-45). Washington, DC: Center for Global Development.
- Plummer, C. A., & Njuguna, W. (2009). Cultural protective and risk factors: Professional perspectives about child sexual abuse in Kenya. *Child abuse & neglect*, 33(8), 524-532.
- Pooreh, S., & Nodeh, Z.H. (2015). Impact of Education Based on Theory of Planned Behavior: An Investigation into Hypertension-Preventive Self-care Behaviors in Iranian Girl Adolescent. *Iranian journal of public health*, 44(6), 839-847.
- Protogerou, C., Flisher, A. J., Aarø, L. E., & Mathews, C. (2012). The theory of planned behaviour as a framework for predicting sexual risk behaviour in sub-Saharan African youth: A critical review. *Journal of Child & Adolescent Mental Health*, 24(1), 15-35.
- Pyle, A. (2013). Engaging young children in research through photo-elicitation. *Early Child Development and Care*, 183(11), 1544-1558.
- Ragnarsson, A., Townsend, L., Ekström, A. M., Chopra, M., & Thorson, A. (2010). The construction of an idealised urban masculinity among men with concurrent sexual partners in a South African township. *Global health action*, 3(1), 5092.
- Roesch, E., Amin, A., Gupta, J., & García-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *Bmj*, 369.
- Ronen, G. M., Rosenbaum, P., Law, M., & Streiner, D. L. (2001). Health-related quality of life in childhood disorders: a modified focus group technique to involve children. *Quality of life Research*, 10, 71-79.
- Rosenbaum, J. E. (2009). Patient teenagers? A comparison of the sexual behavior of virginity pledgers and matched nonpledgers. *Pediatrics*, 123(1), e110-e120.
- Rossi, P., & Rouanet, L. (2015). Gender preferences in Africa: A comparative analysis of fertility choices. *World Development*, 72, 326-345.
- Rugg, D. (2010). *An introduction to Triangulation: UNAIDS. Joint United Nations Programme on HIV/AIDS.*

- Ruto, S. J. (2009). Sexual abuse of school age children: Evidence from Kenya. *Journal of international Cooperation in Education*, 12(1), 177-192.
- Schaalma, H., Aarø, L. E., Flisher, A. J., Mathews, C., Kaaya, S., Onya, H., ... & Klepp, K. I. (2009). Correlates of intention to use condoms among Sub-Saharan African youth: the applicability of the theory of planned behaviour. *Scandinavian journal of public health*, 37(2\_suppl), 87-91.
- Schneider, M., & Hirsch, J. S. (2020). Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration. *Trauma, Violence, & Abuse*, 21(3), 439–455. <https://doi-org.proxy.library.uu.nl/10.1177/1524838018772855>
- Schwartz, D. (1989). Visual ethnography: Using photography in qualitative research. *Qualitative Sociology*, 12(2), 119-154.
- Sexual Offences Act, 2006 (Ken).
- Shohel, M. & Mahruf C. (2012). Nostalgia, transition and the school: An innovative approach of using photographic images as a visual method in educational research. *International Journal of Research and Method in Education*, 35(3), 269-292.
- Short, M. B., & Rosenthal, S. L. (2008). Psychosocial development and puberty. *Annals of the New York Academy of Sciences*, 1135(1), 36-42.
- Sinding, C., & Aronson, J. (2003). Exposing failures, unsettling accommodations: Tensions in interview practice. *Qualitative research*, 3(1), 95-117.
- Singh, I., & Keenan, S. (2010). The challenges and opportunities of qualitative health research with children. *The SAGE handbook of qualitative methods in health research*, 696-713.
- Skutnabb-Kangas, T. (2000). *Linguistic genocide in education--or worldwide diversity and human rights?*. Routledge.
- Smith, B. A. (1999). Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *Image: The journal of nursing scholarship*, 31(4), 359-363.
- Smith, E. F., Steel, G., & Gidlow, B. (2010). The temporary community: Student experiences of school-based outdoor education programmes. *Journal of Experiential Education*, 33(2), 136-150.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, New Zealand: University of Otago Press
- Smith, T., & Methodologies, L. D. (1999). *Research and indigenous peoples*. London & New York: Zed Books Ltd.
- Spronk, R. (2014). The idea of African men: dealing with the cultural contradictions of sex in academia and in Kenya. *Culture, health & sexuality*, 16(5), 504-517.
- Stubbs, S. (2008). *Inclusive education. Where there are few resources*. Oslo, The Atlas Alliance Publ.
- The Age of Majority Act [Kenya], 1974
- The Constitution of Kenya [Kenya], 2010
- The Land Act No. 6 [Kenya], 2012
- The Land Registration Act No. 3 [Kenya], 2012
- The National Land Commission Act No. 5 [Kenya], 2012
- The Protection Against Domestic Violence Act [Kenya], 2015
- The Sexual Offences Act No. 3 [Kenya], 2006
- Thomas, N., & O'kane, C. (1998). The ethics of participatory research with children. *Children & society*, 12(5), 336-348.
- Thompson, M. P. (2006). *Measuring intimate partner violence victimization and perpetration: A compendium of assessment tools*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention.
- Tjaden, P. G., & Thoennes, N. (2006). *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey*.

- Tolin, D. F., & Foa, E. B. (2008). Sex differences in trauma and posttraumatic stress disorder: a quantitative review of 25 years of research.
- Torre, D., & Murphy, J. (2015). A Different Lens: Using Photo-Elicitation Interviews in Education Research. *Education Policy Analysis Archives*, 23(111), n111.
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and psychopathology*, 23(2), 453-476.
- Tuesday, T. (2006). The extent and effect of sex tourism and sexual exploitation of children on the Kenyan coast.
- Turner, H. A., Finkelhor, D., Shattuck, A., & Hamby, S. (2012). Recent victimization exposure and suicidal ideation in adolescents. *Archives of pediatrics & adolescent medicine*, 166(12), 1149-1154.
- Tyler, K. A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior*, 7(6), 567-589.
- UN women & UNICEF. (2018). International technical guidance on sexuality education: an evidence-informed approach. UNESCO Publishing.
- Underhill, K., Montgomery, P., & Operario, D. (2007). Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review. *Bmj*, 335(7613), 248.
- UNESCO & UNICEF. (2012). Family life education, a Ten-Country Review of School Curricula in East and Southern Africa.
- UNESCO. (2015). Emerging evidence, lessons and practice in comprehensive sexuality education: A global review.
- UNESCO. (2016). *Out in the Open: Education Sector Responses to Violence based on Sexual Orientation and Gender Identity/Expression*. Paris: UNESCO. Retrieved from <http://unesdoc.unesco.org/images/0024/002447/244756e.pdf>.
- UNFPA, U. (2010). *Comprehensive sexuality education: Advancing human rights, gender equality and improved sexual and reproductive health*. Bogota, Columbia: United Nations Population Fund.
- UNFPA. (2014). *Operational guidance for comprehensive sexuality education: a focus on human rights and gender*.
- unfpa. (2020). *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage*. Interim Tech Note, 7.
- UNICEF. (2006). *The State of the World's Children 2007: Women and Children - The Double Dividend of Gender Equality*. Retrieved from <https://www.unicef.org/reports/state-worlds-children-2007>
- UNICEF. (2006). *The state of the world's children 2007: women and children: the double dividend of gender equality (Vol. 7)*. Unicef.
- United Nations Convention on the Rights of the Child. (1989). *Treaty Series*, 1577, 3.
- United Nations. (2000). *The State of World Population 2000*. United nations General Assembly, Fifty-fifth Session. United Nations Population Fund, United Nations.
- United Nations. (2015). *United Nations sustainable development goals. Sustainable Development Goals [Online]*.
- Waller, T., & Bitou, A. (2011). Research with children: Three challenges for participatory research in early childhood. *European Early Childhood Education Research Journal*, 19(1), 5-20.
- Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health*, 8(2), 185-192.
- Wangamati, C. K., Sundby, J., & Prince, R. J. (2018). Communities' perceptions of factors contributing to child sexual abuse vulnerability in Kenya: a qualitative study. *Culture, health & sexuality*, 20(12), 1394-1408.
- Wangamati, C. K., Yegon, G., Sundby, J., & Prince, R. J. (2019). Sexualised violence against children: a review of laws and policies in Kenya. *Sexual and reproductive health matters*, 27(1), 16-28.



- Weinger, S. (1998). Children living in poverty: Their perception of career opportunities. *Families in Society: The Journal of Contemporary Social Services*, 79(3), 320-330.
- WHO (2000). *Violence Against Women*. The World Health Organization.
- WHO, UNAIDS, & UNICEF. (2013). *Global report: UNAIDS report on the global AIDS epidemic 2013*. Geneva: UNAIDS, 3-5.
- WHO. (1999). *Report of the consultation on child abuse prevention, 29-31 March 1999*, WHO, Geneva (No. WHO/HSC/PVI/99.1). World Health Organization.
- WHO. (2004). *Child sexual abuse: A silent health emergency*.
- WHO. (2012). *Understanding and addressing violence against women: Intimate partner violence* (No. WHO/RHR/12.36). World Health Organization.
- WHO. (2014). *Violence against women: Intimate partner and sexual violence against women: Intimate partner and sexual violence have serious short-and long-term physical, mental and sexual and reproductive health problems for survivors: Fact sheet* (No. WHO/RHR/14.11). World Health Organization.
- Wilkinson, S., Joffe, H., & Yardley, L. (2004). *Qualitative data collection: Interviews and focus groups*. Research methods for clinical and health psychology London, UK SAGE Publications Ltd.
- Zartler, U., & Richter, R. (2014). My family through the lens. Photo interviews with children and sensitive aspects of family life. *Children & Society*, 28(1), 42-54.

## APPENDIX A DECLARATION OF CONSENT



**Utrecht  
University**

24/02/2023

*The Effects of Sexual Education Programmes on Kenyan Students Behaviour Towards Sexual  
Violence*

By signing this statement, the participant declares that they have been fully informed, orally and/or in writing, about the study's purpose and the manner in which their data will be handled.

Participation in this study is voluntary and participants may quit the study at any given time without any explanation or consequences.

Name:

Date:

Signature:

## APPENDIX B INFORMATION LETTER STAKEHOLDERS AND STUDENTS



Heidelberglaan 8  
3584 CS Utrecht  
The Netherlands

Lisa Conzemius  
[l.conzemius1@students.uu.nl](mailto:l.conzemius1@students.uu.nl)

+31641024167

24/02/2023

*The Effects of Sexual Education Programmes on Kenyan Students Behaviour Towards Sexual Violence*

Dear Participant,

By means of this letter, we would like to invite you to participate in the research project. The purpose of this study is to analyse the contextualisation of interventions in the form of sexual education programmes aimed at decreasing sexual violence against children under the age of 15 by evaluating the student's understanding of the subjects taught.

**What is expected of you as a participant**

The participant will be asked to answer questions in an interview. Further, participants will be asked to give input for interviews with other participants, such as preparing questions, selecting material such as photographs used in the interviews, and reviewing information sheets.

**Confidentiality of data processing**

This study requires us to collect some of your personal data. We need this data in order to be able to answer the research question properly or to be able to contact you for follow-up research. This personal data will be stored on a different computer than the research data itself (the so-called raw data). The computer on which your personal details are stored is secured to the highest standards, and only researchers involved will have access to this data. The data itself will also be protected by a security code. Your data will be stored for at least 10 years. This is in accordance with the guidelines provided by the VSNU Association of Universities in the Netherlands. Please refer to the website of the Authority for Personal Data: <https://autoriteitpersoonsgegevens.nl/nl/onderwerpen/avg-europese-privacywetgeving> for more information about privacy.

**Voluntary participation**

Participation in this study is voluntary. You can end your participation in the study at any time, without any explanation and without any negative consequences. If you end your participation, we will use the data collected up to that point, unless you explicitly inform us otherwise.

**Possible advantages and disadvantages of the study**

**Independent contact and complaints officer**

If you have any questions or comments about the study, please contact If you have an official complaint about the study, you can send an email to the complaints officer at [klachtenfunctionaris-fetsocwet@uu.nl](mailto:klachtenfunctionaris-fetsocwet@uu.nl).

If, after reading this information letter, you decide to take part in the research, I would kindly ask you to sign the attached reply slip and hand it to the researcher.

With kind regards,

Lisa Conzemius

## APPENDIX C INFORMATION LETTER PATRONS



**Utrecht  
University**

Heidelberglaan 8  
3584 CS Utrecht  
The Netherlands

Lisa Conzemius

[l.conzemius1@students.uu.nl](mailto:l.conzemius1@students.uu.nl)

+31641024167

24/02/2023

*The Effects of Sexual Education Programmes on Kenyan Students Behaviour Towards Sexual  
Violence*

Dear Participant,

By means of this letter, we would like to invite you to participate in the research project. The purpose of this study is to analyse the effectiveness of interventions in the form of sexual education programmes aimed at decreasing sexual violence against children under the age of 15 by evaluating the student's understanding of the subjects taught.

**What is expected of you as a participant**

The participant will be asked to answer questions in an interview. Further, participants will be asked to give input for interviews with other participants, such as preparing questions, selecting material such as photographs used in the interviews, and reviewing information sheets. Further, participants will be asked to make a selection of students participating in the interviews as well as to perform a capacity check of the students.

**Confidentiality of data processing**

This study requires us to collect some of your personal data. We need this data in order to be able to answer the research question properly or to be able to contact you for follow-up research. This personal data will be stored on a different computer than the research data itself (the so-called raw data). The computer on which your personal details are stored is secured to the highest standards, and only researchers involved will have access to this data. The data itself will also be protected by a security code. Your data will be stored for at least 10 years. This is in accordance with the guidelines provided by the VSNU Association of Universities in the Netherlands. Please refer to the website of the Authority for Personal Data: <https://autoriteitpersoonsgegevens.nl/nl/onderwerpen/avg-europese-privacywetgeving> for more information about privacy.

**Voluntary participation**

Participation in this study is voluntary. You can end your participation in the study at any time, without any explanation and without any negative consequences. If you end your participation, we will use the data collected up to that point, unless you explicitly inform us otherwise.

**Independent contact and complaints officer**

If you have any questions or comments about the study, please contact If you have an official complaint about the study, you can send an email to the complaints officer at [klachtenfunctionaris-fetsocwet@uu.nl](mailto:klachtenfunctionaris-fetsocwet@uu.nl).

If, after reading this information letter, you decide to take part in the research, I would kindly ask you to sign the attached reply slip and hand it to the researcher.

With kind regards,

Lisa Conzemius

## APPENDIX D INTERVIEW GUIDES

### 1. Final version SSI Stakeholders

#### Introduction:

First of all, thank you for taking the time to talk to us today. My name is Lisa Conzemius and I am here to talk to you about your experience about the sex, sexual education, and sexual violence in your community.

I am going to ask you a series of questions. We want to understand things from your perspective. It's important to highlight that this isn't a test. There are no right or wrong answers to any of the questions.

I would like to ask you to be as honest as possible. You can't offend me or anyone else. Do you have any questions or comments so far?

We treat this conversation as strictly confidential. We won't share any details with anyone outside the immediate people working on this project.

We can talk a lot quicker than we can type, would it be OK with you for us to record this session for our note taking?

Do you have any further questions regarding the sheet?

We have prepared a consent form for you to review and sign.

If at any point you want to take a break or stop the interview please just let us know and we can work around it.

Any questions before we begin? Let's get started!

#### Main questions:

What are the general perceptions of sexual activities?

- good/bad/sinful/joyful/marriage

What is the general perception of sexual activities among youth?

- religion/marriage/relationships

When should people give into sexual feelings?

- marriage/relationships/adulthood/teenagehood

What purpose does sex have?

- recreation/bonding/joy

What do you mean by abstinence?

- sex is forbidden/sex is exclusive to

How do you promote abstinence?

- education/upbringing/sex is forbidden for ... / sex is bad / pregnancy/diseases

What is gender equality in your eyes? and in the eyes of the community?

- rights/opportunities/education/jobs/insults

What is consent in your eyes? and in the eyes of the community?

- permission/marriage/strangers/kissing/sex/paedophilia/rape

What is sexual harassment and sexual abuse in your eyes? and in the eyes of the community? Is there a difference between the two?

- mental/physical/once/repeatedly/bullying/rape

What are the main changes you identify in students before and after amazing you?

- behaviour/appearance

#### Conclusion:

Thank you very much for your time. Do you have any further questions or remarks?



## 2. Child Participant PEI

*Interviewer:* My name is Lisa Conzemius and I am here to talk to you about your experience in teaching the sexual education programme Amazing You! (writes name on blackboard) Is it okay if I ask you some questions today?

This is (insert name note taker)

*Notetaker:* Hello, my name is x. Is it okay if I write down what you are saying?

*Interviewer:* I am going to explain what we are going to do today. I am going to ask you some questions. There are no right or wrong answers to any of the questions. The best answers are your honest opinions and thoughts. I am very interested in what YOU think. You can trust me, and I will not judge you. If you do not want to say something, you don't have to. But I will listen to everything you want to say. Do you have any questions or comments so far?

*Interviewer:* You can ask me anything. If you don't understand, you can ask me. Everyone is allowed to talk, we let people finish talking. If at any point you want to take a break or stop the interview please just let us know and we can work around it. Do you have any questions or comments so far?

*Interviewer:* I will not tell anyone what is discussed here. But if I have the feeling that you are maybe sad, and maybe it is good for you to talk to madame Judith (counsellor), I will ask you after the session if you want that. I will not tell her anything you said to me. I will only tell her that she can talk to you. Is that okay?

*Interviewer:* Are you comfortable?

*Interviewer:* Has someone shown you the interview sheet? Do you have any questions about it?  
[Interview sheet is provided and explained by the counsellor or the researcher]

*Interviewer:* If you understand and agree, please write your name on this consent form. Any questions before we begin? Let's get started!

### **Warm-up activity**

[Singing and dancing to a song they learn during the Amazing You! lessons]

### **Round 1: Gender equality**

*Interviewer:* I will put pictures on the table. You can choose a picture and if you want to say something about the picture, you can.

### **Round 2: Consent**

*Interviewer:* Can I show you more pictures?

*Interviewer:* You can choose a picture and say something about it if you want.

### **Check-in Moment**

*Interviewer:* How are you feeling?

[Dancing]

*Interviewer:* Is there anyone who wants to stop?

[Interview is stopped if children seem uncomfortable, continued if children seem okay]

*Interviewer:* Please remember you can stop anytime you don't want to be here anymore.

**Round 3: Sexual harassment**

*Interviewer:* Can I show you more pictures?

*Interviewer:* These pictures are not real. The people are actors. You can choose a picture and say something about it if you want. If you want to leave, that is okay.

**Round 4: Sexual abuse**

*Interviewer:* Can I show you more pictures?

*Interviewer:* You can choose a picture and say something about it if you want. If you want to leave, that is okay.

**Finishing-up**

*[Singing and dancing 'If you happy and you know it clap your hands + as many other songs the children want]*

## APPENDIX E KEYWORDS FOR IMAGE SEARCH

<i>Keywords</i>
Gender Equality Africa
Africa Gender Equality
Consent
Consent Africa
Africa Consent
Consent Black People
Black People Consent
Sexual Harassment
Sexual Harassment Africa
Africa Sexual Harassment
Sexual Harassment Black People
Black People Sexual Harassment
Child Sexual Harassment
Child Sexual Harassment Africa
Sexual Abuse
Africa Sexual Abuse
Sexual Abuse Africa
Sexual Abuse Black People
Black People Sexual Abuse
Child Sexual Abuse
Child Sexual Abuse Africa
Africa Child Sexual Abuse

## APPENDIX F FINAL CODING SCHEME

<i>Main Theme</i>	<i>Category</i>	<i>Sub-Category</i>	<i>Sub-Category</i>	<i>Sub-Category</i>	<i>Sub-Category</i>
Consequences of CSA	<i>Physical</i>	Traumatic Injuries			
		Unwanted Pregnancies	Complications during Pregnancies		
			Unsafe Abortions		
		Vaginal Fistula			
		STIs			
	<i>Psychological</i>	Clinical Depression			
		PTSD			
		Conduct Disorders			
		Substance Abuse			
		Suicide Attempts			
Effects of Sexuality Education	Sexual Behaviour	Delayed Initiation			
		Decreased Frequency			
		Decreased Number of Sexual Partners			
		Reduced Risk-Taking			
		Increased Contraceptive-Use	Increased Condom-Use	Decrease in Pregnancy	
				Decrease in STI	
	Increased Gender Equality	Reduced Gender-Based Violence			

		Reduced Gender-Based Discrimination			
		Reduced Intimate Partner Violence			
		Reduced Intimate Partner Discrimination			
	Knowledge & Attitudes	Increased Understanding of Own Rights			
		Enhanced Child-Parent Communication			
		Greater Confidence in Managing Risky Situations			
		Reduced Risk of Becoming Predator			
Sexuality Education in Kenya	Strengths	Age-Appropriate			
		Communication-Skills			
		Refusal Skills			
		Avoidance Skills			
		Focus on Gender			
	Weaknesses	Abstinence-Only Method			
		Lacking Information	Contraceptives	Condom-Use	
			Sex		
			Sexual Health		
		Exclusion of Topics	Reproduction		
			STI		



			Abortion		
			Access to Condoms		
			Access to Sexual Health Services		
			Harassment		
			Parental Monitoring		
Violence Against Children	Physical Violence	Injury			
	Mental Violence	Abuse			
	Neglect				
	Exploitation	Sexual Exploitation and Abuse	Coercion to Sexual Activities		
			Commercial Sexual Exploitation		
			Audio or Visuals		
			Child Prostitution		
			Sexual Slavery		
			Travel Tourism		
			Sex Trafficking		
			Sale		
			Forced Marriages		
	Maltreatment				
	Sexual Harassment	Authority Position			
		Public Office			

		Persistency				
Underlying Factors of CSA in Kenya	Parental	Divorced				
		Single-Parent				
		Step-Parent				
		Domestic Violence				
		Bad Parent-Child Relationship				
			Parental Health Condition			
			Substance Abuse			
		Household	Non-Nuclear Households			
			Poverty Levels			
		Culture	Culture of Silence	Religion		
			Traditional Barriers			
			Reliance on Books + Teachers			
		Patriarchy	Gender Disparity	Gender Roles	Female Submission	
					Female Domestic Role	
					Male Dominance	
					Male Public Role	
				Sexual Norms	Sexually Adventurous Males	
					Male Aggressiveness	

					Female Compliance
					Female Domesticity
					Female Chastity
		Cultural Beliefs and Practices	Discipline through Violence		
			Early & Forced Marriages		
			Virgin Sex as HIV Cure		
		Social Changes			
		Peer Pressure			
		Female Dress Behaviour			
		Role Assigned to Children			
	Underreporting	Stigma			
		Police Officers			
		Fear	Loss of Sustenance		
			Fear of Exposing Perpetrator		
	Internet	Social Media Platforms			
	Abuser	Family			
		Family Friend			
		Unknown			
		Child			

## APPENDIX G FINAL PICTURE SELECTION

Remark: Certain pictures included in the research could not be included in the final document due to copyright issues.

*Final Picture Selection Gender Equality*

[Photograph of an African Couple]. (2022).  
[https://commons.wikimedia.org/wiki/File:A\\_Da\\_gomba\\_couple\\_from\\_farm\\_02.jpg](https://commons.wikimedia.org/wiki/File:A_Da_gomba_couple_from_farm_02.jpg)



*Final Picture Selection Consent*







*Final Picture Selection Sexual Harassment*



Pexels [People Pointing Fingers at a Stressed Woman]. (unknown).  
<https://www.pexels.com/photo/people-pointing-fingers-at-a-stressed-woman-7640730/>



CanStock [Hand on the Knee] (n.d.)  
<https://www.canstockphoto.com/shameless-man-harassing-his-expressive-69251912.html>





**Final Picture Selection Sexual Abuse**



[Student Raped in Bardang East Sikkim] (2021)  
<https://thesikkimtoday.com/sikkim/school-going-student-raped-by-ex-army-man-in-bardang/>



[Illustration of Child Abuse] (2023)  
[https://dailyrealityng.com/wp-content/uploads/2023/03/UNICEF-Spot-it-stop-it-sexual-abuse-girl\\_0.jpg](https://dailyrealityng.com/wp-content/uploads/2023/03/UNICEF-Spot-it-stop-it-sexual-abuse-girl_0.jpg)



Adobe Stock [Illustration of Child Abuse] (n.d.)  
[https://stock.adobe.com/search/images?k=child+sexual+abuse&asset\\_id=373293217](https://stock.adobe.com/search/images?k=child+sexual+abuse&asset_id=373293217)



Shutterstock [Illustration of Child Abuse] (n.d.)  
<https://www.shutterstock.com/nl/search/sexual-abuse-child>



[Illustration of Child Abuse] (2013)  
<https://www.claritycgc.org/child-sexual-abuse-3/>



Shutterstock [Illustration of Child Abuse]. (n.d.).  
<https://www.thejakartapost.com/life/2020/07/29/child-sex-abuse-survivors-are-five-times-more-likely-to-be-the-victims-of-sexual-assault-later-in-life.html>











## APPENDIX H OBSERVATIONS

***Kakonene***

a lot of fuss when we entered you see that they are not used to white people  
 there is a bit of trouble fitting all the students into the room  
 students very distracted by us  
 they start the session with prayer  
 jet placed herself in the front and introduces herself and me, children looking at her, all the attention is  
 on her  
 she gives the word to esther  
 esther gives the attention to me, i introduce myself  
 then judith introduces herself  
 esther asks if they are happy and they said yes  
 esther tells them they are amazing and they practice saying i am amazing  
 children are paying attention and repeat what they say, praising themselves  
 children in the back are distracted by me  
 lesson switches to swahili  
 all the attention on esther  
 she asks a question and some children are raising their hand  
 she asks if they are ready and everyone shouts yes  
 children laughing pay attention  
 esther takes someone of the children and takes her as an example  
 a child just picked a cockroach of my sandal that was half alive and half squished and i have to  
 concentrate to not scream and run  
 children are paying attention and are actively participating  
 they all hug themselves and laugh, there is happiness in the room  
 esther makes a joke and everyone laughs  
 an alarm goes off on one of the computers no one seems to mind  
 there is a goat outside  
 children get a bit distracted and look at me  
 esther tells them they are beautiful and should embrace it  
 they say i am beautiful in chore in swahili  
 children still looking at me but also paying attention  
 esther asks something and the children stand up and skinhead shoulder knee and toes song  
 they sit back down and she asks to stand up again  
 they sing the song very quickly and they children seem very happy  
 esther: show me your xx  
 children: repeat and dance  
 they end the song with show me your buttocks  
 everyone sits down and esther continues: my private parts are  
 children shout: PRIVATE  
 judith walks to the back to put on the amazing you video  
 children are all eagerly looking at the screen none on me  
 the video explains how to clean yourself and to use the right words  
 children are not laughing at naked people or at terms  
 they are very focused on the video  
 they laugh at the naked girl in the bath  
 esther asks a question and people respond in chore

ester puts on another video in swahili  
children are very focused on the screen  
some are looking at me or judith  
children are focussed on the screen again  
judith goes to the front after the video ends  
children are focussed on judith  
he words private parts are repeated often in the lessons

***Pishi Mwenga***

children have forgotten what they learned in previous lessons  
we sit in front of the class but children are mostly looking at esther  
a student gave the right answer and we clapped for him  
esther talks about puberty  
esther asks children specific things but they don't know the answers  
esther talks about growing hair in private parts during puberty  
children are actively participating and raising hands as esther asks questions  
children are distracted by judith translating stuff for me  
esther teaches about sexual feelings and morning wood and explains that it's not witchcraft but hormones  
children repeat 'we are amazing people'  
children are focused on esther  
esther asks a question and everyone raised their hand  
esther laughs and asks something and everyone joins in with laughing  
esther gets serious again and explains something  
children laugh  
focus is on esther as she continues to speak about puberty and there is awkward laughter and children actively participate by answering in chore  
judith takes over and talks about transition from childhood to adolescents  
all focus on her and children answer her questions in chore  
children laugh awkwardly as she talks about sexual feelings  
esther teaches them about consent and that you can say no  
children listening silently on

**Sosoni**

more than 100 students in the classroom aged 10-15. no electricity so we cannot use the beamer for videos. i am sitting in the front, very distracting

Esther teaches them you are amazing, they need to repeat i am amazing

children are repeating what esther says

esther takes a girl out of the crowd she tells her name and everyone repeats it to show them that you need to call people by name and that it does not define you if people call you names

she is using her as an example to teach everyone that you need to love yourself no matter your size, gender, height, etc because you unique and only exist once in the world

esther is telling them that body parts are private and valuable, if you lose one of you body parts you cannot replace it and that shows how important our body parts are

children are listening actively and participating by repeating esther's words or answering her question in chore

al children have short air as part of the uniform

children are distracted by jet but only a part of them

jet introduces us and tells the children that they are amazing and unique

judith starts an introduction about body parts

children raise their hand and name body parts

teaches about privacy about private parts

she ask why they are called private no one knows the answer

she explains it

information is given even in mother tongue to enhance more understanding eg the mother tongue that is mostly used is girياما. however swahili language is the preferred language when delivering information because apart from being an official language, it's also the language that the children are easy to understand

esther is telling them that if you have been abused and you are silent about it you should not feel guilty about it because it is not their fault, it is the abusers fault, everyone listening quietly

she is saying that if you have been abused you should be quiet because you will have trauma and it will affect you so it is very good to talk about it

small children in the door are waving hi

she is asking them if they have questions and reminding them about laws about private parts they

should not touch other people's private parts should not play private part game and should not look at private parts, children are repeating her words

esther starts singing

if you touch my private parts, i will tell to my mummy

i will tell to my teacher,

if you touch my private parts, i will tell

esther is telling them if your or other private parts are hurt you can tell her or judith

children are repeating

***Majuvani Session 1***

we enter, some children are sitting on the ground, some on chairs. the patron asks them to give the chairs to us. they rebuild the classrooms, everyone needs to sit on the ground. They take a whiteboard from the back to display video. no electricity so we cannot show a video. Everyone is taught that they are equal so they have to sit on the ground. However, we sit in chairs. I sit on the ground with the intention to show them that I am equal.

Children are coming into the classroom door opening and watching through the windows. Children look at me and jet and miriam.

Esther said we are getting smart about our bodies. children repeat in chore 'getting smart about our bodies'. Esther asks them if they remember previous lessons and children shout yes as she lists the topics.

Children on the outside scream ciao.

Esther teaches them that everyone is beautiful the way he or she is. she teaches them that you are black and beautiful, if you are brown, yellow, green, and children finish her sentences.

She teaches them to take care of themselves because they are valuable. children repeat:

i am valuable

i am talented

i am loved

i am special

Some of the children are distracted by what happens outside.

children repeat what Esther says to them, they are very concentrated.

children are more distracted than in any classes.

children are very distracted by us

i have the feeling that classes with videos work better

children start singing everyone is laughing and participating

esther is asking them

sometimes we come to school hungry, everyone YES , it breaks my heart, i get sad

they continue

if someone gives you 100 shilling, there is no amount of money in the world that can buy you

even if you live in poverty you cannot get out of poverty withheld money you are given after an abuse

esther is choosing a volunteer, everyone pays attention

they are answering her questions

the girl is feeling uncomfortable, she is playing with her hands

children are partly distracted and staring at us or just in the air. wild discussion begins as esther asks a question

esther asks something raises her hand

children are still climbing on windows outside trying to see us

Esther tells a story, a girl who is 15 sleeps with a boy so that she can have money. her parents are not taking care of her so she needs money.

Esther says that if people have a psychological problem , children are very focussed on her.

Esther continues in swahili, children still focussed on her. She talks about hygiene.



my back starts to hurt a bit, losing concentration  
 children are all wearing the same uniform, some of them are ripped

Esther asks how many people can talk about private parts to their parents. no one raises their hand.  
 She gives them the exercise to find a trust person.

Jet asks how boys wash their private parts.

Jet answers her own question

J: Pretend I am a man, Esther is my husband, and now I am going to wash my private parts. I am going to my bathroom. I have a basin and I have soap. Everyone is watching her concentrated. You start with washing your hands with water and soap.

Jet pretends to stand in the shower and whistles as she washes her body.  
 she says penis and everyone laughs

Everyone who takes soap to wash their private parts as a man needs to raise their hand. many hands go up.

Jet tells them you shouldn't use soap. Everyone is looking at her. because soap is not good for that part. just use clean water. She explains to take their skin back, Esther says many are circumcised. the children clap for her.

they ask if there are more questions. no one asks a question. They say that they can also ask her in private.

Esther talks about periods and vulva. children are talking.

Esther starts talking about private parts and everyone is listening again.

Esther says even if there is no problem with private parts and a man is sleeping with you, you better tell us, also for the boys, also if it is your father.

eunice is taking over.

E: amazing you

children: amazing me

children leave

***Majuvani Session 2***

some children sit on the ground, some sit on chairs. Jet is introducing the teachers and us.

grade 5.

the class seems focussed but they are also distracted by us (Marije, Mirjam, Jet and me)

esther shows a video

there are children on the outside of the windows shoring at us, students don't seem distracted

class laughs when there is a naked man

distractions because of the children outside

jet sends the children at the window away

esther explains the anatomy of the penis

children listening carefully

class laughs at naked woman

eunice takes over the class

esther takes over, telling to not to share underwear

rules about underpants

children start answering by shouting

don't touch your private parts

don't play with your private parts

don't put fingers in your private parts

esther said your fingers are too dirty to put in your private parts

another rule: don't let anyone touch your private parts unless she is your mother or your doctor

esther takes a girl out of the crowd and tells them she is beautiful and everyone is

they repeat positive affirmations after her

esther asks how many dan talk about sex with their parents

no one raises their hands

***Maziwani***

small class, lots of space left, we can sit on the side/back  
pupils sitting on the ground  
they are very calm  
and listen to esther as she explains  
they are watching a video about birth  
everyone is very interested but they are a bit shy to answer questions  
there is a lot of noise of someone talking through a music box but no one seems distracted  
esther is putting a video about the journey of life  
it shows sperm cells getting to the uterus  
children are very focused and fascinated  
esther asks some questions but they don't know the answers  
they are a bit shy but answer to esther if she asks them to repeat after her

after the video, eunice takes over to explain  
everyone listens very carefully and is focussed on eunice  
they repeat after eunice in chore

***Pamoja***

Grade 7 (15 years on) is learning about puberty today. They had to change classrooms last minute because the room we were supposed to be in did not have electricity.

Esther introduces the class and Judith continues to talk about transition from childhood to adulthood, adolescence

children are carefully listening but some are talking, they are less focussed on the matter than the younger classes.

Esther says something and many people raise their hand. They are looking at her and steng but also talking a bit with each other.

We are watching a video called assigned sex at birth.

class laughs when seeing a naked man but on;y the first time. Everyone is suddenly focused and is watching the screen. Esther pauses the video when they talk about erect penises. all the attention is on her. She continues the video for a bit and explains the anatomy of the penis. The video is continued and explains how semen and pee works and talks about testicles. Everyone is very focused on the video.

Esther starts a video about anatomy of female genitals. Everyone is still very focussed on the video.

Esther pauses the video when they explain menstruation and asks a question about at what age the ovaries are mature. She tells them that the youngest mother is 9 years old so that everyone can get pregnant.

after the video the screener is turned on i mean beamer.

Esther talked about private body parts.

Judith is explaining hormones to the class. Everyone is listening carefully.

we hear another class sing a traditional song, very beautiful, no one is distracted but me and jet.

Everyone is listening carefully to judith.

meanwhile i am crying because of the song haha.

I am asking Judith to translate sometimes which could have been a bit disruptive.

Esther talks about social learning and how children sometimes copy their parents and have 'sex'. the whole class is laughing when Esther is explaining that penis erection is normal and that it can happen all the time to any man and that it is not bad. Everyone is listening to Esther and laughing from time to time but no awkwardness when Esther is telling them that at their age there is attraction to the opposite sex. As much as our bodies are ready to become mothers, the class is not ready to become parents. Esther asks them if anyone is not having sex like her, a lot of children raise their hands, she tells the people who are having sex that she has 5 children and that's why she is not having sex anymore. She is telling them that unprotected sex is dangerous and that they can attract STI, and that some people take advantage of people sexually, it seems they want to help but they are only taking advantage. children listening carefully.

she is telling them that sexual abuse is girls but also boys because it can happen to them to that hey are bribed. The class is very silent and all the attention is on Esther.

she is using an example: a girl lured a mango have sex which is not normal here and later the boy felt very guilty and attracted and STI

She is telling them about the problems of sexually abused children, they have sex maybe to get money and take care of themselves, everyone is very focused on Esther and is listening quietly. She is encouraging them to talk about sexual problems with their parents and if they are not listening they should come to amazing you, AY is here to help and will help them if they have problems with their private parts, everyone's quiet and listening. she is now beginning to talk in a joking voice and children are laughing and listening to her

because everyone is under the age of 18 she is asking them how can they abstain from sex but she means sexual abuse mainly, she tells them to use their talents to earn money and not to use sex to earn money.

Esther is urging them to talk about sexual abuse and open up about it. The class is listening. She tells that AY is ready to listen and to help, class is listening but some are a bit distracted and are talking.

patron finishes the lesson with telling them again they can always talk to patron or Esther or judith and that they are not alone class is listening and looking at her she is telling them to get ready for the following lessons

**St. Andrews**

The children sit on chairs. Some sit on the ground. The teacher is late. The children are very enthusiastic and happy. They scream when answering questions in chore. They sing if you are happy and you know it clap your hands. Madam Judith introduces herself. I introduce myself. madam Eunice asks some questions. Children raise their hand, sometimes all, sometimes not all. The patron comes in to keep the children down because they are talking very much.

Eunice asks how many private parts a girl has. Children are standing in the opening of the door.

Eunice says

Do not play with your  
children: private parts

Eunice: do not show your  
children: private parts

Eunice you are the boss of your body  
children: body

they are not using the beamer because madam esther is not there. also there is no electricity.  
children are very focussed on judith as she explains how to take care of your body

There is a bit of chaos in the class, children on the ground are talking to each other.

Sometimes the focus returns to madam Judith and everyone is silent.

children are getting distracted again.

eunice is taking over: anyone have a question?

no one has a question

she asks what to do when you only have one underpants

children are shouting answers  
the focus is on her again but some children are talking

eunice teaches them to wash underwear at night. children are listening but some are distracted

eunice says they need to listen  
they are silent now  
but some are still distracted

children are allowed to ask questions and someone asks a question about boobs

children are participating and asking questions, but there is also a bit of chaos in the classroom



*Central*

in order to distract kids less i will take notes on my phone as they're used to people typing on their phone but not used to tablets or laptops

children distracted when we entered

they all sit on the ground next to each other and in a few rows

keep looking back

learning about puberty and changes in your body

they pray

they switch to swahili

judith takes over and the lessons turn to swahili

active participation of the students by looking at judith, reacting to what she says, asking questions

children are raising their hands

they laugh and seem a bit embarrassed

children repeat what she is saying

kids on the left are getting distracted by us and keep looking back and talk about us

no one has talked about puberty with their parents —> culture of silence COS

no one talked with their parents about private parts

—> COS

kids are getting distracted as patron walks in with a child that looks very neglected

esther puts on a video explaining what a penis is and how it looks, children laugh at the beginning but it gets more normal as the video continues

esther tells that the youngest father is 10 years old, many raise their hands as she asks how many people are 10 years old

she tells that everyone can get women pregnant and she acknowledges that these aren't things they can ask their parents and that's why they are here

esther continues the video

the video explains testicles children are watching attentively

esther gives more elaborate explanation

children are listening and participating by finishing her words or repeating them

most of the children are listening to her

she puts on another video about girls

children laugh as a naked woman is displayed

children actively listening as she gives further explanations about the vulva and vagina

video continues

children laugh again at naked woman

esther gives more explanations about ovulation

children actively listening

she explains that 9 years old is the youngest mother she says everyone can become mothers and esther explains that everyone needs to be careful

video finished and all attention on esther

esther explains that you should not share underpants so you don't get sicknesses, exchanging underpants is a regular thing

explain that you should take part of your underpants do you don't get disease of complications all attention on esther

children laughing when esther imitates having pain at private parts, but she also brings it across funny and playful

children start taking among each other when esther asks a question

they answer her question in chore

she asks if fingers are clean and they reply no in choir

all attention on esther and children answer her questions in chore

chaos breaks out and children talk to each other

esther tells them that they can tell her everything they are afraid to tell their parents

children are still very active participation but answering her question in chore

she asks if anyone has questions

they finish with prayers

APPENDIX I TRANSCRIPTS

*St Andrews FGD1 Mixed*

Gender Equality



boy 2 the mother is taking .... and the father  
 girl 1 i see a mtoher carrying and a father  
 carrying  
 picture b

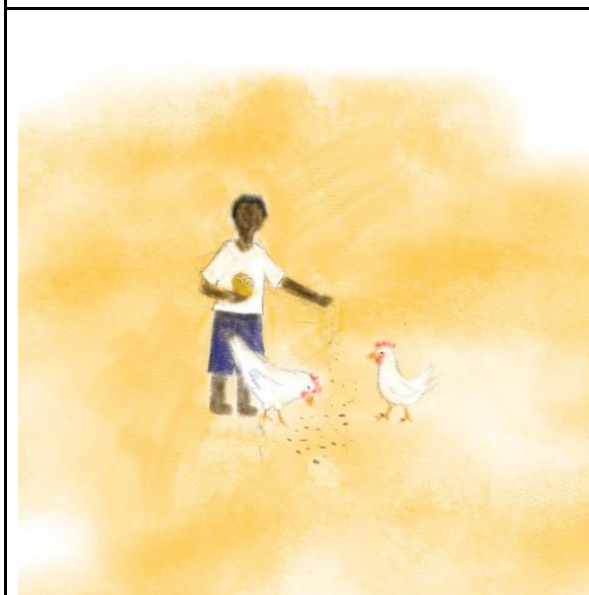


boy 1: they are sad because they carry a lot of  
 luggage, they are mother and father  
 what makes them sad?  
 boy 1: maybe it was something that happened  
 maybe the end and see something sad  
 picture a

boy 1: picture b there is a huge forest and picture  
 is in town building, pictures a they wear long  
 sleeves and picture b is traditional clothes and  
 more vegetation



boy 2: a girl is giving food to the chicken and she is happy, and I feel good about it



boy 1 a gir is feeding chickens and she is really happy doing it, and i feel so happy

Consent



girl 2: they are smiling and it makes me happy  
they are good friends







boy 1: here i see a man and a woman the man is trying to talk to the woman ut the oman does not want to so the man is forcing her



girl 1: she is laughing to the man and she is putting an x

how does it make you feel?

it makes me feel happy





boy 2: i see man and woman and woman is fighting with man and the woman they push hi why do you think she pushes him?

boy 2: because she does not want

boy1: maybe when he wanted to whisper the woman was annoyed and pushed him.

how do

it makes me feel depressed

boy 2: it makes me feel bad because the woman dont want and start to

boy1: she is annoyed and want to leave and not talk to him aain

Sexual Harassment



boy 2: i see many hand and the girl is trying  
 girl 2: crying because they poiting at her  
 boy 2: the girl is rying  
 it makes me feel bad



boy 1: i see two peoplea and woman and those  
 two man are laughing at girl maybe the girl, the  
 man called a friend so they cn pick at her and  
 the girl was so annoed that she started crying.

what is relation?

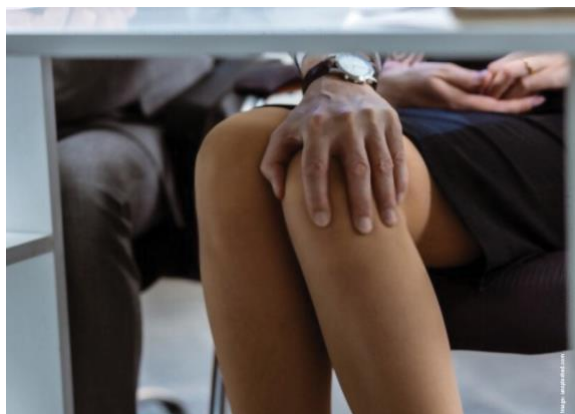
boy 1: i think they are just friends



boy 2: i see two man th eother one they laugh  
 the man and the man is touching the woman and  
 the other one the man they luagh  
 it makes me feel sad

girl 1: the man is touching private part of  
 womand and they are lughinh  
 it makes me feel bad  
 they are friends

girl 1: the two man are luaghing at her becauset  
 the woman has done something wrong  
 maybe her doesn't do the right thing  
 it makes me feel bad



boy 1: i isee a man and a woman and the picture  
 does not show full part of the body. i see the  
 mans touching on the womand legs. maybe the  
 woman is depressed so the man is trying to feel  
 good. it makes me fee very good.  
 maybe girlfirmed and boyfriend

*At this moment we realized that the children had not had any sexual education classes so we stopped the interview*

Sexual Abuse

















*Pamoja FGD7 Female-Only*

Gender Equality

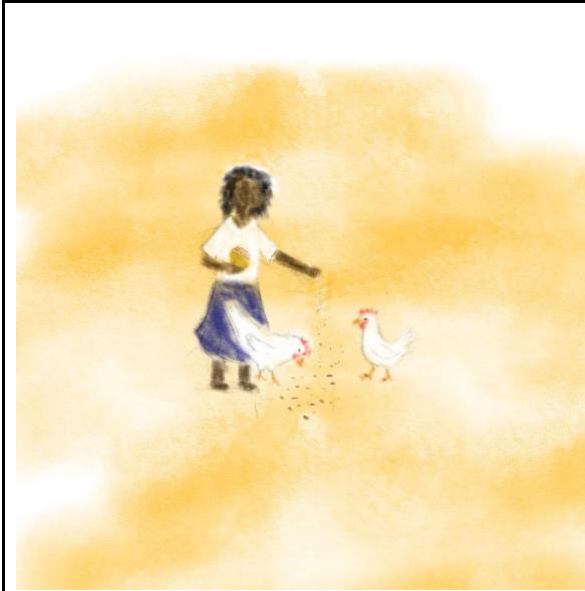


Difference between two pictures:

- All: 2nd picture sad, 1st picture happy because they have a good life, they are married because they have a child, 1st picture are married too
- Girl 4: makes me feel sad because the baby is suffering, makes me happy because they are happy



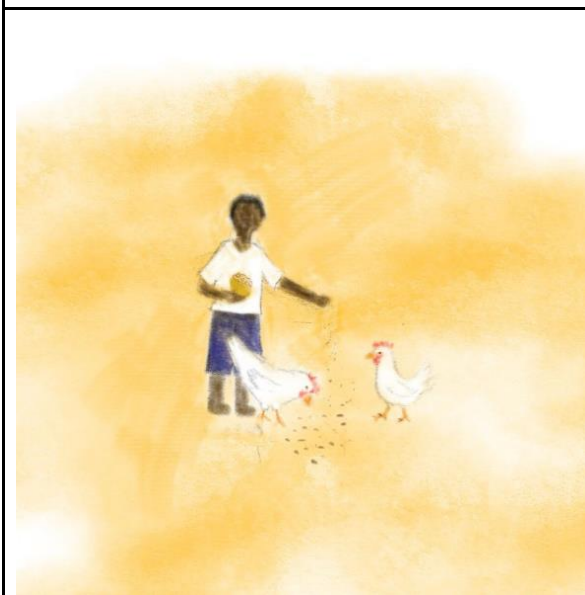
Girl 3 - man is angry, a woman carrying a baby



Girl 1 - girl feeding chicken

I: Is there anything else you see or want to say about the picture?

Girl 1: \*laughs\* No



Girl 4 - girl (boy) feeding a chicken makes her feel happy

Consent





Girl 4: they are happy, makes her feel happy

All: they think they are boyfriend and girlfriend





Girl 2: Boy tries to do sex but the girl says no

Girl: pictures makes her sad because girl cheating





Girl 3: The man forcing her to do sex, she refuses. It makes them feel sad.

Girl 4: When I look at the boy makes me feel sad because he is forcing. But I am happy when I looking at the girl because she refusing.

All: They think they are boyfriend and girlfriend



Sexual Harassment



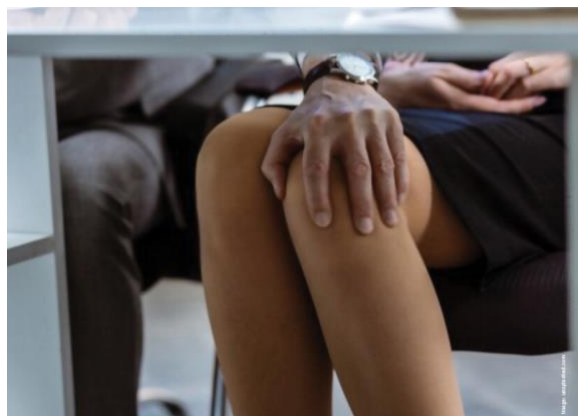
Girl 4: Girl is ashamed of what she has done. People laughing at her because she exchanges boys everyday.



Girl 3: they are laughing because the girl has refused to have sex. It makes me feel sad. They are girl- and boyfriend and the second is the friend of the boy.  
It is good that the girl said no because it is bad to do sex before you are married.



Girl 3: He wants to touch her bottom, it makes the girl feel sad. It is not okay.



Girl: Man touches girl. He is trying to do the sexual. I think they don't know each other. It makes me feel sad.

Sexual Abuse



Girl 4: Man wants to rape a young girl. I think they dont know each other



Girl 3: There is a man touching girl but she refuses. He wants to have sexual.







Girl 4: Man closing her mouth so she cannot tell anyone what he has been doing with the girl. They dont know each other.





Girl 2: I see a man forcing a woman to have sex, they don't know each other. It makes me feel very sad to see this.





Girl 3: There is a man and the man is forcing girl to have sex



Girl 3: I see a man giving a girl snacks to have sex with her. She is giving it to her to convince her. It makes me feel sad.



Girl 4: There is a man beating a girl. I think they are boyfriend and girlfriend. It makes me feel sad because he is beating her, it is not good!

*HGM FGD1 mixed*

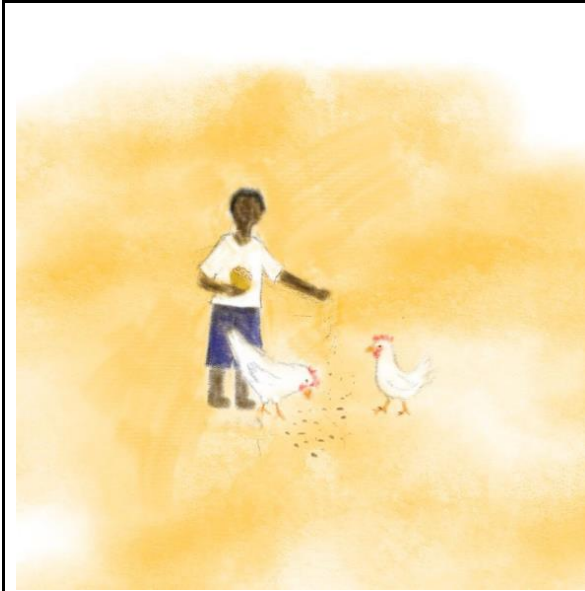
Gender Equality



Difference between pictures Boy 1: Picture 2 is a younger couple.







Boy 1: Chicken is abuse as he has to work and does not have the right to go to school. Both pictures are the same, girl.

Consent





Girl 2: They are in a relationship.



Boy 2: makes me feel sad because girl is very young and boy wants him to be his wife.

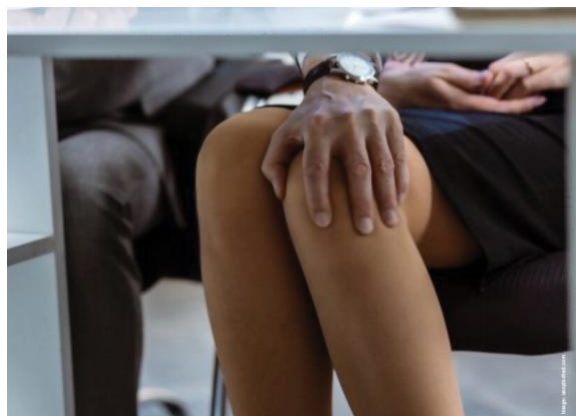
Girl 2: makes me feel sad because he pushes her.





Sexual Harassment





Boy 2: They are laughing at her because she has done something that is funny. They have touched her private parts. They are friends.

Boy 1: They were playing hide and seek and then the boy tries to touch the private parts. Makes him feel bad because it is private situation, no one should see them. The second boy is enjoying that he is touching her. Makes him feel bad. Forcing a girl to have sex.

Girl 2: Makes her feel sad, they have a private relationship

Girl 1: Girl very ashamed because the man is trying to touch their private parts. They are friends. The man is very old and the girl is very young. Makes her feel very bad.

## Sexual Abuse



Boy 1: Man wants sex and girl refuses, makes him feel bad. They are family, father and daughter.



Girl 2: force sex, father and daughter refusing.





Girl 2: forcing to have sex, child and father



Girl 2: He wants sex but the girl is refusing. She thinks they are friends. Boy 1 thinks they are siblings.

Girl 1: He wanted sex with her but she refused so now he decided to rape her. They already know each other





boy 1: wants to undress her, they are brother and sister



Boy 2: Brother forcing sister to have sex



Girl 1: forcing girl to have sex but younger one refuses.



Boy 2: This boy wants to give the girl money to have sex. They are brother and sister





Boy 1: This boy wants to give him drugs.





*HGM FGD7 Male-Only*

## Gender Equality



Boy 1: I see people smiling. These are happy and the others are sad.



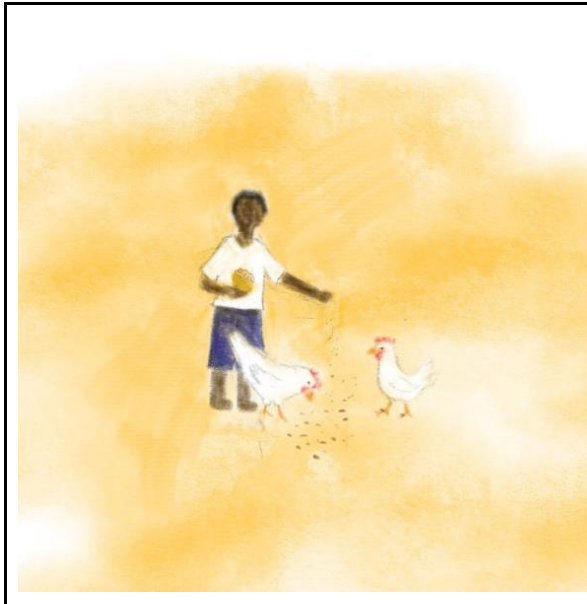


Boy 2: Boy wants to marry the girl. Makes him happy.

Boy 1 thinks they are friends.



Boy 2: Child feeding the hen.



Boy 3: There is a mother that is feeding the chicken.

### Consent



Boy 3: The girl pushed the boy to get out of sexual activity. They are strangers.



Boy 2: Boy wants to rape the girl but she doesn't want. Makes him feel sad!

Boy 3: Man wants to tell sth to the girl but the girl refuses.





Boy 2: The boy wants to do sexual abuse to the girl. The girl refuses. Maybe they dont know each other.



Sexual Harassment





Boy 1: The girl is crying. People get her wrong. They dont know her.



Boy 3: They are laughing at the girl. He doesnt know why. They are 18.



Boy 2: The boys are touching secret parts of the girl. She is telling them no, they dont know each other. They are over 18 or 20soöething. Makes him feel sad.



Boy 4: Boy tries to touch private parts of the girl. They are strangers and 18. Makes him feel not good.

How does Amazing You help children?

Boy 2: It makes children know that sexual abuse is bad. And if it happens you shall report.

Boy 1: People are not allowed to touch private parts

Boy 3: To refuse when people touch your private parts

Skipped the last part because the boys did not seem comfortable, so early end to the interview

*HGM FGD2 Mixed*

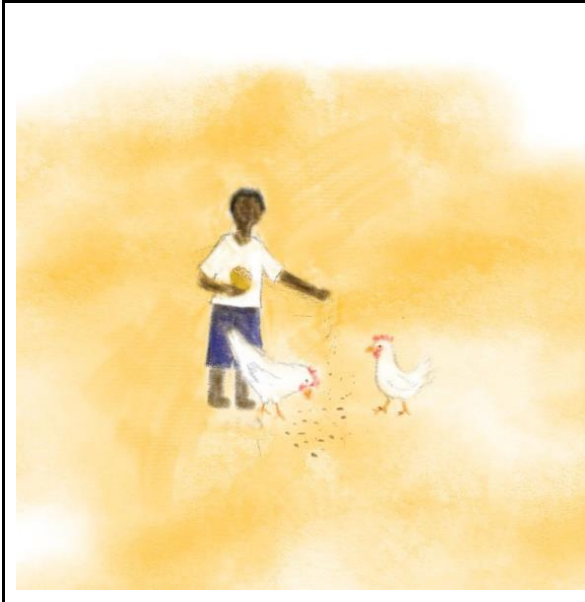
Gender Equality





Boy 1: she is feeding chicken but it is not good because she needs to go to school





Girl 2: the girl is feeding the chicken because she want to help

Consent









Girl 1: it is not good to force someone to do something she does want to do



Boy 1: a man is forcing someone to do but she does not want to. I feel sad because it is not an argument because no means no

Sexual Harassment



Girl 1: harrassing the girl to do something she does want to. it is not good to harass it makes me feels sad

Girl 2: they are blaming the girl for what she has done



Boy 2: the boys are laughing at the girl because they are focirng her to do it



Girl 1: the boy touches the girls private part and it is not okay it makes me feel sad



Boy 1: The man touches the girl at private parts and the girl tries to avoid it and it makes me sad



Sexual Abuse



Girl 1: a man has beaten a small child





Girl 2: man forces the girl to do sex it makes me sense all these people take advantage of small girls



Boy 1: boy is forcing a girl but she does not want to it and it makes me very sad





Girl 2: the man forces to do sex without her permission



Boy 2: the man forces the girl to do something, it makes me feel sad. I think they are maybe neighbours



Girl 1: the boy is forcing the girl to do things she does not want to. It makes me feel sad because she does not want to do it.



Boy 2: a man is forcing the boy to go inside to rape him



Boy 1: the man gives money so that he can rape the girl



Girl 2: There is a man beating a woman and the woman tries to say sorry

How does Amazing You help children?

Girl 1: it helps girls show how they can protect themselves

Boy 2: In Amazing You we learn to take care of ourselves

Girl 1: We learn to say no to sex when you are not 18 or above



*Ganda FGD3 Mixed*

Gender Equality



Girl 1: after they have talked they understand eachother and they agree to live together and make a future and then this one the lady is carrying everything. they are going to make a future to be together. It makes me feel happy

Consent





Boy 2: they love eachother and that teaches me that they must be easy and you should not be afraid i feel happy they have discussed something they are grownup and and can make a future



Boy 1: I see that the girl she keep boundaries, because no means no. It makes me feel sad. I think that the boy may be slaving this girl, but the girl is refusing



Girl 2: this boys wants to kiss tis girl but this woman refuses so it must keep boundaries. if someone wants to tell you something then the something you are no feeling happy you must say no. I feeling happy because this woman refuses and that is good



Girl 1: the man is trying to o tell her how the man is feeling, the girl is refusing, she decided that is is not what she wants. I makes me feel very happy because the girl is strong.



Girl 2: this boy wants to hug her but she refuses so she keeps boundaries. If someone touches her private parts you say no. It makes me feeling good about the picture because the girl she keeps boundaries.



Boy 1: this man is harassing to do sexual and this girl is refusing because it is bad things i don't like girls being harassed girl

Sexual Harassment





Girl 1: this girl is trying and people are laughing at her pointing i don't feel good because girl are harassed and people are laughing at her i feel sad



Girl 1: this man are looking at the girl because she is going not beautiful or laughing at the body but it is sad because it is not sad it is not fair.

Boy 1: this two man are laughing at girl because they don't have a good body, she is a big woman i am not happy because to shame is not good

girl 1: they are doing stereotypes



Boy 2: this two man, this one tries to touch this women her private parts. we are not allowed to touch someone's private parts. i am not feeling well and sad.



Girl 1: the boy is touching girl legs. I am not feeling good about it it is not good touch, us girls should not allow boys to touch breast thighs and private parts, in this picture this boy is like abusing this girl.

Discussion sexual harrassment

Boy 2: it is only sexual harrassment if you touch someone

Girl 1: No that is not true it already sexual harassment if you laugh at someone's body and that it is not good because other people will think that body is beautiful even though these people are laughing about it.

Sexual Abuse

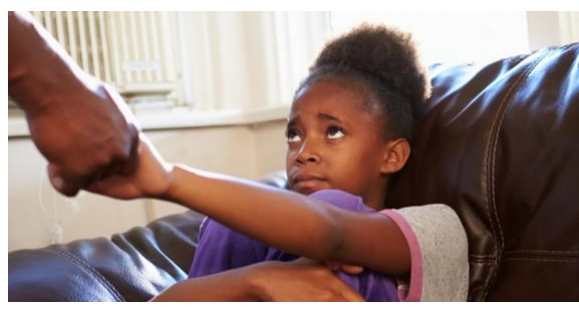


girl 1: he will beat her because she did something bad

boy 1: i think he will maybe rape her and that is why he is standing there with his pants down







Girl 1: this man is abusing her in sexual, if this man is abusing this child, he is telling her to not to speak, she is too young so i am not feeling good, this man is abusing this girl and she will regret and maybe this person maybe is father or relative and maybe she cannot speak because my father is abusing me maybe he is saying if you speak i will kill you, if i speak i will be killed maybe t school she is sitting alone and she feels that she is not loved and will maybe kill herself and her friends are happy but she is sad

boy 2: this boy is saying no i don't want to do sexual but he is raping him



Boy 1: this man has feeling for girls and uses strength to force her, it makes me feel very bad because it is not okay



Girl 2: he is trying to undress her but she manages to say no and pull away, it makes me sad because it is not okay and she is allowed to say no



Boy 2: the man is pulling the girl inside to do the sexual, he is forcing her to come inside so no one sees



he is forcing the boy to come inside and so sexual, but he is a boy so it must be via his buttocks, i don't really understand how that works but he is going to beat and rape him



this little girl wants to take this money that this boy gave her so maybe this girl she at home they are poor so this man want to give this little girl money and then the boy told the little to not telling someone so i think that this boy want to rape this girl but i am not feeling good because this girl she had take this man it means that this girl has said yes to this boy





it is corruption he wants to do sexual to the boy and can damage private parts an i want to advise not to take money but tell the police



they are parents at home and they don't understand eachother well and some things are not going well so that is why the man is beating the woman i am not feeing good i am feeling sad



## Ganda FGD6 Female-Only

## Gender Equality



Girl 1: They are a very happy couple. I think their relationship is husband and woman



Girl 1: They are not a happy couple  
 Girl 2: I think they are boyfriend and girlfriend  
 Girl 3: I think they are married, because they carry a baby.  
 Girl 4: I maybe thinks brother and sister because they look the same

## Consent



Girl 2: the way they are holding each other they look like boyfriend and girlfriend





Girl 3: the girl tells that the woman dont want to kiss and the man is forcing her and it makes me feel sad. I dont think they are boyfriend and girlfriend







Girl 4: forcing the girl to com with him. the boy has wronged the girl, it makes me feel sad



Girl 3: the girl refuses  
he is forcing her and she says no

Girl 1: I don't think the people on the picture are in a relationship

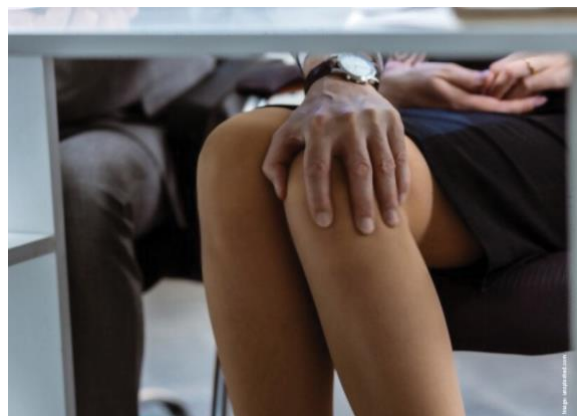
Sexual Harassment



Girl 1: they are laughing at the girl because she is crying because she refuse to have her private parts touched and now they are laughing at her



Girl 2: she is ashamed because they are touching her private parts



Girl 4: the boy is touching the girl  
it makes me feel sad, it is not good to do that



## Sexual Abuse



Girl 2: he is forcing her to do sex and now he is taking of the clothes and that is why she put her hands for her eyes so she doesnt see his private parts



Girl 2: the boy is forcing the girl to sleep with him





Girl 1: she didnt want sex with him and thats why they are crying





Girl 4: she is pulling away



Girl 3: maybe she wants to run  
it makes me feel sad because he wants to rape  
her



Girl 2: he is giving money to the girl to do sexual





Girl 1: because the boy saw something he was not suppose to he got money to not say anything



Girl 3: the boy is beating the girl she is refusing to love him and that is why he is beating her

## Ganda FGD4 Mixed

## Gender Equality



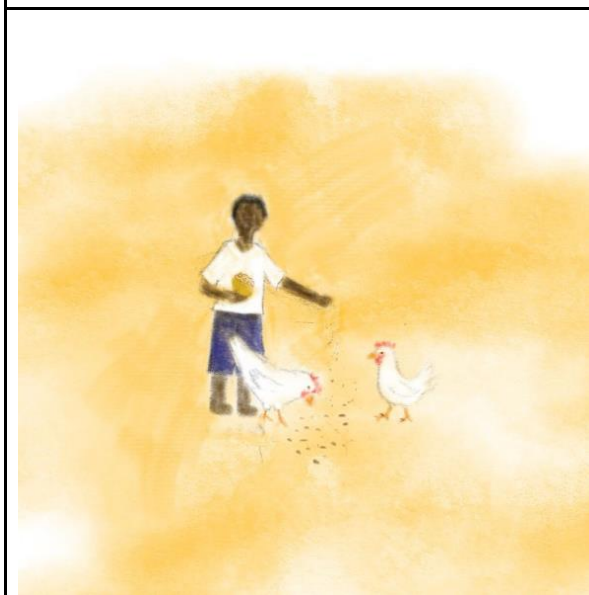
Girl 2: younger than the other picture they are working. this picture they are happier than on other picture



girl 1: they talk to each other peaceful, they want to become a couple, I think they are above 18 because the mother has a child from another man. they are just walking they are not as happy as on the other picture.



Boy 1: girl s feeding chicken and she is not at school makes him feel sad



Boy 1: this girl can also not go to school

Consent





Girl 1: they want to be a couple and want to have children, it makes me feel good

Boy 1: makes him feel happy that they are in love



Boy 2: I think they are in a relationship and it makes him feel good because the girl is refusing



boy 2: the boy is harassing her wit hkissing



girl 1: boy is saying his feelings and girls says no i cant do is. he asks to be in relationship but she is at school and cant concentrate. it makes me feel happy because the girl is telling her boundaries





Boy 2: the boy is disturbing the girl while she is refusing. i think they are in a relationship. they are still at school. the picture makes me feel good because the girl is refusing. it is good because the girl made boundaries for her safety. also she can,t get pregnant or something because she is at school



girl 2: im not feeling well because the guy is forcing and harassing. she thinks they dont know each other

Sexual Harassment



Gil 1: the girl is feeling ashamed maybe because she has been harrassed, maybe it is at school the people are laughing because she is harassed at school. it make me feel bad



Girl 2: she refuses to be with him so thats why he called his friend and laughed at her and I think they are in university



Boy 2: they are laughing at her because she is not beautiful. im not feeling good about it

Girl 2: they are laughing at her because she has been harassed now they are touching her private parts, they are abobe 20



boy 1: says they are a couple and the man tries to make love with her it makes him feel happy

## Sexual Abuse



boy 2:  
he is trying to do sex with her and girl refuse and he is loosing his belt to beat her and now she is crying. it makes me feel sad



boy 2: man is trying to make love to the woman and girl is refusing and it makes him feel good that she is refusing. she is 20 or above



girl 2: girl is child is a kid not above 18. man is trying to have sex with her and she is refusing and it is a good thing she is refusing because otherwise she could get deseases or get pregnant girl; it makes me feel happy because she is setting boundaries







boy 1:  
the girl refuses. girl says no because her father  
does want to have sex with her  
it makes him feel happy because she said no and  
it makes her self-esteem grow

girl: he saw this girl on walking home  
and the man wants to harass her and make sex. it  
is not good. if you refuse he understand maybe.  
if he accept the refuse than it makes me feel  
happy and if they dont accept it makes me feel  
sad  
they dont know each other because she refuses  
to have sex









girl 1: it is an adult and kid. the man is trying to take the boy in his house and the boy try to escape to the man.  
i think the man maybe wants to have sex with the boy. it is bad because it is a child  
it makes me feel bad.



boy 1: it is a stranger and a girl  
and the stranger is giving girl money and the girl is taking it is about manners, dont take something from a stranger so it makes him feel bad because the girl did



girl 2: he just saw the boy random on the street and the boy is not taking care, dirty socks, of and the man is giving money to do bad things and it and the boy may tell nothing. it makes me feel very bad.



girl 1: it is at college and living together after college. she is not doing what she said she would be doing so he is beating her. there is a person is standing in the back and the person does nothing.