

**GENDER ROLES AND THE STATUS OF THE RIGHTS OF CHILDREN IN
PIONEER LOCATION, UASIN GISHU COUNTY, KENYA**

BY

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DECLARATION

Declaration by the Candidate

This is to declare that this is my original work and has not been presented for an award of Diploma or Degree in this or any other university or institution of higher learning.

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DEDICATION

I dedicate this work to the Almighty God, who has walked with me since I started M.A studies and enabled me come this far. To my children Caleb, Jonathan and Noela whose love, support, encouragement and understanding made this possible. Special dedication to my wife who entirely gave me ample time to concentrate on the entire process. I wish to remember my late parents Mr. Joseph Kiptoo Lagat (Bukare) and Mrs. Mary Jepkosgei Lagat and our present mother Mrs. Esther Jepchichir Lagat who with the meagre resources were able to send us to school. In special recognition is my church and pastors who inspire me at all times to dedicate my entire life to GOD.

“To God be glory, honour and majesty.”

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ABSTRACT

The Children Act 2010 accords children in Kenya inalienable rights. This study, based in Pioneer Location, Uasin Gishu County of Kenya, sought to investigate whether or not the duties and responsibilities assigned to children on the basis of their genders in the family households affect their rights to survival and development. The study was guided by two specific objectives. First was to examine how gender roles are ascribed by family households and second to analyze how gender roles affect the rights of children. While the rights of a child are many, this study is limited to investigating how the child's right to survival, that include right to proper feeding and nutrition, life before and after birth, clothing and shelter, health and medical care, and sanitation and safer water for drinking, as well as the right to development that include right to education, play and leisure and access to information about HIV/AIDS, may affect gender roles in society. The theoretical framework that guided this study was the Conflict Theory by sociology thinker Karl Marx (1818). The study adopted a descriptive survey method which targeted 24% of the total family households in Eldoret town. The study sample size was 280 adult family households with parenting responsibilities. Respondents were identified using snowballing sampling where initial subject with desired characteristic was identified using purposive sampling. A total of 25 key informants with 9 questions on interviews schedule administered to Civil servants and NGOs officers that include teachers, children Officers, Children lawyer, ELDOWAS, gender officers, school inspectors, health workers, social workers, local village elders and religious leaders who were identified purposely. Data was collected using 15 questionnaires from family household's settlements in Pioneer. The analysis was done using the Statistical Package for Social Sciences version 17 and Excel. The data was presented using frequency tables, charts and bar graphs. Study findings shows despite increasing school enrollment amongst girls than boys in 2008 in Pioneer zone, the effects of absenteeism, school dropout and lack of accesses to proper feeding and nutrition were linked to poor survival and development rights among girls. High demand for girls to undertake reproduction and domestic roles in the households infringe girls' health, medical care and enjoyment derived from play and leisure. In general, the study justifies that there was persistent violation of children rights influenced by gender roles. The study suggests for strong interventions from the multi-agencies working on children's rights to create awareness among members of the community against the dangers of transgressing of child right and in finding lasting solutions to gender imbalances created by societal roles played by children within Pioneer location and in the larger Uasin Gishu County.

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LIST OF ABBREVIATION

ACHPR	African Charter on Human and Peoples Rights
AIDS	Acquired Immune Deficiency Syndrome
ATR	African Traditional Religion
BCIP	Behaviour-Change Intervention Program
CATCIDTP	Convention against Torture and other Cruel, Inhuman and Degrading Treatment and Punishment
CDF	Community Development Fund
CEDAW	Convention on the Elimination Against All Forms of Discrimination Against Women
CIPEVC	Commission of Inquiry into Post Election Violence Commission
CRC	Convention on Rights of Children
CS	Caesarian section
COHRE	Centre on Housing Rights and Eviction
CWD	Children with Disability
CPWG	Children Protection Working Group
DDO	District Development Committee
ECDE	Early Childhood Development Education
ELDOWAS	Eldoret Water and Sanitation
EMC	Eldoret Municipal Council
FPE	Free primary education
FPK	Family planning of Kenya
GWA	Gender and Water Alliance
GWP	Global Water Partnership
HIV/AIDS	Human Immune-Deficiency Virus

ILO	International Labour Organization
IRIN	International Regional Information Network
IWRM	International Water Resource Management
KNBS	Kenya National Bureau of Statistics
MCA	Member of County Assembly
MCH	Maternal Child Health
MTRH	Moi Teaching and Referral Hospital
MOG	Ministry of Gender and Youth Affairs
MOH	Ministry of Health
NACC	National Aids Control Council
NEMA	National Environmental Management Authority
NCCS	National Council for Children Service
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PHO	Public Health Officer
PMTCT	Prevention of Mother to Child Transmission
PPH	Post-Partum Hemorrhage
TBA	Tradition birth attendant
UK	United Kingdom
UCNH	University College National Hospital
UNDP	United Nation Development Programme
UNHCR	United Nation on Human Convention on Refugee
UNICEF	United Nation International Child Education Fund
URTI	Upper Respiratory Truck Infection

WEDO Women's Environment and Development Organization

WHO World Health Organization

DEFINITION OF TERMS

Child: - A child is recognized as a person under the age of 18 years unless national laws recognize the age of majority earlier (Children Act 2010).

Gender: - Activities of men and women normative to roles ascribe to individual in the household.

Gender role: Gender roles are set of societal norms dictating the types of behaviors which are generally considered acceptable, appropriate, or desirable for people based on their actual or perceived sex or sexuality. It also refers to assignment of a distinct set of roles for men and women ascribed through a process of socialization and these roles are not static.

Gender mainstreaming:-Process of assessing the implications for women and men of any planned action including legislation, policies or programs, particularly with regards to rights of the children.

Patriarchy:- This is a social organization marked by the supremacy of the father in the clan or family. The study brought into place how dependence of wives and children was vested on the man and with disproportionately large share of power.

Women Empowerment:-Defined as women's level of control over the allocation of resources, the determination of policy, regulations and laws. It shed light on how women are to overcome barrier in gender role allocation to meet girls' needs.

Gender segregation: - This term refers to the unequal distribution of men and women in the occupational structure that is sometimes called occupational segregation by sex. Used during colonial period.

Family Households: Family household is defined as composed of at least two members related by birth, marriage or adoption, one of whom is the householder.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Violation of the rights of children is a phenomenon that has existed since colonial era in Kenya as indicated by Sottas, E. (2006). However, the Convention on the Rights of the Child (CRC) provides an internationally agreed framework of minimum standards of right for the well-being of the child and to which every child is entitled. Children have equal rights regardless race, colour, sex, language, religion, sector of economy, property, birth and other status, (UNCRC, 2009. Retrieved 21 May 2009: 890-901). Campos et al., (2014:319-330) indicated that children shall be accorded the right to be safeguarded against all forms of abuse, neglect and exploitation and be entitled to live in a safe and caring environment. But Consortium for the Right of Children (2011:23-45) identifies violation of the right of children in armed conflict in Iraq and Bosnia with child labour, and other forms of sale and trafficking to prosper from weak judicial systems.

Since CRC constitution was established in 1989, some countries have taken firm political reforms. Ansell, et al., (2005:275-278) pointed out that Cambodia has made it possible for girls' schooling more affordable by eliminating user fees and other school fees to reduce direct costs. Swart-Kruger (2003:156-178) mention provision of incentives to families to send their girls to school, through scholarships and take-home rations programs that has increased the attendance of boys as well.

Children of Australia-Humenium (2010:112-121) indicated that Australia for that matter has child right index at 8.61/10 with population age 0-14 to be 18.1% and infant mortality rate of 3%. The level of realization of child right worldwide was considered a satisfactory situation thus marked. But Sperling, H. (2004:234-237) considers

countries like Bangladesh, Peru, India and Nepal much as they have ratified the CRC, the constitutional rights for children have taken a rather slow process putting children at risk with constant reports of child violation.

Yasuaki, O. (1999:103-123), reported that African children are entitled to all the rights without violation of any kind. UNICEF (2008:45-53) affirm that children in Africa are able to grow and thrive but significant number suffer due to abuse arising from gender inequality and discrimination in education and health provision. According to Boakye (2006:345-6) the problem of violating the right of children is most common in Sub-Saharan Africa, where more than a third of children do not attend school and suffer multiple violations including child exploitation, mistreatment and trafficking.

Yasuaki further mentioned that African countries like Uganda, Burundi, Congo, Rwanda and South Sudan have registered slow performance despite their ratification of CRC and African Charter. These countries have witnessed many cases of child violation including children use in armed civil conflicts. UNICEF (2011:76-80) report children vulnerabilities in these areas to have grown steadily marked by extreme poverty, affected and living with HIV/AIDS, dropping out of school, child-headed households and orphans. Bukokhe, (2008:98-101) notified that children who bear such substantives, risks suffer physical, social, psychological, mental and emotional harm in the environments in which they live. A large percentage of African countries have inadequately made steps to ensure violation of the rights children was a reality. Nowrojee, (2009:3-5) acknowledges violation children in South Sudan to be related to the country's volatile political situation.

A UN General Assembly Res vol. 44/25 (2010:145-56) on the Convention on the Rights of the Child and UNHCR handbook for Emergencies, indicate Ethiopia, Zimbabwe, Kenya and Ghana to have undertaken comprehensive reviews on children's rights. Veale, (2002:563-70) pointed Kenya and other Africa countries to be faced with internal political and socio-economic challenges resulting to more violation of children compared to European nations. Children of Kenya –Humenium, (2010:321-325), indicated 6.15/10 index in realizing children right in Kenya. The Kenya population age of 0-14 was 42.5% with infant mortality rate at 36% placed Kenya at a difficult situation and marked Red colour for that matter.

Despite ratification CRC and Children Act 2010 of the laws of Kenya, Kenya is yet to implement these undertakings in their entirety. KNCHR (2008, pp.89-90) pointed out that gender inequalities; high population growth rate, internal conflicts political stalemate and the growing problem of refugees among many factors have impeded the rule of law. Save Children Kenya (2007:19-21) indicated abuse of children as threatening the country's security and development. For instance, Mandera, Garissa, Mombasa and Migori registered a high incidence of child violation and abduction with some children being trafficked internally and others across the border to Somali, Uganda and Tanzania (KNCHR, 2008). The Commission of Inquiry into the Post-Election Violence (CIPEV) indicated that between 1992 and 2008 the number of children offenses has increased to 400% in just ten years. UNICEF, (2011) further indicated that whereas of many children are now adults, are the product of displacement by ethnic past violence and are particularly exposed to crime and violence both as victims and perpetrator. KNCHR, (2008) justify North East and Coastal areas of the Kenya and in growing informal urban settlements like Kibera, Korokocho and Mejengos slums in Nairobi, Munyaka, Huruma and Langas in Eldoret to be hostile

environment for children, an easy target for recruitment into violent gangs especially the male child.

Save Children Rift Valley (2011: 345-56) identified push factors to violation of children to include hunger (59%), abuse at home (23%), post-election violence (21%) and high cost of education (21%). According to the Child Protection Working Group (CPWG) of 2011, inadequate living condition necessitate instance of sexual and gender base violence (SGBV) and child negligence, which are on the rise in Eldoret. Pro-feminist Network (2009:154-60) identified factor that exposes children to the risk of violations. For instance during PEV in 2007/2008 in Eldoret the law enforcers detain youth and children since they were more visible and present in their homes, play field and in streets (CIPEV, 2008). A publication by Africa Charter of the Human Rights Watch (2009:345-367) observes routine violations by the Police as they round up children during volatile scenarios where arrest are made and children keep for weeks under deplorable physical conditions.

Article 6 and 24 of the Convention and Children Act 2010 guarantees good shelter, health and safety for children. Inadequate living conditions, lack of decent and secure housing make life difficult for children to survive and thrive.

Health services for the urban poor are of much lower quality, often forcing people to resort to services from unqualified health practitioners. Action for Children in Conflict-Kenya (AfCiC), (2010:94-102), indicated access to housing and healthcare as a major violation to children basic growth and development in urban conflict prone areas and in informal settlement. Demographic and health Survey (2011:34-54) highlighted that urban mothers are less likely than rural ones to breastfeed and more likely to wean their children early and that women in urban setting work outside the home are not often

unable to breastfeed. With regards to safety of children, the World Health Organization (2009:71-0) estimated that road traffic injuries and mob justice prevalence to account for 1.3 million deaths on annually for people ages 5-18.

The Children Act 2010 commits to providing clean drinking water and eliminating the dangers of environmental pollution. Demographic and health Survey (2011) indicated unsafe water for drinking, poor sanitation and unhygienic conditions to kill children at age of 5-10 from diarrhoea with faecal contamination due to overcrowded conditions. The Integrated Regional Information Network (IRIN) (2007:183-190) revealed free primary education to be readily available in urban settlement but remain beyond the reach of children growing up in poverty. Barceló, F. (2011) showed purchase of school uniforms and classroom supplies or exam fee taken together are often expensive enough to prevent children from attending school. In addition Demographic and health Survey (2011) indicated overcrowding, absenteeism, lack of appropriate facilities such toilets are among the factors to violate the quality of education children are to attain before 2030.

There has been and still are tremendous effort in protection and support to children living in Kenya from rehabilitation and integration, free education and medical service for children under five, abolish exams fee and user fee in schools, provision of lunch programmes in some schools and proper representation in juvenile court by government and NGOs. The establishment of agencies and bodies such as the Ministry of Education, Maternal Child health service in the Ministry of Health, Department of children Service (DCS) and National Council for Children Service under the Ministry of Gender Youth and Sport have instituted various programmes around the country to monitor the environment in which children are treated in the households and community environment.

However, persistent violation of children rights has caused interruption into the ongoing process of government and Non-governmental programmes such free primary and secondary education (FPE, FSE) where now children are locked out of school. Also access to housing and healthcare has become major challenges to their development. Increase violation of the children rights in Pioneer Location put a strain or underutilize on the already resources available for health and education as experienced by the Action For Children in Conflict-Kenya (AfCiC) in Eldoret town. CIPEV, (2008) clarified Government and NGO's interventions on violation of the right of children to be reactive rather than proactive. Child right illegality keeps mushrooming daily because of inability to focus on households through gender dimension. The underlying causes need to be addressed through gender role intervention that influences breaking of the law from private to public spheres or vice versa. The interventions by the government to eliminate all forms of misbehaviours on children like Female genital Mutilation (FGM), early marriages, and school dropout and child prostitution have not worked. Therefore, the present study sought to examine how gender roles affect the rights of children in the family household.

1.2 Statement of the Problem

The Children Act of 2010 of Kenya laws provide policies and regulations so that all children rights are protected, nurtured and empowered. It commits to providing clean water for drinking, good shelter, health and safety for all. Despite Government Intervention Strategies towards alleviation of the problem of violation of children right, there is a lack of comprehensive approach that yields any significant impact in addressing specific challenges of children in the households. For example Education for all policy (EFA) that provides children access to public school. However, children drop-out of school due to early marriages and inability to clear school fees. Inadequate

living condition has also resulted to infraction of children welfare in the household. Demographic and health Survey Kenya indicated unsafe water for drinking, poor sanitation and unhygienic conditions to kill children at age of 5-10 from diarrhoea with faecal contamination. Moreover, the Commission of Inquiry into the Post-Election Violence in Uasin Gishu County between 1997 and 2008 has seen the number of children offenses increase to 400%. Whereas of many children in Eldoret are now adults, are the product of displacement by ethnic past violence and are particularly exposed to crime and violence both as victims and perpetrator in the households.

Unfortunately, in Pioneer location there exist persistent violation of rights of children and a growing phenomenon, given the rapid rate of gender roles dynamics surrounding the family households. Family households continue to face negative implications in their struggle in fulfilling the right of children. In Pioneer schools, (Alaimo k. et al. 2001) despite increase enrollment, 15% of the girls and 8% of the boys drops out of school by the end each year. Pioneer Dispensary indicates teenage pregnancies to be three in five and currently married at age 15-18 as indicated by Kavadi, S. (2001: 37-41). Several sexual abuse cases, street children and girl's sex stigmatization are high according to NACC. Provision of safe water for drinking and sanitation are among major challenges facing poor estates in the area by ELDOWAS.

Therefore this study seeks to examine using gender roles rather than ignorance as an act of violence on the rights of children, Pioneer Location stands to eliminate children and young adults estimated 700 in the streets yearly (The Guardian, 2010:4-5) avoid indignified disposal of solid waste by attending affordable basic education. By adopting gender roles as an act of violence against children in the household, children will be entitled to a meaningful childhood.

1.3 Objectives of the Study

The overall objective of study was to determine the status of the rights of children by considering gender responsibilities, identities and unequal power in the family households in Pioneer location, Uasin Gishu County. Specifically, the study sought:

1. To describe gender roles as demonstrated by the family households.
2. To examine how gender roles affect the rights of children to survival and development.

1.4 Research Questions

The study was guided by the following research questions:

1. What gender roles are demonstrated by the family households?
2. How do gender roles affect the rights of children to survival and development?

1.5 Research Premises

1. Gender roles demonstrated by family household have a negative impact on the rights of children.
2. There was a positive relationship existing between gender roles and the rights of children.

1.6 Justification of Study

Every child has right to access education, adequate diet, clothing, and shelter, (Children Act 2010). However, four years after its enactment the Ministry of Gender and Youth Affairs (2014) states violation of children to be a social phenomenon that require extensive study that needs workable approach to solve it. For instance, in the education sector, Onyango (2013:16-23), mentioned that 11% of children missing school despite gains made by government from 2003-2013 on free primary education policy in urban

compared with 13% in rural schools. On health, Mutisya (2012:67-72) argued that the prevalence of stunting growth in children was 49% in urban poor households. This was associated with poor quality and quantities of food consumed. A report by the Guardian showed that children in Pioneer Location are faced with teenage marriage, absenteeism in school, malaria and stigmatization on effects of HIV. They have no decent shelter and are constantly harassed, tortured and kill by Police (The Guardian, 2010:32). The County government Uasin Gishu finds violation of children rights a big problem that ever is growing and often unresolved (Ministry of Gender and Youth Affairs, 2014). Mary Meals report (2013) identified current efforts to address the rights of children to proper feeding and nutrition to be rather weak, inadequately and under resourced. Situation Analysis of Vulnerable children in Kenya, Kalibala (2012:12-41) argued that there was need for more investigation into the violation of the rights of children and that effort was needed to undertake the causes of school dropouts, HIV/AIDS and Malaria in infants in Pioneer Location. Children remain one of the most vulnerable groups in the society and there are few child organizations in Uasin Gishu County that solely focus on eradicating the phenomenon. Therefore this study was deemed justified by way of examining the current status of the right of children by considering the responsibilities, identities and unequal power that exist between genders in the family households in Pioneer Location, Uasin Gishu County. In particular, ways of effectively addressing any violations were sought through this study.

1.7 Significance of Study

This study seeks to determine the status of the rights of children in Pioneer Location. The concept needs pragmatic and innovative ideas in finding solution to the problems associated with violation of the right of children. Although violation of the right of children phenomenon presents important challenge to many counties in Kenya, the

situation in Uasin Gishu County is further exacerbated by lack of research on gender roles and right of children. This means pragmatic solution to the problem would not only be challenging, but could in fact prove to be very elusive. Thus this research is not only timely but also significant because;

1. The phenomenon of violation of the right of children in Pioneer Location in Uasin Gishu County is still ongoing (Chigiti, J.2012:23-24).
2. There is need to examine the problem of children rights violation at household level especially from the perspective of gender roles.
3. A number of institutions dealing with child welfare stand to benefit from the study findings. Therefore, the Institutions that are responsible for children Welfare stands to benefit from this research. These include Mary Meals, Local administrators, Ministry of Health especially Pioneer dispensary and MTRH, Gender Ministry, County Social Welfare Work, schools, Police Service in Langas, Juvenile Court, NGO's and Children Homes and future researchers.
4. This research is a beginning and it is hoped will motivate others to generate new knowledge on gender and the rights of children and in addition to understanding the underlying complexities that causes violation of human rights in general.

1.8: Scope and Limitations of the Study

With regard to rights of children the study considers the right to survival and development as this form the basis of the other rights achievement as explain by Jessica, B. (2004).

The household survey collected quantitative and qualitative data from 280 adult household and 30 key informants' respondents between February and May 2011 and between July and September 2011 respectively. It entails administration of closed

ended questions and targeted adult households respondents with parenting responsibilities. The questionnaire for the household respondents was divided into four parts, (see Appendix I) and for Key informant divided into three parts (see Appendix II).

The scope of the study was quite vast. It was not possible to cover all the desired parameters that include children's right to protection and participation and get the results in minute details. However, sincere efforts were made to cover most of the family households. Moreover, gaining access to Elgon View family households was difficult, as they are very mobile and reluctant to complete questionnaire on time. It is likely that there was under-filling and reporting of questionnaire on scheduled time. During the field work, Police in Langas were hesitant to give relevant information on the rights of children and particularly on issues touching children violence. Hence, it was not possible to judge the representativeness of the sample in study. Furthermore, time schedule for Key Informants was exceedingly interfered by their occupation (work) schedules. Also heavy rains in the months of April to September 2011 led to delayed or rescheduled most of the interviews and collection of questionnaires. In addition, there were also constant financial constraints encountered due to unpredictable timing of respondents on working days. Converting audio-recorded data was time consuming and tedious. It's also important to note that Pioneer Location experiences post-election violence of 2007-2008, as many respondents were suspicious of the intentions and purposes of the study. However, effort was made to inform the respondents by submitting relevant student identification documents as well as permission to carry research in Pioneer Location.

The study delimits its finding from the right to parental love and care because it lack consensus on its definition and a paucity of psychometric robust measurement tools,

(Cavanagh, 2016). Status of children examined from the perspective of households would not involve interviewing children for ethical consideration. Considering socio-economic of children with disability, the researcher lack time, scope and instruments necessary and so was excluded from findings. Therefore, for the purposes of realistic, time and vastness of the study area the researchers sort to focus on mid and low income respondents (Musyoka, 2004). In view of this the first step in understanding complex relationship in the households lies in literature review that relates gender roles and right of children to survival and development.

CHAPTER TWO

LITERATURE REVIEW, THEORETICAL FRAMEWORK AND RESEARCH METHODOLOGY

2.1 Introduction

This chapter presents related literature on gender roles and child rights. Literature review on gender roles and the rights of children sub-themes namely right to survival and development. The theoretical framework on conflict theory and research methodology was presented at the end of this chapter.

2.2 Gender roles

Sen, et al, (1998; 173a), define gender roles as “socially and culturally defined prescriptions and beliefs about the behavior and emotions of men and women”. Afolabi, M, (2006:56) added that gender role is a set of societal norms dictating the types of behaviors which are generally considered acceptable, appropriate, or desirable for people based on their actual or perceived sex or sexuality. This study highlight out that in most societies there are differences and inequalities between girls and boys, women and men in the opportunities, responsibilities, and rights and benefits that they are given and the activities they do. The study therefore points important inequalities that exist between genders. It also considers unequal and unbalanced relation between girls’ and boys’ in the household which generate a call for gender equality and equity that differentiates gender over sex roles.

Afolabi, M, (2006; 59-66) defines gender relations as a way in which society defines rights, responsibilities and the identities of men and women in relation to one another. In his reference, he did mention an unequal power relations exhibited by both men and women in all institutions and all levels of society. UNDP (2006:102) agrees with the

fact that gender affects every sphere of our economic, social and political environments. This study defines and determines man and woman relationships, attitudes and beliefs. In addition the current study examines these structures and how it tends to place and eliminate children in power sharing yet children play important role in the household dynamics.

In the same note, Vanessa, G. (2006; 96d), showed that, gender inequality, unequal status in the household is a guaranteed fate for children. Despite the ratification of CEDAW, CRC and CERD by independent states and government, discrimination of children continues to perpetuate in all sectors of household dynamics. In the study, Girls compared to boys remain a point of focus in power and voice. The gender roles imbalance attached to boys over girls and consequently gender preferences, limits education achievement for girls.

World Bank, Moghadam, et.al. (2009: 87b) further argues that the weak position of a woman and a girl cannot be separated. A poor woman leads to weak and unhealthy children. The studies brings into board the challenges and problems facing children in Pioneer Location in the determining the children roles and subsequent impact on their education, health and proper feeding and nutrition.

Chant, et al. (1997; 67a), shows rigid socialization of both boys and girls that limits their abilities to reach full potential. Girls often grow up to reproduce the subordinate roles into which they are socialized. Boys are also limited by expectations of masculinity and they are often brought up to believe that they are superior to girls and have greater status. The study engages such subordinate roles that include private roles together with boy's roles that were reflected in public sphere with a view to measuring the impact of children in the community and the household roles.

In addition, Kim, I. (2010: 11) pointed out that patriarchal superiority in one way or another has led to subordination of girls, to domestic violence, to irresponsible paternity and lack of boy's involvement in private spheres. The study points a girl's subordination that comes as a result of low community roles.

De Beauvoir, S. (1981: 103a), define gender to be a set of characteristics, roles and behaviour patterns that distinguish women from men which are socially and culturally constructed not biological. Boserup, E. (1970:327b) added that, sex of an individual is biologically determined, whereas gender characteristics are socially constructed, a product of nurturing, conditioning, and socio-cultural norms and expectations. These characteristics which changes over time and from one culture to another indicated division of labour which influence children attendance to a school program. In addition the roles played by each household member so to determine the status of time utilization to the right to play and leisure subsequent right to access to information about HIV/AIDS.

Snyder, et al. (1995:95-99) reinforces that gender roles are enshrined in the domestic ideology. Girl's roles and responsibilities are usually associated with their future role as wives and mothers. These roles therefore relates to carrying out domestic activities, child bearing, rearing and caring for adults (re-production and domestic) while boys are brought to take up a role as bread winners (producers and community). It's worth mention that women and children play important role in agriculture by providing sustainable labour. Current study reflects on women and girls to concentrating on income whereas men venture on cash producing business.

In addition, Snyder, et al. (1995:46b) in his book showed that young girls look to their mothers as role models, and are socialized to behave like their mothers. In contrast,

young males are discouraged from cleaving to their mothers and are pushed away to the public spheres. Donaghue, et al. (2003: 223-6) was in agreement with Snyder in that gender roles stereotype women and girls as household keepers and as home managers. In view of these, girls are factored in to be future wives and are to carry domestic duties, bearing and rearing children whereas boys on the other hand are seen as strong pillars of the family and are destined to provide the family with food and security. Therefore, a current study highlights these factors that undermine child potential attainment to a health living.

Similarly, Chodorow, J. (1994:307) argues that young boys left in a relative vacuum, in search of their own roles and identities often gravitate toward athletics or tinkering as a way of establishing them. Although young girls are encouraged to be empathetic, social and caring, young boys are encouraged to be brave, independent and accomplished. Girls are reinforced to spend more of their time in private than boys who are public engagers. The studies determine the time spent in domestic and other related chores for women and girls as compared to that of men and boys in the household and the community.

In conformity with this, Bellamy, C. (2003:54) urged different that the inherent biological distinction between men and women on basis of sex determines that the wife should be the housewife and mother and the husband as the breadwinner and authoritarian head of family. Conversely, study indicates and asserts its absolute and unqualified equality of men and women, notwithstanding anatomical differences in determining to understand implication of gender roles in the household.

If community roles were under-utilized by genders in realizing of child's right as Falkingham, J. (2000:120) noted women are more prepared to ask others for help and

to consider trading with other activities that could generate production roles in household. However, the study fail to deduce more strategies that are sensitive in empowering women to maximize their existing entitlements in terms of limited access to community roles. Therefore, current study points to the position of women in the households and the unbreakable hold of patriarchal structures that subject women and children to a low status by depending and borrowing from the man of the house for realization of their social needs.

On the same note Guy Standing, M.(1989:198) pointed clearly that over a quarter of all poor female headed households in Tajikistan had sold assets and borrow from relatives, friends, and neighbours to meet their basic needs including paying school fee for their children Moreover, current study considers women disadvantages in the households, job markets, in terms of roles, educational training and occupational segregation that subject children to greater risk of child poverty, inadequate housing and clothing and the effects of HIV/AIDS.

What follows is a discussion on studies dealing with rights of children in the world over in general and Kenya in particular.

2.3 Right to Survival

In her thesis Wakhungu (2008:61-65) urges that many children bear the yoke of extreme forms of poverty and its associated evils, such as malnutrition, stunted growth and nutritional-deficiency diseases. The lack of quality and quantity food stuff has jeopardized the growth and development of children towards having a health household. Household member's roles determine the status of children. Malnutrition affecting mother-child health with deficiency diseases like Marasmus and Kwashiorkor is as a result of feminization of poverty. Nutritional-deficiencies in the households are

gender implicated and that shortage of required food stuff in the household affects both mother and children negatively.

Hodgson, D. (1994:51-60), reported in Zimbabwe of food crisis which has deepened country economy due poor weather conditions with children running away from their homes and school rising to 46.4% compare to previous years of 22.5%. Chad on the other hand suffers annual food shortage with most children not attending school programs. These opens up the door for investigation on to what conditions do children flee their homes in search of food. Gender implication on children attendance to school late and or leave school early for homes was the core mandate of this research.

UNICEF (2006: 908-910) indicated that families were willing to abort as many times as possible to get a male child, notwithstanding certain risks with such procedures. The society that is patriarchal dominates women reproductive role hence undertakes economic ties that leads to sex determination and preference. Women private roles and attitude by men was of great importance in understanding infanticide that has led to innocent killing of inborn in the name of selective abortion thus undermining the right to life before and after birth.

Falkingham, J. (2000:256) showed one of the clinics in India with selected mothers denied proper nutrition and health care for conceiving a female baby. Due to poor diet and medical health, many women succumb to death during birth with a low birth-weight baby. Based on this study, gender roles play important role in securing the health of the mother and the baby before and after birth. Man's production role undermines the required diet for a health mother and baby.

Ministry of Health (2000) shows that birth rate remains very low in most of the health facilities in rural parts of Kenya. The ministry gives in its records an average percentage

to lie around 43.7% through the year. During delivery midwives are likely to attend to delivering mothers in their households. Gender roles affect a woman to deliver in a healthy facility, attend to antenatal and post natal checkups. Scottas, E. (2006:17-20) agrees with UNDP report that the women who are poor with less knowledge, have low chance of their babies surviving at birth. Babies dying at birth are increasing due to preventable and hygienic diseases like neonatal sepsis and tetanus. (UNDP, 2006:345-6).

Phillips, H. (1989:23-29), noted that adequate housing was essential for human survival and dignity. Without a right to housing and clothing many other basic human rights will be compromised. Without decent and secured accommodation, children are likely to suffer from environmental factors, sexual exploitation, trafficking and violence. Ascribe gender roles exposes children to adverse weather conditions such as cold, rain, high temperature among others.

According to Eagly, A., and Karau, S. (1991:41-42) in a study on child housing and clothing in Kenya, argued that children from poor families were sleeping on the earthen floor exposing them to insect bites like jiggers. The rooms were small leading to overcrowding. Children lack enough blankets to cover themselves against cold nights. In her book and other related studies, Ellen, et al. (2009; 189), considers lack of washing detergent like soap, basin and clothes to undermines the self-esteem of poor children. Children who are overcrowded due to large family's compromises their health. Gender implication on personal effects negates children good morals.

Agarwal, B. (1990: 16-24), points out that children under five are extremely vulnerable to serious illness due to unhealthy environment. In his book, Hodgson, D. (2010:12-19) argued that elderly and juvenile caregivers are frequently uninformed about nutrition,

oral dehydration, immunizations and diagnoses of serious illness. Lack of knowledge on immunization and preventable diseases claims the health of children. Gender and associated illness of malnutrition and oral dehydration remains a concern in the study.

The Children stunting weakens and low immunity results from household division of labour was the focus of study. Phillips, H.(2013:29-35),in his book; ' Gender Dynamic and Rural households Strategies' claim Cholera to remained the leading cause of death for the young children especially at the time of weaning and up to the age of five years.

On his commendation on water and sanitation, Jae, S. (2009:14-22a) observed that children less than 18 years die of illnesses related to poor water and sanitation than from HIV/AIDS, malaria, and tuberculosis combined. Today, there are 900 million children drinking unsafe water and one billion children living without good sanitation, (UNESCO, 2006:124). Moreover, the study by Jae and UNESCO indicates that despite improve availability and accessibility to safe water supplies, the quality and quantity of water consumed in households was frequently undermine by poor hygiene practices leading to water related illness. Lack of safe water to drink, poor sanitation leading to cholera and diarrhoea is gendered. The health killer of children under five in Pioneer location is a point of concern.

Gitonga, N. (2010:23-45), noted that Kakamega county hospital has acute problems in providing access to clean toilet facilities. As a matter of fact children are more vulnerable as they face the destructive effects of poor sanitation. The dangers of pathogenic contaminants are impacting the operations of hospitals region-wide where children face the greatest impact. From the above report the effect of cholera and diarrhea coursed by poor sanitation claiming over ten lives of children's in just one week was a point of concern in this study. This report prompts investigation on

availability and uses of pit latrine in eliminating hygienic related diseases like diarrhea and cholera in Pioneer Location.

2.4 The Right to Development

UNICEF, (2007:112-116a), reports that despite overall growth in educational enrolment, more than 115 million children of primary school age do not receive an elementary education. UNICEF further indicate that four out of every ten primary age children in Sub-Saharan Africa do not go to school with only a small proportion of girls than boys reaching a basic level of skills. It is clearly evident that girls more than boys are faced with many issues while accomplishing school programme. Girls dropping out of school due to domestic work, re-production and production related roles provide an inside to the current work. The question rises to how schools fees and school facilities have widened the gaps between girls and boys in school attendance and completion of school programmes

However, Nelien, H. and Busakorn S, (2003:34-67) commented on educational systems and training to reinforcing existing inequalities in societies. For example; curricula and training materials portray girls and women in dependent or subordinate positions and as sole caretakers of household duties in the family. In response to the above gender attributes, the study considers dependency and subordination on women and men autonomy in decision making and travelling to be the basis of boy's attendance to school earlier than girls.

Current studies considers dependency, subordination and autonomy in decision making to be underlying factors which undermines the right time in attendance to school for a girl. The gender biasness in curricula, methodologies and teaching practice continue to perpetuate gender inequalities for both boys and girls at all levels of education.

Conversely, country wide data shows 46% and 26% enrolment of both boys and girls under five in pre-school in urban areas as indicated in Kenya National Bureau of Statistic, (2009:120--145).

UNICEF, (2007:112-116a) claim that there are forty millions of children who live without the support of one or both of their parents. Some of them have lost their parents due to illness or war; or separated from their parents due to armed conflicts or natural disasters, or they are removed from their families because of abuse or neglect, alcohol and drug abuse, or teenage pregnancy. Consequently, the study shows the yoke of burden that children bear as they face gender stigmatization often resulting to denial of privileges.

India Alliance for Child Rights (2003:16-33) argues of diverse instances, where parents are present, but deliberately cut off parenting by either selling children into bondage, forcing them into labour, or marrying them off. Moser, C. (2013:93), added by commenting on instances where a child was housed, clothed, fed, even schooled but not given either love or nurturing care. Nevertheless, the study examines gender implication on early marriage and economic inabilities of parents to send their daughters to schools.

International Play Association, (2000:145-150) supports natural outdoor plays that offer important opportunities for children to begin to value their environment. Through play, children explore cause, effect and gradually build a knowledge base that cannot be taught through structured learning activities. In connection sports and plays are an integral part of healthy development in childhood. Current study will examine what type of play they engage in and the environment in which the children in Pioneer villages find themselves in developing social skills, self-esteem and self-reliance needed for fulfillment of right to play and leisure.

As in the case study brought about by UNICEF, (2006:156-178), the Kenya rural school children aged less than 5 years have inadequate opportunities for play and stimulation in a safe and nurturing environments. Furthermore, Nelien, H. and Busakorn, S. (2003: 34-35b) revealed that children often face multiple challenges to their rights to play that can add tremendous value to their life by stimulating joyful experiences and social interactions. The study provide information that play and leisure does strengthen education through experiential learning that assures child rapid development in character and personality.

According to UNICEF (2006;50-61a) over 6 million children aged between 3-18 years in Kenya are deprived of information without which they lack opportunities to widen their knowledge and become better informed on issues related to child development. Children need information to develop the understanding of the environment that will enhance their protection against abuse. Therefore current study examines information on children rights that matters more in supporting favourable conditions in order to participate appropriately and in a way that enhances their dignity and self-esteem in the household.

In addition to Bellamy, C. (2002; 69-75) argued that information was a matter of survival. Fifty percent of young people 13-18 years of age have serious misconceptions about HIV/AIDS transmissions. Bellamy, (2002) pointed out clearly that education; basic literacy in the widest sense of the word was needed in fight against HIV/AIDS. In view of Bellamy, current study analyses how children should build self-esteem and skills needed to protect themselves in the light of child development and protection. In addition, Kim, S, (2009; 97) pointed out a stronger visibility and protection from the perspective of the seeker or receiver of information which was therefore, a general right to information, that provides education for oneself against HIV/AIDS.

In conclusion there was evident of violation of children rights to proper feeding and nutrition, life before and after birth, health and medical care, safe water and sanitation, decent shelter and clothing, education, play and leisure and information on HIV/AIDS that are examine relative to gender in production, reproduction, domestic and community roles. The gender roles and rights of children are placed under theoretical framework of Karl Mark-conflict theory.

2.5 Theoretical Framework

The study adopted the Conflict Theory by Karl Marx (1818) to explain and discuss the problem of child rights violation.

2.5.1 Conflict theory

Conflict theory stems from the theoretical writing of founding thinker of sociology Karl Marx born in 1818. He claims society is in the state of perpetual conflict because of competition for limited resources. It holds that social order is maintained by domination and power, rather than consensus and conformity. Accordingly those with wealth and power try to hold on to it by any means possible, chiefly by suppressing the poor and powerless. It focuses on two primary classes that is bourgeoisie that represent the members of the society who holds the majority of the wealth and means. The proletariat that includes those considered as working class or poor. With the rise of capitalism, Marx theorized that the bourgeoisie, a minority within the population, would use their influence to oppress the proletariat, the majority class. The uneven distribution within the conflict theory was predicted to be maintained through ideological coercion where the bourgeoisie would force acceptance of the current conditions by the proletariat.

The study considers conflict theory suitable because it draws inspiration from gender roles and the overall framework on child rights. The theory indicates perpetual conflict

that happen in the household due to gender roles allocation. It identifies dominance of the man in the public sphere than private sphere. A man is considered to own wealth and power thus is able to suppress and oppress the poor and powerless those are women and children. It holds that a man has majority wealth and means compared with women and children who are poor and working. With uneven distribution of resources women and children are subjected to worsening condition leading conflict and in particular on child right realization in the household. Therefore, according to Ritzer (2000:253-56) the conflict perspective considers how society is held together by power and coercion for the benefit of those in power. In this view the continuing conflict between groups in the society-based on social class, gender, ethnicity/race-and in the conflict, the powerful groups usually win.

As matter of facts gender roles dynamics in the family households continue to perpetuate the sinister phenomenon of the violation of children rights. Family household is the central institution where systems of powers, behaviours, personalities, activities and attributes are manifested with no easy solution to the problem on study. We could reform the welfare of children in terms of their rights but those in power will retain their control. The biggest social problem from this perspective is the gendered activities and powers relation generated by the systems and the inequalities it creates hence persistent misdemeanor of children welfare.

It has been well documented that children more often than not are bound to come into conflict with the gendered roles in the households. Pinheiro (2006:43-78) notes that it is important to remember, first, that children come in contact with weak and poorest sectors of society and often in largest settlement in town, mix population in terms of ethnicity and many of the residence are low-income earners making a living mostly from informal sector as wage employee or from self-employment or providing casual

labour to factories in town. Second, once in the family household, many children are faced with teenage pregnancies, inadequate supply of food stuff, postelection violence, inadequate housing, and overcrowdings experience in school, lack of sanitation and absenteeism or dropping from school to attend to a sick member of the family household.

In applying the conflict theory to the infringement of children phenomenon of those in authority in addressing this issue is evident in the lack of gender role perspective in developing long term sustainable solution facing children in the society. For instance, Nowrojee (1990) espouse the conflict perspective by nothing violation of children dating from Traditional African culture in pre-colonial time that include early marriages and retrogressive practices against girls and the effects of absenteeism, school dropout and lack of accesses to proper feeding and nutrition linked to poor survival and development rights among children in the households . Phenomenon of violence against children has continues to take root in the household and community. Men and women duties and responsibilities assigned to children on the basis of their genders in the family households violate their rights to survival and development. Gender roles on production, reproduction, domestic and community had contributed immensely on infringement of children right to survival, that include right to proper feeding and nutrition, life before and after birth, clothing and shelter, health and medical care, and sanitation and safer water for drinking, as well as the right to development that include right to education, play and leisure and access to information about HIV/AIDS. This has led to profound and damaging consequence that include mental and physical health conditions, disability from physical injury and increases ill health on children. In his studies Gilbert et al., (2009) argued that violence against children reduces health-related

quality of life; educational attainment; and levels of adult economic well-being on children.

Conflict theory and the violation of the right of children can also be discussed from the point of the children's worries about their basic human rights in the household which stand paramount. Dahrendorf (1959) explain that conflict of interest is inherent in any relationship because those in powerful position will always seek to maintain their dominance. Contemporary conflict theorist have argued that it is impossible for anyone, especially women and children to obtain genuine equal opportunity in a class society where the wealth produced by the powerless many ends up in the hands of the powerful few. Engel, F, (1972) claims that women's oppression originates in the introduction of private property. Private ownership of the means of production by relatively few people, originally all male, inaugurated a class system whose contemporary manifestation is corporate capitalism and imperialism. Reflection on this state of affairs suggest that capitalism itself, not just the larger social rule under which men are privilege over women, is the cause of women's oppression and children right violation in the household. As such those with a means of production and community roles are more interested in dominance in colonial Kenya (Danwood, M, 2009). Conflict theorist argues that the powerful section of the society benefit by maintaining the status quo. For instance there has been an increase in the number of Government and NGOs operating and running programmes on children right interventions; however this increase has had little or no significant decrease in the number of violation on children in the household. As such there has been a growing violence against children in the household as a result of gender roles rather than ignorance or poverty.

2.6 Research Design

The study utilized descriptive research design which entailed collection of data from members of the households on gender roles and the right of children by use of questionnaire. The study employed both quantitative and qualitative methods of data collection. According to Mugenda (2003) triangulation involves using more than one method in the data collection, which brings about greater validity and reliability of findings. Triangulation was used in different population of study which includes household heads, child service providers, village elders and civil servants on children matters. Questionnaires were used in the household's respondents while interviews were done with Key informants. This was used to validate each other hence making the findings reliable. The design effectively addresses phenomenon by examining how gender roles violate realization of the right of children in Pioneer location.

2.7 The Study Area

The study was carried in Langas, Pioneer, Elgon view and Racecoures villages of Pioneer Location. It is a cosmopolitan town with a population of Kikuyu-48%, Luhya-22%, Kisii-14%, Kalenjin-8%, Luo--5%, Kamba-1.5% and other 1.5% (Simiyu, R 2012). The location is the main settlement in Eldoret town and covers an average of 35 sq km with a total population of 24% of 100,754 households (24,181), (KNBS: 2009; 143-145). The household was used to calculate the required sample of the study.

2.8 Target Population of the Study

This study targeted family household members that include adult men and women with parenting responsibility in equal proportion. Others were Non-governmental which offer charity services to children in Pioneer Location, for example Mary Meals which provide Lunch to school going children, Children Faith Homes (Testimony) and Social

workers working with children in Pioneer Location. Also included are Civil Servants providing services to children. They include District Children Officer Eldoret South, District Medical Officer of Health, Juvenile court (Eldoret law courts), and Teachers from Sosiani, Langas, Racecourse and Kimalel School both primary and secondary. Chief Pioneer location, Religious and village leaders, Langas Police, District Development Officer-Eldoret South, ELDOWAS, Pioneer village elders, Zonal Inspector of schools, County Sporting officer, MTRH child health, National AIDS Control Council (NACC)-Eldoret. Key informants comprise 30 respondents who were interviewed to examine the relationships between gender roles and the right of children to survival and development.

2.9 Sampling size and Sampling Procedures

The study targeted family households in Pioneer Location. There were 24% of 100,754 of the family household in Pioneer Location as indicated by KNBS, (2009). To determine the sample size of potential family households for the study, the study employed the following formula as indicated by Mugenda (2003:43).

$$N = \frac{z^2 pq}{p^2}$$

Where

N=. The desire sample size since the target population was more than ten thousands.

z=. The standard normal deviation at the required confidence level which is 1.96

p=. The proportion in the larger population estimated to have characteristics being measured =0.24

p=. The level of statistical significance set at 0.05

q=. 1-P = 0.76

$$N = \frac{1.96^2 \times 0.24 \times 0.76}{0.05^2}$$

$$N = 280.28$$

=280 (Simple size).

Thus 280 were the sample size of the study.

The following table indicates distribution of the sample size.

Table 2.1: Population Sample Size

	Categories of respondents	Sample Size
A	Family Households	280
B	Government offices (Civil servants)	
1	MOH(MCH and Public Health officers)	2
2	Juvenile Court-Children lawyer	1
3	Teachers from Sosiani, Langas, Kimalel, Racecourse Primary and secondary Schools	4
4	Chief Pioneer location	1
5	Police Officers (Langas Police stations)	1
7	District Development Officer	1
8	Village leaders-(Pioneer. Langas, Racecourse, Elgon view)	4
9	ELDOWAS	1
10	Ministry of Gender (Gender and Children Affairs Officer)	1
11	Zonal Inspector of schools-(Pioneer Zone schools)	1
12	County Sporting officer-CSO	1
13	National AIDS Control Council, NACC-Eldoret	1
14	MTRH-Child health-(Nutritionist).	1
	Non-Governmental Organization	
1	Mary Meals Organization (NGO)-Officer	1
2	Social workers working with children in Pioneer Location	1
3	Religious Leaders (Christian and Muslim)	2
4	Children Homes-(Testimony Faith Homes).	1
	TOTAL	305

The sampling for Civil Servant and Non-governmental organization dealing with Children issues was carried based on the nature, aims and objectives of study. Also considered were also the key actors in the subject of the study.

Accordingly, purposive sampling was used to select the target group of government and Non-governmental organization. They were purposely selected to generate in-depth information about gender roles and the right of children. A total of 25 key informants were selected.

For the purposes of identifying family households with parenting responsibilities, snow balling was use until the required sample size was arrived. Snow balling is a method of sampling where initial subject with the desired characteristics is identified using purposive sampling and the subject names the future respondent with desired characteristics until the required sample size was attained, Mugenda (2003:51).

2.10 Methods of Data Collection

Closed ended questionnaires and Interviews schedule were used in the study. Closed ended questionnaire were used to gain information on household respondents on gender roles and the right of children. Interview schedules provided the study with in-depth information from both Government and Non-government officers on children and household respondent's roles. The tools had an element of both qualitative and quantitative approaches to strengthen data collection in research. The tools used complement each other in validating and making findings reliable. Secondary data was also used and refers to data that has been collected before and was available to the research study in the Moi University Library.

2.10.1 Interview

From UCLA Center for Health Policy Research Health DATA Programme-Data, Advocacy and Technical Assistance, (2013) identified key informant interviews as qualitative in-depth interviews with people who know what is going on in the community with recommended 15 -25 interviews with 5-10 questions that doesn't last for more than 15 -25 minutes. Therefore the study used 9 questions on interview schedules with 25 key informants. Interviews with village elders, Children officer, Juvenile lawyer and Mary Meal allowed firsthand knowledge about the community on the information on the phenomenon in Pioneer Location. Open ended questions were administered to provide qualitative data which was used to validate quantitative data. The interviews were recorded using audio recording machine on scheduled time with Key informants. This was done on working days of the week in their respective offices.

The researcher was able to organize face to face interviews to develop experience and knowledge about gender roles, children rights and how rights are realized in the household. The interviews focused on two questions; one how gender roles are demonstrated by family households and second how gender roles affect realization of the rights of children in the household. Key informants were prior identified and physically informed of time, date and venue of the meeting.

2.10.2 Questionnaire

Questionnaire were use to get information from 280 households with adult men and women in parenting roles. A 15 questionnaires schedule was developed (see Appendix I) based on the two questions of the study. The information required was on how members of the household demonstrate gender roles and how gender role affect realization of the right of children. The questionnaire with close ended were pre-coded in order to facilitate the process of data analysis using the Statistical Package for Social

Sciences (SPSS) version 17 and excel. Questionnaires were administered and collected by researcher alone for the purpose of equity, confidentiality and privacy of information. Camera was used to take photographs of the study area to certain the nature of the topic on questioned, (see Appendix IV).

2.10.3 Secondary Sources

Secondary sources were utilized in the collection of relevant data on the topic. These relevant materials were available in Moi University Library, ([www//http/.Mtl.mu.ac.ke/](http://www.Mtl.mu.ac.ke/)). The researcher use an un-published materials, journals, newspaper, articles, documented materials and books on the topic of study. Secondary data allowed evaluation of factors influencing gender roles, and realization of the rights of children.

2.10.4 Data analysis and presentation

Data analysis involved organization, interpretation and presentation of collected data to reduce the field information to a usable size, (McFalls, A, Jr.2006).The questionnaire data were first subjected to preliminary processing through validation, coding and editing and tabulated before in readiness for analysis with the help of the SPSS computer package as a ‘toolbox’ to analyze data related to objectives. After analysis, data were presented frequency and percentages. Percentages were used to determine and explain proportion. Precisely, descriptive statistics, frequencies and percentages were used to analyze data on the status of the right of children in Pioneer location. The results from the interviews were transcribed and put in themes before reported thematically with the one with highest rate responses given priority just after presentation of quantitative data.

The information obtained from the documents such CRC, education and health policies booklets augmented information from the questionnaire and interviews.

2.11 Ethical Consideration

Social science research data from respondents was of great value. The ethics enhance respondents' confidentiality leading validity and reliability of information. Informed consent was made available by providing information to the respondents on the subject under study. The researcher obtains an introductory letter from the School of Arts and Social Sciences of Moi University to allow an official permit from the National Council for Science and Technology (NCST), Nairobi, (see appendix V, VI and VII). All respondents were informed of confidential treatment of information received from interviews. They were further assured of their privacy and autonomy by concealing of their identity by not indicating their biological names on the questionnaire. They were further informed of general objective of study with a view to meeting the intended purposes and objectives of study.

CHAPTER THREE

SOCIAL ECONOMIC PROFILE OF THE STUDY AREA

3.1 Uasin Gishu County Profile

The Strategic Plan: 2008-2013 indicate that Uasin Gishu County has high and reliable rainfall, relatively large farm sizes and highly mechanized farming. Ninety percent of the total land in the county is arable. Agriculture is the main stay of the economy contributing 80% of total rural and urban household income and food security but poverty rate in the county is estimated at 47% compared to 43.37% at the national level affecting children level of education and health. Access to water in the county is relatively high. However, access to water is relatively far and within 2km radius while 42% has access to potable water (GOK, 2013). This subject women and girl long hours to fetch water compromising proper utilization of time in more economic use. Food insecurity in the county stands at 32% of households characterized by shortage of food the household level making children drop out of school in search of food in the month of May and August (GOK, 2014). The prevalence of stunting is 31.2% while 11.5% of children under-five are underweight due to overdependence on crops such as maize and potatoes (GOK, 2014). Most households depends on food and cash crops, livestock, and employment for livelihoods thus enabling them meet the daily requirements health, education and clothing. The county is relatively stable region in terms of security. This is with the exception of post-election violence period where security situation is usually sensitive. The most affected areas were those of occupied by the non-Kalenjin communities making the inhabitant live in fear with children affected mostly in terms of protection against abuse (GOK, 2014).

3.2 Demographic, Cultural, Social and Economic Landscape of Pioneer Location

Site and location

Pioneer Location has several settlements where one could find family households. There are (4) four main settlement areas demarcated by Estates, rivers and former municipality boundaries as indicated the Map, (See Appendix III), (Simiyu, R.2012:58-59). They include Lower Elgon view, Race course, Langas, and Pioneer.

Education

It is important to note that Pioneer Location has secondary and primary government schools' which are largely overcrowded after the free primary and secondary education. The right of children to access affordable basic education was compromised. Zonal Education Assessment report of MOE (2014:45-54) indicated 84% enrollment in primary school; however there was less than 38% children enrolment in the government secondary school compared with government rate of 88% and 49% respectively. Despite increase enrollment on girls in 2008, (MOE, 2014) an average 15% of the girls and 8% of the boys dropping out of school by the end each year as indicated in the table below. Only 5% of the girls and 11% of the boys return back to school. Mary Meals, (2013:14-23) indicated Pioneer has adequate supply of food stuff but school children are faced with malnutrition complication and inability return to school for afternoon lessons.

Table 3.1: Drop-out in numbers from 2008-2012 by gender in the four schools (Pioneer Zone)

Gender	2008		2009		2010		2011		2012		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Langas	20	23	23	25	18	21	20	21	24	21	216
Racecourse	18	21	23	24	15	16	15	16	16	18	182
Kimalel	12	15	18	18	18	20	20	21	18	19	179
Sosiani	14	13	14	15	14	18	14	15	18	20	155
Total	64	72	78	78	65	74	69	73	76	78	732

Source: County Education Board Secretary's (CEBS) (2014), Uasin Gishu County

Health

Pioneer dispensary is over utilized and occasionally run of drugs and personnel affecting negatively women and children attending maternal child health clinics, (see Appendix IV). Many residences cannot afford private hospitals and rely heavily on public facilities. Malaria, Pneumonia, Gastroenteritis, HIV/AIDS and water borne diseases threaten the lives of many children and residences. Pioneer Dispensary indicates teenage pregnancies to be three in five (60%) and are currently married at age 15-18, compared to two in five (37%) national level.

Residence

KNBS, (2014:6-9), Simiyu, R. (2015) pointed that Pioneer has largest settlement in town, mix population in terms of ethnicity and many of the residence are low-income earners making a living mostly from informal sector as wage employee or from self-employment or providing casual labour to factories in town or farms from the environs.

Security

Pioneer location is highly politicized multi-ethnic setting in the county and more so in Langas and part of Pioneer areas, sectarianism determines patterns of social and geographical interaction as well as mutual communication and political action more profound than shared local problems and interest per se (Simiyu,2012).Especially in the context of electoral competition, inter-ethnic suspicion explode into violent conflicts as was witnessed in the contexts of the December 2007 elections and its aftermath. It must be remembered that the Kalenjin have historical resented Kikuyu and other tribes settlers in Rift Valley, for allegedly migrating into the province and taking away their land with government facilitating under both President Kenyatta and Moi. Simiyu further pointed that given its multi-ethnic nature and having a substantial presence of Kikuyu, Luhya, Kamba and Luo, Eldoret, and largest town in Kalenjin-dominated North Rift region, fast turned into the epicenter of the region's post-election violence. Many people were displace including children from their homes, others killed, many more injured, property destroyed and business looted and people's livelihood devastated. Therefore from then Langas Police Stations has been rocked with evidence of lawless on children resulting from domestic violence and tribal animosities, as indicated by Lalani, S. (2009).Base on Internal Performance Lalani further identified many children in Eldoret Town Street to come from Pioneer Location after a wake of Post-Election Violence of 200-2008.

Water, Sanitation and Sewerage

Water and Sewerage and Sanitation connection reveals only 23.4% of Pioneer residence are connected to the main sewer line. According to UNICEF (2006), 13% of the population dispose their solid waste in gardens, 19% in pits ad 32% just heap the waste within the compound. These pit and heap disposal are unhygienic in areas with high

population where children are playing. Langas and part of Pioneer was not serviced by the sewerage system and garbage collection and disposal service was non-existence. Residents used pit latrine and sometimes disposed of human waste and garbage anyhow in open spaces. Hilu (2000) report that up to 30% of the children in Langas, Racecourse and Pioneer use open spaces as disposal sites for human excreta. Such an environmental poses health risk to not only human, but also livestock, (see Appendix IV).

Water supply connection in Langas and Pioneer was poor connected with piped water and much residence had dug shallow wells on their plots. However wells were exposed to contamination especially due to overflow of pit latrine during the wet season by Cheserek, (2006), but also from surface runoff and underground pollution due to close distance between pit latrine and wells. From their laboratory analysis of water samples from shallow wells in Pioneer and Langas, Kimani and Murage (2007) found out that all the samples were heavily contaminated with fecal matter and did not meet WHO standards of safe drinking water. They also found out that in 40% of the cases, the distances between pit latrines and wells were less than the recommended 15 meters. Other possible causes of water pollution were identified as defecation by livestock around wells and poor sanitary practices such as washing clothes next to the wells, drawing of water using dirty containers, and non-protection of wells, (see Appendix IV). Although shallow wells were sources of water for irrigation and animal watering, residence of pioneer location was exposed to water-borne diseases. Yet, the absence of public health faculties had left the residents with the option of seeking survives from private clinics, which by definition are expensive and beyond reach of the majority of the poor. On the other hand, due to the swampy nature of some parts of Langas, Pioneer and Racecourse, poor drainage, water logging and flooding was a common feature during the wet season. Cases of livestock deaths due to disease outbreak were also

common especially among poultry-keeping households. In another finding Cheserek (2006) reveals that water by ELDOWAS has indicate a continues reduction in water supply in the Pioneer location due to indiscriminate deforestation in water catchment areas leading to residents purchase drinking water from water kiosk or vendors, who are a potential sources of contamination (see Appendix IV).Safe water for drinking and sanitation faces managerial problems with adverse effect on households, public service and schools. This poses a major hazard to the small children and entire household health.

Agriculture

Many livestock keepers practice free-range grazing in open spaces within the Pioneer location; even those who confine their animals heavily relied on fodder obtained from open fields, or road reserves and along plot edges. Because of a lack of enough grazing space as well as lack of financial capital to afford adequate feeds supplements from the market, many livestock keepers resort to free range animals grazing/feeding. Roaming animals and birds are a common sight in the area. It is common to find sheep and pigs roaming in the estates and between buildings and on garbage and dumpsites scavenging for food unattended. Farming along river banks and by the roadside is also common and despite security concerns over maize cultivation elated to its height, maize is one of the two most common crops cultivated in the area.

Housing

Housing in Langas, Kipkarren and part of Pioneer estates are highly populated urban residential area constituting mostly of closely packed, decrepit housing unit, (see Appendix IV).The situation of deteriorated or incomplete infrastructure poses a great danger to children health and security. Eldoret Town Strategic Plan (2008-2013:67-90)

shows inadequate housing with overcrowdings experience in school, households, dispensaries and public transport. Safe water for drinking and sanitation faces managerial problems with adverse effect on households, public service and schools.

Employment and Economic Activities

Eldoret is richly endowed with agricultural and other industrial raw materials and strategically positioned within the nation's transport and communication network. It has food process and manufacturing industries.

These industries provided direct formal employment to over 10,000 including these in mining and quarrying industries (Rotich, 2007). However, some industries like Rift Valley Textiles (Rivatex) located in the vicinity of Pioneer just to mention a few suffered economic downturns in between 1980s and 1990s. These industries could no longer sustain their profitability and were forced to close, leading to loss of many jobs and a disruption of people's livelihood. Most of those affected come from Langas, Pioneer and Racecourse were lay-offs of their aspired secure employment and were forced to join informal sector including Jua kali, masonry, tailoring and food vendors, (see Appendix IV) to sustain household income (Cheserek, 2007). As a result of these many women headed households started to operate small business that required little financial capital investment, like charcoal, vegetable and fruit selling, (Cheserek, 2007) with some of them properly involved in such activities as prostitution and brewing of prohibited liquor. Cheserek further narrated that about 80% of those participants earned income below the minimum monthly requirement for urban households. There is also another obstacle that prospective entrants into the informal sector have to content with is a Lack of infrastructure in terms of space from where to carry out trading activities. Few shed exist in a few specially designated localities within the Pioneer area than can

meet the overwhelming demand for them and some designated areas are far-removed from the town center and located in sparsely populated areas with limited demand for goods and service, (Rotich,2007).

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This section presents the data and subsequent analysis done using descriptive statistics and interpretation of key variables derived from study. The data was presented through tables and charts. The data was generated from the completed questionnaires from family households in the four clustered areas namely Racecourse, Langas, Pioneer and Lower Elgon view. Key informant's interviews with Government and Non-governmental agencies working with children were additional source of data in the study.

4.2 Socio-Demographic Data of household respondents

4.2.1 Sex and age of household respondents

The sample of 280 households with adult men and women respondents was taken from different age groups ranging from 19-60 years of age. These were equal adults (male and female) with parental responsibilities as indicated in table 4.1 below. From the table the highest parenting age for female was between 19-29 years at 12.5% compared to male at 8.3% had children less than 18 years. The highest parenting age for male was at 40-49 registers 16.7% compared with female at 12.5% had children less than 18 years of age. From ages 50-59, male registered 6.3% compared with female at 10.4% and lastly ages 60 and above were male and female equal at 4.2%.

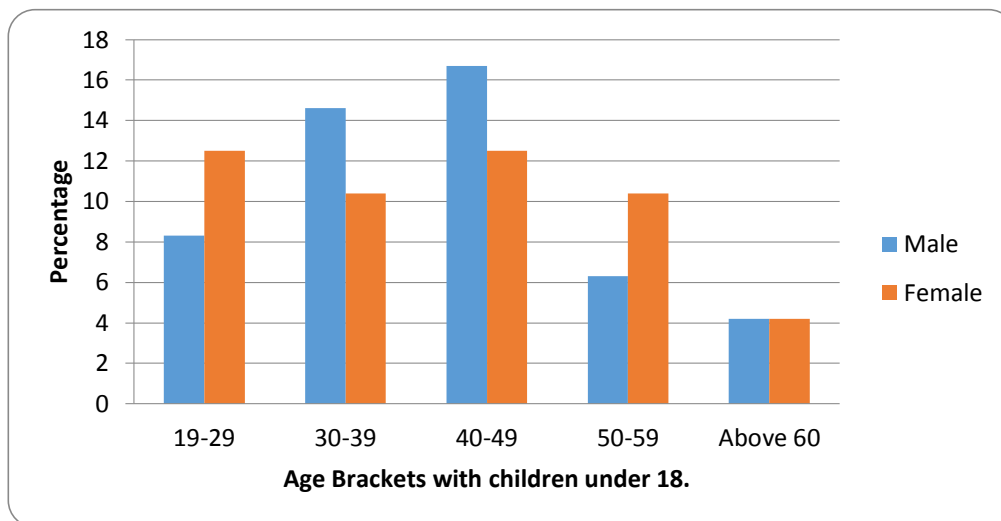


Figure 1: Ages and sex of household respondents

From figure 1 above, women enters into parenting roles much earlier and about 12.5% more than men in the same age category. Man parenting role increases systematically, but women enter maximum parenting level less than that of man. A man at forty nine years and above drops his gender roles five times more than a woman before both retires equally at 60 years. The finding on sex and age of the respondents influences the status of the rights of children. For example; World Bank, Moghadam, et al. (2009: 87b) defines that mothers at ages 19-24 and late agers in reproduction and domestic roles with low income are disadvantage at birth and in childhood nutrition and schooling thus affecting right of children negatively.

4.2.2 Marital status of household respondents

With regard to marital status, out of 280 respondents given questionnaires, 171 (61.1%) were married men and women. It was also clear that 55 (19.6%) of them were single, 33 (11.8%) widows and 7.5% divorced/separated. From the finding majority of single parenting comes from Langas and Pioneer villages as indicated in the Table 4.2 below.

Table 4.2: Marital status of the household respondents

Marital status.	Elgon view		Racecourse		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
Married	48	68.6	52	74.4	31	44.4	40	56.8	171	61.1
Single	10	14.6	9	12.8	21	29.8	15	17.6	55	19.6
Widows	6	8.4	6	8.4	9	12.8	12	21.3	33	11.8
Divorce/ Separated	6	8.4	3	4.2	9	12.8	3	4.3	21	7.5
Total	70	100	70	100	70	100	70	100	280	100

Key-F: Frequency

From above analysis Langas and Pioneer registers a high percentage of single parenting than Race course and Elgon view. More than a quarter of the family household respondents were single parenting. The finding shows that marital status of respondents does affect the realization of the right of children in the households. For instance; Moor, H. (1992:125) pointed out that 29% of the households in Kenya are female headed (DHS 2010) with single woman more vulnerable with economic and social issues subjecting children to multiple abuses that include; dropping out of school and nutritional deficiencies.

4.2.3 Education of household respondents

From the table 4.3 below , majority of the respondents have attain secondary education at 30.4%, followed by primary school level at 24.3 %, Tertiary levels at 23.9%, University level at 15.7% and with those who haven't attained any school level were 5.7%. From the findings Elgon View registered the highest percentage on the educational level of 25.7% in university while Langas registered 17.1% for No school.

Table 4.3: Educational Levels attained by Household respondents

Educational Level.	Elgon view		Racecourse		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
No School	0	0	2	0	12	17.1	2	0	16	5.7
Primary	6	8.6	18	25.7	26	37.1	18	25.7	68	24.3
Secondary	23	32.9	21	30	23	32.9	18	25.7	85	30.4
Tertiary	23	32.9	23	32.9	6	8.6	15	21.4	67	23.9
University	18	25.7	6	8.6	3	4.3	17	24.2	44	15.7
Total	70	100	70	100	70	100	70	100	280	100

Key: F-Frequency of respondents.

From the findings, over three quarters of the respondents have gone to school. There was a general trend of respondents to increase their education level but the number of respondent's drops as the level of education increases. Education level in the informal settlement decreases uniformly as level education increases. It was therefore important that level of education of respondents play important role in determining the status of the rights of children in the household. For instance, Lewis, et al., (2000:103-105) show that low level of education of the mother affect negatively the performance of the children and particularly a girl in school.

4.2.4 Education and occupation of household respondents

The researcher also sought to establish the occupation of respondents. The results are indicated in table 4.4 below. The 280 sample size in the four Estates was involved in an occupation in one way or the other. As shown, 8.6 % of the respondents were practicing intensive farming that include stale feeding, Poultry and vegetable gardening, while 37.1 % were employed or casual workers. Another 42.4% were undertaking business activities and only 19.3% on tailoring, Jua kali work, masonry and carpentry work. All other estates indicated different percentages in occupation.

Table 4.4: Occupation of households respondents

Occupation	Elgon view		Racecourse		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
Farmers	6	8.6	12	17.1	0	0	6	8.6	24	8.6
Business	23	32.9	26	37.1	41	58.6	29	41.4	119	42.4
Salaried/wages	35	50	29	41.4	17	25.7	23	32.9	104	37.1
Others	6	8.6	3	4.3	12	17.1	12	17.1	33	19.3
Total	70	100	70	100	70	100	70	100	280	100

Key: F-Frequency of respondents.

From the finding more than three quarters of respondents depend on salary/wages and business as source of income. Business activities earn less but serve large population than salary/wages. Agricultural activities were carried out to supplement other income in all the four villages. The findings indicate that occupation of respondents plays important role in determining the status of the right of children. For instance, Van, B. (1995) claim that the time woman spends in their occupation outside the household undermines the well-being their children in terms of proper education, proper feeding and nutrition and yet a woman benefit little from production roles.

4.2.5 Family size of the household respondents

As indicated in the table 4.5 below, the researcher sought to know the average number of children in 280 family households. Elgon View (48.6%) and Race course (50%) indicated an average number of 4 children in every family household. Langas and Pioneer registered the highest family size⁵at (41.4%) and (32.9%) respectively.

Table 4.5: Family size of the respondents

No. of children	Elgon view		Racecourse		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
2	6	8.5	1	1.4	1	1.4	6	8.6	12	4.3
3	17	24.2	12	17.1	5	7.1	17	24.3	52	18.6
4	34	48.6	48.6	50	23	32.9	18	25.7	111	39.6
5	12	17.1	16	22.9	29	41.4	23	32.9	81	28.9
6	1	1.4	6	8.6	12	17.1	6	8.6	24	8.6
Total.	70	100	70	100	70	100	70	100	280	100

Key: F-Frequency of children in a household

From Table 4.5, over three quarters of the family households have an average population of 5 children. The findings show that the family size determines the status of children rights realization. For instance, NDP (2015:167-69) points family size in Kenya to be 5 compared with an average 2.17 for developed countries to negatively affect the right of children to survival and development.

4.2.6 Religious Affiliation of the respondents within households

The study below indicates religious affiliations of 280 respondents. Protestants were 43.9%, Catholic faiths (36.4%), Muslims (12.5%) and others faiths were 7.2% (Hindu and traditional).

Table 4.6: Religion of the household respondents

Religion	Elgon view		Racecourse		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
Protestants	32	45.7	35	50	26	37.1	29	41.4	123	43.9
Catholics.	26	37.1	29	41.4	23	32.9	23	32.9	102	36.4
Muslims.	6	8.6	6	8.6	12	17.1	12	17.1	35	12.5
Others.	6	8.6	0	0	9	12.9	6	8.6	20	7.2
Total	70		70		70		70		280	

Key: F-Frequency of respondents

Table 4.6 shows the majority of the respondents are Christians accounting for over 80% of respondents. Muslims and other religion constitutes a fifth of the respondents. The finding indicates that religion plays important role in determining the status of the rights of children. Humenium, (2010) mention that over 86% of the world's population is religious guides social behaviour and plays a significant role in the daily life of children rights.

4.3 Gender roles

Following the establishment of the background of respondents the researcher sought to examine how gender roles are demonstrated by the family households in response to questions stated in the questionnaires. The 280 responses of equal adult men and women in the household were represented in figure 1 below. The total Domestic roles were 84(30%), Production roles 81(28.9%), Reproduction roles 65(23.2%), and Community roles 50(17.9%) in that order.

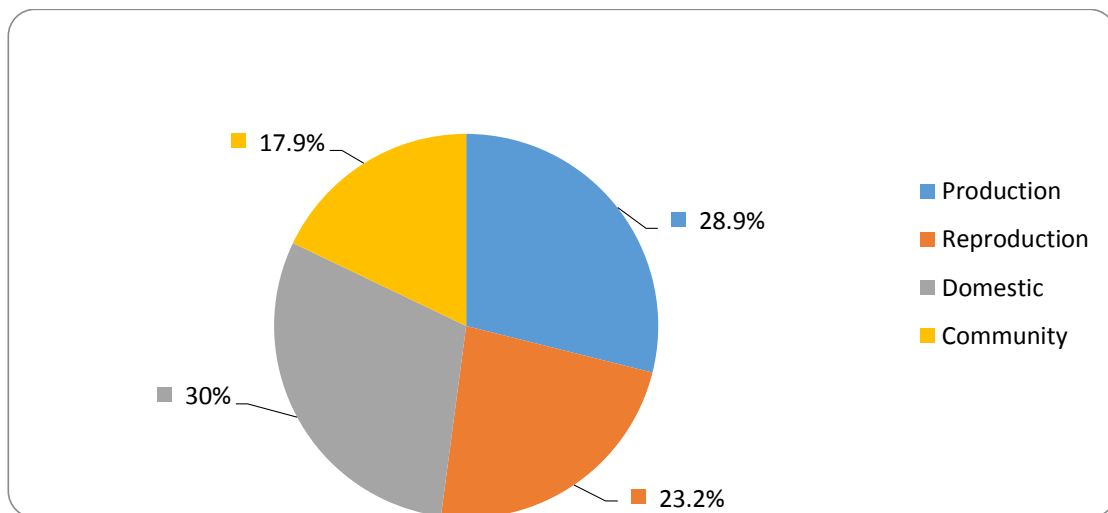


Figure 2: Gender roles by household respondents

From the findings over fifty per cent of gender roles performed in the households was domestic and production roles. Reproduction roles indicated a quarter of the task performed in the household. Community roles were performed the least as indicated in the figure above. Therefore gender roles influence the attainment of the right of children in the household. Boserup, E. (1970) pointed that societal norms do dictate the types of roles considered acceptable, appropriate, or desirable based on actual or perceived sex or sexuality. Unlikely, De Beauvoir, S. (1981) who mentioned that reproduction and domestic roles as a major gender asymmetry that violates children rights in girls to believe that they are inferior and cannot take roles on issues that affect them. Therefore, Moser, C. (1993), added that masculine's roles are strong, aggressive and more logical or analytical while feminine roles as more sensitive, nurturing and intuitive thus places boys to be aggressive than girls. Stewart, F & Ramirez, A. (2000), further argues that women are better place in household in agitating, nurturing and advocating for the better welfare of children. But, for healthy relationship, both gender roles are needed to balance things out. The study therefore justifies complex inferior issues surrounding

women and girls that subject them to undue gender inequalities in fulfilling the rights of children.

4.3.1 Women roles in the household and community

As indicated in the figure 2 below, the researcher sought to know the women roles in the household and community in 140 family households. They were Production roles 9 (6.6%), Reproduction roles 53 (37.8%), Domestic roles 72 (51.4%) and community roles 6 (4.2%).

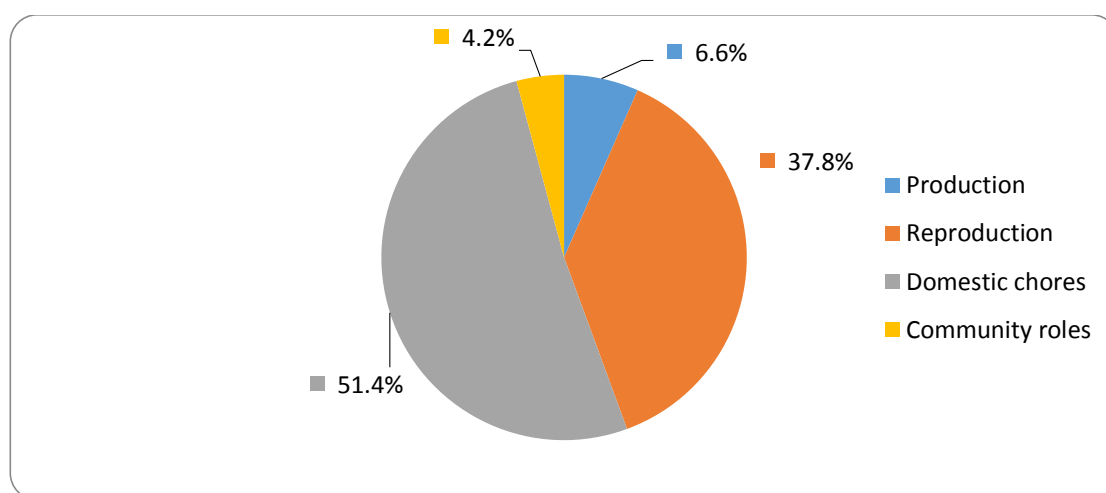


Figure 3: Women roles in the household and community

From the findings, nearly ninety percent of reproduction and domestic roles subject a woman to a private sphere. Women roles in the household influence the attainment of the right of children in the households. Reproduction and domestic roles make a woman potential performer as a mother and wife in the household roles. A Gender Officer from the Ministry made it clear that a woman has a role of making children happy and health by washing, bathing and feeding them, caring of the elderly and the sick. A Female Gender Officer said:-

Women start housework in the morning by making sure the house is clean before making food for children. Washing of clothes and dishes is a daily activity which makes them tired by the end of the day. Some

request their daughters to miss afternoon lesson to assist in clearing up the housework before evening. Some do care of the sick that are undergoing medical checkup in hospitals. (Gender Office-MOG).

The triple roles was in agreement with De Beauvoir, S. (1981: 189a), who identified domestic, production and reproduction roles as major gender asymmetries of deprivation of women and girls. Gender officer identifies caring of babies, elderly and sick, cooking and washing to be inferior jobs in households subjecting a girl to undue inequalities in education, health and play and leisure. Women disadvantages in unequal participation in care of children, cooking and care of the sick violate children ability in determining their rightfully place in educational achievement, health and play.

A Male Gender officer pointed out that a wife was to support the husband by caring for the in-laws and other extended family members. He said that a woman was not only a subordinate to domestic and reproductive roles but she can be a bread winner too. This was supported by Anglican Church leader who said:

Women who earn and work for salary or wages like teachers, nurses or doctors can as well do what men can do. They can pay school fees, buy food and clothes for the family members. She can do farming and assist her children in home work. She can visit her children in school and be good disciplinarian. (Church leader).

However, Awiti, A, O. (2016:3-4) define current unemployment rate of 62% on women in Kenya to weaken women ability to participate in production and community roles. Moore, H. (1992:322), showed that women have been gaining an increasing share of many kinds of jobs, but in the context of growing unemployment, their labour-market participation has been accompanied by a redistribution of domestic, household, and childcare responsibilities, occasion by lack of educational training and occupational segregation (Awiti, 2016) that subject children to greater risk of child poverty, inadequate housing and clothing.

Gender Officer mentioned that working women are finding hard to meet family demands in terms of accomplishing household tasks. Business women in Langas make their children miss food or take their meals late or miss school program due their occupation. She said: *“They arrive home late, tired and exhausted and sometimes bring unaccomplished task in to the house to be done by children at night.”* Karau, S. (1991) indicated that single mothers with demanding career, seek support from their parents, siblings or employ house help but faced with many challenges on upbringing of children including being beaten, harassment and under fed by house girl/boy on their absence. In other circumstance (Wakhungu J, 2008) a woman taking a day off to care for her sick child could mean not only the loss of a day’s wages, but also the risk of losing that job. A Juvenile Lawyer remarked:

When you have a demanding career like mine, you need a foolproof support system to pull through. House-help take care of the most precious things in our lives-our- children. I treat my house help with utmost respect and dignity. But at time am challenged as to how my children nutrition, health and clothing are undertaken in my absence. I need my children to be well taken care of but I have not seen that with house helps except my mother or sister. (Juvenile Lawyer).

Falkingham, J. (2000) noted, single women are more prepared to ask others for help, and to consider trading with other activities that could generate income in to the household. Vanessa, G. (2006) argued that gender roles ascribe to single women in the households together with their daily occupation and the size of the family abuse the right diet and school achievement of a girl when finance demands who to stay.

A Nutritionist from MTRH on child health pointed out that a woman should be knowledgeable in food needed by children for their growth and development. The World Health Organization (2009), pointed out that occupation and size of the of family together with the roles makes women have continued struggle for their families in terms

of acquiring balance diet, time of eating and numbers of meals children are supposed to take per day. In addition, Moghadam, et al. (2009) argues that the weak position of a woman and children leads to weak and unhealthy children. An administrative Officer said:

Most household in Pioneer are living below 1 dollar a day. This affects women and children the most. Poor woman engages in making and selling of illicit brews, hawking, hired to washing and dig. They miss to attend children during lunch breaks and arrive late to prepare simple and unbalance meal. (Chief-Pioneer Location).

District Development Officer mentioned women can secure jobs from public service as employees in Kenya. As mentioned by Yusuf al-Q (1960) every Muslim and Christian woman has freedom to seek employment in the service of the government, an organization, or an individual as long as she is able to do her work satisfactorily and carry out her duties well. A Muslim elder said:

Women form part of society and are entitle to any rights and privileges just like any citizen to seek for job everywhere. Women are good in teaching, caring of children, nursing and banking. But there are some jobs which are not good for them like security, driving heavy machine and doing construction. (Muslim-Langas)

However, Chant, et al. (1997; 67a), shows rigid socialization of girls and boys that limits their abilities to reach full potential. Jessica, B.(1990) mentioned that girls often grow up to reproduce 'feminine careers' which they are socialized while boys are also limited by expectations of masculinity and they are often brought up to believe that they are superior to girls and have greater status. A Teacher from Sosiani primary school considers young girls to be empathetic, social and caring and boys are brave, independent and accomplished. Girls are reinforced to spend more of their time in private than boys who are public engagers hence rupture the ability of a girl to participate actively in school and in masculine perceived careers.

Gender Officer claim that women participation on public roles was compromise by the fact that they themselves engaged in child bearing, cooking, washing and foraging for food for home use. Moser (2003) indicated that men see the sphere of production and community role to belong to them. District Development Officer said that;

Women should wake up and participate in economic affairs of the District by attending Baraza's meetings. But women don't attend when we call them. Almost 90% of the attendances are men. In Baraza's we articulate issues which are common for both men and women. In fact most of the agendas touch on women. These include schools, roads, churches, market, dispensaries, and water. (DDC-Eldoret west).

Women inability to participation in community roles like water projects, nursery schools and dispensaries offense basic development of young children in ECDE School, children health through dispensaries and safe water for drinking and sanitation at home and in school.

4.3.2 Men roles in the household and community

As indicated in the figure 3 below, the researcher sought to know the men roles in the household and community in 140 family households. They were Production roles 72(51.4%), Reproduction roles 12 (8.6%), Domestic roles 12 (8.6%) and community roles 44 (31.7%).

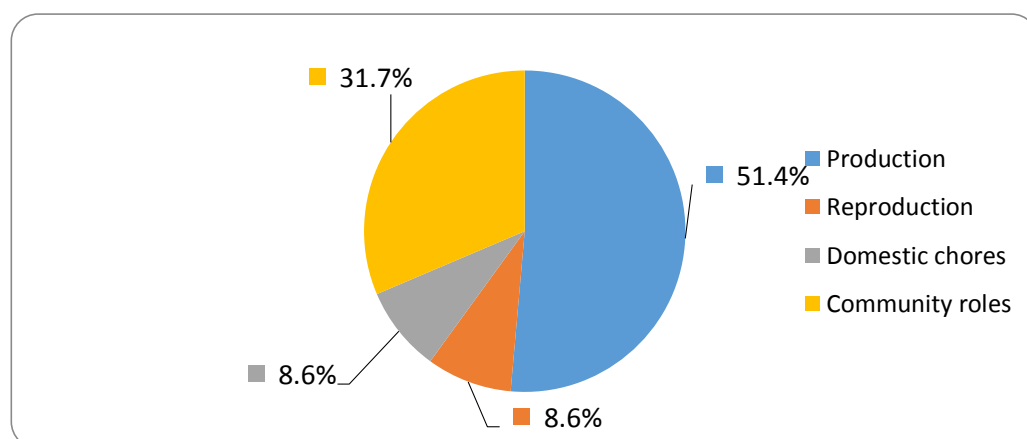


Figure 4: Men roles in the household and community

From the findings, over eighty percent of mans' roles lies in production and community roles. Men's roles in the household have an impact on fulfillment of the right of the children in the household. The man remains the most preferred person in provision of family basic needs to children. An Islamic leader in Pioneer said:

Man and woman are the two basic pillars of the family, but since men are endowed with special qualities by the order of creation, and because their power of logic is stronger than women's, they are regarded as the guardians of the families in provision of basic needs, Holy Qur'an 4:34. (Muslim-Langas).

In conformity with this, Bellamy, C. (2003) argued that the inherent biological distinction between men and women on basis of sex that the wife should be the housewife and mother and the husband as the breadwinner and authoritarian head of family, subject a girl child to a more vulnerable state of violence and misogyny as they are 'seen' and not 'heard' and considered as men's property.

An administrative leader defines that a woman should not be a bread winner but instead help the man whether working or not to take up the responsibilities in generating income for the household. Donaghue, et al. (2003) was in agreement with finding but considers gender roles that stereotype women and girls as helpers and home managers. In view of these, girls are factored in to be future wives to bear and care children and not participate in market production with an exchange value, whereas boys on the other hand are seen as strong pillars and not destine tothe care and maintenance infants and children. A teacher from Race course said:

Many of our children who perform poorly in glasswork and national exam come from low income families. They do not attended school regularly just to assist their parent in housework or attended market days in Town. They consequently don't joint secondary schools. For girls, they get eloped or sexual abuse by adult men. Boys are hired to collect water or firewood for hotels around using Donkey carts. (Teacher-Sosiani primary school).

Failure to meet a child's career needs, either by not providing basic needs or by permitting a child to skip school frequently to attend stereotype roles undermines educational achievements and future health generated from emotional neglect against the right to play and leisure.

District Gender Officer shed light on man's performance as a father and a husband. A father performs those duties of educating children. An elder from Elgon View prefer their wives to work in an office and find time for children. Inability of a man to meet labour required in cooking and washing of dishes in the household necessitate employment of a domestic worker. A social worker indicated that delegating domestic and reproductive roles to a domestic worker undermines health and medical care for children. Wilbert M, et al. (1992:132) claims domestic workers lack professionalism and hence subject children to a harsh and cruel treatment. Testimony Faiths home leader said:

Situation where both parents work in the morning till evening is not a home. Children are left under the custody of the house girl who doesn't have compassion on them. She locks children in the room even when they are sick and deny them food. Children will grow up not knowing the true value of the parent. (Children Homes-Longview).

Delegating washing, cleaning of dishes and clothes and caring of children to a domestic worker who was not train on matters of children rights negate the achievement of right to health, medical care and proper feeding and nutrition.

Juvenile Lawyer indicated that men are to utilize their income in promoting the welfare of the children. From World Bank (2015:46-89) identified that, 13.5% of working age women in Kenya participated in the country's labour force, while 60% of the men does. Whereas unemployment rates for women and men were 62.5% and 41%, respectively. A woman village leader said:

Men earn more than women since they have resources. They are paid a lot of money but half of goes to drinking and entertainments of other women. What we earn as women, all come to the household use. Men are perceived to be decision makers, and women are weak. (Woman Leader-Pioneer).

Chodorow, N.J. (1994:73-80) pointed masculinity and femininity to be eminent in economic and social outcome in determining the role played by each member of the household. Mywage (2015:5-7) however said, as children grow up and enter compulsory schooling at 6 years, women increases working hours. As a result, children are being left without adult supervision, with disastrous consequence for their health against diseases and sexual violence on girls.

A Gender Officer said that a man should involve in activities carried out in the homestead that include cooking, caring and maintenance of children. Jungblunt (2011:34-56) identified women roles to take greater gender perspective were they are expected to do more in domestic roles than a man. Mywage (2015) indicate that the society assumes that women are to cook and clean while men are to take care of finances, work on the car or farm and do repair at home. A Gender Office indicated that gender roles in society have been changing for decade. He said:

Traditionally, men have worked outside the home and serve as the sole breadwinner for the family. They held some of the most powerful jobs in the society, including doctor, lawyer and politicians. Whereas women govern the domestic sphere and take care children. If they did work, it was as a secretary, a nurse or another stereotype female profession. But gender roles have become less define and more egalitarian when it comes to jobs, housework and childcare. (Gender Officer-MOG).

However, Bukokhe, W, J. (2008) claims that as fathers increased their responsibilities at home, they experienced more difficult in balancing work and family duties. A research conducted by Elizabeth, M. (2017:5-8) pointed that in 2008, 45% of men had

work- family life conflict up from 34% from 2003, while women had 39% of conflict in 2008 up from 34% from 2003. So fathers and husbands were hit the hardest, with 59% of children between age 12 and 14 years performing poorly in science subject in primary school, (IET, 2007).

District Development Officer considers man to be overseers and managers of their households by delegating work to children. From the finding mans' roles in domestic and reproduction were rated low compared with production and community roles. An elder from Racecourse said: "Children are to be assigned work at home based on their strength. Boys are to do what men are doing and girls do what women are doing." In the same note, Vanessa, G. (2006), showed that, gender inequality, unequal status in the household was a guaranteed fate for children. Chant, et al. (1997) pointed out that despite the ratification of CEDAW, CRC and CERD discrimination of children continues to perpetuate in all sectors of household. A teacher from Kimalel primary mentioned that girls compared to boys in classroom situation remain powerless and voiceless if not accorded equal learning activities. The gender roles imbalance attached to boys over girls and consequently gender preferences, limits education achievement for girls.

A church leader from Anglican Church stated that mans' roles was to secure family members an environment free from economic dangers including food and diseases. A female nutritionist from MTRH blames poverty and ignorance for growing malnutrition in mothers and children. She said: "Most families lack income and access to resources needed to ensure sustainable living conditions. This has brought about poor health, high mortality rates, insecurity and insufficient education, precarious and unhealthy housing." FAO. (1995:58-60), shows women to direct responsible for household food provision. Mary Meals report (2013) indicated that women largely lack access to land,

not eligible for credit and extension services. A female leader Pioneer added that women work load and lack of income are the main constraints that aggravate food insecurity and malnutrition in the households, especially female-headed ones. Man inability to sustain economic and secure social roles subject household members and especially women to solely charged of children and of the elderly, ill and disable.

4.4 Children Rights

Following the establishment of how gender roles are demonstrated in the household, the researcher sought to investigate further on how it affects the rights of children to survival and development with 280 responses of equal adult men and women in household.

4.4.1 Survival rights

The researcher sought to know from households whether gender roles ascribe to individual affects the feeding and nutrition, Life before and after birth, decent shelter and clothing, Health and medical care and safe water for drinking and good sanitation with 280 responses of equal adult men and women in the household on children rights.

Table 4.7: Survival rights by household respondents

Survival Rights	Elgon View		Race course		Langas		Pioneer		Total	
	F	%	F	%	F	%	F	%	F	%
1. Feeding and nutrition	23	32.9	22	31.4	29	41.4	28	40.0	102	36.4
2. Life before and after birth	15	21.4	17	25.3	7	10.0	10	14.3	49	17.5
3. Decent shelter and clothing	12	17.1	13	18.6	14	20.0	11	15.7	50	17.9
4. Health and medical care	13	18.6	11	15.7	9	12.9	12	17.1	45	16.1
5. Safe water and good sanitation	7	10	7	10	11	14.3	9	12.9	34	12.1
Total	70	100	70	100	70	100	70	100	280	100

Key: F-Frequency of respondents.

From the table 4.7 above the right to proper feeding and nutrition receive 102 (36.4%), Life before and after birth 49 (17.5%), Descent Shelter and Clothing 50 (17.9%), Health and Medical care 45 (16.1%) and Safe Water drinking and Good Sanitation 34 (12.1%) responses. Therefore gender roles influence the attainment of the right of children in the household.

4.4.1.1 Right to proper feeding and nutrition

The researcher receive the response from 280 adult men and women household members touching on the time children are taking meals, the number of meals children are taking per day, the type of food they take within the day and number of breast feeding babies are getting from their mothers and how these affect the fulfillment of rights of children

From the Table 4.7, 36.4% of respondents consider gender roles to affect proper feeding and nutrition of children in the households. Out of 70 responses administered to each of the four villages, Langas was rated high at 29(41.4%), Pioneer 28(40%), Elgon view 23(32.9%) and Racecourse at 22(31.4%) to affect the fulfillment of the right of children.

From the findings, over a quarter of the respondents from all four villages (Langas, Elgon View Race course and Pioneer) were affected by gender roles in fulfilling the right of children to proper feeding and nutrition. UNICEF, (2006), defines feeding and nutrition to take 50% of the household resources and division of labour. Delayed or missing food programs in children (Moore, H.1992) causes approximately 14% of all children under the age of five to be underweight and 45% to suffer physically from stunted growth, often resulting in irreversible physical and mental deficiencies later in life, and with 50% of all cases leading to child mortality. Nutritionist from MTRH offers a tentative schedule feeding programme for children that:

Young children need to eat more frequently than adults since their stomach size are small and grow faster. Newborns eat every 1-3 hours around the clock and as their stomachs grow, they can go longer and eventually stop the night feeds. By one year, most children are eating about 6 times per day, with the last meal typically consisting of milk or a breastfeeding session. Toddlers tend to eat every 2-3 hours (5-6 meals) while preschoolers may be able to go 3, maybe even 4 hours between meals. Sample meal plans recommend 3 main meals and 2 in between meal snacks for the average toddler/preschooler. By school age, children can move to a “3 meals and one afternoon snack” routine, but timing of breakfast and lunch matter. For example, a child that starts school early (7:30), meaning breakfast is at 7 or earlier, who doesn’t have lunch until 12:30, would need something in between. (Female-Nutritionist MTRH).

Maternal Child Officer from Pioneer dispensary confirms adverse effects of insufficient food intake from low income families. Children suffer more from headaches and stomachaches, overweight or obesity, underweight, chronic asthma and iron deficiency. An elder from Langas and Pioneer pointed that majority of the parents during the day are not at home for production and paid domestic work and particular during midday and afternoon meals. A teacher from Kimalael primary school identified children who skip lunch break or go home and return back to school without any meal. Alaimo k. et al.(2001:44-53) pointed out that children occasionally skip meals without a mother who has traditional responsibility in feeding and caring of family members or a domestic worker for them at home. Casey (2001) mentioned employment of domestic workers not at home, family dissolution due to parental divorce or householders’ death or gendered roles to be cause for meal skipping of children. Consequently, meal skipping children was more likely to be identified in single mother household, child headed and female headed family households as indicated by Casey et al, (2001:102-4).Mary Meals Company, an NGO offers lunch programme for all public schools around Pioneer location. This was one of the contributing factors of Langas being rated high at 29(41.4%) of respondent affected by gender roles compared with other estates on

feeding and nutrition. So, the gendered roles tied to a woman together with their occupation negate the right time of proper feeding in the households.

A MCH Officer submitted that the competing demands of gendered roles' time may be leading to fewer meals eaten at home and lower nutritional value of meals. Furthermore, a religious leader in Racecourse added that children from larger families, child and female headed are faced with risk of (UNICEF, 2007) consistent access to adequate food limited by a lack of production roles and resources at times during the year. Women production and domestic roles determines the time and the number of meals children taken per day. If women carry out food processing which ensures a diverse diet, minimizes losses and provides marketable products, women are more likely to spend their time and income on food and children's need, increasing chances of survival of children by 20%, (FAO, 2010:451-60) and vice versa.

A Women leader in Pioneer said that children in Elgon View access at least three to four meals per day. A domestic worker employed to assist in the household chores and subsequent preparation of other meals which were served on time scheduled. A snack served between meals provides children with optimum number of meals needed by day. An educated and salaried woman (FAO, 2010) in Elgon view has high chance of meeting the right time and the number of meals required compared with a woman in low income in Langas. Occupation of a woman in the household plays a significant role in determining the status of children in accessing the right amount of food in a day.

From the findings, socio-demographics identities influence nearly 50% of the women negatively on attaining the required nutrients for children in the households. Malesevic, S. (2010:143-45) stated gender issues such as low level of female literacy, low social status and low autonomy to effect the nutritional status of children. A MCH officer in

Pioneer dispensary identifies a low-income woman who attends to casual work in Town market or Construction sites in Langas and Racecourse or goes to Yamumbi and Cherunya farms for maize harvesting, weeding or planting. A women leader considers such women to arrive late, after spending many hours and energy, tired and exhausted to make a simple and easy meal. A nutritionist from MTRH claims Ugali, vegetable and porridge to be the main meal for low income women since it saves them lot of time, money, firewood and energy for cooking. Children are constantly disadvantaging for not getting the needed nutrients. Where food component were basically carbohydrate, starch, sugar or salt, food deficiencies diseases are likely to happen (UNICEF, 2007).

A nutritionist and MCH officer offer a healthy food schedule that contains nutrients needed for children, such as vitamins, minerals, carbohydrates, and proteins, fat and are found within locality. The schedule contain: Lean meat and omena, beans and peas for protein, fresh fruits (Mangoes, Oranges and Pineapple) for fruit rather than drink fruit juice. Sukuma wiki and traditional veges for each week. Whole grain and wheat bread with limited refine white bread and rice. Children are encouraged to eat and drink fat-free or low fat dairy product, such as milk, Yogurt and soy beverages. Added sugar like honey and brown sugar and saturated fats from animals' source is replace with vegetables and nuts oil, found in avocados, (MTRH- childrenhealth).

From MCH Officer-Pioneer Dispensary majority of attendance to hospital are women and children (girls). In many (Wakhungu J, 2008) societies, woman and girls eat the food remaining after the male family members have eaten. They are the main victims of food discrimination which results in chronic under nutrition and ill-health. Pioneer Location had double burden of malnutrition existing at 45.5% of children were stunted and 11% were obese, 29.0% of women were overweight and 14.6% of men were obese.74% of children and 29.9% of the women were anaemic, and were at risk of

inadequate intake for a number of micronutrients (MOH,2015:54-70).The low income (Wilbert M, et, al. 1992) households' shifts from traditional diets with high cereals and fiber towards Western pattern diets in high sugar, fat, and animals sources of foods thus increasing prevalence of overweight and obesity while under nutrition remains a great danger to children and public health concern.

The researcher sought to know further on the number of times a baby was breastfeed in a day, the time and children's consumption of liquid and solid food. The study found out that 36.4% of numbers of women were affected negatively by gender roles in breastfeeding the babies. This was in agreement with WHO that East and Southern Africa prevalence of exclusive breast feeding among infants younger than six months in developing countries were rated from 33% in 1995 to 39% in 2010,(WHO,2010:45-78). WHO recommends exclusive breastfeeding for 6 months, initiated within the first hour of life to two-three hours daily and without any additional food. Breastfeeding be done on demand-that is as often as the child wants, day and night. No use of bottle, teats or pacifiers.

A female teacher from Racecourse and Langas Primary school pointed lack of support at work place to be the main reasons why women stop breastfeeding before the recommended time. They claim to breastfeed two or three times a day, which was below standard measure of eight times and more a day, (WHO, 2010).A female Juvenile lawyer said to breastfeed three times a day but her role as a lawyer hindered most of her children getting the required breastfeeding. A female Police Officer weaned her children earlier contrary to World Health Organization of introduction of complementary foods before six months because of her roles.

MCH Officer in Pioneer dispensary added that nearly a quarter of working/salaried women stop exclusive breastfeeding of 6 month since there are no clear legislation or access to a workplace place that was ‘breastfeeding –friendly’ that provide women with comfortable, private facilities to express breast milk, access to fridge to store it, a clean and safe facilities and family-friendly working time arrangements for both women and men. A key Female Elder respondent explains that:

Combining work and breastfeeding is not only possible but also essential for both mother and child. Lack of clear legislation of a longer breast feeding programme policies can be an incentive to stop breastfeeding.”(Female –Elder Pioneer).

However, working women in Elgon view and Racecourse have different schedule on how to operate their work and attend to the baby for breastfeeding. Other women express their breast milk by placing them in the baby bottles or employ a house-help who will make sure the baby were brought during lunch break, (Kavadi, S, 2001). A Nutritionist from MTRH mentioned that other woman intentionally deny their babies breastfeeding to motivate them learn how to eat cooked food before six months, contravening exclusive breastfeeding without additional food by use of bottle, teats or pacifiers. By introducing other foods like potatoes, bananas, cow milk or porridge to supplement their breast milk may (Wakhungu J, 2008) create health hazards like Marasmus and Kwashiorkor which are gendered implicated deficiency diseases that are caused by shortage of required food nutrients in the household.

A Maternal Child Health Officer in MTRH and Pioneer dispensary explains that women and men are more likely to stay in their job in the longer term, if women can breastfeed at work. WHO, (2010) added that upon introduction of breastfeeding programme in work place, health-care claims were 35 per cent lower, 33 per cent of new mothers return to work sooner than anticipated, absenteeism rates were 27 per cent lower among

both men and women, and 67 per cent of all employees said they planned to stay with the company in the long run.

Contrary to a common belief, a Health Nutritionist an Advocate of breastfeeding inform of informal workers to face problems in continuing to breastfeed when they return to work, as they are often unable to take their children with them to the fields, to collect firewood, hawking, Stall selling, collect water, selling at construction site or to the employer's household, in the case of domestic workers. When they do so (UNICEF, 2007) it often comes with risks to the child's health and well-being and may lead to early involvement in child labour.

There was evidence that (Philip,A.2011:3-6) the skin-to-skin contact when a mother holds her baby for the first time stimulates the nerve endings and activate an instinct response whereby the baby knows how to breastfeed. A Health Nutritionist added that mothers who are relaxed and feel more comfortable express large volume of milk and the baby suckle more easily. A MCH Officer from Pioneer Dispensary pointed that the poor working conditions, for suckling mothers makes them afraid of their babies not getting enough time to breastfeed due to noisy, dirty and dusty environment. In addition, poor working conditions of woman (Philip, A. 2011) in informal settlement, ongoing construction, hawking and stall selling disturbs comfort the baby deserve in suckling natural and nutritive milk.

It was therefore important to note that gender roles ascribe to individual in the family households violate the right of children to proper feeding and nutrition and particular in breastfeeding of infants.

4.4.1.2 Right to life before and after birth

Respondents were asked whether gender roles ascribed to individuals affect the realization of a child's right to life before and after birth. The researcher determines utilization of antenatal, place of delivery and postnatal services by expecting and nursing mothers. The interview focuses its relevance on frequency of attendance to antenatal clinic of the last birth, place of delivery, postnatal services and nature of complications expectant mothers experienced during delivery.

The above results in Table 4.7 show Elgon view 21(51.4) %, Race course 17(25.3) %, Langas 7(10%) and Pioneer at 10(14.3%) utilizing antenatal, place of delivery and postnatal services by expecting and nursing mothers.

From the findings, nearly twenty per cent of respondents feel they were affected negatively by gender roles in attendance to antenatal, place of delivery, postnatal services and nature of complications expecting and nursing mothers experienced. Globally, while 85 per cent of pregnant women access antenatal care with skilled health personnel at least once, only six in ten (58 per cent) receive at least four antenatal visits. In Kenya, attendance to public health facility for antenatal clinic was rated at 36.1 per cent (MOH, 2010) and MCH Officer in Pioneer dispensary laments that only a minority of pregnant women (29.4 per cent) make the required minimum of four ANC visits.

A female Elder in Pioneer said that failure to attend required medical clinic was a concern of every woman since household chores prove to be the main barrier. A DDO mentioned that domestic chores like washing, cleaning, and collecting water and firewood were an added work to an expectant mother. A MCH Officer further added that because of domestic chores, some women could not arrive at health facilities during the regular time of service delivery and there were concerns about being turned away

for arriving too late at health facilities. Wakhungu, J. (2008), claim that much as women are waking up early in the morning to prepare children to school, much was done after that, considering the time one was supposed to attend such clinic, reproduction and domestic chores, holds individual woman with a hope to finish just finding herself late and tired hence failure to attend MCH.

From the findings, a Women Elder argued that men were often unwilling to pay for the costs associated with health facility visits just to attend children and domestic chores or business activities. In addition she said that women felt that they were not getting support they needed during pregnancy and that men lacked interest in maternal health; leaving the burden of taking care of the pregnancy to women. Some men encourage their wives to attend ANC, in case (Falkingham, J. 2000), there was any disease that would affect the fetus or just to check the status of the fetus with little concern about the health of the mother.

A MCH officer in Pioneer Dispensary identified women who haven't attended clinic yet they are eight month pregnant just because of their domestic and reproductive roles. The officer said: *"Women attend ANC at least once in order to obtain their ANC card as a kind of entry ticket, in case they experience complication at delivery and need health centre assistance."* However, (Elizabeth, M. 2017) women do not perceive delivery at a health facility as equally crucial. UNICEF, (2003), there was no alternative to attending ANC clinics for obtaining the ANC card, but women view delivery by Traditional Birth Attendance as an alternative to delivery at health facility. Culturally, (Mutisya, M, et al. 2012) homes delivery was perceived as normal while hospital delivery was considered suitable for the sick or those with complication. MCH Officer said that: *"Women, who attend clinic late because of domestic and reproductive role,*

are likely to come with complications related with anemia, hypertension and mental health.”

From MTRH, Pioneer location has high maternal morbidity and mortality as compared with other locations, yet it has enough delivery facilities and skilled personnel. It was evident that Pioneer location out of 432 women whose pregnancies from August 2010 through July 2015, 309(70%) of the cases occurred ante partum and 133(33%) post-partum; 149(11%) developed <27 weeks and 80(18%) at term. Maternal mortality was 31.1 % (25) and severe maternal morbidity at 41% with serious acute renal failure and sub capsular liver hematoma, (Obstet, A.2016:100-16).

A Health Officer narrated that expectant mothers are faced with challenges of who to delegate the domestic and production roles since antenatal clinic are done on Tuesday and Thursdays of every week starting from 8am to 4pm in all government hospital and dispensaries. An elder from Race course said that the above days are schools going days where most expectant mothers depend on the availability of their children. Working/Salaried expecting mothers can check in for antenatal clinic at odd hours of the day at any private or government hospital which operates in twenty four hours. Pressing demands from domestic, production and occupational roles by expectant mothers would have a negative impact on the health of the mother and the baby thus negating the fulfillment of the right to life before after birth.

The critical strategy (UNICEF, 2010) was to reduce maternal morbidity and mortality by ensuring that every baby was delivered with the assistance of a skilled birth attendant who is a medical doctor, nurse or midwife. Skilled birth attendant can reduce intrapartum-related complication by 20 per cent thus improving maternal and newborn survival across all ages. WHO, (2010) posted that non-skilled attendants, including

traditional birth attendance, can neither predict nor appropriately manage serious complication such as haemorrhage or sepsis, which are the leading killers of mothers during and after childbirth. However, (Kemode, M. 2009:4-6), TBA are valued in Kenya since they are accessible members of the society who adhere to traditional practices or undergone in-service training and provide practical and emotional support to women during pregnancy, delivery and in post-partum. Maternal child health officer pointed that delivering a baby was women biological activities, where women are encourage to visit hospital or dispensary for a safe delivery. In sub-Saharan Africa (UNICEF, 2015) a woman has 1 in 16 chance of dying in pregnancy or child birth, compared to a 1 in 4000 risk in a developed country. Respondents in Pioneer Location attend to Moi Teaching and Referral Hospital (MTRH) and Pioneer dispensary for safe deliveries since they offer free services. An elder from Langas said that Proximity of services for expecting mothers with relatively low cost were a positive way of enhancing health of the mother and the baby.

However, a woman elder mentioned that men believe attending to hospital in early stages of baby delivery was as a way of escaping from household chores and reproduction roles. A DDO confirmed that the underlying problem facing women in slums was failure to attend antenatal clinic on prescribed dates, just to remain at home and look after children. Maternal delivery in a local dispensary built by CDF had an average of 3-4 birth by month which was relatively low compared to the population per square unit. This low rate of delivery in the facilities could be worrying and may lead to death of the child during birth. Given that at least significant number attends antenatal care one to four times, it could be that the health workers have not done enough to encourage expectant mothers to deliver from a health facility.

It was also evident from Women elder in Pioneer that most expecting women tend to overestimate the time of delivery at the onset of labour pains and continues with their normal routine of washing, cleaning and cooking. In his book, Gynecologist Obstet, A. (2016) pointed that unsupervised labour pains and subsequent deliveries at home are the major risk to the mother and the baby since women with certain abnormalities of reproductive organs such as short cervix are at greater risk for pre-term labor and birth than women who do not have abnormalities.

A DDO identified free maternal delivery services in all government health facilities yet faced with low birth attendance in Pioneer dispensary. Cephas, S. (2014:1-6), complaint of the fact that the quality of services provided at the clinic, made most women deliver at home assisted by TBA's who are perceived to be respectful, skilled, friendly, trustworthy, and available when they are needed. Women in slums prefer TBA for after normal delivery will remain at home with other children to care, (Reproduction role). Tiziana, L. (ed) (2016:1-6) agreed that Poverty and gender roles tied to the low-income mother were the most frequently cited reason for preferring home delivery. Since TBA cannot predict nor appropriately manage women who have delivered preterm before, or who have experienced preterm labour before, (WHO, 2010) they are considered by Health Care Providers as risking the life of the mother and baby hence violating the realization of the right life before and after birth.

It was also evident from MCH Officer that men were not supportive enough during delivery. Mutisya, M, et al. (2012) agreed that men's thinking was that birth is natural and a women issue. A health officer mentioned that provision of basic requirement for the baby and the mother while in clinic are important. However, (Cephas, S. 2014) where support of the husband and other family members was low prevents women from delivering at the health clinic. Therefore low rate of delivery in the health facility could

be worrying and may lead to death of the child during birth due to low birth weight or transmission of HIV/AIDS.

A MCH Officer pointed that after delivery the mother and the baby spend critical period of 6-8 weeks where the mother undergo the transition into motherhood. UNICEF,(2015:3-5) states that postnatal care was a continuation of the care of the women has received through her pregnancy, labour and birth and take into account the women's individual needs and preference. It aims at creating a supportive environment in which families will be guided by professionals in how to care from their baby and themselves and be able to recognize and act upon any deviation from the normal (UCNH,2015:4-6).

Maternal Child Health officer said that services are the basics of what was expected of the mother and a baby to undergo. A child and mother during post natal care undergo health monthly check-ups. Postnatal attendance sheet in Pioneer dispensary indicate low compared with antenatal care clinics. Ministry of Health (2000:69-0) shows that postnatal care remains very low in most of the health facilities in informal settlement and rural parts of Kenya. This was rated at around 43.7% through the year. Kavadi, S, (2001),nursing mothers cited lack of time to concentrate on post natal services due to domestic and production activities. Missing to attend MCH for several occasions, nursing mothers fear to be quarreled by hospital staff. The inability of the mothers to attend child clinic due to gender roles, jeopardizes the right of a child against diseases and the right to life after birth.

An Elder from Langas mentioned that babies are held indoors in Langas and other slums areas for as long as six months for fear of being bewitched by women with "bad eyes", (*Busurek* for Kalenjin, and *Obusure* for Luhya). Women turn to traditional herbalist for

cure and healing so to remain at home and do cooking, washing and look after other children. Where (WHO,2012)cultural believes has been likened to refusal of vaccination of children to get right to be immunized against measles, poliomyelitis and pertussis but also sabotage the health of the mother and the child during post natal care.

An elder from Racecourse said that many children are not fully immunized or do not complete immunization because their mothers do not come back after delivery or deliver from home and don't take their children for immunization. (UNESCO, 2006), a part from the mother attending postnatal care clinic, the child has to receive the first doses of vaccine against the killer diseases like diphtheria, whooping cough and tetanus. A Public health officer (PHO) identified women who hardly remember whether they complete all the dozes recommended. Hodgson, D. (2010:305), antenatal mothers don't see the importance of going for antenatal clinics but instead pre-occupy themselves with domestic chores and reproduction roles. The failures of nursing mothers to attend MCH services on time, risk their health and that of the baby against serious birth complication and opportunistic diseases like measles, common cold and mumps.

4.4.1.3 Right to decent shelter and clothing

Respondent were asked whether gender roles ascribe to individual affect the realization of child right to descent shelter and clothing. 280 respondents were asked whether the numbers of rooms were enough to accommodate all members of the household and the frequency of buying clothes and whether clothes were enough to meet all occasions.

A Public Health Officer describes a decent house to contain good walls, enough windows, enough rooms and doors to facilitate good ventilation and that protects from direct wind, direct sunlight and thieves. Guy, S. (1989:198-00), a good house should facilitate cleanliness, personal hygiene and good movement and meet the needs of all

genders. An elder in Langas mentioned that shelter in Langas and part of Pioneer doesn't secure individual privacy and dignity.

A number of shelters haven't a strong roof that was able to withstand rain, wind and direct sunlight. Considering the age and vulnerability of children, shelter hasn't received the attention it deserve subjecting children to weak health conditions with their basic rights to decent shelter violated.

In Pioneer Location, putting up a shelter for the family was a man's responsibility and hence a lazy and weak man will make the members of his households sleep under a leaking roof. Wakhungu, J. (2008), claims that in Luo, Luhyia and Kalenjin community men as the head of the household have historical role of putting up a decent shelter. An Elder from Elgon View mentioned that most houses were temporary and not very descent in Langas and better in Elgonview and Racecourse. Shelter were made of mud walls, old iron sheets roofs, and not very clean. Inability of man to put a descent shelter exposes children to environment hazard found in the air, water and soil thus violating their right children to living in a decent shelter.

From PHO, housing in Elgon view, Race course and part of Pioneer meet the sizes and needs of the family members. It has kitchen fitted with enough utensils, storage facilities and improved technology like cookers and washing machines which offered unquestionable benefits, such as labour saving to women domestic and reproductive roles. In ILO (2009:34-50)household modernization can also have a dramatic, negative impact in reducing opportunities for paid domestic workers by abolishing jobs that were traditionally done by women being done by men using machine. The modernizations of domestic and reproductive roles has (Pedrero, M.2006: 3-6) negatively affected domestic workers (who are women in majority) to achieve the kind of quality life for

themselves and that of their children. Modernization of women roles in Elgon View has reduces income of domestic workers in support of their children hence violating the right to clothing and shelter.

From, Cheserek, et al.(2012:2-5),36% of the houses are found in slum and are permanent,13.6% are temporary houses build with thatched roof, mud walls, and earthen floor.17.5% are semi-permanent and 18.4% mixed of permanent and temporal. Administrative Officer said, *“Many of the residents are squatting or renting or owner occupied with household density of four people per room. It’s out of these reasons that many men have resorted to putting up shanty structures in Langas”*. (Chief-Pioneer location). A PHO said that shanties made of mud with earthen floors; leaking roofs and cold temperatures are common elements that predispose children to pneumonia and Mosquito attacks. Phillips, H. (1989:23-29), noted that adequate housing was essential for human survival and dignity. A child is vulnerable and need special protection from environment. Without decent and secured accommodation, children are likely to suffer from weather conditions. The right of a girl to privacy and protection was compromised since they shared the same room with the parents and other adult in the households. Therefore, gender roles ascribe to the man in construction of a shelter violates the right of a child to basic human dignity.

An elder from Race course mentioned of a man who squeeze his children in one of the rooms to allow domestic animals and bird’s shelter at nights for the fear of thieves. Karau, S. (1991:41-42) informs that dirty conditions brought out by domestic animals subject’s children to insect’s bites and particular the jiggers. A teacher from Langas primary said:

Children come to school with developed wounds on the feet making them walk with difficulty and particularly boys. They cannot play,

attend school on time, and suffer from continued pain; irritation and itching leading to poor performance in class. (Teacher-Langas primary).

In his journal Stephen. (2016:2-5) clarified that humans get animal-borne diseases when they're bitten or scratched or have contact with an animal's waste, saliva, or dander. The young children, infants, pregnant women whose immune system are low and developing are at risk of getting rabies, trachoma, cat scratch disease, ringworms, toxocaries, toxoplasmosis in pregnant women from dogs, birds, goats and pigs, Eagly, A.,(1991:41-42). Gender roles ascribe to men without decent shelter for children violate the basic human rights to decent shelter.

A PHO mentioned that temporary (mad buildings) and construction within the estates and slums pose a danger to children while walking to and from school or playing near the construction sites. Cheserek, G, et al. (2012:2-5) identified roofs of temporal structures or ongoing construction to fall off when there was strong wind or rain.

It was also reported by an elder from Langas that:

A child died and four others were seriously injured when a wall of a temporal structure in Langas primary school fall on them while learning. Despite clear warning not to go near construction site, children are found scavenging for scrapes metals and wood for sell or make playing material. (An Elder-Langas)

Gender roles ascribe to man in provision of shelter by constructing heavy and temporal constructions without taking due right of children to safety and protection violate the right of children living in a safe and conducive environment away from their shelter.

In her thesis Onwong'a, (2010:56-78) showed that after post-election violence of 2007-2008 there has been homelessness Pioneer location predominant with children loitering in the muddy, wet and floods infested roads. A PHO highlighted the fact of rural to

urban migration where husbands left them in the village and move to town for job searching leading to overcrowding in the households. A woman Elder said:

Men work as a mason. Some came here for the last five years leaving their wives in the village without food. Other come to town with 3, 4 and 5 children and rent one single room in shanties. The shanty is cool at night, leaking during rainy season and not safe from thugs. Many children wake up in the morning and go round the streets until evening since they don't have enough room to stay at their homes.

Where rooms were small leading to overcrowding, the right to privacy and protection against sexual harassment amongst adolescent growing girls was violated if the right to decent shelter was not realized.

Religion plays important role in laying the ultimate purpose of clothing for children. Islam and Christianity permit and require care about appearance, dress decently or modesty, maintain dignity and enjoy the purpose of clothing and adornment. In Islam clothing serves the purpose of covering the body and to beautify the appearance, (Yusuf al-Q, 1960:45-46). From Simmons, P, et al. (2011:2-3) the purpose of clothes is to provide warmth and protection.

An elder from Racecourse argued that children lack enough clothing's to sustain the protection against weather conditions. Onwong'a, C, M. (2010:56-78) pointed that children along their playing fields and on the streets put-on torn, dirty and rugged cloths that exposed his physical body. A Women leader said that: *"Boys have their own buttocks, legs, chest and hands expose while girls lack enough clothes to protect their growing hips and breast. Most of the clothes they wear were torn, barefooted, uncovered wounds, dirty and emaciated bodies"*. A right of a child to be protection against exposure to physical environment was violated as a result of man roles in lacking to provide children with enough clothes to wear and cover their physical bodies.

Key informants also noted that in those less developed estates children personal effects like soap, tooth paste, tissue papers, handkerchiefs, enough inner clothes and beddings. A Teacher in Sosiani Primary assembles children who were dirty since they take bath once in a week due to lack of soap at their respective households. She further commented that: *“Children don’t bath before coming to school or at home. They wash their legs, hands and face with only water without a soap. The health of their mouth had decayed tooth”*. This was true when Ellen, et al. (2009:189-90), considers lack of personal effects to undermines the self-esteem of poor children. The inability of fathers to attend to clothes, personal effects, dental health and other physical ailments makes children uncomfortable with their learning processes hence undermine the right of clothes.

Cheserek, (2012) mentioned earlier that rooms were small to accommodate all needs of the household members. A Teacher in Kimalel primary view children sharing the bedding due to large family sizes. He said that: *“In one household of five children in Langas, children are sleeping on one mattress under one blanket. Sharing of utensils during meal time was common in all estates. Boys age 10-14 lacks enough inner clothes and if any it’s dirty and none to exchange”*. A PHO discourage of sharing items amongst children like toothbrush, cups, blanket, inner clothes and earring for this may spread contagious diseases like HIV and Gastroenteritis. Angela, H. (2017:3-4)indicated that sharing of items like clothes, utensils and food stuff by children leads to spread of diseases hence violating the right of children to have their own clothes (Privacy and autonomy).

A class room teacher in Sosiani primary indicated that public primary school children wear address, sweater, short and a shirt and shoes as school uniforms. But some walk to school barefooted, carrying school books using polythene bags and other lacks school

uniforms. From Spencer, C. (2013:1-5) wearing a uniform make a pupil pride, creates an identity and promote a sense of belonging, protects and prepare for future grooming. The inability of the man to secure basic materials for the child for improved life in school like clothes, shoes demeans the basic right of good uniform makes a child feel not to be of the organization.

4.4.1.4 Right to health and medical care

Respondent were ask to state the occurrences of Malaria, Pneumonia, Gastroenteritis and Measles amongst children. They were further asked to highlight how children receive treatment the moment they show any signs of sickness.

World Health Organization (2015) defines the right to health as access to timely, acceptable, affordable, and appropriate quality health care facility. They are hospitals, health care centers and dispensary. The WHO standard estimated distance to any healthy facility is 3km and below. Uasin Gishu County has an average of 5-10km to any health facility, (Eldoret Town Strategic Plan of 2008-2013).PHO maintains that Pioneer Location meets the criteria, but timely accessible, acceptable, affordable, and appropriate quality health and medical care in children is persistently violated.

In Menge, L.et al. (2010), in Pediatrics admission at MTRH-Pioneer location, Seventy five per cent of all admission was due to four diseases: Malaria, Pneumonia, Gastroenteritis and Measles. Out of 4720 pediatric admission from October 2005 through October 2007, malaria was the most common cause for admission (33.3%), pneumonia (26.8%), gastroenteritis(10%), and measles (7.6%).Malaria was responsible for only (9.1%) of all deaths. The diseases specific mortality rate for malaria was 2.2%,11th among the top 15 diseases.20(20.4%) out of a total of 98 deaths were due to pneumonia. Measles was becoming less due to immunization.

.World Health Organization (2015) justifies malaria as a disease caused by parasite from infected mosquitoes. It kills over 400,000 children each year in sub-Saharan Africa, Kenya registering one per cent of the total death. Its symptoms and signs are: severe shaking chills, high fever, sweating, headache, vomiting and diarrhoea. Gender roles influence negatively intervention programmes of sleeping under treated net and where insecticide influences realization of right to health and medical care.

PHO pointed women and children coming for medical examination and treatment of malaria are rather low in Langas compared to prevalence of ailments within the populace. Children under five along Sosiani River were most affected by malaria and pneumonia since their body immunity was low and the nature of the environment they live was dirty, stagnant water, air and water pollution as explain by Agarwal, B. (1990: 16-24).A Women leader said: *“We lost a year old child recently as a result of malaria outbreak. The child was vomiting and had fever. The mother had left for paid domestic work while the father attended to construction work not far from our home. The child was rush to dispensary but succumb to ailment.”* As feminizations of poverty increases (Pedrero, M.2006) the workload on women increases where they are sole charge of children, elderly and the sick. Moore, H. (1992) argued that since domestic and reproduction are two interlink activities women do and are unpaid, women would seek paid work outside the home. A Child died as a result of women paid work outside the home. Women paid work outside the home limits the time of attending children in realizing the right to health and medical care.

An elder in Langas identified malaria as a killer disease where without proper ventilation, drainage of stagnant water and rubbish subject children to high risk. An individual woman said: *“The mother and the baby are given mosquito nets during prenatal and antenatal care. But due to economic constraints single mothers sell it to*

locals to buy drugs and basic needs.” WHO,(2007) issued guideline that insecticidal nets are long-lasting, and are distributed either free or highly subsidized and targeted children and pregnant women because they were more vulnerable. Female headed household (ILO, 2009) with less access to production factors and resources such credit, land and education disposes household items to meet the needs of children. Poor economic status of female headed households thus affects the status of effectiveness of interventions meant to address health wellbeing of pregnant mother and babies.

PHO stated that malaria prevalence was high in Langas estates since stagnant water was present along the roads. The environment was dirty with papers, empty tins and bushy. MCH Officer in Pioneer dispensary noted malaria cases on expectant mothers, low in the early and late stages of expectancy. But(WHO, 2007) noted with concern that after delivery nursing mother convert the net in to a fencing material to scare away pest and birds in their gardens. Despite government initiative to provide mosquito nets to households, limited access to a means of production to women impedes the realization of health and proper medication of children in the household.

It was further clarified by a PHO that pneumonia is life-threatening disease and most serious for infants and young children with weak immune system. It is caused by germs from bacteria and viruses, and contagious. Passed through coughs and sneezing. Signs and symptom include chest pains when breathing, cough, fatigue, fever, sweating and shaking, low body temperature, vomiting and shortness of breath. Gender roles influence negatively preventive measures living in a clean environment. Children with difficulty in health breathing, chest pain, persistent fever of 102F (39°C), persistent coughing up pus need to seek medical care immediately.

ILO (2009) examines rural-urban migration in search of work resulting to poor housing, congestion and overcrowding in school. Public Health Officer identifies area like school, market, religious gathering, homes and hospitals to increase the spread of disease. A teacher from Kimalel primary school said: *“Children can get pneumonia through people who are sick and are coughing and sneezing. The tiny droplet of fluid contains germs and can spread easily by touching”*. Making steps of helping prevent children getting pneumonia in an overcrowded was a challenge. WHO, (2007) offered a solution on housing where housing was largely a women issue. Moore, H. (1992), claim that women are primary responsible for sustaining and maintaining the home and the family. However, since low income women have limited access to clean environment, timely and appropriate quality health for children is always violated.

PHO view postnatal mothers neglecting medical advice on gastroenteritis or diarrhea in children. As indicated by Menge, L.et al. (2010), gastroenteritis is an intestinal infection marked by watery diarrhea, abdominal cramps, nausea, vomiting, and fever in children. It is viral and often called stomach flu-spread through contact with an infected person or by ingesting contaminated food or water. It is deadly if the immune system of a child is low. But prevented by avoiding food and contaminated water, through and frequent hand-washing. A Women leader in Pioneer said: *“Mother considers less work after delivery since there is no much, after all the biggest business was expectancy and delivery. They take their paid work and domestic work more seriously in expense of child health.* Wakhungu, J. (2008) added that not only due to lack of funds but some parents take productive, reproductive and domestic work more than children health. As a trial, parents with a sick baby self-medication and lastly go for medical personnel in case the sickness gets worse.

Mother Child Health Officer declares that parents allow children to share drugs even when they haven't taken medical examination. MOH, (2010) rules that drugs sharing was an abuse and the law prohibits, has deathly side effect, and can injure someone's organs. Agarwal (1990:4-6) did mention in his book that the attendance to a chemist was easy, cheap and drugs are available where drugs mostly abused are pain killers and sedatives. An elder observes attendance to a chemist to be higher than a health facility to allow parents meet their daily domestic and reproductive roles. Ministry of Health, (2015) pointed that the critical conditions compel parents to take their child to hospital the last minute when someone reveals a life-threatening condition or a health complication.

4.4.1.5 Right to sanitation and safe water

Respondents were asked whether garbage disposal, pit latrine, drinking water, storage facilities and boiling of water affects the achievements of the rights of children within the household.

The director of ELDOWAS highlighted the objective of the company to carry business of water supply, sanitation and solid waste management service to all people living within Eldoret town and its environs. Mandated to reduce incidents of water-related diseases, shallow wells users for water and pit latrines for sewerage. Advance to reduce absolute poverty by freeing the time the poor spent each day looking for water to spend on income-generating activities. Provide portable water free girls to go school instead of fetching water for the family. Attempt to promote girls' attendance and performance in school. ELDOWAS currently face with challenges in environmental service (Konyongo, 2002:5-7) which are attributed with haphazard settlement structure, lack of environmental health education, obsolete facilities and system, rapid growth of population and lack of funds.

According to UNICEF (2006), poor rubbish disposal is a national problem. Proximately 13% of the urban population disposes solid waste in garden, 19% in pits and 32% just heap the waste within the compound. ELDOWAS daily refuse collection was 60 tonnes on average. Refuse collection serve about 42.4% of the population. However, 83% of Pioneer population was not served by waste collection system. It has 15% company collection, open space 11%, and Rubbish pit 74% disposal mode,(Rotich.2002A:56-7). The frequency of collection was 1 to 2 times per month compared to 2 to 3 times per week in urban core residential quarters. However Letema, S., (2011:2-4) dismal attempt were made to supply bins (Langas-31 and Pioneer-22) but were 10-15 years old and the supply was scanty.

PHO in Pioneer location pointed decomposing solid waste heaps that provide suitable breeding grounds for diseases victors like bowls flies, cockroaches, flies and rats and lack of roads and service way leave, which constrained solid waste collection to cause environmental diseases such malaria, pneumonia and gastroenteritis in children. ELDOWAS director said, *“These pits and hips disposal are unhygienic in areas with high population is concentrated. In many slums waste is just dumped behind the houses posing a major hazard to small children and entire household.”* Elizabeth, M. (2017) attempts to explain that irrespective of status of a women they are widely accepted as the caregivers, food prepares, and maintainers of the domestic environment. In support of this claim Jae, S.(2009:135-40) said taking household garbage to the street corner where dust bins may be easy, carries an acceptable role for a women often focusing on cleanliness, health and order of environment. But it is not easy when the distance between house and dustbin is too large. Disposing solid waste in garden a few meters from the household natural make children fall ill and (Muller, 1998) the burden of caring for the sick children who have been exposed to solid waste or vermin and disease

in uncollected garbage falls disproportionately on the mother, sisters, and grandmothers (especially if they are responsible for waste disposal).

Cheserek, (2012) documented that Pioneer location experiences heavy rains where waste are washed into the water ways while some blocks the water channels. In such situation floods are inevitable because it restricts the flow of storm water. It also pollutes the entire land especially with littering of plastic bottles and bags. An Elder confirm by saying that:

Residence in the estates disposes off baby used diapers and plastic bags along the road sides causing blockage during rainy seasons. Empty and open tins have become the hiding place for rats, snakes and mosquitoes. During rainy seasons most children suffer from Malaria and Stomach upsets. (Elder-LANGAS).

According to Geller, et al, (1977:344-351), litter consists of items found in socially unacceptable location. In a recent review from 2003 to 2013, the top ten most frequently littered items were: Takeout food packaging, snack wrappers, miscellaneous papers and plastic, vehicle debris, beverage containers, napkins bags and tissue, miscellaneous metal and glass, beverage litter and construction debris (NEMA, 2014:143-6). In view of this (Muller, 1998) reported that younger people are more likely to litter than older person, with those age 19 and above more likely to litter than any other age group. Geller, (1977) justify that gender play significant role where men roles are more likely to litter than women with majority (85%) of littering resulting from behaviour from individual and 15% from physical context. Letema, S., (2011), ELDOWAS lack expertise in its mandate to deliver quality services to locals. Rotich,(2002B:3-6) identify lack of awareness, concern, motivation, convenience of receptacles and existing litter to inhibit the right of a child to proper disposal of solid waste.

ELDOWAS director pointed that Pioneer and Langas were not supplied with sanitation provided by urban water schemes, and therefore, they were exclusively served by pit latrines. Pioneer location is served with 75.6% pit latrines, 6.3% septic and 18.1% sewer. PHO informs that residents were dissatisfied with sewerage services, citing scanty reticulation and unavailability of exhauster services to empty filled pit latrine at homes and schools on request. A teacher from Racecourse primary said: “Our toilets overflow annually since we have high enrolment and worse during rainy season. Our pupils visit toilets that are muddy and infested with flies.” In his commentary (UNESCO, 2006 and Phillips, H. 2013) define that lack of sanitation and poor hygiene causes water borne diseases like cholera and other parasitic infection like round worm which are highly prevalent in school-age children. While women are less consulted in school planning and management (Kiyabi, L. 2010). There was evidence (World Bank, 2015) where hygiene and sanitation are often considered women’s tasks. Susana, W, G. (2009:12-0) women are promoters, educators and leaders of home and community-based sanitation practices. However, women’s concerns are rarely addressed, as domestic and reproductive roles often restrict women’s involvement in decision-making process regarding the rights of children, and especially girl’s toilet sanitation programs and projects.

From MOH, (2015) all schools are provided with sanitary facilities for girls and waters for washing of hands after visiting toilets. But, a female teacher from Kimalel primary school said: *“Children walk in the toilet bare footed and lack tissue papers. There is no water for washing hands after toilet visits and girl miss’s sanitary facilities.”* An Elder from Racecourse maintained that toilets in schools are in deplorable conditions, which do not comply with Health standards yet children use, posing a great danger of collapsing during heavy rains. Pioneer zone school sanitation (COHRE, et al.2008) is a

neglected problem. Hygiene conditions are often very poor, meaning that hand washing facilities as well as separate individual cabins and anal cleansing materials for the pupils are missing. Many toilets and the deplorable conditions often don't comply with human dignity for boys and girls. With Man (Hannan, 2002), mandated to put latrines in school (Rotich, 2002B:3-6) identify man construction role in school to lack awareness, concern and motivation in putting up sanitation faculties that serve both genders. Therefore, the right to adequate toilet and hygiene was a key critical barrier to girls' education and health. GWA (2006:3-9) girls after puberty, do miss school or even drop out of school due to the lack of sanitary facilities, and /or the absence of separation of girl's and boy's toilets when they are menstruating.

The ELDOWAS director further informed that human waste was a big problem with many households lacking decent, latrines and bathrooms, especially in sub-urban and slums area of Pioneer Location. In addition (Rotich, 2002A) household's members who lack sanitation facilities ease themselves along roadside, in bushes and maize or banana plantation. An Elder from Langas confirm by saying: *"Households who claim to have pit latrines share one with up to four to six household which causes congestion and lack of privacy, safety or hygiene."* From the finding inadequate sanitation puts a greater burden on women and girls considering their roles than men. According to UN water, women and children being the main users and managers of sanitation facilities are considered essential in improving the sanitation and hygiene but gendered ascribe roles, often limit. Whereas the cleaning of toilet was primarily the responsibility of women, construction and maintenance of pit latrines (digging, repairing and exhausting) is primarily done by men, (Hannan and Anderson 2010:4-8). However, (Susana, W, G. 2009) with the majority of people living in poverty, particularly among women and child-headed household, continues to grow. Land tenure is a significant stumbling

block as well; (Moser, C. 1993) women owning only up to 2% of all land, and therefore lack access to related assets and resources, including land for toilet construction. With considerable negative influence of gender roles in accessing the right to decent toilets and bathrooms, women and children (girls), more than men, suffer the indignity of being forced to defecate and urinate in the open.

Kiprotich, K, et al., (2012:1-9) showed that the prevalence of shallow water well were due to the high water table in the estate. Piped water from Eldoret Water and Sanitation (ELDOWAS) was another source of water serving 35% of the population. The water was obtained from water kiosks that serve only 4.2% and some individual connections. The high prices that residents pay for the water and the distance to piped water in water kiosks coupled with low water pressure at some areas results in 60% of the population using water from shallow water wells. Most of the wells were sunk, uncovered or partly covered leading to contamination of well water from spillage while drawing water and surface runoff during rainy season. The estate has 300 existing men owned traditional hand-dug well (5-7meters deep); six water kiosks of which one was operating and about 110 individual connections. Women used the untreated water from the shallow waters wells to meet their daily child cares, food preparations, and maintenance of the domestic environment.

Therefore, Gender officer from MOG inform of women to be primary responsible for management of household water supply dictated by their roles in food production and preparation, care of domestic animals, personal hygiene, care of the sick, cleaning, washing and waste disposal. Susana, W, G. (2009) prompted that women inability to accumulate enough knowledge about water resources, including location, quality and storage methods violate the positive status of achieving the right of children in the households.

ELDOWAS director clarify that ELDOWAS water kiosk charges ksh 0.50 (fifty cent) for 20-liter container of water while privately run water kiosk charge ksh5 for the same amount of water. A woman leader said: *“With the provision of Kiosk water by ELDOWAS, Private water kiosk owners represents a huge burden to households as fetching water is time consuming. It is also expensive for a typical household who makes 4-6 trips per day to fetch water.”* In response to privatization of water UN Water (Ed) (2006), documented that privatization of water, increasingly infringes on people’s right and livelihoods most severely on poor women and girls. WEDO, (2003:1-3) acknowledges that high prices on water perpetuates gender inequalities by relying on traditional gender roles that made women and girls responsible for and the main suppliers of water to their families and households. Therefore privatization and traditional gender roles lays great burden on women and children through enormous price hikes and water cut-offs. The high prices pasted on quantity and quality of water supply violates the accessibility of clean water for drinking in children in schools and homes.

Kiprotich, (2012) indicated clearly that the distance to piped water in water kiosks coupled with low water pressure leads to long queues for normal take of 4-6 trips per day in 20 liters Jaricans. A teacher from Langas primary said:

Children on arrival at home in the evening rush for water kiosk where they are faced with long afternoon and evening queues. They are forced to wait for long queues until 8pm where they are to travel back home far way in the dark night. Children miss drinking water occasionally. Teenage girls are more affected during their menstrual cycle and likewise to boys in the playing fields to quench their thirst.

WEDO, (2003) often women and girls walk or travel long distance to bring water to the households at the expense of education, income generating activities, rest and recreation they require after day’s work. UN Water (Ed) (2006), further added that greater distance

restricts women already overburden schedules and so limits their time for other activities that including growing and preparing food. Trekking distance and limited time in search of water (GWA, 2006) or sanitation places women and girls in danger of being victims of physical violence. Lack of accessibility of water for daily roles in food production and preparation, care of domestic animals, personal hygiene, care of the sick, cleaning and washing; violate woman and children in achieving the right to safe water for drinking.

From Kiprotich (2012) Pioneer location has over 300 privately owned traditional hand-dug well. This amounts to 60% of the population using water from shallow water wells. Most of the wells were sunken 5-7meters deep. They were uncovered or partly covered timber/iron sheets leading to contamination of well water from spillage while drawing water and surface runoff during rainy season. PHO note that plot owners sunk shallow water wells and built latrine in their plots with a well-pit latrine short distance of 5m posing a risk of groundwater contamination by latrines. The high salinity of water makes underground water not possible for future diversification in safe water for drinking. However, UNIFEM,(2003:1-2) low income women facing income constrains are obliged to accept lower quality water-contamination ground water normally not used for consumption-threatening family health and wellness. In addition the health of children WEDO, (2003) was particularly frightening alternatives given that 80% of all illness are transmitted by contaminated water. A child sickness due to water related illness drain limited household budgets. Medical expenses, purchase of water may force a girl to drop out of school or miss lesson to assist in collecting safe water for drinking.

An elder from Racecourse identified that women store water for drinking in the plastic cans and earthen pots. Global Water Partnership, GWP, (2008:1-4) acknowledge the fact that women play a key role in the collection and safeguarding of water for domestic

and—in any cases –agricultural use. A Public Health Officer said: *“Drinking water is put in plastic and in an earthen pot which is delicate and easy to break. They are place at far corner of the room or on top of the table and or in a lockable place, particular in one corner of the bedroom.”* Children’s Safe Drinking Water (CSDW), instructs that accessing clean water for children has power to save lives and transform. The power of clean water keeps children healthy, so they can grow strong and attend school, and can enable parent to be healthy so they can create work to create a better life for their families. Absence of mother at home denies a child a right of cup of safe drinking water that transforms and saves life’s by creating work to create a better life.

4.4.2 Development rights

The researcher sought to know from respondent whether socially constructed roles, behaviors, activities and attributes of 280 adult men and women members affects the development rights of the children in the households. The researcher receives responses for right to education 122(43.6%), play and leisure 95 (33.9%), and access to information about HIV/AIDS 63(22.5%).Therefore gender roles influence the attainment of the development right of children in the household.

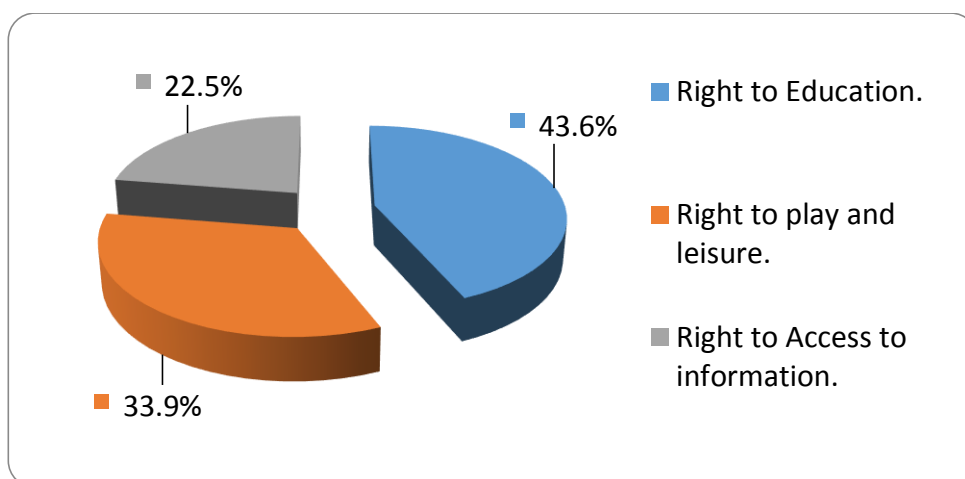


Figure 5: Households respondents on children development rights

4.4.2.1 Right to education

The researcher sought to know from respondent whether gender roles of 280 adult men and women influence children's school attendance, age of enrollment and dropping out of school. The researcher receives 23(8.2%) in Elgon View, 29 (10.4%) in Race course, 41 (14.6%) from Langas and 29 (10.4%) in Pioneer villages. From figure 4, its evident that gender roles from local respondents does influence the right of children to access education.

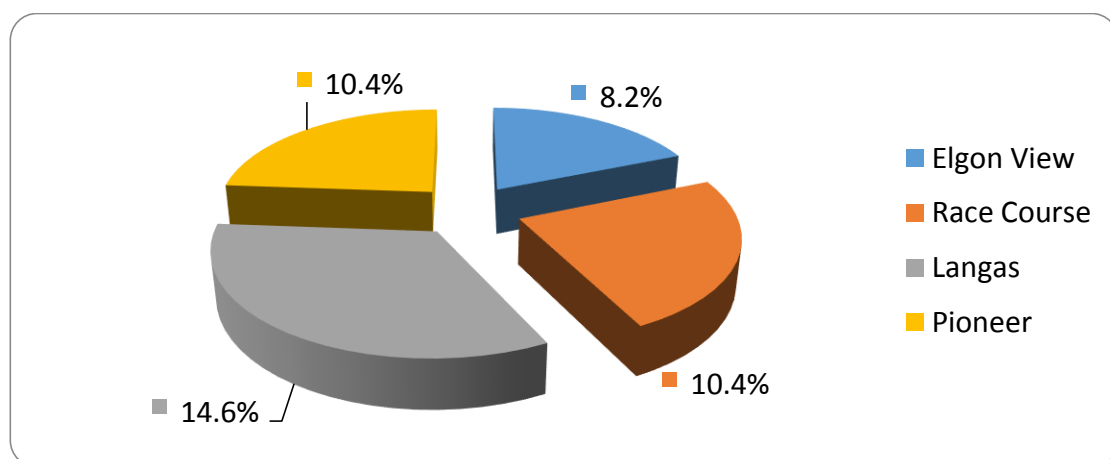


Figure 6: Households respondents on the right to education by locality

From the findings nearly half of the respondents considers gender roles to negatively influence childrens' school attendance, age of enrollment and dropping out of school. Basic Education Regulation Act, (2013:429-30) requires that all children attend school regularly for atleast 180 days to earn credit and be eligible for promotion to the next class. In addition under Education policy of (2015:20-21) a child must participate in school from age 4 for ECDE, six years for primary school to 18 or until they graduated from high school. However, a teacher from Langas primary identified violation of children right to education due to domestic and reproduction roles in Langas and Poineer environs. A teacher from Kimalel primary said:-

Care of domestic animals for parents to attend a market day, lack of personal effects like soap and sanitary pads for girls, care of the sick by girls if considered who to stay, dirty uniforms, cleaning, washing and waste disposal affect children negatively in fulfilling their right to education.(Teacher-Kimale primary school).

Zonal Inspector of schools (ZIS) reported that the rate of absenteeism of pupils in Pioneer zone ranges from 17.6% to 54.4% annually. Children in the higher classes had a higher absenteeism rate than those in the lower class 35-40% and 10-23% respectively. Absenteeism rates among girls between ages 6-13 were 37.6% compared to 30.7% for boys as per zonal school attendance register. UNICEF, (2007) indicated girl absenteeism to have a direct link with women roles the households. Absenteeism can be defined as persistent, habitual, and unexplained absence from school (Bond, 2004:3-8). Bond noted that chronic absenteeism occurs when a pupil was absent without reason 20% or more of school time.

Zonal Inspector of school indicated that lack basic needs like school uniforms, bags, food, and enough classrooms for learning makes children miss the school programmes. A class room teacher from Race course primary said that: *“Children absent themselves from school if parents don’t afford food, enough clothes (school uniform) and classrooms. Without books to read, exams fee and water in schools make children miss school.”* In Kenya pupils are required to pay school fee to attend school through 2002. In 2003 new government policy provided text books and other tuition needs. However, still required to purchase and wear uniform and pay for boarding cost which amounts to be sent away from school at the discretion of head teacher to buy or pay as indicated by Muthoni, N. (2004:3-5). If the demands for education are high considering other essentials like food and shelter, women may prefer that their children work to supplement household income, do household chores, or care for the sick family member. Absenteeism of children as result of parental inability to meet financial

obligation in education weaken child future right to educational opportunities as indicated by Arye, L (ed) et al. (2004:2-5).

Zonal Inspector pointed the County Government are supposed to provide resources and services accessible to children. The common problems facing school in Pioneer Location include water, waste disposal and sanitation as indicated by Rotich, (2002a), Cheserek and Kiprotich, (2012). The village elder from Langas lamented of dirty environment in school, shortage of clean drinking water and inability to empty waste filled toilets by ELDOWAS and County Government. Susana, W, G. (2009) considers school sanitation a neglected problem with hygienic conditions often very poor. For the wellbeing of girls (GWA, 2006) in particular at and after puberty, do miss or stay away from school due to lack of sanitary facilities when they are menstruating. Girl right to privacy, sanitation and protection are compromised, if (ECOSOC, 1997 in ADB, 2006) women roles are not empowered in a process of assessing the implications of any planned action particularly in establishing school facilities. With the current gender disparity (Barmao, C. 2013:38-46) women dual roles, being undervalued as a result of Africa culture, societal perception, educational and political interference in leadership, attributes persistently violate the right of children (girls) in arrive at required time of study in school.

A teacher from Kimalel secondary school mention absenteeism initiated by student themselves without the consent of the school. Truancy was considered as a consecutive unexcused absence from school and rated higher amongst student in Pioneer Zone as explain by ZIS. Truancy is habitual act of being absent from school without permission, common in low income families and particular in single head households, (Bill, R. 2010:107). A teacher from Sosiani primary said that: *“A truant child has poor performance both in boys and girls and has indiscipline cases from home and school.*

They run away from school for fear of being punished and so end up in drugs, alcohol and immoral behaviors in the village.” Family researcher, Mather, M. (PhD) (2010), indicated that the effect of children growing up in single parent households have increasing risk of absenting and dropping out school, disconnecting them from the labour force and becoming teen parents. Alongside concerns about the material (Chant, et al.1997, 2007) welfare of children arising from female-headed households, are anxieties about their social and emotional wellbeing. Children growing up without father’s roles in place may experience feeling of trauma, sadness, rejection or insecurity leading to violation of school rules that could have benefited their growth. Children in lone mother households (Safa, 1998, Chant, 2007) are deprived of much contact with either parent, not only because fathers are physically absent for much (if not all) of the time, but because mothers may have to work long hours in order to sustain their dependents single-handedly. This may lead to lack of surveillance or discipline, leading to absenteeism out from school, delinquency, and or precocious sexual activity and early parenthood.

A teacher from Racecourse secondary mention school factors contributes absenteeism. ZIS indicated school homework and non-critical days of the week in schools. A teacher from Sosiani Secondary school said:

Student claim on Friday’s are busy days of teachers to give out homework. School discipline processes that include suspension or Corporal punishment affect students. Lack of teaching/Learning materials catalyses absenteeism for without them school environment is not friendly. Absenteeism of teachers, safety and security makes school perform poorly affecting student moral. Walking and means transportation to school play part in absenteeism. (Teacher-Sosiani Secondary).

Although there are many reason for absenteeism, one of the most important is “not liking the school” (Pehlivan, 2006).If there is cold, not safe and secure, or if there is a

climate of tolerance for bullying, students will not prefer to be in school (Clark, 2008). In particular, extra homework, conflicts with peers and teachers exposure to bullying, and dislike of teachers are important causes of absenteeism, (Eastman, 2007). In view of this study homework, can be defined as that work which teachers typically assign to be carried out during non-school hours, (Cooper, 2008) and that students can have options of completing homework during other times, such as study halls, library times or during subsequent classes (p.7). While students may partially complete homework in school, it is assumed that most assigned work is completed at home. Given the number of parents who work outside home delegating food production and preparation, care of domestic animals, personal hygiene, care of the sick, cleaning and washing; after school programs in low income household have become an avenue of critic questioning whether homework, done at the end of a long day when motivation and concentration are low, has any benefits at all, (Leone, 2005). Homework overload students to lose interest in academics, create conflicts with peers and teachers, frustration and negative attitude, limits the time available for other activities like sporting, creating tension between parents and their children by taking family time, (Cooper, 2008). Extra homework in students by schools reinforces negative attitudes, leading to school absenteeism.

From Pioneer Zonal Office, Zonal Education Assessment report of MOE (2014:45-54) indicated 84% enrollment in primary school; however there was less than 38% children enrolment in the government secondary school compared with government rate of 88% and 49% respectively. Despite increase enrollment on girls, the report indicated an average 15% of the girls and 8% of the boys dropping out of school early before the end each year. Only 5% of the girls and 11% of the boys return back to school. Factors

that contributes school dropout denies a child an opportunity to a better life in future yet education is free for all.

Kara, B. (2007:3-7), defines dropout as any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school. ZIS describe the situation of students dropping out school to be different among genders. He said:

Although enrolment is almost the same for girls and boys, boys have a higher likelihood of continuing school compared to girls. Girls attain less access to education and tend to drop out earlier as compared to boys. Drop out in students assumes many factors that include poverty, finance, indiscipline cases and early marriages. (ZIS-Pioneer Zone).

In these respects, Holcamp, (2009:46-89) argue that some socio-cultural factors highly impact girls' dropout rate though those factors also contribute to boys' dropout rate but to a lesser extent. As indicated in the literature review (UNICEF, 2007) four out of every ten primary age children in Sub-Saharan Africa do not go to school with only a small proportion of girls than boys reaching a basic level of skills. A teacher from Sosiani secondary school indicated that: *Payment of school fees is a big problem since most come from low income families. When a girl gets pregnant, she will not return back compare with boys. Parents still prefer to pay school fees for boys so to take care of them in future.* Holmes, (2003) also found out that girls overall attain less education and tend to drop out earlier as compared to boys. Holcamp, (2009) added that there are more girls living in poverty in low-income households than ten years ago. When low income household cannot afford to send all of their children to school parents favour investing in the boy-children (UNICEF, 2007), keeping the girls at home to help with washing, care of children, elderly, sick and disabled or some income-generating activities. Therefore, Poverty and domestic chore in the households for a teenage

mother, violates her right by dropping out of school yet education is free for all for a better life and for a better tomorrow.

A Juvenile court lawyer mentioned that a girl for that matter more than a boy works earlier in domestic chores in a low income household. Studies indicate that female students tend to drop out of school to take care of their young ones while boys do so in search of income away from home, (Liang, 2000). A teacher from Race course secondary said that: *“Girls ask for permission to stay away from school to look after the young ones if their mother was gone for market activities in Langas on Fridays or attend to a sick family member”*. Wakhungu, J. (2008), added those elder sisters are likely to drop out of school if children less than six years are present at home. With the mother working and getting wages outside home, (FAO, 2010) children both boys and girls help in domestic and productive roles in the household which makes them vulnerable in dropping out of school.

A school teacher from Kimalel Primary school indicated that the distance of the school matters a lot. Zonal Inspector of schools pointed that: *“The distance from home to school is a challenge to children. Children to and from school experience vulnerabilities like abuse of drugs sexual harassment from matatu touts, weather condition, accident from moving vehicles and peer group influence.”* In Pioneer Location, safety of children when traveling or walking to school makes parents afraid and worried. Juneja, (2001) observes that if school distance was considered too far from home, children tend to drop out more frequent due to vulnerability to crimes, peer influence, alcohol, sexual harassment and weather condition like floods. Ainsworth et.al, (2005) found out in African studies that children use a lot time and energy in covering the distance even without eating anything. While parental anxiety about sexual safeguard of their daughters was mentioned, Ainsworth, proximity to school had a

positive impact on girl, performance. Children domestic and productive chores, couple with time and energy spent to and from school, make a child exhausted, violating the right to attend school on time and energy needed in studies.

From Medical Officer of Health teenage pregnancies was a significant cause of school dropout for girls. A Teacher from Langas primary identified specific characteristic of girls with dropout status, which she said: *“The girl with poor school performance, girls who have experience temporary dropout previously, low economic status of the family, migratory habits and vulnerability of a girl.”* Ainsworth et.al. (2005) further claim that some unexpected circumstance of girls such as lack of social and economic opportunities and gender inequalities in the household lead to motherhood and consequently dropout from school. Juneja, (2001) narrated that the dropout rates of girls was high than the dropout rates of boys and the most foremost causes for girls to drop out was pregnancy. Though, Kenya permits girls after getting pregnant to return to school, re-entry rate was not higher compared with that of boys. Sifuna, D.(2006), states that re-entry to school after pregnancy depends on some circumstance such as if they can get caregiver for their child and if not relinquishing childcare responsibilities was inevitable.

As indicated earlier, under Education Act (2014:20-21) a child must participate in school from age 4 for ECDE, six years for primary school to 18 or until they graduated from high school. But children from Pioneer Location are experiencing challenges in meeting the standards set by the government. Zonal Inspector of schools informed that:

Most of the parent in low income areas like Langas and parts of Pioneer don't send their children to school on time due to lack of money. They consider early education a waste of money and time. A child stays at home and does housework. The elder children can go to school while the younger one will stay, making their school participation age higher than expected. (ZIS-Pioneer Zone).

Kane,(2004:65-67) mentioned that a parent has two types of cost of schooling, direct cost that include the cost of books, uniforms and transport needed for attending the school. Indirect cost includes higher wages for children labour in the family household. Therefore, households where children dependency was more in productive farms or business or in domestic chores other expense are the major hindrance for the parents even to send a child to participate in school, violating child right to early education.

From Social workers working with children in Pioneer Location who said that with the rapid rate of growth in urbanization, the demand for domestic labour in urban areas has also increase. Low income households have responded by sending their daughters in to the domestic labour market for regular cash income. This also draws or denies young children from participating or enrolling in school (Odaga and Heneveld, 1995:17-20).Due to the importance of bride price, polygamy and prostitution, the economic value of females', particularly in low income areas remain high, (World Bank.1998:15-20).Therefore the opportunity cost of educating a girl may thus be higher compared with a boy, explains why parents invest less in their daughters' schooling age than in their sons'. The act of sending children to domestic and productive labour market for regular cash in expense of participating in school violates labour law of ILO, (2009).

Odaga, et al., (1995:30-31) pointed that behaviour and teaching practices have significant implications' for females' persistence and academic role achievement and attainments. Teachers' roles towards their student/pupils are a reflection of the broader societal biases about the role of women and men in society and academic capacity of both genders in school. Similarly, UNESCO, (2003:148-150) teachers often require pupils to performs task for them in school in ways that reinforce gender role differentiation. Girls may be ask to clean floors and fetch water whereas boys are required to clear bushes, cut grass and carry bricks. Odega and Heneveld,(1995:31)

further narrated that long distance from school, sexual harassment by classmates, teachers and males in the community and inefficient use of her time tied together with gender roles contribute to making children attendance poor.

Therefore, gender roles ascribed to individual child proofs negative of their achievements of their full right to education. Gender roles imbalances in education and those at homes based factors which include family size; household income, parent's education, and religion violate substantially Childs' age of enrolment and participation in school.

4.4.2.2: Right to play and leisure

Respondents were asked whether the right of children to play and leisure were affected by roles assigned to individual in the household. From 280 respondents, Figure 6 shows Elgon View 29(10.4%), Racecourse 23(10.4%), Langas 17(6.1%) and Pioneer 26(9.3%). It is evident that gender roles do influence the right of children to play and leisure.

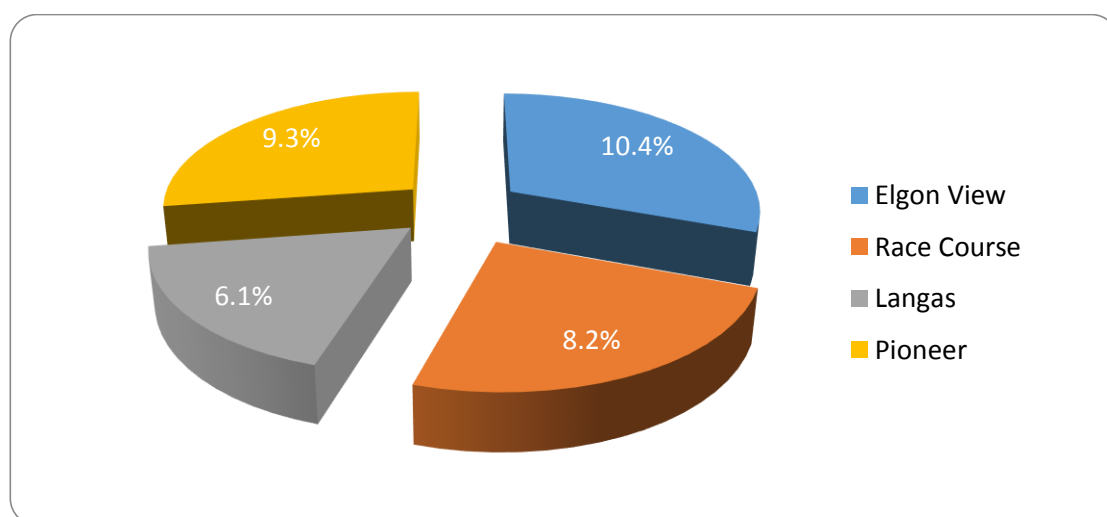


Figure 7: Household respondents on the right of children to play and leisure

From findings more than one-third of respondents were negatively affected by gender roles in fulfilling the right of children to a healthy play and leisure. However, Rowan and Russell, (2011:461-62) recommend that child physical activity has the potential of making a valuable contribution to children's overall physical activity, whilst providing additional cognitive, social and emotional benefits. Children are motivated to engage in active play because (Cavill, 2001) they perceived it to be enjoyable, prevent boredom, have physical and mental health benefits and provide freedom, happiness, well-being from adult control, rules and structures. Russell commissioned that children will always play, but adults must provide children with opportunity, time to themselves and spaces for play if they are to get the full benefits. County Sporting Officer (CSO) mentioned that income of the family play fundamental role in child play and leisure. However, the teacher from Langas primary mentions that:

Poverty is so high in our neighbourhood. The families' income is very low making it hard for teacher and children to participate in organized plays and leisure in our schools. We have the highest population our school, indicating that the family sizes are also high making it hard for parent to think of how to assist children to travel for tours or participate in zonal games. (Teacher-Langas primary).

Despite tremendous variations across slums, (UN-HABITAT, 2013:45-67) issues in Pioneer location are lack of adequate living space, low level on income, insufficient public goods provision, and the poor quality of basic amenities. Low income neighbourhood are typically characterized by high rates of unemployment, crime, adolescent delinquency, social and physical disorders, single parent households and high level of mobility (Sampson,2001:134-78). In addition low income families are less fortunate of group of people who include the elderly, widows, the sick and children to go without a meal or one meal a day. This and many other issues do not adequately cover children basic need forcing families to choose between necessities such health

care and food (Brocht: 2001:456-78).UNICEF, (2007:112-116a) pointed out that when family income dictates that all children cannot be educated, (Odaga, 1995a) girl was pull out of active exercise play of jumping, dancing, skipping, and ball play to accomplish domestic chores and look after elderly, the sick and other children. Therefore, low household income (poverty) violates children freedom and happiness derived from active exercise play and leisure in school by relegating them to a viscous cycle of domestic chores and reproductive roles.

The most obvious reason that may undermine play and leisure participation in children was the actual availability of school and the proximity of the school to primary-age children as explain the County Sport Officer. Serpell, R. (199:234-56) showed that that participation of children play was a function of distance to available school. Thus for instance the location of a playground within 1km of community resulted in participation rate of 94% per cent for boys and 74% per cent for girls; when the distance was increased to 2km., boy's participation fell only slightly to 90 per cent, but girl's participation plummeted to 64 per cent. Odaga and Heneveld (1995:245-57) expanded on the effect of the distance to length of distance and energy, concerns and apprehension parents have on their children sexual safety. A teacher working in Racecourse secondary said:

In Racecourse both boys and girls engaged in different type of games. Girls' activities are centered along and within the household grounds. A girl can fix a ply in a corner of the house. A free ground offers an opportunity to draw shape and by jumping from one shape to another. They can as well play hide and seek. A Girl like playing 'Kalongo' (using homemade balls to hit one another).A girl has limited time of socialization while a boy was free to meet more of other boys in the field Racecourse.(Teacher-Racecourse primary school).

However, Mellen, H.S. (2002) concerns that children, largely as a consequence of the pressure of urban living discussed above, with the loss of natural environment and

concerns about safety, are over supervised and do not have the opportunity for ‘risky’ outdoors physical play that supports their developing independence, resourcefulness and self-regulations. Children (Mellen, 2002) emotional and social skills and understanding derived from chasing, grappling, kicking, wrestling and rolling on the ground are violated, through utility of time, space of play and household chores. Inadequate (UN-HABITAT, 2013) proximity to children play, living space, food, public goods and services provision denies children an opportunity to participate in active exercise and play when there are chores to be done at home or there was a sick family member to nurse.

Save the Children (2005) indicated that cultural norms and beliefs constrain children (girls’) participation in active play and leisure especially in many developing parts of the world. CSO confirms that our societies and traditional values constrain children from making their own decision and expressing their own opinions. Chege and Sifuna (2006) examined claim that many cultures favour participation of boys more than girls. Atayi (2008) observes that in Kenya parents were more concerned about the roles for girls at home as these roles, girls do not need to participate in active physical plays and games since they are supposed to take care of the children and prepare meals. A Woman Leader from Pioneer said;

“Boys like playing football and handballs. They do this when they are free with their manual work. The young girls do play indoor games like hid and seek. They also play ‘karung’uu’ a role play of imitation from the mothers’ domestic and reproductive roles. Girls use soil, leaves and sticks for cooking. They model household members before feeding them.” (Elder-Woman leader).

However, traditional values can be different from location to location and in this respect. UNESCO, (2010) indicate that traditional values are stronger in low income households and peoples often do not allow children (girls) to leave homes even for

active participation of a play in the community. Societal and traditional values, lack of adequate living space and gendered roles violates children right to games with rules. Opie and Opie's (1959:351-69) young children are strongly motivated to make sense of their world, as part of this; they are very interested in rules. Children games and folklores are a testament to children's love of games with rules. These include chasing games, hide-and-seek, throwing and catching and as children mature, Opie, (1959) more intellectual games such as board and card games, electronic and computer games, and the whole variety of sporting activities. While playing games with their friends, siblings and parents (DeVries, 2006:245-60) cooking, washing and care of the sick by young children violates their ability of learning a range of social skills related to sharing, taking turns, understanding other's perspective and so on.

CSO further suggested that school environment are at times not effective in allowing children participate actively in play and leisure leading to harmful effects like low pupil/student self esteem and attributes towards sporting and games (play and leisure). Caudra, (1992:31) argued that accessibility of play field, equipments and materials, water for drinking and toilets have potential effects on children participation in any active play, (physical play, playing with object, symbolic, socio-dramatic and games with rules plays).

A teacher from Sosiani Secondary mentioned that:

Boys utilize the space in the nearby church, shops, dispensary, school or any public space. Others utilize space around their homestead and play along the roads or footpath. Children improvised playing materials like balls and ropes The right to plays remains a challenge since space for play, moving vehicles and motorcycles poses a great danger on their safety. (Teacher -Sosiani secondary school).

Russel, M. and Harris, B. (2008:83-98) mentioned that potential lack of playing fields, equipment and materials and lack of role model have contributed to missing and

inefficient use of children play time. Wakhungu, (2008) pointed that parent over supervision see children play time and leisure as a waste of time instead use do washing, cleaning and help generate income to meet households basic needs before and after school. Environmental and Social factors (gender roles) that inhibits play and leisure, denies children a crucial role of playfulness, formation and maintenance of friendship which are, in turn, fundamentally important in supporting healthy social and emotional development, (Panksepp, 2007:57-66). Children living in low income and particularly female headed households are often malnourished, a situation which, since playfulness requires metabolic energy (Burghardt, 2005:196-98), children are often associated with low level of play leading to obesity. Self-harm and mental health disorders amongst children and women arises from growing fears of increase in traffic, crime, harassment and violence; mothers would prefer to stay at home with children and assign them domestic and reproductive role. And with possible abduction, parents perceiving a range of sexual abuse arising from domestic and production roles, become overly risk averse and over-protect and over-supervise their children (Veitch et al,2006:383-393) violating the ability to enjoy, prevent boredom, have physical and mental health benefits and provide freedom, happiness, well-being from adult control, rules and structures.

4.4.2.3 Right to access to information

The respondents were asked whether genders roles ascribe on them affect children rights to Information against HIV/AIDS Pandemic. From 280 respondents, table 4.9 indicates both Elgon View and Racecourse with the highest response of 18(6.4%) negatively affected by gender roles whereas Langas registered the least at 12(6.4%).

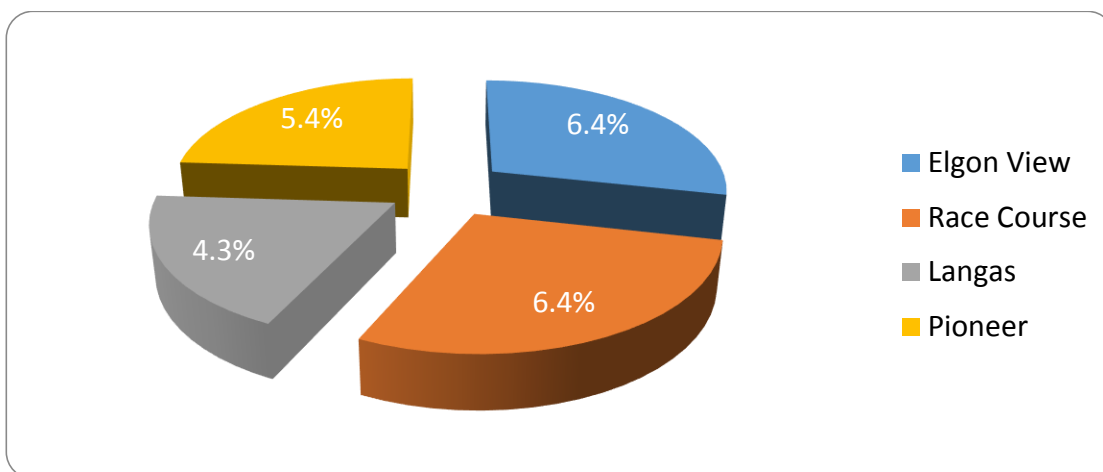


Figure 8: Household respondents on the right of children to access information

From the findings nearly a quarter of the respondents were negatively affected by gender roles in adapting Behaviour Change Intervention against HIV/AIDS epidemic. Kenya has the fourth highest HIV burden, (UNICEF, 2015) with a prevalence of 5.6% and an estimated 1.6 million people living with HIV. Medical officer of Health in Uasin Gishu County mentioned that HIV burden prevalence of 4.3% is with women and children thus making them more vulnerable to infection than the men, (KAIS, 2012:245-60). In Pioneer Location, HIV prevalence among women and man was 5.8% and 3.7% respectively. The numbers of adult and children living with HIV were 4.5% and 0.5%. The new HIV infection was 3.5% and AIDS related death were 3.3%, (MTRH, 2014:3-5). There were 71% of the people never tested for HIV by 2015 and HIV positive mothers who did not deliver in a healthy facility were 68%. Women receiving PMTCT were 96% and pregnant women attending recommended antenatal clinic were 35%. (Uasin Gishu County HIV and AIDS Strategic Plan, 2015/16-2019/20:4-5).

However, NACC director mentioned that behavioural changes have been responsible for the prevention successes on HIV for the last decade. Behavioural strategies are those

that attempt to (Rao, et al.2008:7-9) delay onset of first intercourse, decrease the number of sexual partners, increases the number of sexual acts that are protected, provide counseling and testing for HIV, encourage adherence to biomedical strategies that prevents HIV transmission, decrease sharing of needles and syringes, and decreases substance use. It focuses on individual, couples, families, peer groups or networks, institutions, and entire communities. It attempt to seek changes that contribute to vulnerability and risk while (Padian et al, 2008:4-5) biomedical interventions block infection or decrease infectiousness. UNAIDS (2017) behavioural strategies attempt to motivate behavioural change within individual and social units by use of a range of educational, motivational, peer-group, skills-building approaches and community normative approaches.

The director of NACC justifies that poverty impact men and women differently and was a key factor leading to behaviour that exposes adults and children to the risk of HIV infections. NACC, (2015) documented that poverty increases vulnerability to contracting HIV through increases migration to urban areas; limited access to education and information; sexual exploitation; and gender inequality in women and children. The risk of HIV infection was also known to be higher among the poorest of the poorest (female-headed) and most powerless in the society, and as such married adolescent girls, who tend to have much older husbands, will be more at risk of infection than unmarried girls,(www.ncbi.nlm.nih.gov). NACC said that:-*Poverty increases the risk of HIV transmission by limiting access to information related to HIV prevention on children and women.* KAIS, (2012) reminds of us ‘sugar daddies’ who offer schoolgirls gifts or money for school fees in return for sex. In the era of AIDS, patriarchal roles have done a lot of damage to school children in the spread of HIV infection.

The director of NACC pointed poverty to make women more vulnerable for many reasons to hinder the success of HIV behavioural change intervention. A teacher from Racecourse secondary confirms that toilets, bushes around the schools and nearby old buildings were most prevalent with sexual act where used condoms are confiscated. NACC, (2015:173-78) indicated that married girls have higher level of sexual activity than their sexually active unmarried peer. Their limited ability to negotiate condom use and low power to refuse sex from their partner, women are more biological more susceptible to HIV infection than men, (www.eenet.org). UNAIDS, (2016) argued that young women and girls are especially vulnerable because their immature genital tracts are not yet fully develop. UNAIDS, (2000:345-67) identified women of all ages more likely than men to become infected with HIV during unprotected vaginal intercourse, especially in women and girls whose genital tract was not fully mature. Additional health risks are brought upon married girls by the pressure on them to become pregnant hence violating their right to behaviour change intervention against HIV.

In the yearly report NACC, (2015) the director claim that rape cases on women and girls contribute to the spread of HIV. A Social worker lamented that children and especially girls are experiencing their sexual orientation from relatives, houseboys or girl or the immediate family member. From UNAIDS, (2005:35-67) girls are more likely than boys to be raped or to be forced into sexual intercourse by someone older, stronger or richer. The place of a girl or woman private roles in reproduction increases the risk of HIV transmission by undermining woman or girl ability to negotiate condom use. The economic hardship, lack of adequate knowledge and attention associated with rape, violates the reproductive health and role of a girl and women and that of future children to education.

The Director of NACC pointed that early marriage that takes place before child has reached eighteen years severely increases young girls' vulnerability to HIV as they are most likely to be forced into having sexual intercourse with their husband (usually older). UNAIDS, (2005:5-6) added that young girls have softer vaginal membrane which are more prone to tear especially on coercion, making them susceptible to HIV infection. Older husband are more likely to be sexually experienced and HIV infected. Child marriage is a violation of human rights as it violates the right to freedom and growth of children.

As indicated by NACC,(2015:342-5) social structures take primary responsibility and dominate in the households in encouraging multiple sexual partners for man inside and outside of marriage, where women are required to be faithful and monogamous, such socio-cultural practices and norms make man and their partners, vulnerable to HIV,(www.icaso.org.). A woman leader mentioned that. *“Man in this community look for other women around. Some migrated to this town and left their wives in the village. One has three of them have children, but it is dangerous because of AIDS. Women are not allowed in the society to look for men if they are married unless the unmarried.”* In these circumstance (Helen, J. 2002:543-56) marriage puts women at the greatest risk of HIV infection instead of protecting them. Helen further added that masculinity demands that men be sexual risk-takers, with lack of knowledge of HIV and reluctance to use condoms, these practices put men and female partners at risk of HIV. If one of them in the circle gets infected with HIV, there was high likelihood that all persons involved will be infected and their children affected. A sick parent means a lot to children education for they will drop out of school to assist in cooking, nursing and generate income to support the other siblings.

NACC documented that cultural stigma and taboos (social bans) especially related to sex and sexual activities, increases women's vulnerability to HIV infection, (www.icasco.org,) taboos associate with sex and knowledge of sex, act as barriers to seeking knowledge to prevention and providing the treatment care and support by those infected and affected by HIV. According to Juma et al.(2014) Luo culture traditions prohibits puberty ages children sleep in the same house with their parents which gave an opportunity to the adolescent to sneak out during the night and expose them to risky behaviour due lack of parental control. Moreover (Marian, 2003:252-60), traditional funerals which last for days with dance exposed the adolescent children to risky sexual behaviour. NACC said that:-*There should be no doubt that stigma and discrimination associated with HIV are one of the power forces that increases the frequency of the pandemic and especially in children.* Tumwine, (2005:45-50) showed that the greatest fear that all people have about the disease was not death from it but the marking of the person as an outcast in the society. Therefore, were sexuality was considered taboos in a number of communities; girls were violated through lack of knowledge and information about their bodies, sex education and information on sexual relations and reproductive health.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter entails the major findings of this study and draws conclusion and recommendations based on the results. It also presents the key areas for further research as informed by the findings of the study.

5.2 Summary of Findings

The overall objective of study was to identify responsibilities, identities and unequal power that exist between genders in the households relative to child rights to survival and development in Pioneer Location in Uasin Gishu County. The study was guided by two specific objectives. First, was to describe how gender roles are demonstrated in the family households. Second, was to justify how gender roles affect the right of children in the family households. The study was able to administer and analyze two hundred and eighty questionnaires to family households in Pioneer Location and also have thirty key informants' interviews.

A woman was expected to perform the roles of a mother as well as the wife. She has to make children happy and health. She does washing, bathing and feeding of children. She cares for the elderly and the sick. She supports her husband by caring for the in-laws and other extended family members and generates income for the households. She has a role of socializing children, taking them to hospital when sick and trains them in household task. She collects water, take children to school and prepare meals for them. A man provides household members with food by making sure children get the right quality and quantity. He provides decent shelter and secures household member from

dangers. He generates income for the family and attends to children health and medication. He buys children clothes like school uniforms and construct pit latrine. He meets school expenses and mentors his son. He has custody over family and community cultural values and taboos. Men and women roles in the family households indicate negative relationship in achieving the right of children.

From the findings a quarter of the respondents were affected by gender roles in fulfilling the right of proper feeding and nutrition on children. Women spend most of their time on productive, domestic and reproductive roles with hardly any ample and specific time left to prepare good and access meals on time for the children. Children suffer more from headaches and stomachaches, overweight or obesity, underweight, chronic asthma and iron deficiency. Children going to school skip lunch break or go home and return back to school without any meal as indicated by Alaimo k. et al. (2001). Consequently, meal skipping children was more likely to be identified in single mother household, child headed and female headed family households due multiple gender roles (Casey et al, 2001).Where a woman arrives late after spending many hours in production and reproduction roles prepares simples meal due low income. Children and especially girls eat the food remaining after the male family members have eaten a common practice leading to victims of food discrimination resulting to chronic under nutrition and ill-health. In addition, infants whose mother does multiple roles were under breast fed and introduced to food supplements contravening exclusive breastfeeding period of six months.

Finding revealed twenty per cent of respondents were affected negatively by gender roles. In particular women's access to and utilization of antenatal and child delivery services was influence by gender roles. For example, as a result of multiple gender roles only minority pregnant women 29.4 per cent had made the required minimum of four

ANC visits of 12-13 maximum times before giving birth. Women waking up early in the morning supposed to attend clinic, reproduction and domestic chores, holds her with a hope to finish just find herself late and tired hence failure to attend MCH as clarified by Wakhungu, J. (2008). Of the 309(70%) of the cases that occurred ante partum and 133(33%) post-partum; 149(11%) that developed <27 weeks and 80(18%) at term were associated with domestic, productive and reproductive roles. A number of women proffered home delivery assisted by TBA just because of lack of provision of basic requirement for the baby and to attend other gendered roles at home. In addition post-partum clinic on immunization attendance registered 33% cases arising from women pre-occupy themselves with domestic chores and reproduction roles as reviewed by WHO, (2012).

From the findings twenty per cent of respondent relate gender roles to affected realization of children's right to descent shelter and clothing. The research indicated men to have the responsibility to construct descent shelter for members of the household. However, temporal houses were leaking roof and children were sharing rooms with domestic animals and birds. Children wore torn and dirty clothes. This was attributed with multiple gender roles that kept parents lack surveillance to attend to clothes, personal effects, dental health and other physical ailments. In addition, modernization of women roles has reduced income of domestic workers (who are women in majority) in support of their children hence violating the right to clothing and shelter as indicated by Pedrero, (2006).

The study relates gender roles do affect the health and medical care for children negatively. For instance twenty per cent of respondents did not attend healthy facility yet it was within 3 km in distance, acceptable, affordable, and appropriate quality health and medical care for children. Due to attributes of gender roles malaria was the most

common cause for admission (33.3%), malaria was responsible for only (9.1%) of all deaths as identified by Menge (2010). Women paid work outside the home, selling of mosquito net for income and children sharing tablet and hence not completing the doze and poor economic status of female headed households makes ineffectiveness of interventions against malaria meant to address health wellbeing of pregnant mother and babies. Children health seeking signs of pneumonia are caused by environmental factors associated with gender roles. Poor housing, congestion and overcrowding are predisposing factors of gastroenteritis, diarrhea and measles results from productive, reproductive and domestic roles.

The findings indicate women and men roles to influence 12 per cent of child right to sanitation and safe water for drinking. ELDOWAS has not serve 83% of Pioneer population with waste collection system. It has only 15% company collection, open space 11%, and rubbish pit 74% disposal mode. Men have the responsibility to construct pit latrine, rubbish pit and open space disposal. As a result children resort to poor practices undignified disposing solid waste in banana plantation and bushes. Children from families that live far away from selling water kiosks usually resort to drinking water from unprotected shallow well. Children and women get tired after a day's workload in school, household chores and productive roles to walk long distance to one single water selling kiosk. Clean water was missing and as result children go without bathing. Foodstuff were not properly cooked and washed before eating, no washing of hands after latrine and before eating, clothes are not wash regularly and general cleanliness at home and school deteriorate.

Half of the respondents considers gender roles to negative influence children's school attendance, age of enrolment and dropping out of school to do washing, cleaning and cook for households members. Family income dictate children attendance to school

whereby a girl was pulled out of school and a boy left when family income dictates that all children cannot be educated. Children miss class participation when there are chores to be done at home or there was a sick family member to nurse. Long distance and security from school, sexual harassment by classmate, teachers, and male in the community and inefficient use of time to contribute to late arrival and dropout to school to attend domestic work or to attend production roles. Household or parental economic position make children to drop out of school to help supplement the family income by selling, farming or performing other money earning activities like hawking as described by ILO, (2009). Girls in particular work longer hours as compared to their male counterparts often doing domestic chores. This was common with older girls and has contributed to poor performance and drop out of school.

One-third of respondents were negatively affected by gender roles in fulfilling the right of children to a healthy play and leisure. A review of the findings justifies that gender roles violate play and leisure in children. For instance, play and leisure was seen as a waste of time because children have to help with carrying out household chores, productive and reproductive roles. Allocation of gender roles such as looking after the sick, washing and cleaning usually results in frustration, opposition and disrespect when children are preparing for a space for freedom, happiness, and well-being from adult control, rules and structures. Russell, (2011), commissioned that children will always play, but adults must not provide domestic roles during play time. Housework denies children opportunity, time to themselves and spaces for play if they are to get the full benefits in health.

A quarter of the respondents were negatively affected by gender roles in adapting Behaviour Change Intervention against HIV/AIDS epidemic. Parents hardly share information on HIV/AIDS with their children for fear of introducing sex while still

young but instead assign task to do with domestic chores and reproductive roles. Children from female headed household risk HIV infection and transmission due to triple work load and lack of access to information related to HIV prevention. Since sexuality was considered a taboo in a number of communities; stigmatization of girl's sexuality violates knowledge about their bodies, sex education and information on sexual relations and reproductive roles.

5.3 Conclusion

As the study has demonstrated, using gender roles as an act of violence against children, family households in Pioneer Location stands to realize the right of children as enshrine in Children Act 2010. Relating gender roles (domestic, production, reproduction, community roles) and right of children (development and survival) justify the profound effects these have on the fulfilment of child right to proper feeding and nutrition, life before and after birth, descent shelter and clothing, health and medical care, safe water for drinking and good sanitation, education, play and leisure and information on HIV/AIDS.

5.4 Recommendations

Based on the findings the study makes the following recommendations:

- I. The government and other stakeholders provide sustainable feeding program in all schools, at least one meal per day to enhance accessibility of Education for All (EFA) policy for children and especially girls.
- II. The government should provide working women in offices or seeking job training with child care facilities to enhance breast feeding. The Ministry of Gender should facilitate skills and knowledge to domestic workers towards proper feeding and nutrition.

- III. Gender mainstreaming in malaria intervention programmes and immediately empowers women to appreciate utilization of mosquito nets to reduce infant mortality in Pioneer location.
- IV. The County government develops accessible provision of safe water for drinking. This is to reduce distance and late collection of water exposing girls and women to many unscrupulous and harassing situations arising when darkness fall. The study suggests that sewer line, toilets and sanitation facilities installed in Langas for women and girls to cut back time spent walking to public sanitary installations.
- V. Efficient and effective school policy should be in place on homework where there is compulsory period for doing homework and assignment in the evening or immediately after school, so girls have a chance before housework chores. The study encourages payment of school fees installments permitted to enable low income households not to pull out a girl if finance dictates who to help in care for the sick or sibling or the aged in the household.
- VI. Women should participate in decision making process in school; to empower girl's education through provision of sanitation facilities. The study recommends stakeholders to conduct awareness on women role of doing simple jobs of cooking and serving food, selling in the market or by the road sides to influence girls' future career to stay in school. The study further recommend teachers to help girls gender stereotyping that women with no formal education, earn money and are well of. The study suggests that Government empowerment women in status and power to encourage girls dropping out of school to return back instead nurse their babies.

- VII. Informal outdoor activities coupled with longer school breaks for promoting more physical activities for children during school days to assist obese girls and truant boys. The study suggest to stakeholders in Education sector to create an environment that is effective in high level of physical performance; to enhance girl happiness within and outside the school environment, for participation and performance in school is greatly enhanced.
- VIII. NACC develops sex education program in light of girls who are tempted to receive money from older men and slowly turn to prostitution. The Africa traditional practices where girls and women are not supposed to enter into discussions with men but are only to listen; the study suggest teachers take effort to pull students into discussion to participate fully to eliminate stigmatization of women and girl in fight against HIV/AIDS.

5.5: Suggestion for Further Study

Based on the findings of the study, the researcher observed that there was still potential for further research as the outcome of this study. Therefore, the researcher recommended that:

1. A study to be conducted on gender role intervention for a girl to return back after dropping out school.
2. There is need to conduct research on the impact of access and control over resource in the household in realizing the right of children.
3. There is need to carry out an assessment to establish the number, gender, age and level of education of domestic workers for better planning and designing of relevant programs and interventions.

4. There is need to determine the level of knowledge and awareness of violation of child rights among the communities within Pioneer location and Uasin Gishu at large.

REFERENCES

- Action for children in Conflict in Kenya (2010). *Innovation in Crisis' Annual Report: 1st April 2008-31st March 2009.*
- Africa Charter on implementation and Monitoring agency, (2009).*Report on the Convention of the right of children, Geneva, Switzerland ,16th January 2009.*
- Adrian, B. (2010).*The guardian, Revealed: How raid by Kenya police drove street children to their deaths.* London, UK: OUP.
- Agarwal,B. (1990). Gender Relations And Food Security: *Coping With Seasonality, Drought And Famine In Rural South Asia*, Pew Lecture; Cornell University, Ithaca, NY.
- Afolabi, M. (1992). 'The review of related literature in research. *International journal of information and library research*, vol. 4, no. 1, pp. 59-66.
- Ainsworth, M. (2005).*Socioeconomic Determinants of Fertility in Sub-Saharan Africa: Findings of a World Bank Research Project.* Washington D.C: The World Bank.
- Alaimo et al,(2001). Food insufficiency and African school-aged children's cognitive, academic, and Psychological development. *Pediatrics*.2001a; 108:44-53.
- Amato.P.R, (2000). Diversity within single –parent family. *In handbook of family diversity*, (Ed).NY: OUP.
- Amnesty International-Kenya, et al, (1999; 467).*Rural Development; Putting the last First.* Longman scientific and technical; England.
- Angela, H. (2017).*Communicable and Non-communicable Diseases.* New York: BBB.
- Ansell, N. (2005).*Children, youth and development.*London:5Mackey.
- Arye, L, (Ed) et al. (2004). Educating Children in Poor Countries. *International Monetary Fund*.2004, 45(56), 2-3.
- Atayi, J.B. (2008).*Disabling Barriers to Children's' Primary Education and Aura District (Uganda)-An International Analysis.* Thesis (Unpublished).
- Awiti, A, O. (2016).*The Kenya Youth Survey Report.* *The East Africa Institute of the Aga Khan University: Aga Khan University*, January 18, 2016, 45(4).
- Barceló. Y. (2011). Meeting humanitarian challenges in urban areas: *Review of urban humanitarian challenges in port-Au-Prince, Manila, Nairobi, and Eldoret.* UN-habitat.
- Barmao, C. (2013).*Overcoming the causes of Under-Representation of Women in primary School leadership in Eldoret Municipality, Kenya.* *Educational Research and Policy Studies.*(JETERAPS) 4(1):38-46.

- Bellamy, C. (2003). *The state of the world's children 2003*. UNICEF; New York.
- Benería, L. (2003). *Gender, Development, and Globalization: Economics as if All People Mattered*. London: Routledge.
- Bill, R. (2010). Truancy: Causes, Effects, and Solutions. *Education Masters*. 2010, 4, 41-45
- Boakye-Boaten, A. (2006). *An examination of the street children phenomenon in selected communities in Accra (Ghana)*: OUMA Presenter.
- Bond, G. (2004). Tackling student absenteeism: *Research finding and recommendation for school and local community*. Retrieved from www.hwlln.cm.au/Text/1062829817063-3396/upoadelFiles/1112325248500-2929.doc
- Boserup, E. (1970). *Women and Economic Development* New York: St. Martin's Press.
- Burghart, G. M. (2005). *The Genesis of Animals Play: Testing the Limits*. Cambridge, MA: MIT Press.
- Brocht, C. (2001). *Hardship in America: The real story of working families*. Washington, DC: Economic Policy Institute.
- Campos, et al., (2000). Social networks and daily activities of street youth in Belo Horizon, Brazil. *Child Development*, 65:319-330.
- Candice, W. and Zimmerman. (1987). *Gender and Society*. New York: St. Elizabeth's.
- Carol, F. (2009). Can Parents Refuse Treatment to Children Who Could Die? *Digital Journal of Home Art Business*, 10 65-90.
- Carol, H, et al, (2015). Association between maternal age at childbirth and child and adult outcome in the offspring: *A perspective study in five low-income and middle-income countries*. 2017; 20:2-5
- Casey et al. (2001). Children in food-insufficient, low-income families: *Prevalence, health, and nutrition status*. *Arch Pediatric Adolesc Med*. 2001; 155:508-514.
- Cavanagh, K. (2016). *Clinical psychology review*, volume 47, July 2016 pp 15-27.
- Chant, S. (2002). *Gender and Employment in Latin America*, London: The Latin America Bureau (LAB).
- Cavill, N et al. (2001). Health enhancing physical activity for young people: *Statement of the United Kingdom expert consensus conference*. *PedExer Sci*. 2001; 13:12-25.
- Chant, et al (1997). *Women-headed households: Diversity and dynamics in the developing world*. New York: OUP

- Cheserek et al.(2012).Strategic planning for urban sustainable development: *Challenges and opportunities facing selected towns in Western Kenya*.27-30 June 2012,1(1),2-5.
- Children of Kenya-Humenium. (2010).*We make children right Happen*. London: Mickey press.Child Protection Working Group (CPWG)(2011).Bridging the Gap. *Analysis of Law and policy on CNSP*. Nairobi: Weekly Review.
- Chigiti, J. (2012).The Star(Nairobi).*Kenya: Child Labour is a human Right Violation*.10th oct.p23.Nairobi: Star Press.
- Children Act. No 8. (2001).The constitution of Kenya Reviewed on 15 Sept.2000; 245-68.Goverment printers; Nairobi.
- Chodorow, N.J. (1994). *Feminites, masculinities, sexualities: Freud and beyond* Lexington, Kentucky: University Press of Kentucky.
- Clark,G.(2008).Examining truancy board effectiveness in countering student absenteeism in grade K-5. *Doctoral Dissertation*, East Tennessee University, UMI Numbsr.3308020.
- Cohen et al., (2014).Research Methods in Education.6THedition. London: Rutledge.
- Commission of Inquiry on Post-Election Violence. (2008).*Report on 2007 Post Election Violence*. Nairobi: GOK.
- Campos et al., (2014).Social network and daily activities of street youth in Belo Horizonte, Brazil. *Child Development*, 65:319-330.
- Consortium for children (2011).*Street Children: A Mapping and Gapping Review of the Literature 2000 to 2010*.London: OUP.
- Cooper, H. (2009:3-6). *Homework*. White Plains, NY: Longman, Inc.
- Cephas, S. (2014).Reasons for home delivery and use of traditional birth attendants in rural Zambia: *A qualitative research*, 2014, 45(4), 1-6.
- Chege, F., & Sifuna, D. (2006).*Girls' and Women's education in Kenya gender perspectives and trends*. Nairobi: MacMillan.
- Child Rights Programming, How to Apply Rights Based Approaches in Programming A Handbook for International save the Children Alliance Members, Second Edition, *Save the Children*, 2005.
- COHRE, (Ed) (2008).*Sanitation: A human Right Imperative*. Geneva: Centre on Housing Rights and Eviction (COHRE).
- Custer,C. (2016).The conflict of Hong Kong verses China. What is all the fighting about?. *Conflict theory in Action*. The Home town press; NY.

- Dixon C.J. (1990). *Rural Development in the Third World*; Rutledge; London
- Child Rights Situation Analysis Guiding Questions, *Save the Children* Sweden, 2007.
- Danwood, M, (2009). Child poverty and children's rights of access to food and basic nutrition in South Africa. *A contextual, jurisprudential and policy*.
- De Beauvoir, S. (1981). *The second sex, trans. and ed. H.M Parshley*. New York; Vintage Books.
- DeVries, R. (2006). Games with Rules. In D.P. Fromberg and D. Bergen (Eds). *Play from Birth to Twelve, 2nd Ed*. Abingdon, Oxon: Rutledge.
- Demographic and health Survey, (2011). *Comparative breast feeding in urban and rural Setup*. Nairobi: OUP.
- Dinnerstein, D. (1977:56). *Sexual Arrangements and Human Malaise*. New York: Harper Colophon Books.
- Donaghue, N. (2003). Gender-role self-stereotyping and the relationship between equity and satisfaction in close relationships. *Sex Roles*, 48(5/6), 217–230.
- Eagly, A., & Karau, S. (1991). Gender and the emergence of leaders: *A meta-analysis*. *Journal of Personality and Social Psychology*, 60(5), 685–710.
- Eastman, G. (2007). Finding effective solution to truancy. *Research to practice series*, 5, University of Wisconsin.
- ECOSOC (Ed) (1997). *Mainstreaming the gender perspective into all policies and agenda in the UN systems*. NY: USA Eldoret Water and Sanitation Company (ELDOWAS), (2010) .Corporate Plan 2010/1-2014/5: Draft Report. (Unpublished)
- Elizabeth, M. (2017) Working Moms: *How are gender roles changing in Kenya*. *The Spruce*, 4(56) pp-34-45
- EMC-strategic Plan, (2008-2013: 5-7). *EMC-Service delivery Charter*. Government printers; Nairobi-Kenya.
- FAO. (1995). *Human Development Report*. New York and London: OUP
- FAO. (2010). Women and food security. *FAO programme on food security*. Nairobi: FAO.
- Engels, F. (1972). The Origin of the Family. *Private Property and the State*. International Publishers: New York.
- Falkingham, J. (2000). "A Profile of Poverty in Tajikistan." *Background paper prepared For the World Bank Poverty Assessment*. Mimeo.

- Falkingham J. (2000). "Poverty, Out-of-Pocket Payments and Inequality in Access to Health Care: Evidence from Tajikistan," *Social political sciences*. Jan 2000, 45(34) 456-67.
- Francis E, G. (2006). *Understanding Street Children in Ghana*. Accra (Ghana): Alexandria press.
- Geller, et al, (1977). Environmental interventions for liter control. *Journal of Applied Psychology*, 62(3).344-351.
- Gilbert et al. (2009). Burden and consequence of child maltreatment in high-income countries. *The Lancet*, 373:66-81.
- Gitonga, N. (2010). Kenya's Climate, change Water Crisis Impacts Hospital Maternal Care. *Women News Network*, 2006 6(4) pp 32-45.
- Gerison, L. (2001). *Promoting children's Participation in democratic decision-making*. UNICEF Innocents Research Centre; Florence, Italy.
- GWP, (Ed). (2008). *Catalyzing Change: A handbook for developing IWRM and water efficiency strategies*: Stockholm: Global Water Partnership (GWP).
- Guy Standing, M. (1989). *Women in the Global Economy: An INSTRAW Study*. New York: Oxford University Press.
- GWA, (2006). Sanitation and Hygiene. *Chapter 3.4*. In: Gender and IWRM Resource Guide.
- ILO, (2009). Gender, Poverty and Employment: *Turning capabilities into entitlement*. 2009, 34(567), 34-50.
- IRIN (2007). *Youth in crisis: Coming of age in the 21st century*. New York: UN Institute of Education Technology (2007), 'STEM Engagement: *The perspective of Educationalists, Teacher and Pupil*', Stevenge: IET.
- Helen Jackson, (2005). *AIDS FRICA*. Harare: Avondale.
- Hannan, C and Anderson. (Ed), (2010). *Gender Perspective on Ecological Sanitation*. Stockholm: EcoSanRes.
- Heymann, J. (2006). *Forgotten families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy*. Oxford: OUP.
- Hodgson, D. (2010) .The Child's Right to Life, Survival and Development. *International Journal of Children's Rights*, 2:369-394.
- Holcamp, G. (2009). Researching the girls' drop out in Malawi. *Why girls dropout of primary school*. Jan. 2009, 5(2), 46-89.

- Holmes,J.(2003).Measuring the Determinants of School Completion in Pakistan: Analysis of Censoring and Selection Bias. *Economics of Education Review*, 22(3), 249-264.
- Humenium (2010).Children of Zimbabwe. *Realizing the right of children in Zimbabwe*. NewYork: OUP.
- Humenium (2010).Children of Kenya. *Children and Religion in Kenya*. New York: OUP. Information Communication Technology(ICT)Base on Internal Performance Tracking Data (IPTD), Uasin Gishu County (2015).Departmental report on County Services, 239 (34), 67-89.
- Hilu,K(2000) *Urban Agriculture in Africa*. A bibliographical survey, Macmillan, Nairobi.
- Jeff, L, Marie, R and Ellen, V. (2009).The impact of conditional cash transfer program on child nutrition: A review of evidence using a program theory framework. *A Journal of Development Effectiveness Vol. 1, No. 2*,June 2009, 103–129.
- Jae, S. (2009). Safe water and sanitation still out of reach for billions, Washington, D.C: World Bank.
- Jessica, B. (1990:67).*The Bonds of Love*. London: Virago.
- Jessica, B. (2004).*Gender Relations and Access to Water: What We Want to Know about Social Relations and Women's Time Allocation*. UC Santa Cruz: Centre for Global, International and Regional Studies.
- Juma et al. (2014). Cultural practices and sexual risk behaviour among adolescent orphans and non-orphans; *a qualitative study on perceptions from a community in western Kenya*.BMC Public Health 14(1), 1-16.Kenya.
- Juneja,N.(2001).*Primary Education for All in the City of Mumbai India: The Challenge Local actors. School Mapping and Local-Level Planning*. Paris: UNESCO.
- Jungblut, (2011). ‘*Shift in the job structure in Europe during the Great Recession*’, *Encourage Girls in Math’s and Sciences*”, IES, National Center for Education Research, US Department of Education.
- Kalibala, S. and Elson.(2012). *Protecting Hope: Situation Analysis of Vulnerable Children in Kenya*. New York: Population Council.
- Kara, B. (2007) Managements Education Research, and Center for child and Family policy: *Brief 3: What isa dropout*.20062007,5(5),3-7.
- Kavadi, S. (2001). National Child Labour Project: *A study of two districts*. Save the Children Canada: India.
- Kenya AIDS Indicator Survey (KAIS), 2012:245-60.

- Kenya National Bureau of Statistic, (2009:143-145).*The Kenya National Census*. Government printers; Nairobi-Kenya.
- Karl Marx, (1967).*A critique of Political Economy, III, the Process of Capitalist Production as a Whole, Friedrich Engels (ed)*.New York: International Publishers, pp. 885–886.
- Karl, M. (1995).*Women and Empowerment: Participation and Decision-making*. Zed Books; London.
- Kemonde, M. (2009).*Community and provider perception of TBA pastoralist communities in Kenya*. Melbourne: Nossal Institute for Global Health.
- Kane, E. (2004).*Girls' Education in Africa: What do we know about Strategies that Work? Africa Regional Human Development Working paper Series*. Washington: World Bank.
- Kenya National Bureau of Statistic, et al. (2015:2-6).*Kenya Demographic and Education Survey 2014*.Nairobi: Africa Institute for development policy (AFIDEP) and NORAD.
- Kenya Human Right Commission on Human Rights, (2008).*On the Brink of the Precipice: A Human Right Account of the Kenya's Post Election Violence*. Nairobi: KNHCHR.
- Kenya Police, Eldoret Central Police, (Police report 2015).*Gender Base Violence, Langas Police Station and environs*. Nairobi: GOK press.
- Kiyabi, L. (2010).*Children Friends School Manual, Ministry of Education*. Nairobi: GOK.
- Kim, S. (2009).*Class Struggle or Family Struggle, the Lives of Women as Factory Workers in South Korea Cambridge, UK: Cambridge University Press*.
- Kim, I. (1997). Environmental goods collection and Children's schooling in Malawi. *Regional Environmental Change*, 11(3)531-542.
- Kiprotich, K, C et al., (2012) Well water contamination by pit latrine: *A case study of Langas. Resource and Environmental Engineering*, Feb.2012, 4(2), pp.35-43.
- Konyongo, (2002). "Personal Communication." District Physical Officer, UG.
- Lalani, S. (2009).*Life on the Streets: The Chokora of Eldoret*.MA Poverty and Development .Institute of Development Studies. University of Sussex. Brighton, UK.
- Laws of Kenya. (2010).*The Constitution of Kenya, Revised Edition, 2010*.GOK: Nairobi.

- Laws of Kenya. (2010).The Basic Education Regulation. *Basic Education Act 2013*. 8th April, 2015, 37(21) 429-430.
- Leone, M. (2005).Class work and homework in early adolescence: *The Ecology of Achieving*.2002.18.531-548.
- Letema, S., (2011). Peri-Urban Service Provision Planning: Challenges and Prospects in Eldoret Town. *Msc. Research Project*. (Unpublished).
- Liang, X. (2000).*Which girls stay in school? The influence of family economy, social demands, and ethnicity in South Africa*. Washington, DC: National Academy Press.
- Malesevic, S. (2010).*The Sociology of War and Violence Cambridge*: Cambridge University Press.
- Margret Thatcher Library. Moi University. Retrieve form: [www//.http/.Mtl.mu.ac.ke/](http://Mtl.mu.ac.ke/).
- Mark, L. (2016) *A problem Well-stated is Half-solved*,45 (34),Jan 2016.pp3-6.
- Mary Meals,(2013).*Feeding Programme In Pioneer Location Schools*. London: Mickeypres unit.
- Marian, K. (2003).Children's Libraries Ensuring Access to Information and Creating a Culture of Understanding in a World of Violence and Conflicts. *Paper presented at World Library and Information Congress: 69th IFLA General Conference and Council*, The Hague; Netherlands.
- Mather, M.(PhD)(2010),U.S Children on Single Mother-Families. *Population Reference Bureau*. May 2010.766(65), 2-7.
- Marx, Karl. (1971:67). Preface to A Contribution to the Critique of Political Economy Tr. S. W. Ryanzanskaya edited by M. Dobb London: Lawrence &Whish art.
- Machel, G, (2001).The Impact of War on Children. Hurst & Company; London.
- Moghadam, T. (1997; 87b).The feminization of poverty Cambridge: Cambridge University Press.
- McFalls, A, Jr. (20016).Population Reference Bureau. Washington, DC: US, Census Bureau.
- Mellen, H.S. (2002).Rough and tumble between parents and children and children's social competence. *Dissertation Abstract International: Section B: The Science and Engineering*, 63((3-b).1588-1590.
- Menge, L.et al. (2010). Pediatric morbidity and mortality at the Eldoret District Hospital, Kenya. *East Africa Med J*.2010 march, 72(3):165-9.

- Ministry of Health, (2015). *Sustainable Assessment of health scheme project*, MOH. Nairobi: GOK.
- Ministry of Education,(2014)School Enrolment Assessment 2010-2014.Nairobi: GOK.
- Ministry of Gender and Youth Affairs, (2014).*Charity for peace Foundation 2014 progress reporting Eldoret County Hall*. Eldoret town: Chelan Printers.
- Moghadam, H., & Farre, C. (2009) .Age at first child: does education delay fertility timing? The case of Kenya. *World Bank Policy Research Working Paper Series*, 4833.
- MTRH, (2014:3-5). Monitoring and Evaluation. *HIV/AIDS Prevalence: 2014/15-2018/19*.
- Moser, C. (1993).*Gender Planning and Development: Theory, Practice and training*. Rutledge; London.
- Mugenda, M. (2003).*Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Laba-Graphics Services.
- Muller, Maria, S. (1998).The Collection of Household Excreta in Urban Low-income Settlement. WASTE/ENSIC; Bangkok.
- Musioka, R. (2004).*Internal Land Delivery Perspectives and Access to Land for the poor in Eldoret, Kenya*. Birmingham: University of Birmingham, school of public Policy, Informal Land Delivery Process in Africa Cities Working Paper 4.
- Mutisya, M, et al. (2012).Household food (in) security and nutritional status of urban poor age 6-23 months in Kenya. Nairobi: Macmillan.
- Muthoni. (2004).The impact of distributing School Uniforms on Children's Education in Kenya. *Africa Education*. Jan 2004, 4(6), 3-5.
- Mywage, K. (2015) 'Breastfeeding –Kenya'. Nairobi: Wynnenum
- NACC, (2015).Uasin Gishu County. *Monitoring and Evaluation of Prevalence of HIV/AIDS*.15TH June2015,45(67),134-478.
- NEMA, (2014). Report to keep Kenya clean and Beautiful. *Department of Environmental Conservation*.2014 56(6) 146-170.
- ILO (2013). *Child Labour and Trafficking: A practical guide for organizations*, International Labour Organization, Bangkok, May 2003, p. 13.
- Nowrojee, V. (2009). Juvenile delinquency and an exploration of the law governing children in the criminal process in Kenya .Unpublished master's thesis, Bryn Mawr College. Mawr: PA.

- Obstet, A.(2016).Maternal morbidity and mortality in 442 pregnancies (MTRH-Eldoret). *Obstetrics and Gynecology*.2015July, 169(4), 100-16.
- Odaga, et al., (1995).*Girls and Schools in Sub Saharan Africa: from Analysis to Action*, World Bank; Washinton D, C.
- Onyango, B. (2013).Analysis of Free Primary Education Kenyan School. Nairobi: OUP.
- Onwong'a, C, M. (2010). Rural Sociology and community Development. *Street children in Eldoret Town*.2010, 56-78.
- Opie, I, A. and Opie, P. (1959).*The Lore and Language of Schoolchildren*. Clarendon Press; London.
- Padian, N.S, et al. (2008). Biomedical intervention to prevent HIV infection: *Evidence, challenges, and ways forward*.Aug 6 2008, 36(08) 4-5.
- Panksepp, J. (2007).Can play diminish ADHD and facilitate the construction of the social brain? *Journal of the Canadian Academy of child and Adolescent Psychiatry*, 16(2):57-66
- Pedrero, M. (2006).Organization in the Family: *Families con future*. Mexico: GEM.
- (Pehlivan, Z. (2006).*The absenteeism at state secondary schools and related schools*. Ankara: Ankara University.
- Philip,A.(2011).Child care report-global outlook on breastfeeding, 2011,3(45) pp3-8.
- Phillips, H. (2013). "Gender Dynamics and Rural Household Strategies". *Canadian review of Sociology and Anthropology*.2013, 46(6), 34-67.
- Pinheiro,O.(2006).*World Report on Violence against Children*. New York: UN Secretary General's study on Violence against Children.
- Punch, S. (2001).Multiple Methods and Research Relation with Children in Rural Bolivia, in M.Limb and C.Dwyer (Eds) *Qualitative Methodologies for Geographer*. London: Arnold.
- Rao et al. (2008).*Structural approaches to HIV prevention*. London: Mackey.
- Ritzer,G.(2000).*Sociological Theory*. Boston: McGraw-Hill.
- Rotich, (2002A:57-9) "Personal Communication". *Director Environment*, EMC.
- Rotich, (2002B:34-7). "Personal Communication". *Welfare Officer*, EMC.
- Rowan B, and Russell, J. (2011:461-62).Children's active play: *self-reported motivators, barriers and facilitators*. BMC Public Health.2011; 11:461.Published online 2011 jun10.

- Russel, M., & Harris, B. (2008). Parenting in Poverty: *Perspective of high-risk parents*. *Journal of Children and Poverty*, 14(1), 83-98.
- Sampson, R. (2001). *How do communities undergird or undermine human development?* Mahwah, NJ: Lawrence Inc Publishers.
- Save the children (2005). *Children on the move: Rural-urban migration and access to education in Mongolia*. CHIP Report No.17. Save the Children; UK/CHIP.
- Save the children Kenya. (2007). *Children Rights in Kenya*. Nairobi: Save Children in Kenya Save the Children, November (2011). www.savethechildren.org.uk
- Serpell, R. (1995). *The significant of Schooling. Life Journey in an African Society*. Cambridge: CUP
- Sifuna, D. (2006). *Girls' and Women's education in Kenya gender perspective and trends*, www.library.unescoicba.org/.../Girl%20Education/.../Girl%20and%20
- Snyder, C. (1999). *Citizen-Soldiers and Manyl Warriors: Military Service and Gender the Civic Republican Tradition*. Boulder: Rowman & Littlefield.
- Snyder et al. (1995:46b). *Citizen-Soldiers and Manyl Warriors: Military Service and Gender in the Civic Republican Tradition*. Boulder: Rowman & Littlefield.
- Spencer, C. (2013). What is the point of school uniform. *School Uniform*. 2013, 3(7), 2-5.
- Susana (ed) (2009). *Integrating gender perspective in Sustainable Sanitation*. Eschborn: Sustainable Sanitation Alliance Working Group on Gender.
- Swart, J. (2003). An anthropological study of street children in Hillsbrow, Johannesburg, with special reference to their moral values. Unpublished master's thesis, University of South Africa. Pretoria: Oark Cleves.
- The Profeminist Network, (2008). *Action for Children in Conflict in Kenya. 'Innovation in Crisis' Annual Report 1st April 2008-31st March 2009*. London: Mackey.
- The World Health Organization. (2009). *The road injuries of children*. New York: OUP
- The Guardian, (2010). Fears of street children, *Journal of former street children*, 34(45), 2010, pp 45-67.
- Tiziana, L. (Ed) (2016). Reasons for preference of home Delivery with TBA in rural Bangladesh: *Qualitative Exploration* 2016; 11(1):e0146161.
- Tumwine, A. (2005). Social cultural factors that affects girls' education in Rwanda secondary schools. *A case study of four Kigali secondary school*. Kigali: KIE.

- Sen, G., & Grown, C. (1987). Development, Crises, and Alternative Visions: The third The State of World's Children, (2006a). *Let's celebrate her birth. Child's Right to Life and Survival*, 21 14-16. World Women's Perspectives, New York: Monthly Review Press.
- Stephen, C. (2016) Infection that domestic animals carry. *Centers for Diseases Control and Prevention (CDC)*. Oct.2016, 34(5), 1-6.
- Simiyu, R (2012). 'I don't tell my husband about vegetables sale': *Gender aspects of urban agriculture in Eldoret, Kenya*, 90(14),14-17.
- Safa, H. (1998).Female-headed Households in the Caribbean: Sign of Pathology of Alternative Form of Family Organization? *The Brown Journal of World Affairs*, 5(2), 203-14.
- Sottas, E. (2006:17).Rights of the child in Kenya: *An alternative report to the UN Committee on the rights of the child on the implementation of the convention on the rights of the child in Kenya*, 44 Geneva 44, Jan, 2007.
- Simmons, P, et al. (2011) Apparel, attire, clothes, clothing, costumes garments. *Dress clothing*.2001, 49(6), 2-3
- Uasin Gishu County HIV and AIDS Strategic Plan, (2015/16-2019/20:4-5). *Towards Ending the HIV Epidemic in Uasin Gishu*. Eldoret: Uasin Gishu.
- UNAIDS, (2016).Prevention Gap Report, 4TH May 2016.
- UNAIDS, (2017).Ending Aids: *Progress towards the 90-90-90 target*. Geneva: UNAIDS.
- UNIFEM, (2003). Promoting and Protecting Women's Right to Water. *Globalization and Feminized poverty*. Jan2003, 49(76), 1-2.
- UCLA Center for Health Policy Research Health DATA Programme-Data, Advocacy and Technical Assistance. (2013). Section 4: Key Informant Interviews. Boise, ID: Retrieved February 11, 2014from: <http://deltarhpi.ruralhealth.hrsa.gov/tools2shtm/>
- UNCRC, (2017).UN monitoring and evaluation of children rights. UN summit
- UCNH, (2015). Principals of postnatal care. *Post natal care*.2015, 45(8), 4-6.2017, Dakar, Banglادish: UN Mission/World bank.
- UNESCO, (2003).Gender and Education for all leap to equality: EFA Global Monitoring Report 2003/4 France.
- UNICEF,(2015).Children and HIV fact sheet, PDF.
- UNICEF, (2005). "Gender Achievements and Prospects in Education." The Gap Report, Part I. New York: UNICEF.

- UNICEF, (2006). *The State of the World's Children: Excluded and 'Invisible'*. Geneva: UNICEF.
- UNESCO, (2006) .Early Childhood Care and Education in Kenya *Journal of Early Childhood and Family Policy Series*, (ED-2005/WS/13), No.11, February, 2005.
- UNICEF, (2003). *The State of the World's Children: Excluded and 'Invisible'* Geneva: UNICEF.
- UN-HABITAT, (2013). *Global Urban Indicators database*. February 15, 2013).
- United Nations Treaty Collection *Convention on the Rights of the Child* Retrieved 21 May 2009
- UNICEF UK, (2008). *Convention on the Right of children (UN CRC)*. London: Mackey.
- UNICEF (2013). *Convention on the right of children*, Retrieved from UNICEF_
- UNICEF, (2011). *Situation Report UNICEF Kenya#5. Weekly Report*. Nairobi. UNICEF.
- UN General Assembly. Res. 44/25 (2010). *Convention on the Rights of the Child*.
- UNHCR: *UNHCR Handbook for Emergencies*; Geneva, 2000.
- UN WATER, (ed) (2006): *Gender, Water and Sanitation: a policy Brief*. New York: UN
- Van, B. and Bueren, G (ed). (1995). *The Right of the Child to Survival and Development. The International Law on the Rights of the Child*, 1995, 35(7): 293-327
- Vanessa, G, (2006). *Gender Relations in Pacific cultures and their impact on the growth and development of children*. Paper prepared at National. Symposium, Jakarta, India, Oct, 2006.
- Veale, A. (2002). *Towards a conceptualization of streets Children: The case from Sudan and Ireland. Yoaire Development Review*. Dublin, 107-128.
- Veitch, J. et al. (2006). *Where do children usually play/A qualitative study of parents' perception of influence on children's active free-play. Health and place*, 12, 383-393.
- Wakhungu, J. (2008). *Gender Relations and fulfillment of Child Rights*. St Clement University press: London. (UK).

Wedo, (2003). Women Challenging Water Privatization. *A resource Guide to Gender, Right and Water Privatization*. Nov, 2003, 56(4), 1-4.
www.wedo.org/publicat/publicat.htm

Wilbert M. et al. (1992). *The Strategy on gender Processes; Concepts and Contexts*. Prentice-Hal; London (UK).

WHO. *Trends in exclusive breast feeding among infants younger than six months*. Geneva, Switzerland: World Health Organization; 2010.

WHO, (2012). Immunization summary- *A statistical reference containing data through 2010*. 2012, 45(345), 34-78.

WHO, (2015). Health through safe health care: *Safe water and sanitation in health care setting*. 2015, 45(4), 345-78.

www.eenet.org: *Married girls and risk of HIV/AIDS*, on 18TH June 2017.

www.icaso.org: *gender, sexuality and HIV/AIDS*; on 28th May 2017.

www.ncbi.nlm.nih.gov: *contextual issues around early marriage and poverty*; 12th June-2017.

www.mywage.org: *Breast feeding in*, 26th July 2017.

Kiyabi.(2010). *A gender perspective on measuring Asset Ownership for Sustainable Development in Kenya*. Nairobi: Manal Sweiden

Yusuf al-Q. (1960), Wisdom International School for Higher Education Studies. *The lawful and prohibited in Islam*. Al-Azhar: Al-azhar University.

Zonal Inspector, (ZIP), (2016). Zonal School Attendance Register. *Pioneer Zonal Inspection Report*, Jan 2016, 45(4), 3-18.

APPENDICES

Appendix I: Questionnaire for Family Household Adult Members

SECTION A: SOCIO-DEMOGRAPHIC DATA

Qn.1: Sex M.....F.....

Qn. 2: How old are you in complete years.....

1: Below 18..... 3:30-39....., 5: 50-59.....

2: 19-29....., 4: 40-49....., 6: 60-above.....

Qn.3: What is your marital status?

1: Single....., 2: Married....., 3: Divorced.....

4: Widow/widower.....5: Separated....., 6: Others.....

Qn.4: What is your highest level of school attended?

1: Never went to school.....2: Primary/junior.....

3: Secondary....., 4: Tertiary.....

5: University....., 6: Others.....

Qn.5: What is your occupation?

1: Peasant farmer....., 2: Business trade....., 3: Salaried employee.....,

4: Other (specify).....

Qn.6: What is your religious affiliation?

1: Catholic....., 2: Protestant.....3: Muslim.....,

4: Other (specify).....

SECTION B: QUESTIONS ABOUT GENDER ROLES

Qn.7: Which roles do you carry out in your family household?

Gender roles	Activities	Mark
Domestic/household chores	Washing, cleaning sweeping, mopping, cooking, water/firewood collection	
Production	Work done for payment in cash or kind. Market, subsistence/home product with exchange value	
Re-production	Bearing and care of children sick and elderly. Maintenance of present and future work force,(husband, children and infants)	

Community roles	Collective and provision of resources. Water, health and education. Work is voluntary unpaid. Decision making and politic of community. Calls for status, money, sex and power.	
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Source: Author (2017)

SECTION C: QUESTIONS ON CHILDREN RIGHT TO SURVIVAL

Childright to proper feeding and nutrition

Qn.8: Does gender roles affect:-

- 1): Number of meals your children take per day? (Yes/No)
 - 2): The time children take meals? (Yes/No)
 - 3): The type of food taken per daily? (Yes/No)
 - 4): The number of breastfeeding per day? (Mothers)(Yes/No)
 - 5): The time/month of weaning (Mothers)? (Yes/No)
- TOTAL: YES.....NO.....

Childright to life before and after birth, (nursing mothers)

Qn.9: Do gender roles affect:-

- 1): Attendance to antenatal care services for expectant mothers? (Yes/No)
 - 2): The accessibility of delivery services? (Yes/No)
 - 3): The medical management of delivering?
 - 4): The maternal child attendance to postnatal care services? (Yes/No)
- TOTAL: YES.....NO.....

Childright to clothing and decent shelter

Qn.10: Do gender roles affect:-

- 1): The person constructing the shelter? (Yes/No)
 - 2): The capacity of a decent shelter? (Yes/No)
 - 3): The maintenance of clothing for children? (Yes/No)
- TOTAL: YES.....NO.....

Child right to health and medical care

Qn.11: Do gender roles affect:-

1): The health seeking behaviours in Malaria, Pneumonia, and Gastroenteritis? (Yes/No)

2): The place of child treatment? (Yes/No)

TOTAL: YES.....NO.....

Childright to sanitation and safe water

Qn.12: Do gender roles affect:-

1): The construction of disposal and latrine pit in the household? (Yes/No)

2): Availability disposal and latrine pit in the households? (Yes/No)

3): The sources of safe water? (Yes/No)

4): The safety/storage of drinking water? (Yes/No)

TOTAL: YES.....NO.....

SECTION D: QUESTIONS ON CHILDREN RIGHT TO DEVELOPMENT**Childright to education**

Qn.13: Do gender roles affect:-

1): The factors influence absenteeism in school? (Yes/No)

2): The factor influencing school drop-out? (Yes/No)

TOTAL: YES.....NO.....

Child right to play and leisure

Qn.14: Do gender role affects:-

1): Management of play time in children. (Yes/No)

2): Types of plays in children? (Yes/No)

3): Leisure facilities for children? (Yes/No)

TOTAL: YES.....NO.....

Childright to information about HIV/AIDS

Qn.15: Do gender roles affect:-

1): The factor influencing Behaviour change intervention in fight against HIV/AIDS? (Yes/No)

TOTAL: YES.....NO.....

Appendix II: Key informant guide for civil servants and non-governmental workers

SECTION A: QUESTIONS ON GENDER ROLES

Qn.1: Explain gender roles/ responsibilities men and women carry out in their family household?

SECTION B: QUESTIONS ON CHILDREN TO RIGHT SURVIVAL

Child right to right feeding and nutrition

- Qn.2: 1): How many meals do you expect children to take per day?
- 2): Which are appropriate times of meals taking in children?
- 3): Explain schedules needed in feeding and nutrition requirement in children?
- 4): Explain frequency in breast feeding of a baby?
- 5): Explain feeding and nutrients requirement for a weaning baby?
- 6): How do gender roles affect realization of children right to feeding and nutrition?

Child right to right to life before and after birth

- Qn.3: 1): Explain Antenatal care services for expectant mothers?
- 2): State accessibility of delivery services?
- 3): Explain medical management of delivering?
- 4): Explain maternal child attendance to postnatal care services?
- 5): How do gender roles affect realization of children right to before and after birth?

Child right to clothing and decent shelter

- Qn.4:1): Explain construction of shelter in the household?
- 2): Explain capacity of a decent shelter?
- 3): Explain maintenance of children clothing?
- 4): Do gender roles affect realization of children right to clothes and decent shelter?

Child right to health and medical care

Qn.5:1): Explain health seeking behaviours of Malaria and Gastroenteritis in children?

- 2): Explain medical are of Malaria, Pneumonia, and Gastroenteritis in children?
- 3): How do gender roles affect realization of children right to health and medical care?

Child right to sanitation and safe water

Qn.6: 1): Explain construction disposal and latrine pit in the household?

- 2): Explain the position of disposal and latrine pit in the households?
- 3): Where are the main sources of safe water in Pioneer location?
- 4): Explain safety/storage of drinking water?
- 5): How do gender roles affect realization of children right to sanitation and safe water?

SECTION C: QUESTIONS ON CHILDREN RIGHT TO DEVELOPMENT

Child right to education

Qn.7: 1): What causes absenteeism in children?

- 2): What causes school drop-out among girl?
- 3): How do gender roles affect realization of children right to education needs?

Child right to play and leisure

Qn.8: 1): Explain management of play time in children.

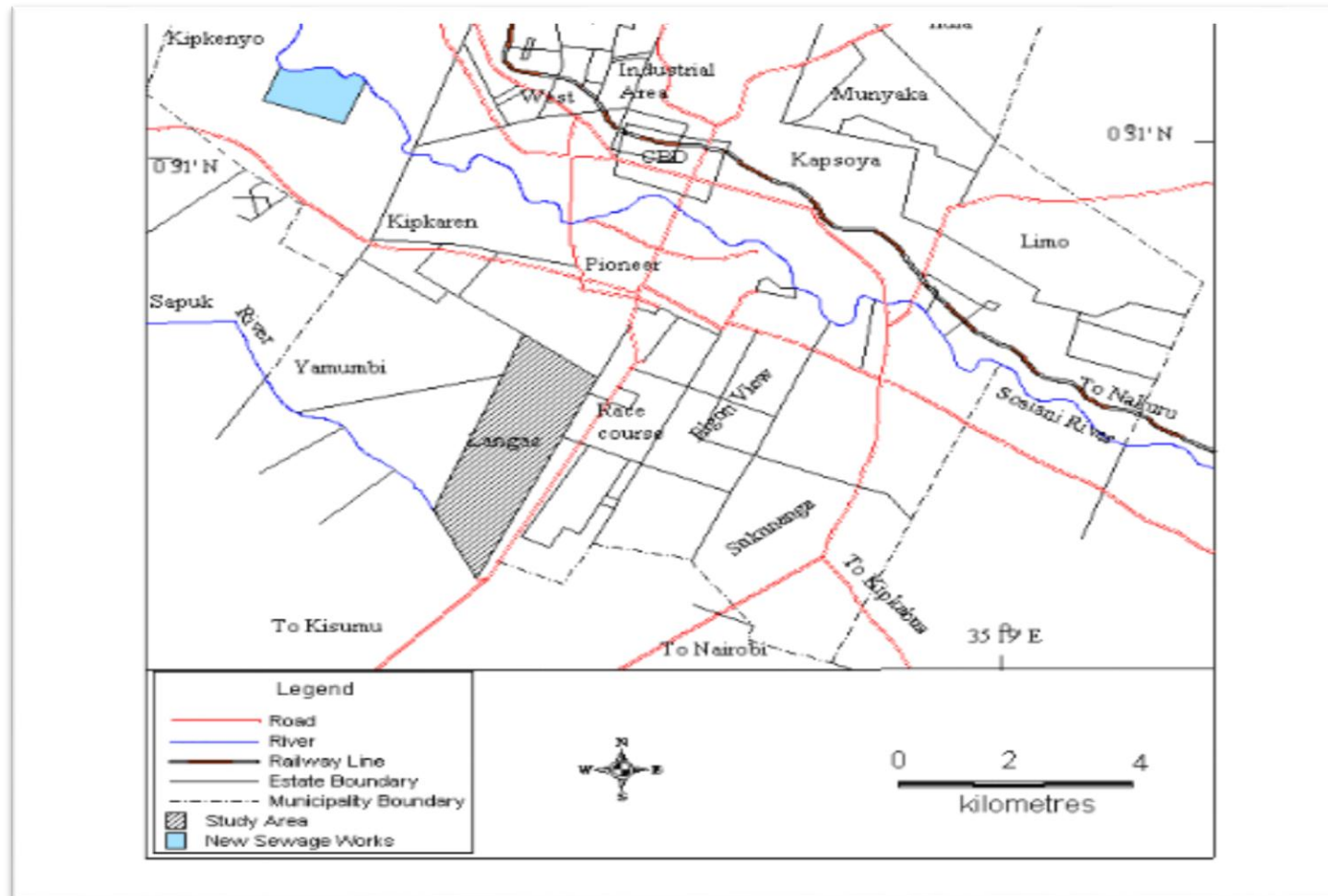
- 2): Explain the types of plays in children?
- 3): Explain leisure facilities for children?

Child right to information about HIV/AIDS

Qn.9: 1): What is Behavioural Change Intervention on HIV/AIDS?

- 2): How do gender roles affect realization of behaviour change in fight against HIV?

Appendix III: A Map of Pioneer Location Showing Study Area (Langas, Racecourse, Pioneer and Elgon View)

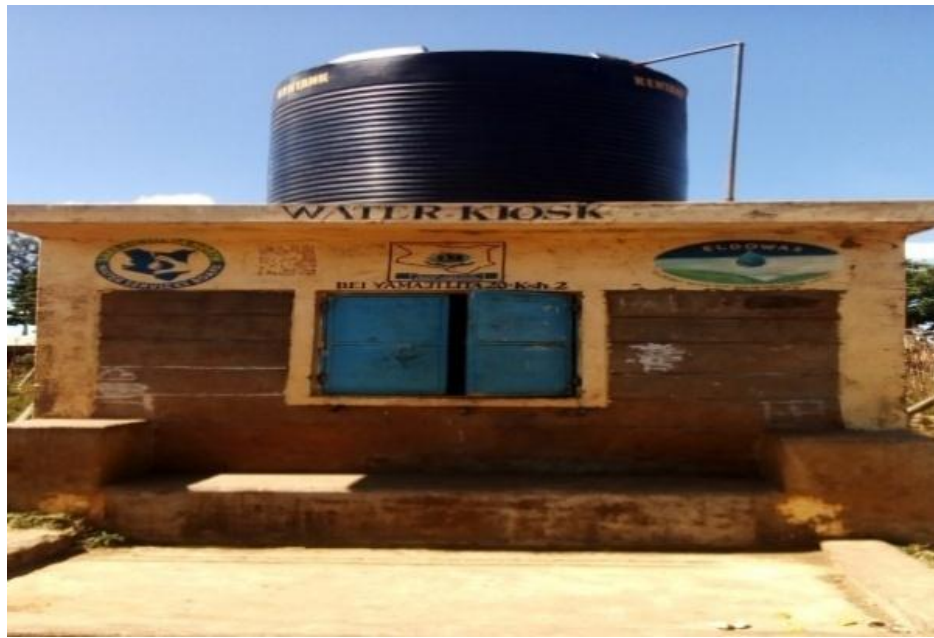


Source: Simiyu, R. (2012:58-59)

Appendix IV: Photographs from Study Area













Appendix V: A Research Permit from National Council for Science and Technology


PAGE 2

PAGE 3

Research Permit No. **NCST/RCD/14/012/1307**

THIS IS TO CERTIFY THAT: **Prof./Dr./Mr./Mrs./Miss/Institution** **Ben Kipngetch Chefulei**
of (Address) **Moi University**
P.O.Box 3900-30100, Eldoret.
has been permitted to conduct research in **Rift Valley** District **Province.**

Date of issue: **27th September, 2012**
Fee received: **KSh. 1,000.**




Applicant's Signature: *[Handwritten Signature]* Secretary, National Council for Science & Technology

for a period ending: **30th September, 2013.**

Appendix VI: A Research Authorization Letter from National Council for Science and Technology

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471,2241349
254-020-310571,2213123, 2219420
Fax: 254-020-318245,318249
when replying please quote
secretary@ncst.go.ke

P.O. Box 30623-00100
NAIROBI-KENYA
Website: www.ncst.go.ke

Our Ref: **NCST/RCD/14/012/1307**

Date: **27th September, 2012**

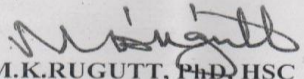
Ben Kipngetich Chelulei
Moi University
P.O BOX 3900
ELDORET

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*The rights of children within and beyond the household dynamics.*" I am pleased to inform you that you have been authorized to undertake research in **Rift Valley Province** for a period ending **30th September, 2013.**

You are advised to report to the **District Commissioner and the District Education Officer, Eldoret East & West Districts** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.



DR.M.K.RUGUTT, PhD, HSC
DEPUTY COUNCIL SECRETARY

Copy to:


The District Commissioner
The District Education Officer
Eldoret East & West Districts

"The National Council for Science and Technology is Committed to the Promotion of Science and Technology for National Development".

Appendix VII: Research Authorization Letter from Ministry of Education Eldoret West

MINISTRY OF EDUCATION

Telegrams: "EDUCATION", Eldoret
Telephone: 053-2063342 or 2031421/2
Email: eldoretwestdeo@yahoo.com
When replying please quote:
Ref: NO. EDW/UG/PRY/03/5/286



District Education Office
Eldoret West District
P.O. Box 371,
ELDORET.
Date: 29TH Jan 2013

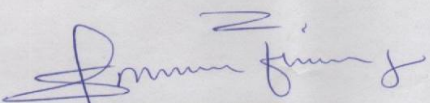
BEN KIPNGETICH CHELULEI
MOI UNIVERSITY
PO BOX 3900
ELDORET

RE: RESEARCH AUTHORIZATION

Reference is made to National Council for Science and Technology letter NCST/14/012/1307 dated 27th September 2012 Concerning the above subject.

I am please to inform you that you have been authorized to carry out research on 'The rights of children within and beyond the household dynamics' in Eldoret West District for the period ending 30th September 2013.

The authorities concerned are requested to give you maximum support.



MOSES O. BOSIRE
DISTRICT EDUCATION OFFICER
ELDORET WEST DISTRICT

MOB/pcy