

SEXUAL HEALTH AND SOCIAL SUFFERING OF YOUTH WHO  
HEAD HOUSEHOLDS IN NAKURU COUNTY, KENYA  
by

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## **Abstract**

The HIV epidemic and political violence in sub-Saharan Africa since the 1990's have changed structures of care as orphans become caregivers and socioeconomic resources are depleted. As a result, the number of youth who head households has dramatically increased in the region. The dissertation explores how young women who head households in two areas (one urban, one rural) of Nakuru County, Kenya experience sexual ill health and violence in gendered ways, how they embody suffering, and how they respond to suffering amid shifting systems of care in their social environment. Drawing on participatory and community-based research with 58 youth (29 young women; 29 young men) who head households aged 15 to 24 years, I document the interactions of youth with social actors in their environment. Drawing on theories of social suffering and structural violence, I describe their daily-lived experience and the perspectives of youth and community members on the causes and potential methods for alleviating suffering and improving sexual health. I elaborate upon the ways that young women experience and embody violence and suffering in their daily lives.

Analysis reveals the relational nature of youth's suffering and how they navigate supportive and exploitative social relations in daily life. The dissertation makes a contribution to the understanding of sexual health and social suffering of socially vulnerable young women in sub-Saharan Africa by showing the social, physical, moral, political and symbolic ways in which young women embody suffering. Amid exploitative and stigmatizing experiences, social support is shown to be critical to sustaining and increasing the young women's life force, as they seek to endure and to create opportunities for themselves and their dependents: their siblings, children

and ailing adults. The dissertation concludes that young women work to ‘re-create’ structures of support that maintain family relations and stresses the importance of social support in improving their sexual health and wellbeing. It is suggested that programs and policies should be reoriented to support young women in their caregiving roles and to create a supportive social environment by allocating resources to strengthen extended family and community relations.

## Preface

I received ethical approval for this study in Canada through The University of British Columbia Behavioural Research Ethics Board (H11-00597, approved 14 June 2011) and in Kenya through the Kenya Medical Research Institute Ethics Review Committee (approved 7 November 2011).

Though the fieldwork for this dissertation was conducted with partner organizations in Kenya, this dissertation is an original intellectual product of the author, Laura M. Lee. I acknowledge the work of the research assistants Dorcas W. Karanja and Catherine Wangui with transcribing the data from audio to written form. Translation of text from Kiswahili to English was done by me, the author, consulting the research assistants on the use of certain phrases and on portions of text.

A version of Chapter two is being published as a chapter in a peer-reviewed book: Laura M. Lee. (Forthcoming in 2015). “Left to stand alone? Youth engagement, solidarity and meaningful exchange.” In *Youth at the margins: experiences from engaging youth in research worldwide*, Edited by Bastien, S. & Holmarsdottir, H. I was the sole writer of this manuscript.

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The policy papers found in Appendix N were a collaborative effort led by myself (The University of British Columbia) and Charity Wachira from the Kenya AIDS NGOs Consortium. Other partners that were part of the youth sexual health committee and who contributed to preparing the document are: Youth Congress Kenya, LVCT, Family AIDS Initiative Response Project, and youth representatives from this research project.

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## **List of Abbreviations**

CBO	Community-based organization
CIPEV	Commission of Inquiry into Post-Election Violence
DRH	Division of Reproductive Health, Ministry of Health, Republic of Kenya
FBO	Faith-based organization
IDP	Internally Displaced Person
KNBS	Kenya National Bureau of Statistics
NCAPD	National Coordinating Agency for Population and Development, Kenya
NACC	National AIDS Control Council, Kenya
NASCOP	National AIDS and STI Control Programme
NGO	Non-governmental organization
OVC	Orphans and Vulnerable Children
PAR	Participatory Action Research
SID	Society for International Development
STI	Sexually Transmitted Infection

UN	United Nations
UNHCR	United Nations Human Commission for Refugees
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United National Development Programme
UNICEF	United Nations Childrens Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## **Dedication**

This dissertation is dedicated to the young men and women in Molo and Nakuru West Constituencies who participated in this research and whose long-suffering and resilience inspired the words on each page.

## **Chapter 1: Introduction**

### **1.1 Youth who head households in Nakuru County, Kenya**

*With one of her eight month-old twins seated beside her on the lap of her eight year old brother, and the other latched to her breast, Neema,<sup>1</sup> 21 years old, was relaxing on the grass outside the drop-in centre with the other young women prior to our research session. When her daughter finished feeding, she lifted her up, smiled widely, and gazing into her eyes with a playful look. They both giggled. Her four year-old daughter sat quietly on the side of her long colorful ‘kitenge’ (African fabric) skirt. Unexpectedly she was called by the social worker rather excitedly, to tell her that the chief had mobilized maize for her family. She responded quickly, tying one twin to her back with a ‘kitenge’ while her brother tied the other twin to his. She dashed off with her children and a sack for her maize, receiving instructions from the social worker as she hurried away.*

*Neema rents a small room in a busy area of a rural town with her three children and younger brother. She was raised by her mother who passed away from AIDS in 2006. Neema was 16 years old. She has taken care of her brother since he was three years old and now her own children. The father of her four year old left her when she fell pregnant. Several months ago, she ran away from the home where she experienced abuse from the father of the twins and her stepmother. Neema is one of many young women engaged in the casual work sector, going out everyday*

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<sup>1</sup> Neema’s story is combined from the stories of several young women in the rural project area.

*to find jobs – a difficult task with heavy care responsibilities. In her case, she works in other people's farms, washes dishes and clothing, works in bars, and when she is lucky, sells eggs grown by the owner of a local shop. She was diagnosed with HIV two years ago and is now on anti-retroviral treatment. A volunteer from a community-based organization working with families affected by HIV/AIDS met Neema when she first arrived in Elburgon town. They connected her with their program and subsequently with the current research project focused on sexual health of young women who head households. Through these relationships she is now linked to a local children's home where her brother and daughter were able to enter into formal schooling.*

Neema's story is not unique. She is one of many young women in Nakuru County Kenya (see Figure 1.1) who are the responsible members of their household, caring for siblings, their own children and at times ailing adults. She is one of the numerous young women who experience abuse and are infected with the HIV virus, who also bear children and are often the main or sole caregiver of multiple children. Like many others in her generation, Neema also has experienced loss of adult loved ones – parents, grandparents, and other caregivers. Economic opportunities are scarce. And yet, Neema is also one of many young women who persevere by navigating daily challenges in order to survive and to provide opportunities for those under her care.

Muchoki,<sup>2</sup> a social worker in Molo, a rural area in Nakuru County, articulated well the situation of youth who head households: “It’s a very big challenge for these children because they assume the roles of parents who are supposed to be owning properties, having jobs, and they don’t have that. But somehow, somewhere, they make it” (focus group discussion, 2011). Muchoki’s words make evident the suffering of youth who head households. They may face socioeconomic deprivation and are required to care and provide for others, but they do it with great resilience: “But somehow, somewhere, they make it.”

In Kenya, AIDS is not only claiming the lives of caregivers but poses a direct threat to youth, especially young women, who are three times more likely to be infected by HIV than young men (National AIDS and STI Control Programme (NASCOP), 2014).<sup>3</sup> Young women in Neema’s situation confront social and economic conditions that make them even more susceptible than other women to sexual abuse, exploitation and resultant STI infection and pregnancies (Awino, 2010; Evans, 2010; Francis-Chizororo, 2008; Lee, 2012d). Nanjala, a community volunteer in Elburgon, a rural area in Nakuru County shared her concern about the sexual vulnerability of young women responsible for homes:

There is lack of security for the ones that are in charge of the households, especially girls, because they are staying alone. And when you look at the walls, ... men, they have no problem but to come into the house on their own time, and

---

<sup>2</sup> For confidentiality and to protect privacy, all names (youth and community members) used in this dissertation are pseudonyms.

<sup>3</sup> In Kenya in 2012, it was estimated that 40,000 of new HIV infections occurred among youth aged 15 to 24 years (NASCOP, 2014). Young Kenyan women aged 20 to 24 years are over three times more likely than young men the same age to be newly infected with HIV (NASCOP, 2014).

they misuse our girls. They also get infected with diseases and get unwanted pregnancies. There is no security to protect them from these problems. ... They don't have food. They don't have anything. So it becomes hard when you enter their house, you just enter into problems. So this is another challenge that the youth have, ... So, if the girl has morals, but the problems enter to such an extent, she has to resort to prostitution so that the children can grow, which leads to so many dangers (focus group discussion, 2011).

Nanjala names forms of suffering and sexual ill health experienced by young women who head households. Youth live in a precarious social and economic position with their sexual health threatened. These problems pervade the lives of the young women, and yet like Neema, they find ways to survive and diminish their suffering by creating opportunities for themselves and the children they care for.

This thesis examines the daily lives and perspectives of socially vulnerable youth in Nakuru County Kenya (see map, figure 1.1) who are heads of their households. Such youth became responsible for their household due to death, sickness or displacement of caregivers related to HIV/AIDS, political conflict or other sicknesses. They hold primary economic responsibility for the home and must ensure housing, provision of food and other basic needs such as clothing and school fees. Though the research began with youth in general, the in-depth focus is now on young women who head households due to their particular social experience of violence. The dissertation explores how young women experience sexual ill health and violence in gendered ways, how they embody suffering, and how they respond to suffering amid shifting systems of care in their social environment. ‘Sexual ill health’ refers to forms of suffering experienced by the young

women such as HIV infection and other sexually transmitted infections (STIs), early pregnancy, sexual exploitation, and sexual and gender-based violence. Other forms of suffering youth experience are stigmatization, abandonment, limited social support, and the limited accessibility of sexual health and HIV services and support.<sup>4</sup> In this dissertation, '*socially vulnerable youth*,' are defined as those whose ability to respond to challenges that threaten their sexual and social wellbeing may, at times, be constrained by larger social forces operating in their environment. These forces impact their relationships within social networks and institutions and their daily lives.

While some research has emphasized the ways in which families and communities are responding to the 'orphan crisis' (Abebe & Aase, 2007; Cooper, 2011, 2012; Sabates-Wheeler & Pelham, 2006), we know little about how youth themselves navigate their environment with minimal social support.<sup>5</sup> A key assumption of this study is that youth are active subjects with the ability to cope in adverse circumstances and navigate social networks. I intend to show that the very situation of youth who head households has shaped their resiliency and their ability not only to cope, but to employ their agency and navigate complex social networks and institutions (Donald & Clacherty, 2005; Ruiz-Casares, 2009, 2010; Ward & Eyber, 2009). Understanding how youth are managing their lives within constrained and shifting social environments is key to developing appropriate and effective responses to improving youth's health, and the health of their families. Building on these insights and gaps of knowledge, this study seeks to understand the

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<sup>4</sup> For example, youth often sacrifice their own education in order to work to provide for the children and to ensure that the children study.

<sup>5</sup> Several authors, however, have shown how youth navigate their daily lives amid severely constraining environments (Christiansen et al., 2006; Lee, 2012d; Utas, 2005a; Vigh, 2006). This thesis will build on this work on youth's social navigation.

ways that youth are responding to their suffering amid shifting systems of care. This requires in-depth study of youth's everyday life, their relationships, and how they employ agency to navigate daily survival and health.

In Nakuru County, cycles of political violence have caused displacement of families and deaths since 1991, just prior to the first democratic elections in 1992. In this period, HIV/AIDS wreaked havoc on lives, livelihoods and systems of care, claiming the lives of potential middle-aged adult caregivers. Orphan numbers have been steadily increasing, and are predicted to continue to rise (NASCOP, 2014). These events have caused fragmentation of youth's family and community support networks and have shaped their social reality characterized by instability and uncertainty.

This caregiving challenge has been observed across sub-Saharan Africa to varying degrees and is often referred to by humanitarians and academics as 'the orphan crisis' with emphasis on the breakdown of traditional family and community care systems (for example: Kihiu, 2007; Roalkvam, 2005; Joint United Nations Programme on HIV/AIDS [UNAIDS], United Nations Childrens Fund [UNICEF], & United States Agency for International Development [USAID], 2004; UNICEF, 2003). The response, nevertheless, of communities, families, and youth to shifting social realities of care and support is often overlooked (Sabates-Wheeler & Pelham, 2006).

To analyze youth's social experience and embodiment of suffering and sexual ill health, this thesis draws on the notion of social suffering that offers a theory for addressing global health inequities (Kleinman, 2010). Social suffering has been defined as a set of consequences embodied by people from the injuries that social and economic

forces can inflict on the human experience (Kleinman, Das, & Lock, 1997). I present a conceptual framework that links social suffering with the concepts of social navigation, social support, and the dynamic structure-agency relationship that has risen out of sexual health and HIV/STI research.

I will draw on literature that recognizes the various forms of violence – visible and invisible – that are endured by youth. The concept of structural violence that emphasizes the embodiment of social, economic, political and historical forces in forms of ill health and suffering is central to this thesis. In addition, I will describe the social environment of youth in order to reveal the social forces operating in youth's lives and to demonstrate how violence operates through youth's relationships within institutions and social networks to produce ill health or suffering. I will build on previous work on embodiment to show how the social suffering that affects the health of individuals is not only embodied physically or biologically, but relationally, socially, politically, morally, symbolically and agentically. The framework articulates analysis that reveals how youth exhibit agency as they seek social support and as they support others. In doing so, they transform their environment in ways that are possible for them to sustain family relationships as they create new forms of care.

A further impact of the problematic emphasis of humanitarians and scholars on the 'orphan crisis' has been a strong focus for funding and interventions focused on children, exclusively 17 years and less, with a dearth of programs focused on older youth

(Lee, 2012b; MacLellan, 2005).<sup>6</sup> This research seeks to inform future policy and program interventions to improve the sexual health and wellbeing of youth who head households in Nakuru County and aims to provide insights into best practice that will support emerging caregiving systems for orphaned youth and those responsible for households with children.

### **1.1.1 Support, suffering and agency: central questions**

This thesis explores in-depth the social experience of suffering and embodiment of young women who head households. The research was initially carried out with young women *and* young men in order to understand the uniqueness, similarities and differences between their lived experiences of violence, suffering and health. However, the in-depth case studies were all with young women, and as analysis was undertaken the insights on suffering as experienced and embodied was drawn mainly from the lived experience and perceptions of young women. Therefore, the focus of the dissertation became on young women, however to approach the analysis of the suffering of young women from a gender relational perspective, I did consider both young men and women in the analysis. In Chapter three, I explain the gendered impacts of social forces and the ways that young women and men navigate the environment. The main focus, however, in Chapters 4 and 5 is on the social experience of violence of young women.

This ethnographic, participatory community-based study was carried out with 29 young women and 29 young men who head households, ranging in age from 15 to 24

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<sup>6</sup> MacLellan (2005) argues that inclusion of older youth as child-headed households is “reasonable and just” (p. 7), as it is disadvantageous to exclude older youth from programmes intended to support vulnerable young people.

years.<sup>7</sup> I also sought the perspective of community members to form a more complete picture of youth's lives situated within a family, a community and a society. The youth come from two constituencies of Nakuru County, Kenya – Nakuru Town West and Molo (see maps in Figures 1.1, 2.3 and 2.4). In the spirit of community-based research and participation, this study employed a praxis-oriented approach that encouraged ongoing reflection and action among the researchers and participants.

My research asks: how are young women who head households responding to living with sexual ill health and the daily experience of fragmenting relationships of care in their social environment? The following sub questions associated with this main research question sought to understand young women in the context of their social environment and the various social actors and institutions they interact with:

- (a) How do young women perceive their suffering – the causes, daily experience and potential methods for alleviating suffering?
- (b) How do community members perceive the suffering of young women – the causes, their daily experience of suffering and potential methods for alleviating suffering?
- (c) What are the ways in which young women navigate their social environment and relations in order to mitigate suffering?
- (d) How do young women's relationships relieve or contribute to their suffering?

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<sup>7</sup> The age category '15 to 24 years' was chosen, as it is the age range defining 'youth' according to the World Health Organization. The demographic definition of 'youth' according to the United Nations General Assembly is the age group between 15 and 24 years (UNICEF, 2011b). In Kenya, however, according to The Constitution of Kenya, people are considered 'youth' until they are 35 years (Republic of Kenya, 2010, p. 165).

The remainder of this introductory chapter will outline the historical, social and political context in which households headed by youth emerge and the significance of studying sexual health of youth who head households in Nakuru County. The background section will examine the ways HIV and conflict have affected youth's communities. Subsequently, I will present my conceptual framework, introducing key theoretical debates around agency and health, social navigation, suffering, violence and social experience of youth as they pertain to this study. This will be followed by an outline of the thesis structure.

## **1.2 Background and context**

This section provides relevant important background and contextual information to understand the situation of youth who head households in Kenya and the importance of analyzing their social environment. I begin by highlighting key information about sexual health and HIV among young women in Kenya including a brief discussion of the sexual health policy and action climate. This is followed by a discussion of orphans and shifting patterns of care and a socio-demographic profile of youth who head households in Nakuru County. I then discuss conflict and colonialism in Nakuru County as it pertains to youth.

### **1.2.1 Sexual health and HIV among youth in Kenya**

The transition from youth to adulthood is seen as a critical period of life that plays a role in shaping people's future health (Division of Reproductive Health [DRH] & National Council For Population And Development [NCPD], 2003; Graham, 2002). In Kenya, sexual health challenges have a 'youth face.' There are high numbers of new HIV

infections, pregnancies, unsafe abortions and sexual violence cases occurring among 15 to 24 year olds and these all affect young women disproportionately as compared to young men (DRH, 2005).

Sexual health and HIV among youth and adolescents has gained recent attention in global public health research and policy (Blum, Bastos, Kabiru, & Le, 2012; Kleinert, 2007; United Nations Children Fund [UNICEF], 2011a, 2012). Sexual health is defined by the World Health Organization (WHO) as “a state of complete physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity” (WHO, 2006, p. 6). The youth in this study have grown up in an era that on the whole reflects a “paradigm shift from earlier policies targeting population control” (WHO, 2014, p. 1) to focus more on: preventing STIs, family planning, maternal and child health (including tackling maternal mortality and morbidity), and preventing and dealing with unsafe abortions and violence among young women and girls (UNICEF, 2012; WHO, 2014). Young women in sub-Saharan Africa have been shown to be particularly prone to early pregnancy and subsequent complications (anaemia, high-risk births, maternal malnutrition, obstetric fistulae) (Hindin & Fatusi, 2009), early marriage, sexual and gender-based violence, age-disparate relationships (where there is at least a 5 year difference between the partners) and intergenerational relationships (where there is at least a 10 year difference between the partners) (Bankole, Singh, Woog, & Wulf, 2004; Hindin & Fatusi, 2009; Leclerc-Madlala, 2008; Joint United Nations Programme on HIV/AIDS [UNAIDS], 2011b).

Of further concern, alarming rates of new HIV infections among youth have come to the world’s attention since the 2001 United Nations General Assembly Special Session

on HIV and AIDS (United Nations [UN], 2001).<sup>8</sup> In 2009, youth aged between 15 and 24 years accounted for 41% of new HIV infections world-wide in people aged 15 years and older (UNAIDS, 2011b, p. 8). Seventy-nine percent of new infections among youth between the ages of 15 to 24 years occurred in sub-Saharan Africa (UNAIDS, 2011a). A UNAIDS (2011b, p. 54) report shows the prevalence to be significantly higher among young women than men in all twelve sub-Saharan African countries studied.<sup>9</sup>

Nation wide HIV prevalence is estimated to be 5.6 percent among the general population in Kenya (NASCOP, 2014). This is a steep decline from the estimated 14 percent in 1999, the year the government declared HIV to be a national crisis and formed the National AIDS Control Council (NACC, 2009).<sup>10</sup> However, the number of new infections among youth, particularly young women, is cause for alarm. The 2012 Kenya AIDS Indicator Survey (NASCOP, 2014) shows HIV prevalence rates among adult women to be significantly higher than among adult men (women 15 - 64 years: 6.9%; men 4.4%). For young women aged 20 to 24 years, the gender differential was over *three* times higher among young women than men the same age (women: 4.6 percent; men: 1.3

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<sup>8</sup> At the 2001 UN General Assembly Special Session on HIV and AIDS (Nations, 2001), the UN recognized youth between the ages of 15 and 24 years as a critical group for intervention and pledged to reduce HIV prevalence among young people by 25 percent by the end of 2010. Many countries have worked to meet these targets and make health services and behavioural messages more accessible; but, by 2009, global HIV prevalence among youth had only fallen by 12 percent (UNICEF, 2011b). In 2010, the Joint United Nations Programme on HIV/AIDS (UNAIDS) developed another strategy called ‘Getting to Zero.’ This new program acknowledged the inadequacy of prevention efforts among youth, and a new goal was introduced: to reduce new infections in young people by 30 percent by 2015 (UNICEF, 2011b).

<sup>9</sup> The twelve countries studied in sub-Saharan Africa in the UNAIDS (2011b) report are Botswana, Cote d’Ivoire, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

<sup>10</sup> The epidemic in Kenya is characterized both as generalized, with troubling rates in the overall population, and concentrated, with higher prevalence among at-risk populations and particular geographical areas.

percent).<sup>11</sup> Such skewed statistics point to profound gender inequalities that are lived out daily by young women.

Two-thirds of the Kenyan population is under 25 years of age.<sup>12</sup> Adolescents and youth have been recognized by the Kenyan Government as a group with specialized reproductive health needs that have been neglected by the health system (DRH, 2005). The 2003 Kenya Demographic and Health Survey revealed that almost one-quarter of young women aged 15 to 19 were either pregnant or already mothers, and that teenage fertility was on an upward trend (National Coordinating Agency for Population and Development [NCAPD], 2005). Of significance, fifty percent of new HIV infections occurred among youth 15 to 24 years (DRH, 2005). The Kenya Demographic Health Survey 2008-2009 (Kenya National Bureau of Statistics [KNBS] & ICF Macro, 2010) indicates that about 45% of women aged 15 to 49 years have experienced violence, 25% of it being physical, 7% sexual, and 14% having experienced both sexual and physical. However, due to the stigmatization of sexual violence, it is estimated that less than half of the incidents committed against youth are actually reported (KNBS & ICF Macro, 2010).

In response to sexual health challenges and the disproportionate impact HIV/AIDS has had among youth, in 2003 the Kenyan government formulated the Adolescent Reproductive Health Development Policy (DRH & NCPD, 2003).<sup>13</sup> This

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<sup>11</sup> There was very little change since The Kenya Demographic Health Survey (2008-2009) which showed that the HIV prevalence for young women aged 15-24 years was 4.5 percent against 1.1 percent for young men (KNBS & ICF Macro, 2010).

<sup>12</sup> In Kenya in 2010, 45 percent of its population is aged less than 15 years, and 19 percent is aged between 15 and 24 (Kenya National Bureau of Statistics [KNBS] & ICF Macro, 2010).

<sup>13</sup> Though the policy (DRH & NCPD, 2003) recognizes ‘adolescents,’ as 10 to 19 year olds, it also recognizes ‘youth’ aged 10 to 24 years as an important group of consideration. Further, the targets in the

policy acknowledges the seriousness of the situation and the gendered nature of HIV and other sexual health challenges of youth aged 15 to 24 years (DRH & NCPD, 2003). The policy seeks to avail appropriate health services in order to reduce disease and protect the human rights of young people throughout the country.<sup>14</sup> It recognizes the gender dimensions of access to resources as fundamental.<sup>15</sup> The Division of Reproductive Health (DRH) has also developed National Guidelines for Youth-Friendly Services in Kenya in 2005 (DRH, 2005) and a ‘plan of action’ for youth from 2005 to 2015 (National Coordinating Agency for Population and Development [NCAPD], 2005). The Government of Kenya has also recognized the socioeconomic vulnerability of youth and has implemented various programs through other Ministries such as the Ministry of Youth Affairs and Sports.<sup>16</sup>

Civil society in Kenya has played a prominent role with regards to sexual and reproductive health programs and priorities. As Davison (1996) explains, state family planning programs that were critical to changing attitudes towards sexuality and reproduction in the 1970s and 1980s, were orchestrated by the Family Planning Association of Kenya. Government and civil society partnerships are still critical today.

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policy are defined for ‘adolescents 15 to 19 years old and youth aged 20 to 24 years, and some for the group ‘youth between the ages 15 to 24 years.

<sup>14</sup> Strategic actions in the policy (NCPD 2003) include HIV/AIDS educational programs and behaviour change communication among youth (NCPD, 2003), including targets to increase the proportion of youth-friendly and reproductive health services.

<sup>15</sup> The policy (NCPD 2003) recognizes that “gender considerations are fundamental to adolescent and youth health because they are important determinants of access to economic resources, social services, education and other opportunities” (NCPD, 2003: 6). It recognizes links between low levels of education among girls and ‘harmful practices’, such as sexual violence and female genital cutting, stressing that complications resulting from these practices cause children to drop out of school.

<sup>16</sup> The Kazi Kwa Vijana (Work for Youth) program and the Youth Entrepreneurship Fund have been implemented through the Ministry of Youth Affairs and Sport. These programs will be discussed further in Chapter three.

For example, the government's Division of Reproductive Health directs the Adolescent Sexual Reproductive Health Technical Working Group that brings together key actors from both government and civil society.<sup>17</sup>

Behavioural approaches to youth sexual health that consider youth behaviours and attitudes as the source of STI infection, pregnancy, and other forms of sexual ill health are prominent in Kenya. However, studies have demonstrated the importance of structural approaches (Cho et al., 2011; Clark, Kabiru, & Mathur, 2010; Copeland, 2011; Nzyuko et al., 1997; Wamoyi & Wight, 2014). The failure of youth sexual health programs across the country to incorporate considerations with regards to the social context has been recognized (FHI 360 & Republic of Kenya, 2011). In a study of Kenyan female sex workers, Okal et al. (2011) point out the need to move beyond individual behavior-change approaches to efforts towards altering the physical and social environment in which people are situated. In a national review of youth sexual health programs, the Division of Reproductive Health (DRH, 2013, p. 42) recognized the links between poverty, the vulnerability of young women and adverse health events such as early pregnancy, STIs, sexual and gender based violence and early marriage. The Division recommended further developing and scaling-up approaches aimed to economic empowerment of young women. This emphasizes the critical re-orientation towards exploring the social environment in which youth make decisions that affect their sexual health.

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<sup>17</sup> These departments and organizations were all consulted throughout this study and were engaged in the policy activities. A member of our team sat on the Working Group.

Government and civil society institutions have recognized current youth sexual health program and service delivery challenges. An assessment report summarizing action following development of the 2003 Adolescent Reproductive Health and Development Policy states that implementation has been limited and reinforces the need for stakeholders to commit to the policy's goal and objectives (NCPD, DRH, & Population Reference Bureau, 2013). A Report by FHI 360 and Kenya's Ministry of Health (FHI 360 & Republic of Kenya, 2011, p. v) recognizes the inadequate distribution of services and implementation and coordination of national policies and guidelines. Further, according to the report community and youth involvement in programs has been insufficient. HIV rates among youth continue to be high (NASCOP, 2014);<sup>18</sup> and youth deal with many challenges around fertility, pregnancy, prevention of STIs, maternal child health and education (DRH, 2013). The Kenya National AIDS Strategic Plan (2009-2013) states that only 12 percent of Kenya's public health facilities offer services defined as youth-friendly<sup>19</sup> (NACC, 2009, p. 8), a far cry from the 85 percent target (by 2015) identified in the 2003 policy for youth sexual health (DRH & NCPD, 2003). Recent research and national reports reveal that though some youth have had positive experiences when they access youth-friendly services, such services remain poorly defined and are missing from most facilities across the country (FHI 360 & Republic of Kenya, 2011; Godia et al., 2013; Godia, Olenja, Hofman, & van den Broek, 2014).

Addressing youth sexual and reproductive health needs exclusively through HIV

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<sup>18</sup> The 2012 Kenya AIDS Indicatory Survey (NASCOP, 2014) states that the HIV incidence has not changed enough over the past 5 years to be statistically significant.

<sup>19</sup> Youth-Friendly Services were defined in the 'National Guidelines' as "Broad Based Health and related services provided to young people to meet their individual health needs in a manner and environment to attract interest and sustain their motivation to utilize such services" (DRH, 2005, pp. 10-11).

programs is ineffective. There needs to be a holistic and multi-sectoral approach (FHI 360 & Republic of Kenya, 2011).

Kenyan policies recognize that HIV/AIDS has weakened family and community support structures, leaving youth more susceptible to wider sexual health challenges, including early pregnancy, early marriage and sexual and gender based violence (DRH & NCPD, 2003; NCAPD, 2005). As orphans or young caregivers to their sick parents, many live in unstable socioeconomic environments, and are forced to leave school and earn money for the family (NCAPD, 2005). It has been argued that orphaned young women in Kenya are particularly vulnerable to sexual abuse, exploitation and to HIV infection due to gender inequality and social constraints (Nyambetha, 2007; UNICEF, 2001). Nyambetha (2007), in his study of HIV vulnerability of female orphans in Western province, argues on the importance of recognizing the role of extended family to protect the health of young women. Such localized studies are important as patterns of care are shifting across sub-Saharan Africa.

### **1.2.2 Orphans and changing care patterns in the Rift Valley**

With orphan numbers already high in Kenya (NASCOP, 2014),<sup>20</sup> the most recent progress report on AIDS in Kenya states that the number of what they term, ‘Orphans and Vulnerable Children (OVCs)’<sup>21</sup> is predicted to rise over time. The projected number of AIDS deaths is 60, 000 people per year until 2020 (NACC, 2014, p. 28). Though

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<sup>20</sup> According to the 2012 Kenya AIDS Indicator Survey (NASCOP, 2014), 14.4% of children 0-17 years were orphans or vulnerable children (OVC). Both parents had died among 10.8% of OVC, one parent had died among 60.4% of OVC, and 28.9% of OVC were considering other ‘vulnerable children.’

<sup>21</sup> While I do not agree with using the label ‘Orphans and Vulnerable Children (OVC),’ particularly as it emphasizes children’s vulnerability, rather than their agency, I use it when referencing policies, interventions and studies that have employed this term.

statistics for orphans over 18 years is unavailable, it was shown that in the Rift Valley south region (where Nakuru County is situated, see Figures 1.1, 2.3 and 2.4), 11.9% of children 0 to 17 years are orphans (NASCOP, 2014). The current study looks at youth aged 15 to 24 years, and highlights some of the issues faced by a growing group of orphans, most of whom no longer qualify for ‘orphan care’ due to their age. It highlights problems that need addressing now in Kenya, while also pointing towards issues the next cohort of orphans will face as they grow up.

Across Sub-Saharan Africa, the dual impact of violent conflict and the HIV/AIDS epidemic has led to dramatic changes in family units and structures of care, with increasing numbers of households headed by grandparents, females, children and youth (Barnett, 2005; Christiansen, 2005). The ‘orphan’ phenomenon is commonly referred to in policy documents and in some academic literature as the ‘orphan crisis,’ or the ‘tragedy unfolding’ (UNAIDS et al., 2004, p. 61). The metanarrative of the ‘orphan crisis’ is so powerful that it has dominated policy, media and academia (Cooper, 2011). Further, Cooper (2011, p. 25) highlights the way that international discourse tends to make assumptions that people are *unwilling* to assist orphans. An example of this is a statement by Elizabeth Mataka in The State of the World’s Children Report: Child Survival (UNICEF, 2007),

Children can no longer rely on the support of the traditional extended family system, which provided care and support for the aged, orphans and any vulnerable and disadvantaged family member. This coping mechanism has been overstretched by poverty and the sheer numbers of children to be cared for, given the fact that AIDS affects the most productive family members in the prime of

their productive and reproductive lives. As a result, children have sometimes gone into homes that are already overstretched and where they are really not welcome. (p. 42)

Families across sub-Saharan Africa are responding in a number of different ways to the increasing numbers of orphans. In a review of national action plans for ‘Orphans and Vulnerable Children’ in fourteen African countries, however, Sabates-Wheeler and Pelham (2006) point out that local social protection mechanisms are not well understood and there is little evidence concerning how social networks in local contexts are ‘coping’ with increasing numbers of orphans. They suggest a move away from ‘homogenizing’ assumptions about community’s abilities to cope with orphans and highlight the need to research how different traditional systems of care (i.e. fostering mechanisms, domestic care, access to land) are changing over time. Abebe and Aase (2007) highlight the need to look at the ways that extended families respond to orphans as a fluid continuum that depends on the relative economic, emotional and social capacity of the families.<sup>22</sup> Recognizing the importance of examining the responses of people in specific local settings, this research examines the response of communities, families and youth in Nakuru County to shifting patterns of care in their social environment.

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<sup>22</sup> Abebe and Aase (2007) describe four typologies of families. ‘Rupturing families’, the worst case, was characterized by chronic poverty and destitution, whereas ‘transient families’ are living in relative poverty and deteriorating living conditions (such as female-headed households and grandparent-headed families with worsening conditions). ‘Adaptive families’ are considered well-functioning with relative economic and livelihood security, while ‘capable families’ were viable in terms of material and social capacities of care-givers. This builds on three dimensions of care and resilience of families: economic capacity, emotional capacity and social capacity.

### **1.2.3 A socio-demographic profile of youth who head households**

Since the 1980s, it is only in the context of AIDS that households *headed* by children and youth have been recognized as an increasingly widespread phenomenon (Evans, 2011). Though not a recent phenomenon of family life that children engage in sibling caregiving (Mann, 2004; Mead, 1928; Weisner, 1982), households headed by children and youth are considered by some as an aberration of traditional care structures. They are, according to these viewpoints, a symbol of the breaking down of the extended family social safety net (Foster, 2000). As Roalkvam (2005) articulates,

The child-headed household is understood to be not only a sign, but *the very sign* that an age-old social safety-net, made of kinsmen and community members, is presently breaking down, or has already been destroyed, under the weight of economic realities and an ever-increasing number of ill people and lone children in need of support and care. (p. 212, emphasis in original)

However, others have countered the position that emphasizes the total ‘breakdown’ and ‘rupture’ of family systems, and conversely highlight the new patterns of social relations that emerge in difficult times (Abebe & Aase, 2007; Ruiz-Casares, 2010). The formation of households headed by children and youth as a local response to changing care systems requires further attention.

However emblematic the ‘child or youth-headed household’ may be of the shifts in family support structure, it is not static. Evans (2011) outlines the temporal and spatial transitions within sibling headed households, and describes the ongoing shifts that occur in household composition, such as parents dying or the eldest sibling migrating to find

work or marrying. Children and youth head households while or after parents are sick, and oftentimes arise after negative attempts to live with relatives or others (Awino, 2010; Evans, 2011; Francis-Chizororo, 2008). The eldest child may get married or migrate for work, leaving the next child to take over caring roles (Evans, 2011; Roalkvam, 2005).

Youth in this study often have dependents – siblings, cousins, adults, their own children, and others – but sometimes fall in and out of typical ‘child, youth or sibling - headed household’ arrangements.<sup>23</sup> I therefore use the expression ‘youth who head households’ or simply ‘youth’, ‘young men’ and ‘young women.’

Research in sub-Saharan Africa has shown that youth who head households struggle under daily pressures of severe economic deprivation, work exploitation and property rights abuses (Evans, 2011; MacLellan, 2005; Rose, 2005; Ruiz-Casares, 2010). It has been found that young women who head households are particularly vulnerable to sexual abuse, exploitation and various forms of sexual ill health (Awino, 2010; Evans, 2010; Francis-Chizororo, 2008; Lee, 2012d), however, research that focuses specifically on the sexual health of such young women has not been undertaken. This study aims to fill this gap and document the experience of sexual ill health and suffering of young women as well as the ways that they respond in attempts to improve their wellbeing.

Youth who head households also experience social and emotional isolation and stigmatization (Francis-Chizororo, 2008; Roalkvam, 2005; Yamba, 2005). Social relations with others are often detrimental, characterized often by sexual and physical abuse and economic exploitation and property rights violations (Roalkvam, 2005;

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<sup>23</sup> The household composition and arrangements of youth in this study are described further in Chapter three.

Thurman et al., 2006; Ward & Eyber, 2009; Yamba, 2005). Their social isolation has been described as “extreme” with a “lack of social networks” from family or community (Roalkvam, 2005, p. 212). Other researchers have highlighted the support from kin and peers and the agency of children and youth in navigating social networks – informal and formal, accessing materials and social resources to provide for their households while working toward future opportunities (Donald & Clacherty, 2005; Lee, 2012d; Ruiz-Casares, 2010).

It has also been noted, as in my previous research (Ward & Eyber, 2009), that children and youth who head households demonstrate agentive capacities to take on ‘adult’ roles, such as full-time caregiving, planning for the future, and finding innovative solutions to their problems (see also Donald & Clacherty, 2005; Evans, 2010; Ruiz-Casares, 2009). Ciganda, Gagnon and Tenkorang (2010) have shown that children living in households headed by children and youth in Zimbabwe were actually more likely to have their basic needs met than children living in middle-aged adult homes (such as those with ill parents). Such studies emphasize the ability of families and communities to adapt in difficult contexts. This study builds on my previous work (Lee, 2012d; Ward & Eyber, 2009) and on this body of literature to describe the ways that youth navigate and respond to social change in their environment.

‘Child-headed households’ are recognized in several country government policies as a ‘vulnerable’ social group.<sup>24</sup> Programs for households headed by children and youth

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<sup>24</sup> Sabates-Wheeler and Pelham (2006) report Zimbabwe and South Africa’s focus on child-headed households. I have previously written and compared the approaches of Rwanda to child-headed households

have been primarily led by non-governmental organizations (NGOs) and community-based organizations (CBOs). These have applied mentorship models, focusing on strengthening households within communities and providing income generation opportunities for the households (Donald & Clacherty, 2005; Lee, 2012d; Thurman et al., 2006, 2008; Ward & Eyber, 2009). My previous work outlined how a mentorship focused community-based program for youth who head households could build on youth and community resilience to further build community capacity to care for orphans in Rwanda (Ward & Eyber, 2009).<sup>25</sup>

In Kenya, national policy recognizes children who live in “child-headed households” as a group who are “vulnerable in the context of HIV/AIDS” (Republic of Kenya, 2005, p. 7) and who should be given “specific and appropriate support” (Republic of Kenya, 2005, p. 20). Specific strategies to address the issue have not been outlined. Young men and women over 18 years, who are responsible members of the household, have been recognized in research (Ciganda et al., 2010; Evans & Atim, 2011; Evans, 2010; Lee, 2012b; Ruiz-Casares, 2009, 2010; Ward & Eyber, 2009). But efforts targeting ‘orphans’ and other vulnerable young people have tended to focus on children 0 to 17 years old (Lee, 2012b). Skovdal and Mwasiaji (2011) stress that caregiving children have been overlooked in national policies in Kenya as well as programmes carried out by international agencies. A study by Ayieko (1997) in the Rift Valley, Kenya and more

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(Lee, 2012b), which is well-defined and activities are implemented through partners, and Kenya, where child-headed households are merely mentioned.

<sup>25</sup> In 2007, after the research project, a program based upon my recommendations was developed in collaboration between Canadian and Rwandan faith-based organizations (with whom I was affiliated for the research) to strengthen the socioeconomic and psychosocial wellbeing of children and youth who head households and of community members who support them. The project is now run through the Rwandan organization that works with over 1000 children and youth in eight communities in rural Rwanda.

recent studies in Kenya (Awino, 2010; Muyomi, 2012) highlight households headed by children due to AIDS as a growing concern, however, comprehensive studies or surveys looking at numbers of such households in Kenya have not been carried out.<sup>26</sup>

In the Rift Valley in Kenya, the dual impact of HIV and conflict has been recognized. Children have been greatly affected by political violence in Kenya, particularly periods of serious violent outbreaks occurring in 1991-1992, 1996 and 2007-2008. Numbers of street children reportedly increased by 300% between 1992 and 1996, as a result of displacement (Commission of Inquiry into Post-Election Violence [CIPEV], 2007, p. 33). UNICEF (2009, p. 2) reports that as a result of the violence after the 2007 elections, between April and September 2008, 3,689 were living in child-headed households while another 1,794 children were placed in charitable children's institutions. The resulting displacement and food security issues have also been a cause of orphaning and an increase in unaccompanied children (who are not living with an adult) (ICPC, 2011; Ochieng', 2010; Steffen, 2012).

#### **1.2.4 Conflict and colonialism in Nakuru County**

Kenya's history of colonialism and conflict is another critical dimension that impacts the social and health situation of youth today. As De Boeck and Honwana (2005) write, "Young Africans today experience ruptures and breaches in their lives brought about by historical processes of colonization and decolonization" (p. 2). These processes provide important background to understand the social environment of youth. Hornsby (2012) describes some traits of Kenya's history since independence in 1963:

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<sup>26</sup> In Zimbabwe, it was shown that the number of households headed by children has remained stable since 1988 while orphan numbers continue to rise (Ciganda et al., 2010).

It has been rather a story of endurance: of political and economic structures inherited from colonial days... a struggle to create and consume resources that involved Western powers and Kenyans in a complex web of relationships; a tale of growth stunted by political considerations, of corruption and of money. (p. 1)

Hornsby's analysis recognizes several important elements. First, the ways that colonial politics and economics have influenced the actions of millions of Kenyans and how their lives are intertwined within a "complex web of relationships" with Western powers. As we will see throughout this dissertation, these webs of corruption and money influence youth's daily interactions and opportunities. Second, unjust systems that are in place today are at least in part a product of colonialism. Hornsby (2012) argues that colonization by the British in Kenya until 1963 left large-scale inequalities along ethnic and social class lines and a "command and control system" that has been left "almost unchanged" (p. 5).

The ongoing cycles of violence have also been given a 'youth face.' As Rasmussen (2010) explains, "Youth and young people have been at the centre stage of Kenyan politics for the last decade" (p. 302). When seen as an 'age set,' the burgeoning population of youth, unable to find employment or educational opportunities, and ready for changes in generational power, are blamed for instigating and carrying out violence (Rasmussen, 2010).<sup>27</sup> However, as Njogu (2009) argues, youth unemployment and poverty is merely one factor of many that lead to crime and conflict. Other factors include

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<sup>27</sup> Youth movement's, as characterized by Rasmussen (2010), such as the militant, political network, the Mungiki, have played a part in past bouts of violence and are still perceived as a threat to future peace (see also Kagwanja, 2005).

lack of access to land and pasture, impunity for past violence, structural weaknesses of the election system, and the “winner-take-all political system” (p. 1). Therefore, for socioeconomically disadvantaged Kenyan youth, daily experience has largely been characterized by uncertainty and insecurity (Cooper, 2011; Rasmussen, 2010). The political and economic oppression youth experience today that presents barriers to receiving proper care and protection is part of a colonial legacy of corruption and inequity.

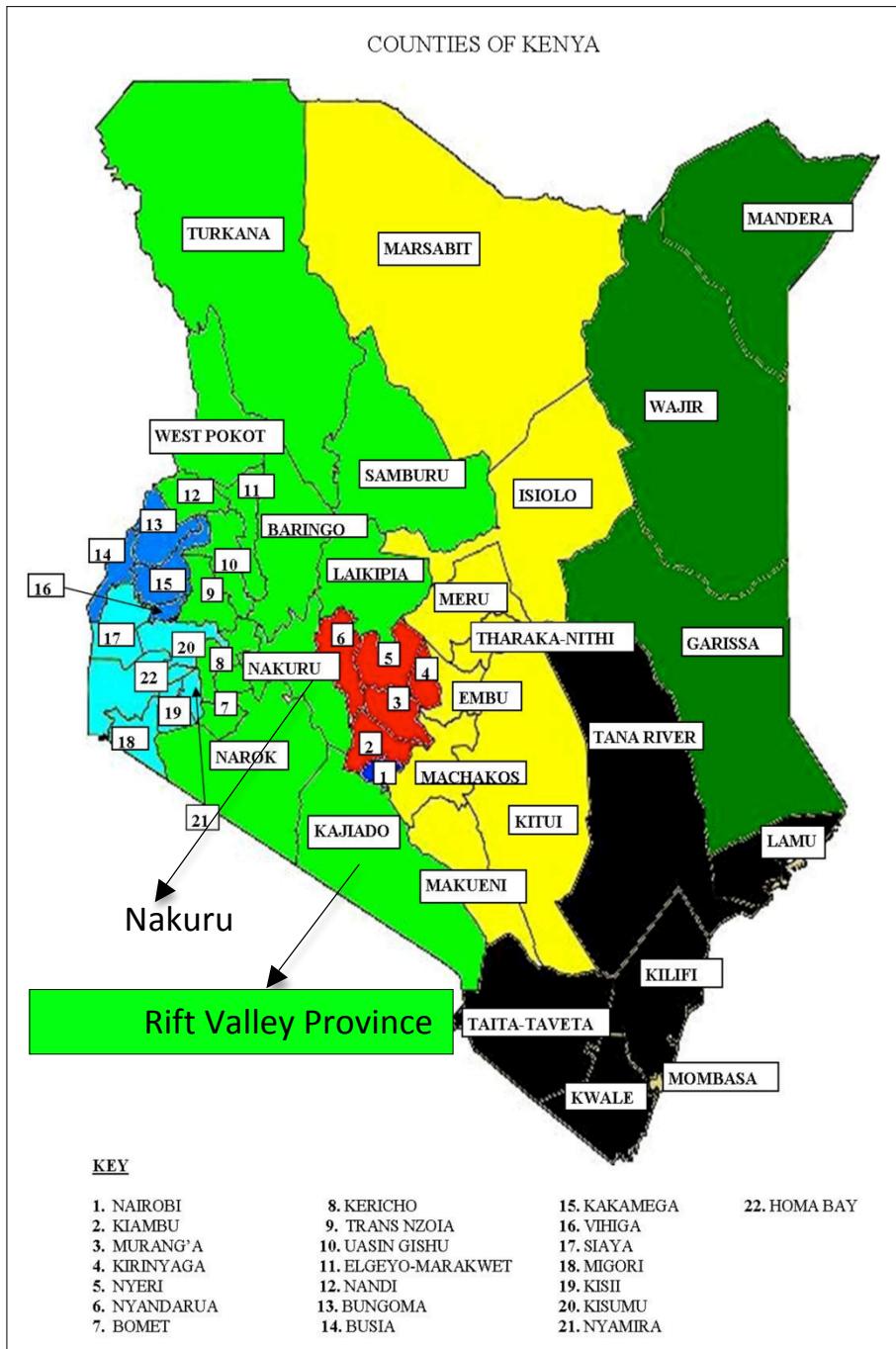
The current study takes place in Nakuru Town West and Molo Constituencies of Nakuru County. Prior to the Kenyan General Election in 2013, these areas were considered part of Nakuru County in the Rift Valley Province (see map in Figure 1.1), a region viewed over the past few decades to be a “theatre of internecine ethnic conflict” (CIPEV, 2007, p. 79). What is now considered Nakuru County was part of the ‘white highlands’, land grabbed by the British between 1902 and 1915. It was declared Crown property and was leased, sold and given to white settlers according to a British individual style land title system (Hornsby, 2012, p. 26). After Independence (and during the 1950s to some degree),<sup>28</sup> this land, historically settled by Kalenjin and Maasai tribes, was settled by Kikuyu (majority), Kisii, Luhyah, and Luo tribes (Oyugi, 2000).<sup>29</sup> Settlement was mainly by those ‘squatting’ on white settler owned land and those who benefitted from

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<sup>28</sup> Those who joined the Mau Mau revolt in the 1950s – where the Kikuyu of Central province protested massive land grabbing by white settlers – came home after being detained, mostly to find their land had been taken (Oyugi, 2000).

<sup>29</sup> As Adhunga (2012) explains, a tribe denotes a common ancestry and common tradition of a people who speak the same mother tongue. In Kenya there are 14 major tribes and over 29 smaller tribes, most of whom fall under the Nilotc or Bantu people groups (who have related languages). The largest tribes in Nakuru County are the Kikuyu (Bantu) and the Kalenjin (Nilotic), which make up about 70% of the count’s population (County Government of Nakuru, n.d.). Other tribes in the county are: Luhya (Bantu), Luo (Nilotic) The Kisii (Bantu), Meru (Bantu), Kamba (Bantu) and Kisii (Bantu) (County Government of Nakuru, n.d., p. “Nakuru County”).

the “willing buyer willing seller” policy that the government adopted after Independence (Oyugi, 2000, p. 7). Nakuru, the fourth largest town in Kenya (and what was considered the capital of the Rift Valley Province), is characterized by its multi-ethnicity (CIPEV, 2007) – a result of post-colonial settlement as well as influences of urban migration and displacement over past decades.



**Figure 1.1 Map of Kenya showing provinces and counties.**

**Source.** Copyright 2011 by Kimemia Maina.

*Note.* The colours on the map indicate the provinces that were administrative boundaries until 2013. The bright green region denotes the former “Rift Valley Province.”

The Commission of Inquiry into Post-Election Violence (CIPEV) (the outcome of the Kenya National Dialogue and Reconciliation Accord of February 28, 2008) wrote what is colloquially referred to in Kenya as the ‘Waki Report’<sup>30</sup> (CIPEV, 2007), outlining the history of violence in various parts of Kenya over past decades. The report states that Nakuru district (which includes Molo and Nakuru Town West Constituencies), “due to its high Kikuyu population, was the hardest hit by tribal clashes that came to be associated with the region from 1991 to 1998” (CIPEV, 2007, p. 78). Community members interviewed in this study explained that since the first elections, politicians have reinforced the importance of ‘Majimbo’ (regionalism) and this has become a source of politically incited infighting along tribal lines. ‘Majimbo’ refers to a ‘regional’ political system where there is a decentralized constitution and elected regional assemblies.<sup>31</sup> ‘Majimbo’ reinforces the idea that people of certain tribes should be residing in what they consider their ‘ancestral lands’.<sup>32</sup> According to Hornsby, this proposal created tension between ‘settled communities’ (for example, Kikuyu, Luo, Luhya) and the pastoralists (Kalenjin and Maasai). The ‘Majimbo’ debate was described in the Waki Report as “particularly divisive as it brought back the issues of recovery of ancestral land by the

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<sup>30</sup> The ‘Waki Report’ is named after Justice Philip Waki, who chaired the Commission of Inquiry into the Post-Election Violence (CIPEV) (Kanyinga, 2011).

<sup>31</sup> Majimbo (Regionalism) is contrasted with Centralism, with its focus on the executive presidency. In Regionalism, there would be an elected assembly creating layered and competing authoritative sources (Hornsby, 2012; Njogu, 2009, p. 7). The system operating in Kenya, however, is Centralism.

<sup>32</sup> For example, the Kikuyu settled in the areas of the South Rift Valley during or after colonialism, but hailed from Central Province. Much of the area was historically Kalenjin land.

Kalenjins and removal of “foreigners” (*madoadoa*)<sup>33</sup> from the land (CIPEV, 2007, p. 41).”

Political violence in Kenya was brought to international attention during the post-election violence following the December 2007 national elections. Over 1100 Kenyans throughout the Rift Valley, Nairobi, and Mombasa slums, were killed in the violence that assumed ethnic dimensions along political party constituency lines (Kanyinga, 2011).<sup>34</sup> Another 600 000 people were displaced, mostly Kikuyu. The Rift Valley, however, had experienced serious violence leading up to both the 1992 and 1997 elections (CIPEV, 2007; ICG, 2008). The Waki Report states that violence has been institutionalized in affected areas such as the Rift Valley since the legalization of democracy in 1991. During the 2007-2008 post-election violence mass movements of internally displaced people (IDPs) settled into large camps coordinated by the United Nations Human Commission for Refugees (UNHCR) in major towns such as Nakuru. These were mainly but not exclusively Kikuyu. They also settled in Nakuru and other smaller towns and rural areas in schools, homesteads and churches. Many of the IDPs had already been displaced multiple times – during violent periods of 1992, 1997, or 2002 (Klopp, Githinji, & Karuoy, 2010, p. 7).

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<sup>33</sup> The Report states the term ‘*madoadoa*’ (foreigners) was also used regularly on the vernacular radio stations to incite people to violence (CIPEV, 2007). Here, ‘*madoadoa*’ refers to settled communities in the Rift Valley, such as Kikuyu, Luo and Luhya.

<sup>34</sup> The International Crisis Group (ICG, 2008) explained that political bodies competing in the multiparty elections are ethnically-rooted constituencies. The Party of National Unity (PNU) are backed by Kikuyu, Embu and Meru who originate from the Central and Eastern Provinces, but are strongly represented in the Rift Valley as a result of migration. ODM is backed by Luo, Luhya, who originate in Western Province and the Kalenjin who originate primarily in the Rift Valley Province (ICG, 2008).

Clear links were made in the reports documenting the violence between impunity, the failure to settle IDPs and the escalation of violence.<sup>35</sup> These insights were confirmed by participants in this study. A community leader (focus group discussion, rural area, 2011) explained that the violence that occurred in 1992 was politically instigated; that the ‘majimbo’ concept was used to foster a “mentality that the Kikuyu don’t belong here, that they are taking our land and that they need to go back from where they came from.” In their description of conflict in the area, youth commented that in the months leading up to the 1992 and 1997 elections, people were killed and displaced and “crimes that were never punished” (young man 21 years, urban area, 2012). A community member (focus group discussion, rural area, 2011) in Molo described the strategy used by politicians again and again - threats, violence and impunity. He said that it was a “formula that worked.”

According to Klopp et al. (2010), resettlement and peace-building after the 2007-2008 post-election violence was done by Kenya’s Ministry of State for Special Programmes in a disorderly haphazard fashion that discouraged civil society involvement, including local formal and informal networks. Failure to properly resettle IDPs and to work *with* people in their locales to offer basic services and protections had profound implications on the lives of youth. Some of the impacts are more direct. Ochieng (2010) explains that youth who lost parents during the violence, experienced the destabilization of their social and emotional supports and feel betrayed by the same

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<sup>35</sup> The Waki Report declares that “the decision not to punish perpetrators has led to a culture of impunity and a constant escalation of violence (CIEPV, 2007, p. 22).” Further Klopp et al. (2010) refer to violence and impunity as the cause of displacement and deep problems that fuelled the intensity of the 2008 PEV. They emphasize the need for “structural reforms that improve transparency and accountability in government institutions at the local level (Klopp et al., 2010, p. 1).”

society that should be protecting them. Insecurity works to undermine the protective and supportive nature of communal and familial relationships for youth. Further, structural reforms are needed to address the lack of unity, transparency and accountability in societal structures meant to protect and provide for the people (Klopp et al., 2010).

The 2008 violence affected Kenya's progress in reducing HIV prevalence (Kanyinga, 2011; UNICEF, 2009). Antiretroviral therapy (ART) programs were interrupted, leading to rapid treatment failure (Pyne-Mercier et al., 2011) and HIV-related deaths, particularly among the IDPs (Feikin et al., 2010). In addition, there was an increase in the incidence of sexual violence, which exposed victims to new infections. Sexual violence was a weapon used during violent clashes,<sup>36</sup> and was reported to occur regularly in IDP camps.<sup>37</sup> As Florence Gachanga, a national program officer for the United Nations Population Fund (UNFPA) told IRIN (2008), "Women and children were raped, men and boys as well ... it is still taking place in the camps because of the large numbers of displaced people" (paragraph 6).

The cycles of political unrest in the Rift Valley have led to displacement, loss of land, loss of family members, and inconsistent access to health and social services. With the impact of HIV and conflict, there has not only been an increase in parental deaths and a rising number of orphans and unaccompanied children and youth (Ochieng', 2010; Steffen, 2012), but youth are left in a more precarious social and sexual position. This

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<sup>36</sup> In the Waki Report (CIPEV, 2007), the Commission describes sexual violence during the post-election violence in 2008 in a separate chapter in order to expose the issue. This is discussed further in Chapter three.

<sup>37</sup> Youth in this study confirmed the regular occurrence of sexual violence during the 2007-2008 post-election violence. This is discussed in detail in Chapter three.

particularly affects youth living in situations characterized by exploitation, poverty and uncertainty. A point of departure for the analysis introduced here is the recognition that violent conflict has shaped the everyday life and social environment of youth in Nakuru County. I draw on Scheper-Hughes and Bourgois (2004) who argue that violence morphs into other more pernicious forms that are lived out daily but often overlooked. This will be outlined in detail in the conceptual framework that will now be presented.

### **1.3 Conceptual framework: sexual health and suffering of youth**

This section will build a conceptual framework, highlighting key terms and concepts employed or drawn on in this thesis. I emphasize the dynamism of agency and structure and draw on social navigation theory and social support to define agency as it pertains to youth who head households in Nakuru County. This will draw attention to social suffering and theories of violence – both overt and ‘invisible’ forms – that provide a window into the everyday lives of those who suffer. Finally, I discuss how exploring social processes that occur between youth and the institutions and networks in their social environment shed insight into how youth’s everyday experience is shaped.

#### **1.3.1 Youth sexual health and the structure-agency relationship**

As Kleinman, Das and Locke (1997) argue, the tendency has been to “separate individual from societal levels of analysis, health from social problems” (p. x). These dichotomies have been apparent in the field of public health more generally and in youth sexual health and HIV more specifically. There has been a shift over the past few decades to increasingly incorporate social theory into health theory, and with this a change from individual analysis and interventions to more socially oriented ‘structural’ approaches to

addressing health problems that inform holistic and integrated programs and policies (Farmer, Connors, & Simmons, 1996; Krieger, 2001; Potvin, Gendron, Bilodeau, & Chabot, 2005; WHO, 2011a, 2011b). In theorizing the social context, however, structural approaches have tended to emphasize the deterministic impact of structural social forces on health with little importance given to human agency (Frohlich, Corin, & Potvin, 2001; Locke & Biehl, 2010; G. Williams, 2003). More recently, youth sexual health and STI research has highlighted the dynamic nature of the agency-structure relationship (Aggleton, Shoveller, Shannon, Kerr, & Knight, 2013; Rhodes, Strathdee, Shannon, Davidson, & Bourgois, 2012; Spencer, Doull, & Shoveller, 2014). It is this work that is drawn on and built upon in this research.

Public health was founded on the basic belief that human health and the well-being of populations are shaped by the surrounding social context. However, over time, individualistic risk-factor approaches to public health have become prominent (Frohlich et al., 2001; Williams, 2003). Risk factor epidemiology, which associates biomedically defined diseases with harmful or beneficial ‘exposures’ or risks, has been criticized for being “narrowly mechanistic and individualistic,” and failing to take into account human relationships and the complexity of society, including the impacts of cultural factors, social class, racism, and sexism on health (Wing, 2004, p. 542). Such narrow approaches to public health have been critiqued for individualizing and medicalizing disease, serving

to “depoliticize the social origins of personal distress” (Singer, 2004, p. 15),<sup>38</sup> and deepening social inequality (Pedersen, 2002, p. 186).

In the 1986 Ottawa Charter for Health Promotion, a ‘new public health’ approach was posited that moved from an individual life-style approach to health promotion towards a wellbeing approach that recognized the impact of social and environmental factors on health (WHO, 2011b). The charter suggested a reorientation of health services toward holistic approaches that address the ‘total’ person and consider the social, political and economic environment in which they are situated (WHO, 2011b).

Krieger (2001) pointed out that though “theorizing about social inequalities runs deep” (p. 668) in society’s history and philosophy, it wasn’t until the 1990s that significant social theories began to be developed in public health, including structural approaches.<sup>39</sup> Structural approaches, such as structural violence, social determinants of health and the political economy of health approaches, that consider political and economic roots of social inequalities in health have been a crucial response to individualistic models (for example, Farmer et al., 1996; Farmer, 1997b; Krieger, 2001; Vincent Navarro & Mutaner, 2004). The social determinants approach of health is founded on the claim that “health inequities arise from the societal conditions in which people are born, grow, live, work and age” (WHO, 2011a, p. 2). With this, the inequitable distribution of power, money and resources is now being acknowledged on a global level. This approach has been deemed fundamental to assessing and acting on global health

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<sup>38</sup> Singer (2004) draws on medical anthropologist Ronald Frankenburg’s concepts, ‘making social of disease’, and ‘the making individual of disease.’

<sup>39</sup> Krieger (2001) points out, however, that as early as the 1960’s and 1970’s, some work had been done to begin developing psychosocial theories as well as early work on the social production of disease and the political economy of health.

priorities (WHO, 2012). There has also been increasing recognition of the need to address sexual health and HIV as health and social issues that require an integrated theory and response that recognizes both agency and structure (Jewkes et al., 2001; Marshall, 2008; Shannon et al., 2009; Shoveller & Johnson, 2006). Structural approaches to addressing STIs including HIV are now becoming well-established (Aggleton et al., 2013; Barnett & Whiteside, 2002; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Rhodes et al., 2012). Aggleton et al. (2013) highlight the shift that has occurred in HIV prevention since the 1990's. As structural factors such as gender inequality, sexual discrimination and poverty have been recognized as impacting the vulnerability of individuals and groups to HIV, there has been a move away from purely individual models of attitude and behaviour change. The work of Paul Farmer (1997a, 1999, 2003) has been integral in drawing attention to the inequitable distribution of suffering related to HIV and other STIs. He suggests researchers should focus their attention toward social causes of disease and ask "how large scale social forces come to have their effect on unequally positioned individuals in increasingly interconnected populations" (Farmer, 1999, p. 5).

Individualistic models in research and practice that consider sexual choice as the primary determinant for 'risk' behaviour are still widespread (as argued by Shoveller, Johnson, Savoy, & Pietersma, 2006; Shoveller & Johnson, 2006; Spencer et al., 2014).<sup>40</sup> Youth are often morally judged by society, including researchers, teachers and public

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<sup>40</sup> A recent review of the literature on sexual health interventions for young people by Spencer, Doull and Shoveller (2014) found that studies that considered contextual factors to be a minority. Theories of behavioural change that suggest a linear linkage between sexual health choices and sexual health outcomes dominated the literature. A review of interventions by Shoveller, Johnson and Savoy (2006) to prevent sexually transmitted infections among adolescents also revealed a heavy emphasis on individual risk approaches, rather than approaches that consider context, including social-cultural influences.

health practitioners, and blamed for their poor choices that are seen to result directly in negative outcomes such as unplanned pregnancies and STI infection (Chabot, Shoveller, Johnson, & Prkachin, 2010; Shoveller et al., 2006; Shoveller & Johnson, 2006; Spencer et al., 2014). As Shoveller et al. (2004) suggest young people's engagement in sex has frequently been pathologized (e.g., too early; too risky) and often "described as a cause of disease, a symptom of emotional distress" (p. 479), as opposed to being conceived of as a source of pleasure or expression of desire. Such approaches to research and practice tend to place too heavy an emphasis on youth agency while failing to take into account the social environment that constrains youth's opportunity to make healthy choices.

Recent research points to the need to move away from dichotomizing structural and individual approaches and from perceiving structure as 'static' and immovable (Aggleton et al., 2013; Rütten & Gelius, 2011). Recognition of human agency – the capacity to act within one's social environment – is required to improve the structural conditions of health, while also recognizing the significant impact of structural forces in shaping health and suffering. McNay (2004) adds a relational element to the discussion, arguing that "agency...must be understood in relational terms" (p. 175). Abel and Frohlich (2012) further emphasize the importance of social relationships, as agency is seen as the manner by which active individuals exchange and utilize social, economic and cultural resources to negotiate their health. Further, the various levels – family,<sup>41</sup> community, society – at which social interactions take place need to be considered, in

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<sup>41</sup> Wamoyi and Wight (2014) showed the importance of family relationships in their research on the connectedness of children in rural Tanzania with their parents and the resultant sexual health outcomes. It was discovered that poor parent-child connectedness (social and material) was correlated with girls seeking love and care from a sexual partner.

addition to collective and interpersonal nature of agency (Coggon, 2012; Kleinman & Kleinman, 2008; Rütten & Gelius, 2011).

The need to “capture the dynamism of agency-structure transformations, in which environments constrain as well as enable agency” (Rhodes et al., 2012, p. 210) has been recognized in youth sexual health and HIV, as well as the potential of social actors to transform their environment (Aggleton et al., 2013; Knight et al., 2012; Oliffe et al., 2013; Spencer et al., 2014). Ecological perspectives, which incorporate analysis of factors that impact health at the varied levels of the social environment (Krieger, 2008; Marshall, 2008), emphasize dynamism and reciprocity between the social environment and the individual. As such, they draw attention to how social and structural forces conspire to shape sexually-related behaviour and decisions (Shoveller et al., 2004, 2006). When approaching youth sexual health research from a perspective that considers the dynamic agency-structure relationship, youth’s relationships to people in their social environment and the contextual factors that impact youth’s opportunity to make healthy choices become central to the analysis (Spencer et al., 2014).

In the current study, the concept of a multi-level social environment and the understanding of the structure-agency relationship as dynamic are foundational to understanding the social experience of youth. Literature that moves beyond dichotomizing the structure and agency (recognizing the impact of structural social forces on health *or* acknowledging youth agency) will be used to describe the ways that youth move within constrained and complex social environments providing further insight into the lived reality of youth in Nakuru County.

### **1.3.2 Relationships, networks and youth's agency**

Deboeck and Honwana (2005) recognize the vulnerable position of today's African youth: "Youth are pushed, pulled and coerced into various actions by encompassing structures and processes over which they have little or no control" (p. 3). They also "make society by acting as a political force, as sources of resistance and resilience" (p. 3). On one hand, the agency of youth may be overlooked, for example in scholarship and humanitarian discourses that emphasize victimhood and suffering of young women affected by sexual violence. This point is highlighted by Nordstrom (1999) who problematizes the silencing of girls affected by political violence, who are too often "considered *only* as silent victims of (sexual) assault - devoid of agency, moral conscience, economic potential, or political awareness" (p. 75). On the other hand, youth agency may be over-emphasized, for example, with the stress on individual behavior change in youth sexual health research (as discussed above). This is the case in the Kenyan context as well (Okal et al., 2011). Taking a nuanced approach that recognizes youth's capability to act while also considering the constraints youth face as a result of structural violence, is foundational to understanding the way that youth experience and manage life's problems.

With regard to the situation of children and youth in sub-Saharan Africa, the 'orphan crisis' (as seen above) and the breakdown of supportive structures within of the social environment have been emphasized (for example: Kihiu, 2007; Roalkvam, 2005; UNICEF, 2003). Vigh (2006, 2008) presents an alternative way to view the social environment and raises the concept of youth living in 'chronic crisis'; where daily life is characterized by a state of fragmentation, instability and unpredictability, rather than a

sudden temporal rupture. This concept is useful for application to the current study as it reflects the persistent state of uncertainty that youth who head households in Kenya live out in everyday experience. ‘Chronic crisis’, Vigh (2008) argues, “is often not the result of a sudden tear within the fabric of everyday normality but rather the result of a slow process of deterioration” (p. 9). For youth living in Nakuru County, there has been deterioration, a fragmenting of relationship over time, which has been punctuated by intermittent accelerations in fragmentation as family members die and as community relationships are destroyed during periods of political conflict.

Vigh’s (2006) conceptualization of youth within their environment moves away from viewing structure as ‘static’, thus accommodating the view of structure and agency as dynamic. It acknowledges the unfixed nature of context in one’s environment that youth must navigate through daily (see also Lee, 2012d; Utas, 2005b). Vigh (2006) applies the term ‘social navigation’ to describe the way youth negotiate their daily lives, assessing both immediate dangers and future possibilities; further seeking opportunities for survival and for building a future. Honwana (2005), drawing on de Certeau (1984) explains how youth at times are able to calculate their steps and see into the future to predict outcomes and thus employ ‘strategic agency’. At other times, however, in extremely constrained environments, they consider only short-term outcomes, and employ ‘tactical agency’, as they navigate their lives from a position of limited power (De Certeau, 1984; Honwana, 2005). As I argued previously, with limited support in their lives, even minimal social support enabled Rwandan youth who head households to gain control over their lives and allowed them space to maneuver and plan towards their future and that of their families (Lee, 2012d). Though socially vulnerable youth live amid

constrained social environments, they are nevertheless able to act within the constraints to transform the world around them.

Social navigation draws attention to the critical role of social support in impacting the possibility for youth to exhibit agency. McNay (2004), who identifies the relational nature of agency, argues that the social experience of individuals must be explored in order to understand the lived impacts of social forces. It is youth's relationship to others, then, that will shed light on their agency.

Morrow (1999) highlights the way that children draw on supportive interactions with family and community members to acquire social capital as they navigate their health. She also points out the importance of researching the agency of children in particular social environments, a point that resonates with the aim of the current research. Holland, Reynolds and Weller (2007) draw attention to youth's ability to draw on resources from their social networks and highlights the way that this is often overlooked, as they are assumed to be passive recipients of resources acquired by parents or other adults. This critique highlights the agentic nature of youth's interactions with family and community social networks and is highly relevant to youth who head households. This dissertation looks at the ways that youth navigate their lives to acquire social and economic resources to ensure their own survival and wellbeing so that they may support their dependents.

The research builds upon a conceptualization of agency as relational and on previous work that highlights the importance of social support to ensure youth's survival and health. I argue that social relations shape an individual's agency, which in turn shape

those relations through their actions. Youth's agency is therefore exhibited as they navigate relationships of support and exploitation to improve their health and wellbeing and to provide and care for their dependents.

To illuminate the forms of agency exhibited by young women in Nakuru County as they respond to lived experiences of sexual ill health and diminishing social support in their environment, I turn to McNay's (2004) argument that agency as well as social forces "only reveal themselves in the lived reality of social relations" (p. 175). This points to the need for an in-depth and situated exploration of daily lives, an approach that will be employed in this research.

### **1.3.3 Exploring everyday lives**

The critical role of qualitative methods in capturing 'lived experience' in research concerning the health of populations and individuals has been emphasized in STI, including HIV, and sexual health literature (Rhodes et al., 2012; Shannon et al., 2008; Spencer et al., 2014). Potvin et al., (2005, p. 151) point out that though it is generally accepted by public health researchers and practitioners that everyday life experiences impact health, there is a need to develop conceptual tools to allow for an understanding of everyday lives. Williams (2003) also addresses the need to generate local knowledge-based understandings of health and highlights the requisite for "a more historically-informed analysis of the relationships between social structure and health using the knowledgeable narratives of people in places as a window onto those relationships" (p. 131). Acknowledging youth's relationships and exploring in-depth their experiences and perspectives will also shed light on youth's agency and provide insight about how to

improve youth sexual health (Abel & Frohlich, 2012; Kleinman & Kleinman, 2008; McNay, 2004; Spencer et al., 2014).

Placed-based methods, where everyday life is explored in particular settings, offer an opportunity not only to understand health and daily experience amid changing environments, but how individuals and groups in shared environments work towards healing and social transformation (Gauvin, 2013). Studying the social experience of individuals and communities in particular settings is particularly valuable in generating an understanding of social suffering. The notion of social suffering has been posited as a means to “recapture” the “experiential dimension” (Pedersen, 2002, p. 187) of suffering that has been lacking in the public health field. Social suffering theory privileges the exploration of everyday experience in order to understand the social forces operating in one’s environment to produce suffering. Thus, the methodology employed in the current research employs in-depth study of the daily life of young women who head households in two constituencies of Nakuru County (see figure 2.4) in order to gain a deeper understanding of their relationships, the social processes occurring in their lives and the social forces that shape their daily experiences. Such methods will also reveal the various ways that youth exhibit agency through their daily interactions with social actors in their environment.

#### **1.3.4 Social suffering and violence**

The notion of social suffering, introduced by Kleinman, Das and Lock (1997), brings “into a single space an assemblage of human problems that have their origins and consequences in the devastating injuries that social force can inflict on human

experience” (p. ix). Social suffering theorists aim to destabilize established categories – those separating individual and social analytical lenses and health and social problems – defining “conditions that simultaneously involve health, welfare, legal, moral, and religious issues” (Kleinman et al., 1997, p. ix). Challenging the medicalization of health problems (Kleinman, 2006), social suffering illuminates the daily lived experience of the individuals – that of health or suffering (Pedersen, 2002).

The notion of embodiment, that acknowledges ways in which the outside world plays out in an individual body, has become of interest to public health scholars applying structural approaches. Socioeconomic status, ethnicity, gender, life stage, sexual orientation, or being a minority or majority have been acknowledged as strong influences on the *embodiment* of health or ill health (Farmer et al., 1996; Graham, 2002; Singer, 2004; D. Williams, 1999). The tendency, however, has been to place too narrow an emphasis on the ‘physical’ or ‘biological’ (see Krieger, 2001).<sup>42</sup> Social suffering theory goes beyond the physical to include social, political, economic, moral and spiritual (Bowker, 1997) dimensions of embodiment of structural causes (Kleinman et al., 1997; Kleinman, 2006). Farmer (1999) explains that HIV and other infections are outcomes of systemic inequalities, “disparities, which are biological in their expression but are largely socially determined” (p. 5).

To determine who is most likely to suffer from disease, Farmer (1999) draws on the notion of structural violence, formally coined by Galtung in 1969 and later referred to

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<sup>42</sup> Krieger (2001) defines the study of ‘embodiment’ as “how we literally incorporate, biologically, the world around us” (p. 668).

as “the archetypal violent structure” with “exploitation as a center-piece” (Galtung, 1990, p. 293). He asserts that “neither culture nor pure individual will is at fault, but rather historically given (and often economically driven) processes and forces that conspire to constrain individual agency” (Farmer, 1999, p. 79). Pertinent to the current research, Farmer’s recognition of structural influences that serve to limit a person’s agency, ultimately leading to sickness, presents a much-needed perspective. Moreover, the social world of the sufferer is central to analysis of health.

Though structural approaches make a critical move away from individual risk assessments, they have been critiqued for their “economic reductionist and linear tendencies” (Bourgois, Prince, & Moss, 2004, p. 254) and for being “overly deterministic” (Locke & Biehl, 2010, p. 332). They have also been seen to provide limited room for agency or acknowledgment of transformation and change within environments (Frohlich et al., 2001; Locke & Biehl, 2010; Williams, 2003). Williams (2003) argues that structural approaches to health tend to fail at adequately exploring the generative mechanisms behind the social processes between context and individuals. However, taking a perspective of structural violence that highlights the dynamism of the social environment of the ‘socially vulnerable’ and the agency of people who suffer could reduce the deterministic tendencies of the approach described above and provide insight into the everyday reality of those who suffer.

Kleinman (2010) has proposed social suffering as a theory for addressing global health inequities that “collapses the distinction between what is a health problem and what is a social problem” (p. 1519). Further it acknowledges the role institutions may play in ameliorating health *or deepening* the suffering of individuals and social groups.

Such an approach provides a space to integrate social theories with public health theory, avoiding the determinism applied by other structural approaches, and providing a useful framework for studying the relationship of social context and health. It further illustrates how structural factors and power relations shape the capacity of the ‘sufferer’ to respond in everyday life (Bourgois et al., 2004; Das & Kleinman, 1997).

In their discussion of social violence and suffering, Das, Kleinman, Ramphale, and Reynolds (1997) connect social suffering to violence, claiming that “violence creates, sustains and transforms the interaction of moral processes and emotional conditions (Das et al., 1997, p. 5).” As Bourgois (2009) states, overt manifestations of violence are “merely the tip of the iceberg” (p. 17). Violence takes on more insidious and deceptive forms that often go unrecognized in society. Scheper-Hughes & Bourgois (2004) argue that they are “assaults on the personhood, dignity, and sense of worth or value of the victim” (p. 1). These ‘invisible’ manifestations of violence are particularly relevant in contexts where violence has become normalized in everyday life (Rylko-Bauer, Whiteford, & Farmer, 2009b; Vigh, 2008). This study will explore the ways that youth in Nakuru County experience ‘invisible’ violence in their daily lives.

Rylko-Bauer et al. (2009b) emphasize the intersections of violence, injustice and health. After noting the relative ease of recognizing overt violence such as genocide, they argue that “more difficult to diagnose are the processes that shape and enable the everyday violence that occurs at the local level and interpersonal levels” (p. 11). Scheper-Hughes & Bourgois (2004) highlight the need to broaden the concept of structural violence and to recognize the interaction of various forms of violence. They propose a ‘continuum of violence’ whereby violence subtly mutates from one form to another –

overt and ‘invisible.’ This represents “the ease with which humans are capable of reducing the socially vulnerable into expendable nonpersons” (p. 19).

Bourgois (2009) refers to three categories of ‘invisible violence’<sup>43</sup> and recognizes their value in serving as a starting point for the analysis of overt manifestations of violence such as physical or sexual violence. The first category is *structural violence*, “a violence of injustice, all too often unacknowledged or misrecognized, caused by social structures and processes that marginalize people and sustain social inequalities” (Rylko-Bauer et al., 2009b, p. 7). The second category is *everyday violence*,<sup>44</sup> a pervasive insidious form of violence that becomes invisible due to its routine normality (Schepers-Hughes & Bourgois, 2004, p. 21). The last form of invisible violence, *symbolic violence*, occurs through a process of ‘misrecognition’, whereby insult is internalized by the socially dominated persons who blame themselves for their subordinate position in the social hierarchy (Bourdieu, 2004b). Bourgois (2009) describes the impact of this violent process of misrecognition on “the socially dominated,” saying that they “come to believe that the insults directed against them, as well as the hierarchies of status and legitimization that curtail their life chances, are accurate representations of who they are, what they deserve, and how the world has to be” (p. 19).

Social suffering brought about by ‘invisible’ forms of violence, (structural, everyday and symbolic) prominently brings to light the forms of suffering that are often unseen and are embodied by socially vulnerable youth. These social and health conditions

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<sup>43</sup> Bourgois (2009, p. 19) refers to “The Pandora’s Box of Invisible Violence” and recognizes three categories of ‘Invisible Violence’ – structural, symbolic and normalized. Instead of ‘normalized violence’, I will refer to ‘everyday violence’ as it is a well-developed construct in social suffering theory.

<sup>44</sup> Everyday violence is also referred to as ‘normalized violence’ (Bourgois, 2009).

that are otherwise overlooked, illustrate not only the suffering, but the way people navigate through challenges in their daily lives in the face of violence (examples are: Bourgois et al., 2004; Rhodes et al., forthcoming; Scheper-Hughes, 2008; Shannon, Kerr et al., 2008). These forms of violence and in particular, the interpersonal nature of the violence, require recognition and exposure by the sufferers in order for them to begin to transform their world.

A balance needs to be struck, however, in the analyses of ‘normalized’ violence and the agency of youth. It is important to recognize the way that everyday violence and symbolic violence play out in the lives and bodies of youth. We must be careful to avoid overemphasizing the pervasiveness of violence in one’s life which can lead to the same conundrum that we are trying to avoid – the determinism that defines some structural approaches. In exploring the embodiment of suffering as an agentic process, I will show how youth living amid severe constraints exhibit agency in ways that are accessible to them. As the relationship between their social context and the youth’s experience of health and suffering are recognized, I will elucidate the processes that influence youth’s daily lived experience and their ability to navigate within their environment.

### **1.3.5 Social experience**

Social suffering emphasizes the need to clarify the relationship between the social environment and the individual in an attempt to explain the how suffering and its opposite, health, is produced (Pedersen, 2002, p. 187). The challenging issue remains – how to decipher what actually occurs between the structural and the individual experience, as they are often times presented as linked. Kleinman et al. (1997) emphasize

the importance of critically examining social experience of those who suffer: “Social experience as a theoretical construct encourages the view (to our minds a critical and destabilizing one) that changing societal practices transform individual lives and ways of being-in-the-world” (p. xii). This thesis, using the case study of young women who head households in Nakuru County, will examine the social experience, expose the social processes behind the lived experience of violence of youth and flesh out the forms of suffering embodied by youth.

It is therefore critical to understand the role of social actors in the youth’s environment to fully comprehend their experience of violence and embodiment of suffering. Youth exist and interact within a dynamic ‘web’ of social relations whereby interactions - both positive and negative – occur with actors in their social environment (Borgatti, Mehra, Brass, & Labianca, 2009). The youth’s active role in seeking out social networks also needs to be recognized. Reynolds (1997) writes of the critical nature of social support for South African youth who were involved in state violence and notes the way that they have “created structures of support that warrant close attention” (p. 149). Still, *how* these relational exchanges, this flow of social experience - violent or supportive, impacts youth’s bodies in specific contexts is important to understand in more depth.

In a paper that examines the incorporation of the social body into the physical body, Kleinman and Kleinman (2008) draw on a case study from China to present the flow of experience between bodies and social institutions. They locate the *local interpersonal world* as primary, placing the individual person with the institutions with

whom they interact daily:

Processes of interpersonal agency organize local social worlds around communication, negotiation, and various forms of engagement as a patterned flow of social experience. That is to say, experience is an assemblage of social processes that together create a medium of interaction that flows back and forth through the social spaces of institutions and the body-self. ...Because it is processual, social experience is about transition, transformation, change. (p. 712)

The social processes that flow between institutions and the individual (or ‘body-self’)<sup>45</sup> are dynamic. It is these processes that shape the daily lived experiences of youth, whether they can be characterized as supportive or destructive.

Kleinman and Kleinman (2008) also describe the way that bodies are transformed by political processes, “Symptoms of social suffering, and the transformations they undergo, are the cultural forms of lived experience” (p. 716). According to Kleinman and Kleinman (2008), social worlds are made up of interconnections between individuals and institutions. One’s social experience is collective and interpersonal. Individuals are ‘axes’ around which a patterning of social flow is interwoven. In this study, it is recognized that social processes flow between youth who head households in Nakuru County and social networks and institutions to whom they are connected in their environment. These processes shape their daily experience of health and of suffering.

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<sup>45</sup> According to Schepers-Hughes and Lock (1987, p. 7), the ‘body-self’ is a concept that accounts for the constituent parts of the body; namely, mind, matter, psyche, soul, and self.

Desjarlais (1992, p.155) discusses how the ‘fragmenting’ of the social world is embodied. He describes what occurs in the body-self when the ‘corporate form’ begins to fall apart. He describes the relationship between institutions and the body. He writes, “Since the physiology of the body mirrors the physiology of households, families, and villages, bodies often assume a sensibility of loss when distressed” (p. 155). The social processes that become embodied by youth may then be shown through ‘symptoms’ of social suffering that are representative of the larger social, political, moral and relational processes in their environment. This concept, the mirroring of ‘fragmenting’ systems in the individual body, is important particularly as traditional care systems experience stress with the rising numbers of orphans.

Further, there is an ethical dimension to the social experience. Farmer (1997b) explains that power relations, affected by and structured in an unjust world, tend to subjugate the poor and marginalized, those who embody suffering most severely. Though suffering is experienced personally and embodied at an individual level, the institutional nature of the social relations and the resulting norms and meanings, extends the experience to others making it a collective experience of suffering (Pedersen, 2002). However, as Kleinman (1997a) argues, it is not the case that people in varied positions of the social order do not suffer. Whereas “the social force grinds most brutally on the poor” (p. 228), it also affects others in the social order in ways that are often invisible. This research will focus specifically on the social experience of young women who head households. As it relates to the suffering of young women and in order to understand the gendered ways that suffering is experienced, I will explore the perceptions and experiences of young men who head households and community members in their social

environment.

#### **1.4 Structure of the thesis**

This chapter has presented the justification and significance of this topic as well as the background and context to studying sexual health of young women who head households in Nakuru County. I have also reviewed the relevant literature and the conceptual framework of this study. Chapter two will explain the community-based participatory methodology through a presentation of the four phases of the research process and the analysis of praxis *as research* (Lather, 1986). I will discuss the process, promise and politics of doing engaged research and will reflect on the implications of a research process that aims to encourage critical reflection and transforming processes among the participants and research team.

Chapter three will map out the social environment of youth, including the relationships, social networks and social institutions with whom they interact. This chapter begins to explore the ways that violence operates in relational ways to produce suffering among youth. I will present the social forces that have shaped the everyday lives of youth and their caring environment. The experience of actors from community social networks and social institutions whose roles may at times serve to inadvertently contribute to the suffering of youth will be explored. The way that the changes in the care environment of the youth are lived out at the family level will be described, as well as the response of youth to shifting patterns of care. The ways that youth exhibit agency in their daily lives is emphasized and their attempts to live out collective principles and maintain family relations.

This study employs an in-depth analysis of the lives of young women in order to explore the mechanisms that underpin the social suffering they experience and how it is embodied in their lives. Chapter four will explore and trace the violence experienced by young women and the social processes between young women and the social networks and institutions in their environment. The moral, social and intergenerational dimensions of their suffering will be examined through presentation of their social experience of stigmatization, failure to receive protection, loss and disconnectedness. An illustrative case study of a young woman named Anna will be introduced, which will be drawn upon in Chapters four and five. Her experiences, perceptions and reflections provide insight into the experience of violence and the suffering of youth. Anna's experience of living with HIV and young women's perspectives of the way 'early pregnancy' is treated by some practitioners at health centers will reveal how 'stigmatized conditions' are experienced. This will illustrate how young women frequently internalize the blame for the suffering they endure. It will also show the young women's response, as they navigate their daily challenges and as they, at times, seek to re-gain social respect in motherhood. Further analysis reveals the ways that structural violence morphs into various forms of invisible violence, and the ways that youth's exhibit agency as they externalize the cause of their suffering. As they navigate these constrained environments, and work to protect the life force in their families, the act of caring for others serves to strengthen them and build perseverance.

Chapter five will draw on case studies to describe embodiment and the social suffering of the young women. Three forms of embodiment are described. I first consider the ways that young women exhibit 'silence' as a tactic in a very constrained social

environment. Anna's story will reveal how youth embody a sense of weakness and imbalance as social relations become defined by their own relative powerlessness. Secondly, I will discuss how young women gain strength through naming the suffering they endure and the one causing it (person or force). This extends their personal pain into the realm of the social, acknowledging the harmful interactions in their lives. Thirdly, once young women recognize their own position of subjugation and the external causes of suffering, they agentically confront their daily reality. They oscillate between two states that influence their words, actions and inactions – an embodied sense of self-destruction and an embodied sense of resilience. Finally, the vital importance of social support, which gives youth space to maneuver and to choose to endure, is explored. In this social space, youth have potential to experience healing and bring transformation to their lives and the lives of others.

Chapter six will present a discussion of the overall study findings and conclusions, as well as present a set of recommendations based on the results of this research. In this chapter, I demonstrate how social support is vital to youth and the processes by which social support influences their capacities to navigate their social milieu and create futures in a social environment characterized by constraints. I also present policy recommendations highlighting the need to build on youth's responses to diminishing support in their environment and the need to engage youth as leaders in program and policy development. I further posit that structural approaches to youth sexual health must be implemented in an inter-sectoral manner that unites government and non-state institutions that seeks to improve and enable both the youth's environment and the interrelated aspects of youth wellbeing: sexual, social, economic, relational.

## **Chapter 2: Methodology**

### **2.1 Introduction**

It was a brisk sunny morning in March (2012) in Nakuru town, Kenya, travelling by ‘*matatu*’ (local bus) with my research assistants Dorcas and Cate to the rural project site. They leaned over the seat to say that they wondered if the invited community leaders would show up to our meeting. They joked that for once we were almost certain the youth would all come. They had worked hard to prepare for the community meeting, excited about their opportunity to present about their lives and their hopes to ‘*wakubwa*’ (big people) – politicians, chiefs and others.

We arrived to the rural town, walked quickly along the dirt road and as we entered the partner community-based organization’s (CBO) drop-in center for families affected by HIV. Three young women had already arrived and were reclining on the grass, laughing and chatting with each other while their children played. Together, we walked over to the church, the meeting venue. We set the chairs up in a semi circle with a few rows and then moved outside to supervise the children in the churchyard.

Slowly, people started to arrive for the meeting: more young women and men came in and joined the others. A group of five community health volunteers then entered with the social worker. The invited leaders started to arrive: the Agricultural Officer from the Ministry; two policewomen; the assistant chief, and several workers from a local children’s NGO. We called people into the church to begin, knowing that people would continue to filter in once we began the program. Azizi, the social worker, opened up the event with a formal speech. He warmly welcomed the participants and affectionately

referred to the youth by calling them '*vijana wetu*' (our youth). He introduced me [Laura] again to the community, amiably remarking that I had become a part of their team and their struggle to help vulnerable children and youth. By this time I had been in Nakuru County for ten months working with this CBO in three local communities - two rural and one urban - advancing a research project focused on sexual health and social suffering of youth who head households. Mary, one of the young women then opened the meeting in an earnest prayer, thankful for this opportunity to come together.

Dorcas then led group introductions, picking up the energy level and eliciting laughter through her good-humored attitude. She greeted in Kiswahili, English, Kikuyu, and Luhyah and teased the group that their automatic response to 'how are you?' was '*nzuri*' (good). "The rains have been bad this year and times are difficult leading up to elections. But you are always '*nzuri*'!" She then spoke to the expectations of the meeting. The team would present the preliminary findings and recommendations from the research including the youth's and community perspectives. The group would then contribute by helping to plan further action at the community level and brainstorm recommendations to bring to provincial and national policy levels.

The youth were the first on the program to present. Their goal was to give the leaders of the community a snapshot of what daily life was like for them and to present their vision for the future. They stood up and quietly went outside the double doors of the church to organize themselves. After a few moments, two young women came through the doors – Yatima, 'the orphan' wearing a '*kitenge*' and head wrap and the Binti, 'the daughter' wearing a 'smart' dress. The drama (see Appendix A for the full story) depicted the story of Yatima who was mistreated in her the home of her aunt, then pressured by

men to engage in sex for money. Throughout the story, Yatima navigated towards opportunities that would help her to survive, and if she was lucky, to lead to better possibilities. She moved to a house where she began domestic work, but was abused by her boss. Impregnated and infected with HIV, Yatima returns in despair to her aunt's house. She looks at the audience and says, “*tuvumulie*” (we will endure/persevere). The drama ends, leaving the audience with a sense of uneasiness, as a window into the precarious nature of the youth’s lives was clearly seen. Knowing the story of each one of the young women, it was clear that they had creatively woven pieces of each of their stories into the drama. Some experiences belonged to only one of them, some were shared by others, but together these formed a shared story of suffering and endurance.

Another young woman, Catherine (20 years), stood up and read the document the youth had prepared. She states, “As youth, we have the following ‘*matarajio*’ (hopes/expectations)” (see Appendix A for the complete account). These included starting businesses to be economically self-sufficient; to form a youth group; and to stop sexual abuse, exploitation, stigma and the spread of AIDS. The youth wished to be able to provide for and educate their children; to protect their inheritance rights and to be respected by people in the community. The audience was transfixed, but when the youth took their seats, they applauded them sincerely.

The community volunteers then presented, describing the transformation observed in the youth since the start of the project – they now exuded joy and confidence one man said. This was followed by the research team’s presentation of a summary of the research. When it was time for discussion, the ‘*wakubwa*’ began to speak giving suggestions of what to do, how they might assist, and what ought to be included in policy briefs. The

youth were quiet during the discussion, listening intently and adding their ideas when asked. The area's social worker then stood up to bring the meeting to a close. He said,

We should use our power to try to use the resources that we have to continue with these youth... Let us come together, let us help each other so that these youth can access the best services... let us fight this thing called stigma. We don't want that when Laura when she leaves, these doors close. Us, we will not close the doors on the youth.

He thanked everyone for coming and underlined that this was not the end, but the beginning of efforts to work together as a community to improve the lives of youth.

After the '*wakubwa*' had filtered out, the youth began to chatter excitedly. They joked and chatted about the meeting's events. Some expressed excitement, others wished they could have said more, and some expressed the desire that momentum not stop here.

### **2.1.1 Meaningful exchange**

To have these social actors in the same venue and to give the stage to the youth, was not an inconsequential event. In participatory research with young people, Holland, Renold, Ross, & Hillman (2010) highlight the importance of, "Meaningful exchanges, where individuals and groups have choices in what they wish to share, with whom and in what way" (p. 373). As the youth shared their stories, they were in control; they decided with each word and each action how they wanted to portray themselves. It was the youth's opportunity to tell their story to people of comparative power – their shared story of suffering, of endurance and of survival. This event was not a one-off occasion, but part of a process of engaging youth in solidarity and bringing their knowledge and skills into

the process, two of the core elements in the methodology used in this dissertation research.

The aims of this chapter are two-fold. First, I aim to describe and analyze the way a participatory, ethnographically-informed community-based approach to social research can be used to provide insight into the lived experience of violence, social suffering and agency of youth. I also explore how it can begin to transform an unjust situation, facilitating reflection and action among youth who head households in Nakuru County, Kenya (and all involved in the research process, including myself).

Second, I aim to problematize the role(s) of the researcher engaged with praxis and Participant Action Research (PAR) in University-Community collaborations through a discussion of personal and ethical challenges and opportunities encountered throughout the process. I conclude by exploring how a participatory approach can simultaneously be used to explore youth relationships and experiences of suffering to bring youth through a process of reflection, action and transformation.

## **2.2 Strategy of inquiry**

### **2.2.1 Social constructivism and participatory action research**

This study was informed by a social constructivist approach, recognizing the relevance of social interactions and the socio-cultural setting to ‘meaning making.’ In this case, I approach social suffering as a socially constructed experience that is recreated and made sense of in daily interactions. Recognizing the different ways people create meaning from their experiences of suffering, meaning is drawn from observation of their daily lives and the narratives that express youth’s ways to make sense of the world. An

ethnographically informed participatory action research (PAR) approach, underpinned by praxis, was employed to create spaces for youth to represent and make sense of their experiences. PAR<sup>46</sup> has been described as more of an orientation to research than a series of techniques (Cornwall & Jewkes, 1995; Khanlou & Peter, 2005). It challenges the notion of Western knowledge as superior to indigenous knowledge (Chilisa, 2012; Zavala, 2013) and examines power relations, challenging them through engagement of various social actors in the research process and in-depth critical reflexivity. According to Zavala (2013), PAR has the potential “for transforming... the process of knowledge production and the hierarchical relations that exist between university and community, between researchers and researched” (p. 59).

A narrative ethnographic approach informed this research. Under this approach, the researcher is a ‘situated narrator’ and seeks to ‘re-present’ the world of the participants through acknowledging their own engagement while engaging in sustained social relations in the field, epistemological reflection and analysis (Tedlock, 1991, p. 77).<sup>47</sup> It has been suggested by Stoller (2004) that in the African context a sensuous approach to ethnography that explores local epistemologies should be taken in order to improve clarity and the social analysis of power relations. This became particular

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<sup>46</sup> In this study I will use the term participatory action research (PAR), acknowledging that this approach arose from participatory research (PR), which is rooted in the emancipatory movements in the ‘South,’ and action research (AR), which is rooted in the Northern tradition (Khanlou & Peter, 2005).

<sup>47</sup> ‘Ethnography,’ more broadly, is defined by Willis and Trondman (2000) as “a family of methods involving direct and sustained social contact with agents, and of richly writing up the encounter, respecting, recording, representing at least partly in its own terms, the irreducibility of human experience” (p. 5). In this dissertation, this approach was critical for expressing the lived experience of the youth and other participants.

important in this dissertation in order to allow the youth's perception of 'being in the world' to guide the analysis and writing.

Though participation with young people may be conceptualized in various ways,<sup>48</sup> the strategy of inquiry employed in this study was to engage the youth and their knowledge and skills in all stages of research. This included the design (as much as possible),<sup>49</sup> implementation, analysis, and knowledge sharing and exchange processes with the broader community.

Though participatory strategies of inquiry vary greatly, many of the principles have been grounded in the formative work of Paulo Freire (Cornwall & Jewkes, 1995), primarily around the concept of praxis which he defines as, "reflection and action on the world in order to transform it" (Freire, 1970, p. 51). Lather (1986) builds on the work of Freire and proposes "Research as Praxis," an approach underpinned by critical inquiry that engages participants as active co-constructors and validators of meaning. She describes it as a mutually educative research process that "enables people to change by encouraging self-reflection and a deeper understanding of their particular situations" (p. 263). From such a position, data and theory have a reciprocal relationship. *A priori*

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<sup>48</sup> Holland et al. (2010) note the broad conceptualization of participation in research with young people and distinguishes four main forms. 1) In the first, the research is designed and directed by the researcher, but is called participatory simply because children or young people are participants. 2) Arts-based forms of communication are used by researchers to enable young people to express their views. 3) The young people are involved in design, analysis or dissemination of research about aspects of their lives and experiences and 4) young people are trained in social research methods and carry out research into the lives of others to answer research questions they have identified. This study falls in the third category.

<sup>49</sup> Ideally in participatory approaches, researchers and participants "work together as collaborators to define a problem, take action, and evaluate their work" (Kelly, 2005, p. 66). Academic structures present certain challenges to initiating, implementing and sustaining participatory projects (Smith, Bratini, Chambers, Jensen, & Romero, 2010), such as funding structures that demand a detailed proposal as *a priori* requisite to obtaining grants for conducting research. I dealt with this by developing a detailed proposal with key partners in Kenya and presenting this to the communities to allow locally defined priorities and perspectives to shape the research process and line of inquiry.

theoretical framework may be used, but with flexibility that allows for complexity of emerging data and themes that “keeps a particular framework from becoming the container into which the data must be poured” (Lather, 1986, p. 267). Such an approach also recognizes the potential power differentials that may exist between researcher and participants, particularly when the context is one of a Western based white researcher conducting research in an East African context. This will be discussed at length in a later section.

The PAR approach is appropriate for addressing the research questions in this study concerning the social environment and suffering of youth. This study benefitted from engaged participant observation as an exploration of youth’s subjectivity and agency, which was key to understanding youth’s experiences and perceptions of suffering. As youth and community members engage in critical reflection and articulate their own experiences, desires, and needs, the researcher is allowed insight into their experiences and relationships. Group methods allowed the youth to pinpoint some of the structural causes of their suffering and provided the researcher deep insight into their social networks and the way that individuals and institutions can alleviate or deepen their experience of suffering. The approach also places myself as an engaged significant actor in their social environment and a privileged observer of the social dynamics. This adds both richness to the data and complexity as I acknowledge the critical importance of researcher reflexivity in carrying out an ethical research process (Pascal & Bertram, 2012).

### **2.2.2 Power and ethics in PAR**

Scholarship and humanitarian work on the African continent, particularly among groups considered as ‘vulnerable’ (i.e. refugees, war or HIV-affected people, orphans), has had the tendency to victimize and dehistoricize populations to fit the agendas of actors such as researchers or humanitarian workers (Armstrong, 2008; Malkki, 1996). Youth are particularly subject to being misrepresented and possibly manipulated to fit expectations of suffering and victimhood (De Boeck & Honwana, 2005). Zavala (2013) points out how University-community partnerships and well-intentioned efforts of Western (or Western-trained) researchers may attempt to “shed light on the experiences and conditions affecting historically marginalized communities” but instead they “end up silencing the voices of the researched” (p. 66).

PAR privileges Indigenous knowledge and values participants as authoritative “knowers” (Chilisa, 2012, p. 226), thus it carries with it the potential to lower misrepresentation. Fals-Borda (2006) commenting on the changing paradigms in PAR notes the “homogenizing onslaught of globalization” (p. 357) that we now face. He calls for the need for southern and northern scholars and peoples to converge to protect the lives and identities of peoples and nations, and to understand and value the complex and dynamic nature of societies to construct an alternative paradigm of knowledge creation in regional contexts (Fals-Borda, 2006, p. 357). A PAR approach calls for a rigorous and pragmatic redistribution of power, a critical engagement and sharpened focus on ethics (Pascal & Bertram, 2012, p. 477).

Ely and Yamin (2009) remind us that, “participation is inextricably related to

power” (p. 5). Participatory approaches have been reproached by critics for taking on contradictory ‘top down’ and ‘extractive’ roles and inadvertently *facilitating* power inequalities (Cooke & Kothari, 2001; Neef, 2003), particularly as PAR approaches became dominated by Northern institutions and researchers in the 1990s (Fals-Borda, 2006; Zavala, 2013). It is therefore critical that researchers be cognizant of the *location* of power during the research encounter (Cornwall & Jewkes, 1995, p. 1669) and work towards relinquishing control of the research process and taking into consideration the complex power relations at play in specific locales.

Participatory approaches have been widely used in the health field (Cornwall & Jewkes, 1995; Kelly, 2005; Wallerstein & Minkler, 2008). It has been argued that such approaches may be used to challenge unjust structures and foster actions that may potentially reduce health and social inequities (Balmer et al., 2003; Gordon & Cornwall, 2004; Olshansky et al., 2005). Olshansky et al. (2005) argue that PAR is well suited to systematically learn about the conditions that produce health inequalities, to gain the perspectives of people experiencing inequality and to move towards social change through the research process. PAR then becomes a useful approach to apply when using a social suffering framework that acknowledges the impacts of structural injustice on people’s health and the “pathologies of power” (Farmer, 2003) that shape patterns of ill health and suffering. In this light, PAR has the potential to be used to address the subordination and inequity that causes ill health (Ely & Yamin, 2009, p. 6). A transformative approach would take into account social relations, structures of power, and the extent that a person is in control of decisions that affect their life. The freedom to do so is not a given. Foundational to this emancipatory process, is that researchers develop

an understanding of the worldview of the participants and that they reflect critically on their own identity and power dynamics (Lather, 1986; Pascal & Bertram, 2012).

### **2.2.3 Axes of injustice and researcher identity**

Colonization by the British in Kenya until 1963 left large-scale inequalities along social class and ethnic lines in the Rift Valley (in which Nakuru County is situated), maintaining problematic issues around land ownership, ethnicity and corruption in this ‘postcolonial’ era (Hornsby, 2012). Anderson (2004) claims that ‘postcolonial’ is more “a notion of working *against and beyond* colonialism” (p. 240) than actually referring to a historical period. As the impacts of social and economic inequalities continue to be lived out among youth – economic struggle, land-related tensions, displacement and periods of political violence throughout the Rift Valley<sup>50</sup> – the need to work against and beyond colonialism and its new forms is reinforced.

Part of the legacy left in former colonies is the imposition of Western knowledge and the attacking and undermining of indigenous ways of knowing. The ‘non-Western Other’ has not only been constructed as *different*, but as *inferior* (Anderson, 2004; Fanon & Farrington, 1963; Tuhiwai-Smith, 1999). This is reflected in binary constructions such as colonizer/colonized, or powerful/powerless (Anderson, 2004). Such constructions serve to “subjugate the various knowledge formations originating in former colonies” (Chilisa, 2012, p. 74). Maxey (1999) highlights the need for researchers to destabilize such boundaries in the postcolonial setting.

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<sup>50</sup> Youth’s experience of political conflict will be further discussed in the Chapter three.

In addition to race, ethnicity and social class, gender must also be recognized as an axis of injustice that is experienced alongside other forms of oppression (Anderson, 2004; Maguire, 1996). Dube (2000) describes the way African women are subjugated by both race-based and gender-based systems of patriarchy and domination, claiming that, “The story of imperialism speaks of white males versus “we” the Africans. ... Women in colonized spaces not only suffer the yoke of colonial oppression, but also endure the burden of two patriarchal systems imposed on them” (p. 20). In studying sexual health of young women, unequal power relations along the axis of gender are particularly relevant. In this research, and considering the oppression endured by young women, I have placed particular attention to the gendered ways in which suffering is experienced and embodied.

Anderson (2004) emphasizes that both “suffering and healing are *deeply embedded in highly charged socio-political-historical contexts*,” (p. 245, emphasis in the original). She brings a post-colonial feminist perspective to suffering and healing and states:

Postcolonialism cuts across time and place... it focuses our attention on the processes of dehumanization and human suffering throughout history, and gives us a context for understanding health inequalities. It brings to the forefront the issue of ‘race’ and makes explicit how this socially constructed category has been used in the colonizing process, and the effect that this has had on peoples’ lives and life opportunities (p. 240).

It is in this space that I examine my own identity as I explore the lived experience of violence, suffering, health and agency of youth. Pillow (2003) encourages researchers

to carry out *reflexivity* and ask questions such as, “how does who I am, who I have been, who I think I am, and how I feel affect data collection and analysis?” (p. 176). I acknowledge my own contradictory place in postcolonial Kenya as I reflect on my status as a white, university educated, funded researcher from Canada, but moreover, as I acknowledge my complex identity as a foreigner who has been deeply engaged in relationship with people in the region for many years.

My relationship to the people of Kenya is grounded in ten years of working in communities in Kenya, Tanzania, Rwanda and Angola with NGOs and faith-based Canadian and local organizations, four years of which were based in Kenya. My years working and sharing life with communities and developing relationship has shaped the way that I function in Africa and view power relations. The incredible social support at community and family levels, as well as disillusioning relationships of abuse, exploitation and corruption amid communities and in local and national institutions (government and non-governmental) that I have witnessed have both triggered interest in the questions I ask in this thesis and have shaped the way I have approached the research. I have seen positive and adverse impacts of international NGOs and faith-based organizations that have stimulated deep questions about their presence and my own presence in the post-colonial context.<sup>51</sup> I am more aware of my potential impact on lives and about the power relationships that I both engage in and witness. These have shaped my community-based and participatory approach to the fieldwork in this research project as well as my analysis approach grounded in the youth and community perspectives and narratives.

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<sup>51</sup> These impacts are also tied to a colonial history of oppression and the role played by Western religious orders and Christianity that have subjugated local knowledge and belief systems.

There is always the potential of western researchers working in Africa to dehistoricize, victimize and possibly oppress and marginalize those we study. For my dissertation work, I needed to find an ethical way of operating, defining steps to address my identity and presence, and to be committed to work with the Kenyan people against and beyond the ongoing injustices perpetuated by race, gender, ethnic and other inequalities.

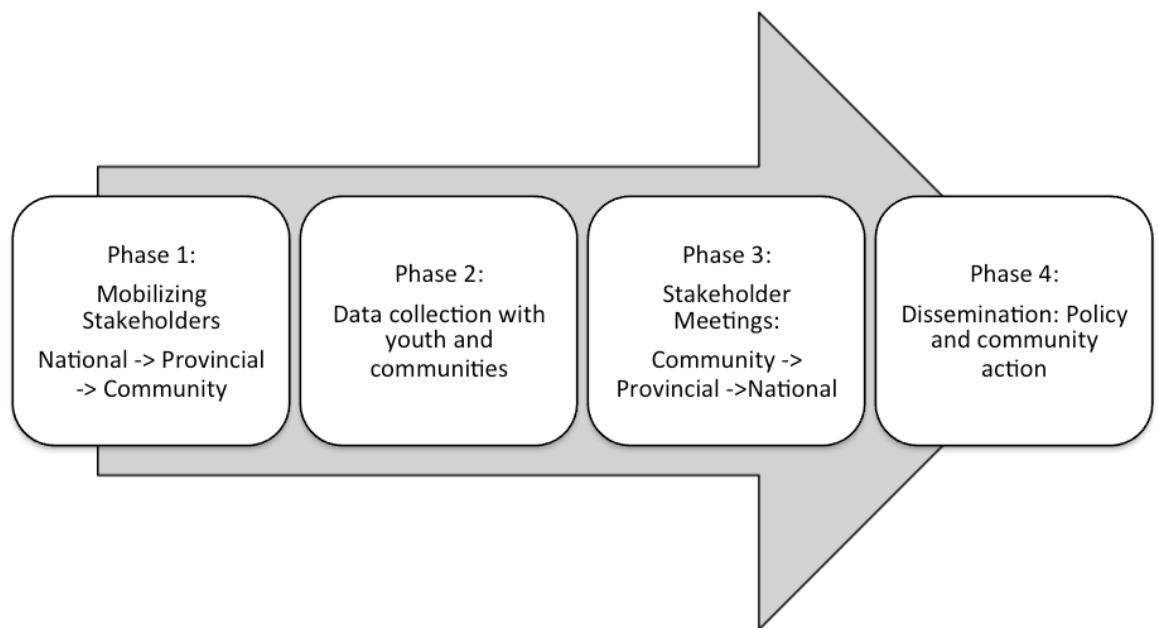
A crucial part of the decolonizing process is a personal journey for each one involved, including myself. Regan (2010) argues that ‘settlers’ must constantly ‘unsettle the settler within,’ – that is, to “risk interacting differently with Indigenous people – with vulnerability, humility, and a willingness to stay in the decolonizing struggle of our own dis-comfort” (p. 13). The decolonizing journey for the ‘settler’ is a ongoing struggle where there is a reconnecting of head and heart, of reason and emotion (Regan, 2010), and one that I continue to journey.

PAR provides a framework for working towards social justice. This methodology has been advanced by Chilisa (2012, p. 251) as a ‘decolonizing’ research method that has the power to bring healing. She argues,

Decolonization of research methods calls for the researched to participate in the research process, in which researchers are activists dedicated to social transformation. This also calls for researchers who theorize and conduct research using healing and social-justice methods informed by the worldviews of those whose histories, experiences, and voices have been distorted and marginalized (p. 227).

Though PAR does not promise to resolve or rectify all power issues, it acknowledges my need to ‘un’-learn assumptions that come from my own background and education and to ‘re’-learn. PAR with youth gives the chance to reposition youth as ‘co-researchers’ (Quijada Cacerer, Cahill, & Bradley, 2013) and implies that by listening to youth’s voices, I am also accountable to their experiences (Stacey, 2001).<sup>52</sup>

### 2.3 Research design



**Figure 2.1 Phases of the research process.**

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<sup>52</sup> And yet, in claiming an emancipatory aim to the research, I also humbly acknowledge the contradictory reality that ultimately, I am the one who will benefit most from the research as I advance my career.

The research process consisted of four phases,<sup>53</sup> as shown in Figure 2.1 (Please see also Appendix B).<sup>54</sup>

The first phase was an initial mobilization of community leaders, including methodological and issue-based consultations with youth at the national, provincial and community level. Partnerships were established with a national NGO, Kenya AIDS Initiative Response Project and a local CBO, Family AIDS Initiative Response Project. I hired two research assistants who participated in all field research activities, planning, follow-up and transcription of data. At the community level, two introductory meetings were organized in collaboration with the local community-based organization (CBO) and conducted in each area: one with community leaders, and one with youth. Chilisa (2012, p. 251) claims that participation in the research process through ‘community mobilization and launch ceremonies’ is an important step to encourage inclusivity. We conducted these meetings to mobilize the communities and to get feedback on research design. We conducted participatory activities, including social mapping (see Figure 2.2 for Venn diagram),<sup>55</sup> in order to study youth social networks and to provide a starting point for transformative participatory research (See summary of these meetings in Table B.2 in Appendix B). At these first community meetings, we also introduced our participant

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<sup>53</sup> Maxey (1999) points out, clear boundaries rarely exist in stages of research. Though I articulate these phases, I acknowledge the fluidity of the research phases and the ways that the interactions with participants and the research team after ‘fieldwork’ have informed final writing.

<sup>54</sup> Appendix B shows the ‘Phases of the Research Process’ and includes: Table B.1: Research design: activities carried out at national, provincial and community levels and Table B.2: Purpose of introductory community meetings and activities carried out.

<sup>55</sup> In the introductory community meetings, participants developed a Venn diagram, showing the various structures and institutions important to youth’s wellbeing in their region (see Figure 2.2 and ‘Venn Diagram: Institutional Mapping Activity in Appendix E). This was done initially to see who to network with in the communities throughout the project and to understand the social networks in youth’s environment. They mentioned some NGOs and youth led organizations working with youth, as well as pertinent government ministries, churches, hospitals, clinics, and microfinance banks.

inclusion criteria - youth between the ages of 15 and 24 years who are responsible for the household. I worked with the partner CBO and other local leaders to recruit 29 young women and 29 young men (see Table 2.1).<sup>56</sup> This recruitment strategy enabled us to reach marginalized youth while beginning to build a support network for the participants.

**Table 2.1 Youth Participants**

Constituency	Ward or Location	Young men	Young women	Total	Total (urban/rural)
<b>Nakuru Town West</b>	Kaptembwo, Kapkures, London, Barut	19	10	29	Urban: 29
<b>Molo Constituency</b>	Elburgon	7	7	14	Rural: 29
	Molo Turi	3	12	15	
<b>TOTAL</b>		29	29	58	58

Phase two was the heart of the research. It involved eight months (July - May 2011) of ethnographically-informed participatory research carried out in two project areas in Nakuru County: Nakuru Town West Constituency (urban and peri-urban) and Molo Constituency (two rural towns, Molo and Elburgon and environs) (see Figure 2.4). We often did activities in two separate groups, Molo and Elburgon, due to the sheer size of the region (see Table 2.1).<sup>57</sup>

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<sup>56</sup> Some of the youth had ‘graduated’ from Orphan and Vulnerable Children’s (OVC) programs. Many OVC programs, mostly funded by overseas donors (mainly the USA and the UK) have stipulations that dictate that the children must be less than 18 years to participate in their programs, and thus dismiss youth from the program once they have reached 18 years. Other recruiters knew the families through HIV programs, where volunteers had visited the homes when the parents were still alive.

<sup>57</sup> For a breakdown of the constituencies and Wards/locations of the youth, please see Figures 2.3 and 2.4

In this phase, trust was built and relationships deepened between the research team, youth and communities. This facilitated the in-depth exploration of the research questions through group and individual research methods with youth and community members (outlined below).<sup>58</sup> Compensation for the time youth dedicated to research sessions took the form of ‘transportation money’ and food.<sup>59</sup> An iterative feedback process was employed, as the research team repeatedly conferred with the youth, the local CBO staff and other community participants their feedback and ideas.



**Figure 2.2 Venn Diagram, Nakuru Town, Created by community members in Nakuru Town West, September 2011**

<sup>58</sup> See Appendix C for a description of community-based activities carried out in each research phase.

<sup>59</sup> Youth received 200 kes (approximately 2 USD) and lunch for a full day of research activities, such as a workshop and 100 kes (approximately 1 USD), tea and snacks for a half-day activity, such as a group meeting or discussion or an interview. However, as the project transitioned to a ‘youth owned’ project in 2012, this expectation was released.

The districts where the research was carried out are home to people from many tribes (Kikuyu, Kalenjin, Luhyah, Luo, Kisii). This ethnic makeup was reflected in our groups of youth. All sessions were carried out in Kiswahili<sup>60</sup>, a language that is common to most Kenyans. It was important to consider the role of *language*, not only as a vehicle of communication, but as a way to preserve indigenous knowledge (Chilisa, 2012, p. 57).<sup>61</sup> Though the primary language of the research was not each person's mother tongue, the use of Kiswahili served to minimize divisiveness, as it is commonly spoken language among youth<sup>62</sup> in the South Rift Valley. Further, having worked and lived in East Africa for ten years, I speak, read and write fluent Kiswahili. All transcripts used for analysis were done verbatim in Kiswahili.

In the third phase, stakeholder forums were held at the community level, giving youth the opportunity to present their experience, testimonies and recommendations through drama and storytelling. These meetings provided an opportunity to witness the youth's political and social agency and to continue to observe their interactions with actors in their social environment. Provincial and national level meetings were subsequently held. These forums provided the occasion for community voices to be

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<sup>60</sup> Most Kenyans speak Kiswahili in addition to their mother tongue. Having worked and lived in East Africa for ten years, I speak fluent Kiswahili. All sessions were carried out in Kiswahili with the exception of FGDs done with NGO workers in Nakuru and meetings with government workers, which were carried out in English and a few interviews done in Kikuyu, as the Research Assistants spoke Kikuyu. One interview and several other conversations with Anna were carried out in Kikuyu by research assistants. The Kikuyu interview transcripts were translated into Kiswahili by the research assistants in order to maintain fluidity for the analysis.

<sup>61</sup> Language is seen as a "symbol of objects, events and experiences that a community considers worth naming" (Chilisa, 2012, p. 57).

<sup>62</sup> Youth, particularly in the urban area, often switched into 'Sheng,' which is a dynamic slang 'language,' a mixed code derived from the lexicon of Kiswahili (uses this structure), English and the over 40 mother tongues in Kenya, commonly spoken among urban youth (Abdulaziz & Osinde, 1997). I often had to get clarification on vocabulary used and as I learned some of these words, they became fluidly integrated into our Kiswahili sessions.

heard, to inform leaders of the process, to discuss and validate preliminary findings, and to get input for next steps.

The fourth phase concerned the policy and community action possibilities where, through additional funds, we were able to set up a three-tiered project to act on the recommendations from the research project (2012-13). Briefly, with the research partners, processes were put into place to facilitate ongoing activities at community, provincial and national levels including the development of policy outputs.<sup>63</sup>

In-depth qualitative analysis was done in four stages using HyperResearch.<sup>64</sup> First, I became familiar and immersed myself in the data collected through reading a printed copy of all transcriptions and developing codes. Codes were assigned based on themes associated with research questions with others added inductively as they arose from the data (Richards, 2005). Second, all transcribed data were coded and other data sources (see Box 2.1) were examined and relevant parts transcribed and coded. Translation into English was done as needed and checked with the research assistants in Kenya when necessary. For key concepts, for example to express pain and suffering, we listed various translations and discussed together with the youth which words were most appropriate. Third, as sections of the dissertation were drafted, relevant codes were searched and appropriate data was used in the writing. Lastly, further analysis was done during the writing process as ideas were further developed.

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<sup>63</sup> The dissemination activities were funded through a CIHR Grant – Dissemination Events: Priority Announcement – Infection and Immunity (2012), Institute of Infection and Immunity, Canadian Institutes of Health Research, Government of Canada. Though details will not be provided here, a short description of dissemination activities can be found in Appendix D.

<sup>64</sup> HyperResearch is a qualitative data analysis software. All transcripts and data sources were uploaded and analyzed according to the themes developed.

**Box 2.1. Data sources analyzed for research**

- Transcripts of interviews, Focus Group Discussions, workshop sessions, informal meetings
- Hand-written field notes (four notebooks used during research sessions)
- Typed field notes (written in the evening after daily research activities)
- Photos, including activity outputs and photos taken by youth
- Videos of dramas
- Household profile sheets
- Emails with Research Assistants

### 2.3.1 The research team and participants

Through local partnerships – the national partner NGO and local CBO based in Nakuru,<sup>65</sup> we facilitated the collection of information and created a community-based social support system for the youth. Our research team consisted of two local research assistants, young women from Nakuru who were selected by the CBO, and social workers and community volunteers who were based out of three CBO drop-in centres (Nakuru West, Molo, Elburgon). The research assistants were integral in building sustaining relationships with youth and the communities and in ensuring the wellbeing of the youth as well as the research team.<sup>66</sup> The drop-in centres for families affected by HIV

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<sup>65</sup> The local CBO had good relations with local leaders in the communities and introduced me through a formal letter where they were also invited to the initial community meeting.

<sup>66</sup> The lead research assistant was a trained community health and social worker and was able to provide counseling to the youth when appropriate during or after research sessions. She was also connected with the NGOs and health services in the urban region, which facilitated youth's access to some services, as needed. The second research assistant helped periodically at the start of the research, particularly with group meetings, but then joined the everyday aspects of the research and visits four months into the

were each small buildings with offices and grassy grounds for outdoor sessions. It was the central meeting place for our activities and the space where youth could come if they had problems.

The work of the community volunteers was critical to this study. Four volunteers were selected by the CBO in each area to assist to recruit youth, to inform youth of sessions<sup>67</sup> and to regularly visit them. This provided youth a source of social support that could continue after the research project. We acknowledged the volunteers' contribution by providing a small honorarium, hiring them as cooks at sessions, visiting youth together and in one area, we prepared a report to advocate to local government on youth issues of concern to them.<sup>68</sup>

All 58 youth in this study were between 15 and 24 years when recruited and were considered the person responsible for the household at the time. Many of the youth (84%, 49 youth) were living without parents (eight youth lived with their mothers and one lived

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research (when I returned to Canada for holidays, and after I returned). Both research assistants, aged 24 and 26, were able to establish excellent rapport with the youth. They took the lead with communicating with the youth and community volunteers, dealt with the budget day-to-day, and took part in all research sessions. At first I led interviews, participatory activities and group discussions (and they provided translation as needed), but after a few months, they took turns leading as well. Our relationship with each other (and with social workers and community volunteers) was key to our own emotional welfare and was useful for reflection as we debriefed each day's activities.

<sup>67</sup> Communication of meeting times, household visits, and trainings was challenging at times, as only a few of the youth had mobile phones. A system was developed to call a few of the youth and community health volunteers and for them to walk to the others to spread the word about sessions. Many youth would be late for sessions because of long walking distances or trying to work a *kibarua* in the morning, which frustrated youth who were on time. Though youth were given funds for transport (to get a local taxi) they would often choose to keep this money and walk to and from sessions, up to three hours each way.

<sup>68</sup> In one of the rural areas, we carried out focus group discussions with the community volunteers, and as youth's situations were discussed, it became clear that they were frustrated with injustices they dealt (at the local hospital) with daily as they tried to support youth and children. We, therefore, carried out an extra session to prepare a report as a group and forward it to appropriate players so that their requests could be acted on. The volunteers signed a letter to attach to the report.

with their father<sup>69</sup>), 35 of whom were double orphans, whereby both parents had died.<sup>70</sup>

Thirteen of the youth were maternal orphans, where the mother had died, three were paternal orphans, where the father had died, and seven youth had both parents living.<sup>71</sup> In some cases, a parent had left the family (several grew up without fathers), or migrated to find work. Some of the young women had married. Two young men married during the period of research. In each case, the youth was the primary breadwinner. Most youth cared for their siblings or cousins (86% or 50 youth) and several cared for their own children (14 women and 1 man).<sup>72</sup> Six of the youth were still in school (3 male and 1 female in the urban area and 2 male in the rural area). Only 5 youth had completed secondary school, while 32 youth had completed primary school. Twelve youth never been enrolled in formal schooling (see Table 2.2).

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<sup>69</sup> In all cases the parent was living with HIV. Most households were part of the program for families affected by HIV. Three of the mothers were suffering from mental health problems as well.

<sup>70</sup> In some cases, a parent had left the family (several grew up without fathers), or migrated to find work. Some of the young women were married early.

<sup>71</sup> Out of the seven youth who did not consider themselves as ‘orphans’: One young man has a mother living with HIV in the community. Three young women and one young man take care of mothers living with HIV (the father was not mentioned). One woman has HIV and lives with her three children, as her husband left her. One young woman shared that her father left them long ago and her mother abandoned the family later, leaving her in charge of her cousins.

<sup>72</sup> Some small children of the youth attended our meetings with their mothers; nine children under four years in the rural area and only two infants in the urban area. Having the small children in our sessions sometimes seemed a distraction, however, ultimately was a brilliant way to spark discussion and to observe the youth with their families. It was also an opportunity for the youth to come together with their children in a safe environment –to play together, to share food, and to live in community. Other youth and members of the research team would also frequently assist with, hold or take turns caring for the children, which also served to create trust and build relationships.

**Table 2.2 Education levels of the youth**

Level of Education Obtained	Urban Young Men	Urban Young Women	Rural Young Men	Rural Young Women	Total
Completed Secondary	3	1	0	1	5
Mid-Secondary	7	6	3	2	18
Completed Primary	6	2	2	4	14
Mid-Primary	0	1	3	5	9
No schooling	3	0	3	6	12
<b>Total</b>	<b>19</b>	<b>10</b>	<b>11</b>	<b>18</b>	<b>58</b>

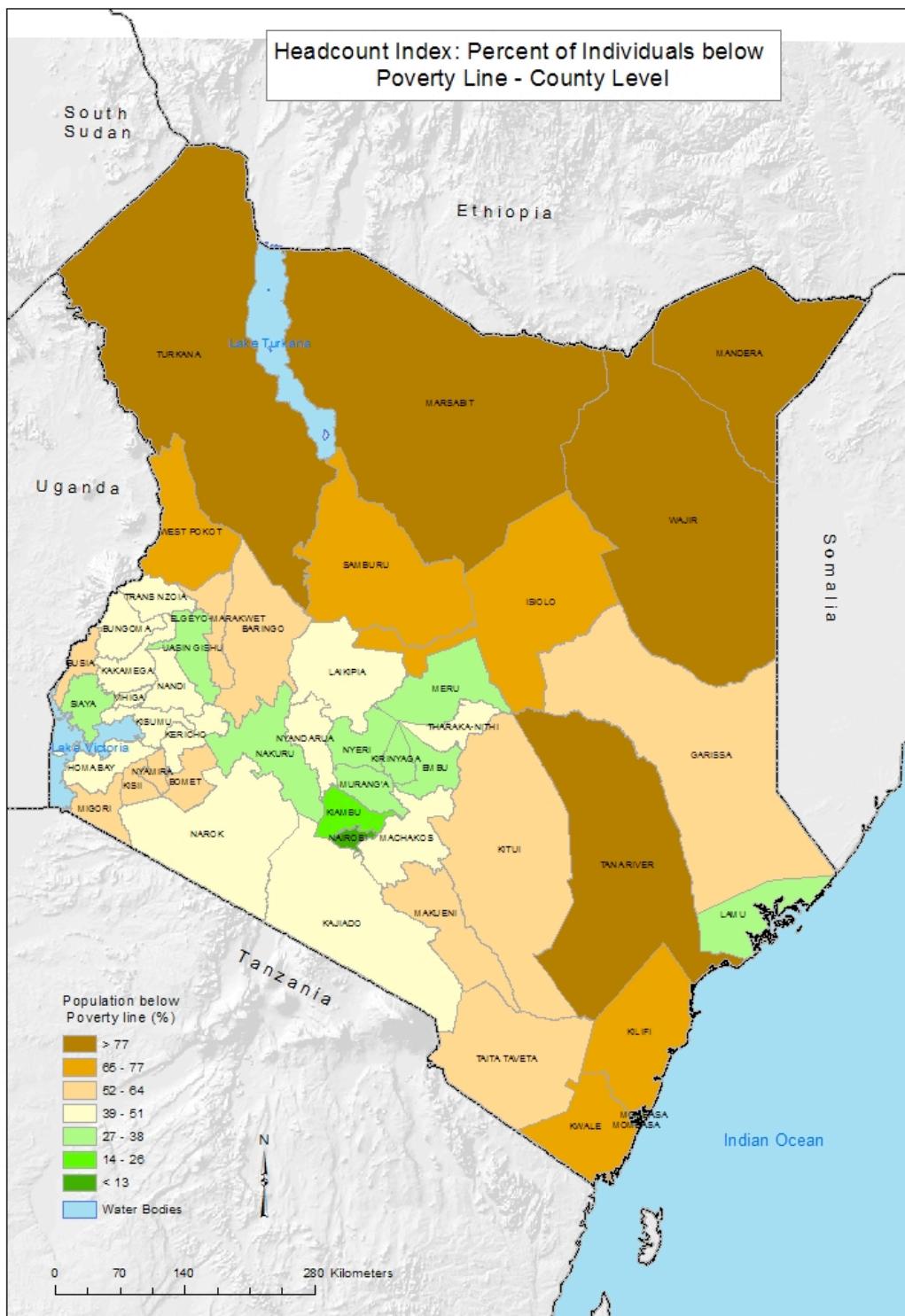
### 2.3.2 Description of Molo and Nakuru Town West Constituencies

The land in Nakuru County is varied, with large rural areas, spotted with rural towns. It includes Nakuru, the highly multiethnic town – the fourth largest in Kenya – which is the Administrative Capital in the Rift Valley (CIPEV, 2007). In Nakuru County 33.5% of the population live below the poverty line (see Figure 2.3), far less than the whole country, where 45.2% are reported to live below the poverty line (KNBS & SID, 2013b). Nakuru County is reportedly more equitable than the whole of the country (see Figure 2.4).<sup>73</sup> However large discrepancies still exist, mostly between urban and rural areas,<sup>74</sup> but also within such areas.

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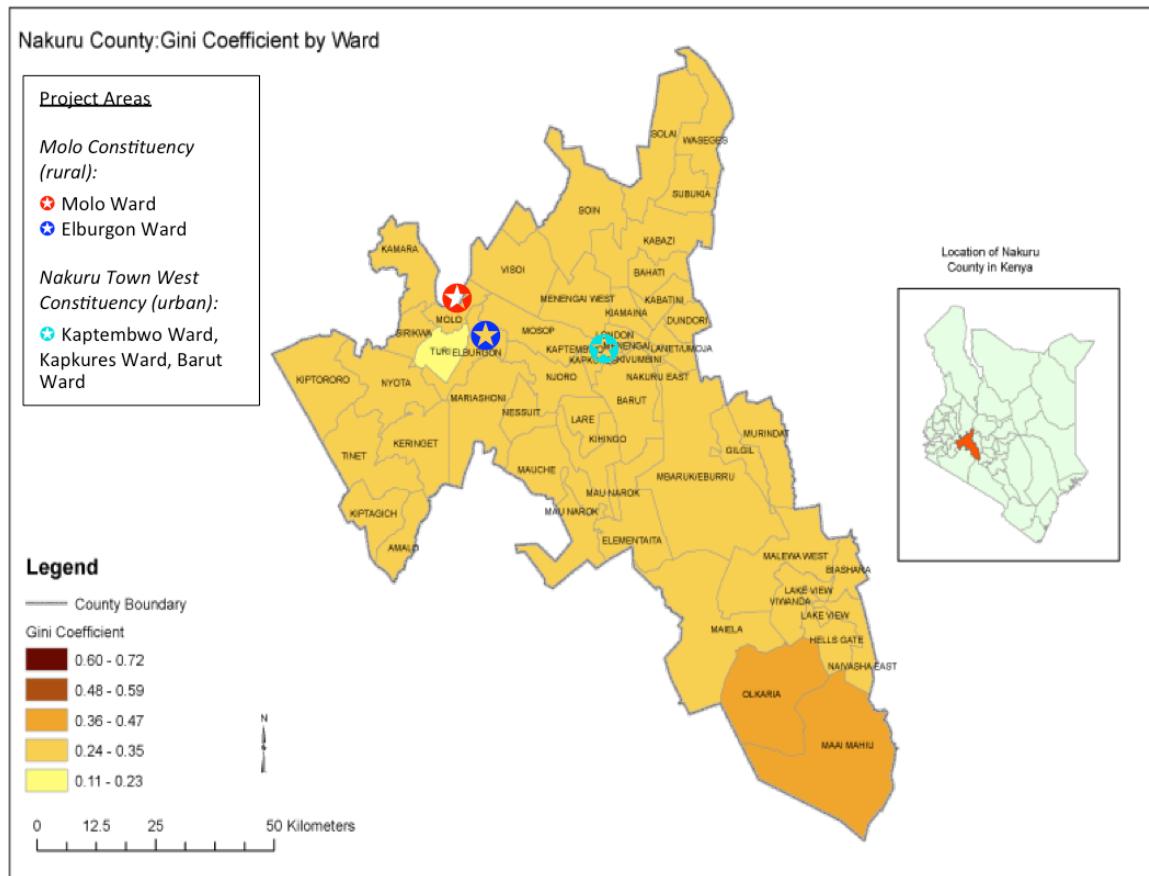
<sup>73</sup> The Gini co-efficient measures inequality using consumption expenditures per capita, with ‘0’ being perfect equality. The national Gini coefficient in Kenya is estimated at 0.445 (KNBS & SID, 2013b), Nakuru County has a Gini co-efficient of 0.376 and therefore has a more equitable distribution than throughout the county (KNBS & SID, 2013a).

<sup>74</sup> For example, in Nakuru Town West, more residents have electricity (63.2%) and cement floors (87.6%) compared with Molo Constituency (where 18.9% of residents have electricity and 35.8% have cement floors) (KNBS & SID, 2013a).



**Figure 2.3 Map of counties of Kenya by proportion of population below poverty line.**

**Source: Copyright 2013b by Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID).**



**Figure 2.4 Project Areas: Nakuru County - Gini Coefficient by Ward.**

**Source. Copyright 2013a by Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID).**

Molo Constituency, what I refer to throughout this dissertation as ‘the rural area’ comprises both Molo and Elburgon Ward, and thus the groups of youth participants from both areas (see Figure 2.4). In Molo Constituency, the land is fertile and rich, which made it a target for British settlement, which occurred between 1888 and the early 1900’s

(Hornsby, 2012, p. 26). The landscape has changed as land was claimed as Crown property by the British between 1902 and 1915 (and after Independence in 1963 by elite Kenyans), with mass deforestation to accommodate larger scale farming and later timber poaching (Hornsby, 2012). The primary crop is Irish potatoes, while maize, beans, and wheat are also produced. Molo town and Elburgon Town are both in the Western highlands where it is a few degrees cooler than Nakuru Town. A community leader (focus group discussion, Molo, 2012) explained that further changes to the landscape have occurred in past decades as a result of internal displacement into Molo Town from locations further West due to political conflicts starting in 1991. He pointed to a hill in the distance now divided into small plots with houses. He said, “See that hill, that used to be only forest.” He further explained that though land around the town is vast, few people own land and most people are left to ‘hustle,’ working in other people’s farms.

Youth in Molo Constituency worked ‘*vibarua*’ (casual jobs) in other people’s farms but work was harder to find during the dry season.<sup>75</sup> At these times, young men would graze sheep or goats, work at the timber factory, carry produce in the market or engaged in other manual labour. Young women would sell produce, eggs or other items in the market, wash laundry, dishes, or work in hotels and bars. One young woman acquired consistent work as a domestic in a rich person’s home. Many youth rented a single room residence in low-income row housing. Some lived in rural homes left by their parents, mostly made of mud walls and tin roofs on small plots of land. Some Kikuyu

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<sup>75</sup> As the local chief explained, “You can imagine Molo being a rural area; it’s not an industrialized country, so it’s affecting them so much. It’s not like in town when you can get work anytime. It’s just the season to farm... it’s over, people wait. What next. The season to harvest.” In a seasonal calendar activity in Elburgon, young men shared the most difficult time between January and April, then again in July, with no work on the farm and food being scarce.

youth lived close to relatives who had settled there in the mid 1900's during or after colonization.

Youth in each area drew community maps (see Figures 2.5 and 2.6) that recorded their community from their perspective. The youth marked schools, churches and other centers of social activity. They noted sites of potential income generation; the shops, the markets, the cattle dip, the slaughterhouse and supermarkets where they tried to find '*vibarua*'. The rural youth's dependency on the land was obvious as they pointed to the rivers and boreholes where they drew water, the forest where they collected firewood, the land where they grazed sheep, and the farms where they cultivated for others.<sup>76</sup>

Nakuru Town West Constituency (what I refer to throughout this dissertation as 'the urban area') consists of an urban core, high-density living areas and a peri-urban farming area. Most youth in Kaptembwo, Barut and London in Nakuru Town West lived in a rented room within a compound and did not live close to other relatives. Youth in Nakuru paid higher rents than Molo residents, but also received slightly higher daily wages for '*vibarua*'.<sup>77</sup> The peri-urban locations Kapkures and Barut were traditionally Kalenjin land. Most Kalenjin youth lived in family homes with mud floors and

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<sup>76</sup> Their connection to the land was based more on survival more than an intimate connection to family or tribal territory. This shows the impact of colonialism and displacement, as the intimate spiritual connection with nature, including ceremonial trees, has diminished. Kenyatta (1965, pp. 231–269) describes the traditionally intimate contact with nature of the Kikuyu people. Ocholla-Oyayo (1976, p. 37) explains how the Luo value land – for grazing cattle, for village life and for cultivating – the most if it was fought for by one's ancestors.

<sup>77</sup> In Molo, youth paid approximately between 300 KES and 800 KES (3 USD – 8 USD) per month, while Nakuru youth paid between 1000 KES and 2000 KES (10 USD – 20 USD) per month. Electricity was sometimes included but other times was extra.

corrugated tin roofs and were able to maintain a more significant connection to their family life.<sup>78</sup>

In Nakuru's urban area, the cash economy is primary. Young men living in the urban area worked '*vibarua*' in a sand quarry outside of town, carried groceries in the market or worked casual construction jobs. A few drove '*bodaboda*' (motorbikes) taxis owned by others. Washing clothes or dishes in people homes were the most common jobs for young women, while some worked casually in hotels and bars. Youth in peri-urban areas sought '*vibarua*' in other people's farms during planting and harvesting seasons.

In terms of youth sexual health services in Nakuru County, the Provincial General Hospital in Nakuru has a youth friendly center, however, the funds available have decreased significantly over the past decade, resulting in diminished staff and the need to cancel mobile outreaches (personal communication). The largest integrated program that serves both urban and rural areas of the County currently addressing HIV/AIDS and reproductive health is APHIAplus (AIDS, Population and Health Integrated Assistance) Nuru ya Bonde, a program funded by USAID and managed primarily by FHI 360 and a number of government and civil society partners, including the partners involved in this study.<sup>79</sup>

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<sup>78</sup> Such households were among the 61.6% in Molo and 10.4% in Nakuru West Constituency who live in homes with earth or mud floors, whereas 35.8 % in Molo and 87.6% of homes in Nakuru West are constructed using cement. Over 90% of inhabitants of both Molo and Nakuru have iron sheet roofs (KNBS & SID, 2013a).

<sup>79</sup> The approach of the programs implemented by CBOs in the regions where the project took place are family centered, but once children reach the age of 18 years, support is limited. For example vocational training was offered to youth 18 years of age or older if they had completed secondary school. Further youth whose parents died of HIV and were part of the program were allowed to stay in the program as household heads to receive psychosocial support through visitations.



Figure 2.5 Community Map of Molo Ward, Molo Constituency, created by youth, September 2011



Figure 2.6 Community Map of Barut Ward, Nakuru West Constituency, created by youth, September 2011

## 2.4 Methods

Methods applied consisted of participatory research methods with youth, in-depth semi-structured interviews, participant observation and focus group discussion with community members.

Participatory group sessions with youth were carried out in two-day workshops, and then subsequently in half-day sessions. Participatory research methods employed in these sessions aimed to document youth's perceptions and experiences of suffering and health and their relationships with social networks and institutions. Modified visual PAR methods were used during group sessions. This took the form of historical timelines, community maps, social mapping, and institutional diagrams to map out the youth's social environment and networks (see Appendix E for examples). These methods were mixed with performative methods such as drama, role-play, storytelling, and other visual methods.<sup>80</sup> These were used to diminish power imbalances through giving control to the youth of what they wished to express while developing a deeper understanding of the daily life challenges faced by the youth. Visualizations provided the opportunity, as Cornwall and Jewkes (1995) explain, for people "to explore, analyse and represent their perspectives in their own terms (Cornwall & Jewkes, 1995, p. 1671)." As well, as Mjaaland (2009, p. 407) articulated, they serve "to disrupt visually the stereotypical Western perception of a catastrophe-ridden and victimized people, and hence to evoke an

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<sup>80</sup> The International HIV/AIDS Alliance (2008) guide, "Feel! Think! Act! A guide to interactive drama for sexual and reproductive health with young people" was also used. Some methods were inspired by methods inspired by Augusto Boal's (2000) *Theatre of the Oppressed*, such as Follow the Hand (see Appendix E for a summary of this and other selected participatory activities).

understanding of them as the able social agents that they indeed are.” Where possible, methods built on local oral tradition such as proverbs were used to draw out information passed down intergenerationally (Chilisa, 2012).<sup>81</sup> This not only evoked local knowledge but elicited information about where youth garner their strength, their level of connectedness to their families and communities, and the level of fragmentation of the social networks in youth’s environment.

Two-day workshops were carried out in rural and urban areas (in October 2011) in order to understand youth’s daily experience of suffering and how the actions of other social actors in their environment either diminish or deepen their distress. They were held at local venues arranged by the CBO and consisted of research methods such as social mapping, problem ranking, historical timeline, role-play, and seasonal calendars, mixed with local games and trust-building activities.<sup>82</sup> The youth requested workshops to be done with young men and women together. This facilitated observation of gender dynamics and activities aimed to explore the gendered nature of suffering. For example, youth were divided into groups to discuss and ranks daily problems that they faced and to create a drama to demonstrate how they deal with their challenges (see Appendix K).

Subsequent half-day group participatory sessions (10 in Nakuru, 12 in Elburgon and 15 in Molo) were carried out with youth providing them with the opportunity to build

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<sup>81</sup> Chilisa (2012, p. 131) describes the way that proverbs are important ways to hand down local knowledge from one generation to another, recording pragmatic wisdom accumulated by ancestors. See Appendix E for a description of the “Proverbs Activity” used with youth, whereby proverbs were brainstormed in their various languages and then dramas were performed to convey the meanings.

<sup>82</sup> Please see Appendix F for sample schedule for the two-day workshop.

on discussions and issues that had been raised during the workshop.<sup>83</sup> On request of the youth, gender-specific health discussions in each project area were planned to discuss topics that young men and women wanted to address. Approximately 75% of sessions were research-based gatherings where participatory methods were carried out followed by discussions focused on specific themes such as violence, social support, leadership, and sexual health.<sup>84</sup> The other 25% were capacity-building sessions requested by the youth.<sup>85</sup>

Semi-structured interviews were conducted with 22 of the youth (13 female; 9 male) aimed at capturing the daily experience and perceptions of suffering of the youth and the way they navigate social relations. Youth who had already begun to freely share during group sessions, or who expressed a desire to speak with us individually, were invited for an interview. Interviews averaged between one and two hours in length and were carried out by myself and one or both research assistants. Youth were interviewed once or twice, however a more in depth interview process was followed with five young women. We conducted three to four interviews and several household visits (that allowed for in depth ethnographic observation) with the young women who are featured in the key case studies: Anna, Hope, Catherine, Julia and Purity. When writing the case studies, the

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<sup>83</sup> Half-day participatory sessions were carried out with youth during morning hours – on weekdays in rural areas and on Saturdays in the urban area – and tea was served. On average, these meetings took place every two to three weeks, though in one of the rural areas, the youth agreed to have a weekly meeting that took place regardless of our presence. This group later merged with the other rural group to form and register as a youth group.

<sup>84</sup> Please see Appendix G for a sample focus group discussion guide for group youth sessions.

<sup>85</sup> The youth requested trainings on entrepreneurship, business development, sexual health, HIV and sexually transmitted infections, family planning, leadership and caring for children. We organized for local facilitators, such as nurses or youth leaders to train youth during regular meetings. Two four-day trainings were held in Phase Four: one on Entrepreneurship Development and one on Sexual Health.

youth were given the opportunity to review and edit their story.<sup>86</sup> Youth were given the choice to interview where they felt most comfortable. Most interviews were conducted in the vicinity of the drop-in centers that facilitated private conversations in an environment where the youth were comfortable and less inhibited in their communication.

An interview ‘guide’<sup>87</sup> was used as a springboard for conversation and included the following topics: household profile and history, family, livelihoods, social relations and navigating challenges, gender, sexual health and relationships, childbearing (women only); violence, and future hopes. Questions evoked narratives about youth’s own lives but also provided opportunities for them to share their views and perceptions.

Participant observation was employed throughout the project and was critical to exploring youth’s daily lives, social environment and power relationships. Household visits, which were done with nine young men and 17 young women who invited us to their homes, allowed for significant informal time with the participants. This also provided opportunities to observe family and community social networks and to build stronger relationships with the youth and research team. In one of the rural areas, the youth decided to do group household visits, so that they got to experience each other’s homes.<sup>88</sup>

Focus group discussions (7 sessions total: 2 in Nakuru; 2 in Elburgon and 3 in Molo) were carried out with six to ten community members at drop-in centres in each

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<sup>86</sup> The research assistant visited each youth to review the story together and to report with their feedback.

<sup>87</sup> The youth interview guide can be found in Appendix H.

<sup>88</sup> With seven youth, we walked all day through the four sub-villages taking a few moments to sit together and talk in each place. This group visit was not only an opportunity to build peer support between the youth, but provided insight into the life challenges they face as they juggle care responsibilities that allows little time for peers.

area. Youth volunteers, social and health service providers, local authorities, elders and other religious leaders met to provide insight into youth's suffering, social environment and networks. These groups were invited because of their knowledge about the youth's health and access to services and could help them in the future. A focus group discussion guide<sup>89</sup> was used for these sessions and questions varied depending on the composition of group members (for example - if they were NGO workers or village elders).

## 2.5 Opportunities and challenges with PAR

Methods were planned with the dual purpose of eliciting data to answer the research questions and to usher youth through a process reflection, action with potential to lead to transformation. Holland et al. (2010) praise participatory group research with young people as it mimics the ways youth like to communicate – having fun, sharing common experiences, and “as a group, hold sway over the researchers presence (Holland et al., 2010, p. 372).” But they also note that the approach has potential drawbacks. In order to address potential disadvantages, such as confidentiality issues and group dynamics we made sure to: 1) carefully plan the *implementation of each activity* as well as the *sequence of activities* and; 2) have a ‘toolkit’ of activities and methods that we employed with flexibility and creativity.

The participatory research methods used aimed to provide a safe opportunity for the youth to identify and discuss their challenges and feelings while controlling when to reveal their own personal experience. Participants were always assured that they could participate only if they felt comfortable and were encouraged to share about challenges

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<sup>89</sup> Please see Appendix I for the FGD guide for community members.

faced by youth in their situation, and by themselves only if they wished. For example, in a ‘social mapping activity’ (see Appendix E for description), youth discussed challenges and described ‘actors’ in their environment who helped them and harmed them in certain situations. The group chose to discuss the challenge ‘getting pregnant when you are young.’ As a group, they discussed how grandparents and community volunteers were usually helpful. On the other hand some friends, neighbours, nurses, doctors, local government authorities and teachers were likely to judge, causing them shame or abuse. One youth chose to share her personal experience. She told of a nurse who mistreated her in the government hospital during labour. The only person who showed kindness was a volunteer who brought her milk and a blanket once the child was born. The issues, general and specific, that surfaced in such sessions were further explored in group discussions and in-depth interviews with youth.

The sequence of activities was particularly important as sensitive issues were being addressed. Group methods were carried out intentionally prior to interviews, as this allowed time and space to build trust. In each of the communities, youth gained a sense of solidarity over the course of the research as they gathered with others and felt a part of something shared. After initial workshops youth shared that they felt that they were benefitting from the research “in a way that would impact their life” (22 year old young man, urban, 2012) and that it relieved feelings of being “and feeling alone in their suffering” (19 year old young woman, rural, 2012). Youth enjoyed the camaraderie with

one another as they travelled together to sessions, stayed after to talk, met together outside of the research and as they formed and registered youth groups.<sup>90</sup>

Later in the research process, as trust developed, the youth began to share more freely. We began to do activities that allowed youth the opportunity to share personally. In the ‘Life Ribbon’ activity carried out later in the process, each youth constructed a timeline using a piece of fabric and various coloured ribbons to demonstrate different periods of their lives (see Appendix E and Figure 2.7). They constructed their individual ribbons silently in a group, and were given the choice of whether to share their stories individually with the researchers, as a group, or not at all. One group chose to share individually and another wanted to share together.

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<sup>90</sup> The two rural groups have combined to one group and still meet twice a month, now supported by the local CBO. The urban group has not continued to meet since the trainings (2013).



**Figure 2.7 Life Ribbon created and displayed by a participant, November 2011**

The sequence of activities done *within sessions* was strategic as well. One of the methods used early in the workshops was ‘Follow the hand’<sup>91</sup> (Boal, 2000), where youth went in pairs and took turns being the ‘leader’ and ‘follower.’ One partner placed their hand about six inches in front of the face of the other then moved their hand around, up, and down at their will as the other followed with their face. This followed with a discussion about relations of power. Youth shared generally their disenchantment with employers who failed to pay them as promised. One young woman shared in an in-depth manner her mistreatment by her step-mother. This activity led into group dramas about their daily life challenges, where youth built on some of the themes that arose.

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<sup>91</sup> Please see Appendix E for a brief description of the activity, “Follow the Hand” and other participatory activities.

With high levels of illiteracy and varying group dynamics within and between project areas, the research team needed to show flexibility and creativity with regards to the use of specific activities or methods. We tailored activities according to the group using writing as little as possible (though opportunities were provided for youth who *did* know how to read and write as they coveted opportunities to use such skills, as most were out of school). In a session with rural young men on health, the participants initially were quiet and unresponsive. As the young men were familiar with farming and livestock, we decided to change our plan and create a seasonal calendar that used symbols to show monthly periods of rain, planting, harvesting, grazing livestock, difficult times and times of joy (see Figure 2.8). While the introductory activity about ranking health issues elicited no response, this exercise excited the young men and evoked discussion about periods of struggle and how they handled them. They freely spoke of times when there was no work in other people's farms and when there was no grass for grazing livestock and illness was common. They described periods of joy where they were able to get '*vibarua*', and when the children they cared for were happy and not crying for food. While we conducted the seasonal calendar, one young man shared that he had never sought healthcare at hospitals, clinics or even from traditional health providers. This showed us that this particular demographic of rural young men was unfamiliar with Western categories for specific diseases and medical conditions. The same discussion had a very different response from young women who were more likely to be part of the health care system having been pregnant or given birth. Being flexible and creative and seeing all activities as learning opportunities gave us insight into the health, suffering and social networks of young men.



Figure 2.8 Seasonal calendar created by young men, rural area, December 2011

## 2.6 The politics of solidarity: engaged research, reciprocity and ambiguity

*I propose that the goal of emancipatory research is to encourage self-reflection and deeper understanding on the part of the persons being researched at least as much as it is to generate empirically grounded theoretical knowledge. To do this, research designs must have more than minimal reciprocity (Lather, 1986, p. 266).*

When we conducted the ‘Life Ribbon’ activity in one of the rural sites, Josephine, 19 years old, chose to present her life ribbon in private. She spoke to the research assistant, Dorcas and I about her past experiences - orphaning, becoming pregnant and abandoned by the father. She talked about her recent past, present and future hopes, and remarked that the two buttons sewn on the pink part of the ribbon represented myself and Dorcas. Though she was not suggesting that her future depends on us, she recognized that we have entered and altered her social world. Josephine mentioned us in a positive light - as people who have listened, provided hope and brought her together with other youth. I was startled by the reality that our interactions *could* shape the youth’s stories in small

and large ways and in potentially positive or negative ways. This was a reminder to acknowledge the part I now play in the social environment of the youth and to sensitively observe and analyze their context from a subjective position, aware of my influence in their lives.

Participatory approaches are built on reciprocity<sup>92</sup>, which as Lather (1986) argues, are fundamental to a praxis-oriented approach. The research design facilitated collection of in-depth qualitative data as well as an action component that was aimed at fostering sustainable social and material support for the youth and their families. This required clarification of expectations.<sup>93</sup> Maxey (1999) calls on ‘researchers’ to interrogate relations of power and to acknowledge the fluidity of their roles and relationships. In my case, I am ‘researcher,’ but carry other perceived roles in my exchanges – counselor, ‘donor,’ ‘well-wisher,’ ‘Westerner,’ learner, leader, confidante, friend, student – which impact the research process. Pillow (2003) suggests that reflexivity should go beyond simply validating and legitimizing research and should actually be ‘uncomfortable,’

The qualitative research arena would benefit from more “messy” examples, examples that may not always be successful, examples that do not seek a

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<sup>92</sup> Early work on exchange and reciprocity tended to be done with intentions to increase access, improve the richness of data, or “to help make their [researchers] time more productive and their contact with respondents less exploitative” (Gray, 1980, p. 310). The view taken here declares that one must go far beyond a ‘harm reduction’ approach, using self reflection and ‘ethics’ to access participants, validate ones presence, minimize exploitation or to obtain richer data.

<sup>93</sup> As a research team, we therefore strived to be fully transparent and to address expectations from the start. We did this in the initial meetings with community members, leaders and youth. Youth’s expectations included “to learn about HIV,” “to learn how to support ourselves,” “to meet other youth,” “to be loved,” and many youth wanted “to receive assistance.” The research assistants addressed youth’s expectations one by one and explained our intentions to assist through bringing them together, planning trainings that they request, providing moral support and helping them to find partners and funds to carry out group activities (such as entrepreneurial ventures) that they initiate.

comfortable, transcendent end-point but leave us in the uncomfortable realities of doing engaged qualitative research. (p. 193)

Entering into the youth's daily reality as a social actor in their lives presented both challenges and opportunities, which I will briefly explore here with examples from my experience.

Very soon into the research process, I had to acknowledge that my very presence with the participants was a source of hope but carried with it the potential of disappointment. As in their other relations, my relation with them could be supportive or cause harm. In a social support activity in the workshops, youth shared examples of situations where they hoped for assistance but instead were taken advantage. This surfaced in many forms: being denied fair pay; an NGO promising to pay for school uniforms but never receiving them; a man promising to marry a young woman then abandoning her once she becomes pregnant; or seeking help from the local chief and being demanded a bribe. After the post-election violence in 2008, the community cited several examples of NGOs promising assistance that never arrived. One community volunteer shared about corruption among local people who channel funds from donors into their pockets, saying, "OK, there is truth to this problem – of using outsiders money for orphans into their own pockets - let me just say it... So you see this is a bad problem in our area." As a guest in the community I had to be aware of my own potential to cause harm and be cognizant of the social dynamics in the area so that I could try to avoid perpetuating injustices that occurred through everyday practices.

Judy, a young woman of 17 years in the urban area, was living with a 'guardian'

who was a friend of her late mother. She was the second youngest of eight children. Her older siblings were all married and her young sister was taken in by a children's home. For six years she had been bouncing from house to house, staying wherever she could find respite to focus on completing secondary school. She was grateful for shelter and food but lacked time for her studies as she was made to work long hours around the house. When we visited her home upon her request (February 2012), the 'guardian' gave us chairs and chatted with us warmly. At our next group meeting, Judy seemed distressed. She shared with us that her 'guardian' was angry after we left and asked her, "If your '*Mzungu*' (white person) friend is helping you, then why do you need to stay with me?" Our role in Judy's life was misunderstood and contrary to our intentions led to further suffering in her life. The way our presence perpetuated her suffering made us question our decision to visit the home. Though this outcome would have been difficult to anticipate, it highlighted the need to constantly interrogate the potential impacts of my own actions, inactions, thoughts and words.

The youth have very real and often pressing day-to-day needs such as having sufficient food, clothes, rent, school and hospital fees. Being aware of the challenges youth have with getting casual work and their substantial care responsibilities, the needs often could not be ignored in the moment. As an engaged researcher my aim was not to operate from a charity framework or to resolve the situations I observed. There were, however, some points where I needed to be prepared to provide some type of support –

social or material. As much as possible we tried to do this through the local CBO.<sup>94</sup> Some times *we didn't act* for credible reasons, and later questioned whether we should have. In Judy's case, we did not immediately intercede with the housing or schooling situation except to speak to the social worker about her case as she was registered with the local CBO to receive assistance. We later discovered that funding had not come through for her school term. She left for Nairobi to work as a house girl and became pregnant a few months later, regrettably making it more difficult for her to complete her studies. Other times, *we acted* when we felt compelled to, and later questioned whether we should have. After an interview with a young woman in an extremely difficult situation, we passed by a local restaurant and bought her a roast chicken, vegetables and potatoes that she carried home for the family. This assistance was more than the basic goods we would usually provide in such situations. After this she began to regularly ask us for rent money, clothing, and sanitary pads. We wondered if we made a mistake by treating her differently than the other youth.

Ibañez-Carrasco (2004) acknowledges the intimate nature of relationships in community-based research and points out how it is often perceived as “untainted” and “responsible” (p. 30). He points out the double standard inherent in this view, particularly as researchers live out their own ‘personal practices’ and desires and “inhabit the intimate borderlines between academic institutions...and communities” (Ibañez-Carrasco, 2004, p. 28). He concludes that ambivalence, uncertainty, and anxiety are part of the ethical

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<sup>94</sup> In some cases we provided a small amount of funds (500 kes, 5USD) for the local volunteers to purchase basic food for the family. Other times, we involved the social worker who would contact the children's or chief's office to try to mobilize some food for the family (bags of beans or flour usually).

process for researchers who are co-constructing knowledge with communities and that ‘surviving’ repercussions and deviations are part of what actually gives a community project validity. After some reflection, I realize that to occupy this ‘borderline’ space is to follow intuition, at times responding to a situation and stepping out in support, whether social or material. The choice of *not engaging* and creating distance, as suggested by traditional research perspectives, is unacceptable from the epistemological perspective that underpins a praxeological approach. Lather (1986) also addresses the pragmatics of doing “empirical research in an unjust world” and claims that “there is no neutral research” (p. 257). This study is the outcome of carrying out empirical work in an unjust world, where at times, I simply had to remain in “own discomfort” (Regan, 2010, p. 13), in ‘uncomfortable realities’ (Pillow, 2003) and in the contradictions and ambiguity of being an engaged researcher. This demanded constant reflection and action. As I reflected on the ambiguity of my own place in the research process, the potential for transformation of lives through the process became clear. Though the PAR approach undertaken did not facilitate grand reversals in power relations and immediate change of structural injustices, transformation occurred.

## **2.7 Conclusion: exploring lived experience and transformation**

Youth possess political, moral and social agency and the ability to create change in their lives and communities. For marginalized youth who endure social suffering, the possibility to exert their agency is often constrained. Their relative subordinate position makes it seem difficult to act to begin to create change. The research process was not only central in gaining insight into youth’s suffering and social world but also bringing youth through a process of transformation where the possibility was opened for them to

move from solitude to solidarity, from inaction to action and from holding perceptions of self-doubt to self worth.

The PAR approach informed by praxis also meets a need in the public health field.<sup>95</sup> It generates local knowledge-based understandings of health and suffering using the youth's narratives as a window to explore the relationship between social structures, health and its opposite, suffering (G. Williams, 2003, p. 131). Recapturing the experiential dimension (Pedersen, 2002) provides insight into the experience of violence and embodiment of suffering of youth while at the same time working to reduce their suffering through the research process.<sup>96</sup> As health researchers working with youth, it is worth further exploring ways that participatory research and 'research as praxis' can be used to unleash youth's power and create possibilities for them to be positive agents of change in their own lives and communities. This presents an exciting opportunity for researchers and youth and one that deserves further critical reflection and action.

The youth's comments in their final speeches in the opening story point to the importance of the research process that led youth to a place where they could reflect and begin to challenge their internalized sense of powerlessness. Catherine (20 years old),

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<sup>95</sup> Potvin et al. (2005) argue that conceptual tools to explore everyday life as it impacts people's health is critical and Williams (2003) claims that narrative approaches are needed in order to understand the relationships between people's health and their social reality. See Chapter one, section "Social suffering and violence" for more background.

<sup>96</sup> Specifically, the approach was pertinent to revealing the forms of suffering and ill health endured by the youth as well as causes and potential methods of healing. Certain activities were chosen (Tree of Life, social mapping techniques) to begin to uncover some of the structural injustices that youth faced. Our interactions with the youth illustrated that structural issues were at the forefront of their minds and need not to be heavily probed. In-depth interviews and participant observation complemented group methods as part of an emancipatory approach, providing a window into youth's subjective space, gaining an understanding of their daily experience of violence, ill health and embodiment of suffering. For the youth, interviews and supportive interactions throughout the project provided space for them to reflect critically about their social reality.

who presented at the meeting in the opening vignette shared the following after she presented the groups' hopes and expectations:

We are thankful for this project that has '*kutuweza*' [given us the ability to endure]. We have come from very far. Us as youths they have assisted greatly to help us with '*mafikirio*' [ways of thinking]. Thank you. If it wasn't for the research, we wouldn't be able to speak to you today. (Community meeting, 2012)

The Kiswahili word '*kutuweza*' can be translated as, "given us the ability or opportunity for us to overcome; to have power; to be able; to be strong; to endure; to defeat." The Kiswahili word '*mafikirio*' acknowledges the importance of the shift in their ways of thinking achieved through critical reflection that is working to challenge the insults they have internalized from their experiences of violence. For many youth in this study their feeling of interior powerlessness was challenged and they seized the opportunities facilitated by the participatory research process to gain control of elements of their lives. I conclude with Wallerstein's (1992) statement about power, health and the transformative potential of participatory approaches. She states, "Empowerment becomes the avenue for people to challenge their internalized powerlessness while also developing real opportunities to gain control in their lives and transform their various settings" (p. 198).

## **Chapter 3: Youth's social environment: relational suffering; relational response**

### **3.1 Introduction**

Over the past three decades in Nakuru County, a ‘crisis’ situation has developed. Patterns of care for growing numbers of orphans are changing as relationships of support slowly fragment. Young women face grave challenges to their sexual health stemming from diminishing social and economic support and protection in their lives. In this chapter, I introduce an analysis of the social environment in which youth experience and respond to diminishing social support in their lives, to exploitation, and to abuse. I approach the social environment as comprised by those social networks, relationships and institutional systems that contextualize youth’s possibility of receiving care, support and protection to support their sexual health and overall wellbeing. Analysis of the social environment, as other authors have argued (Francis-Chizororo, 2008; Lee, 2012d; Ruiz-Casares, 2009, 2010; Thurman et al., 2008) provides important insights on the nature and role of social networks and social systems in the lives of youth who head households. I argue here that the formation of households headed by youth is a response to a crisis situation characterized by fragmentation of family and community care relations. Through these responses youth exhibit their agency – capacity to act – and their capacity to draw on social relations. Consistent with my social suffering and structural violence framework, the analysis of the social environment is a central piece of the dissertation. It is done to understand the social forces at play, and the ways youth interact with social institutions and navigate social networks.

This chapter advances an environmental analysis of the relationships and processes shaping youth's everyday lives and sexual health. I will describe youth's social environment to contextualize the relational nature of their suffering and youth's response to shifting patterns of care in their environment. Drawing on social suffering and structural violence theory, this chapter also creates a framework in which the social forces and processes that lead to the lived experience of violence (Chapter four) and the embodiment of suffering (Chapter five) of young women may be analyzed.

In this chapter, my presentation will first discuss relationships to understand the nature of suffering of youth in Nakuru County. I will then present social forces identified by youth that impact the family and community care environment of youth. This will be followed by a presentation of relationships with and within social institutions and community social networks. Following, I will discuss how relationships are experienced among youth at the family level. I conclude by commenting on youth's response to the changing patterns of care and support in their social environment.

### **3.1.1 Key concepts and terms**

In this chapter, and throughout the dissertation, I will refer to several key terms to describe the social environment in which youth live and navigate. I draw on the youth's perspectives of their relationships and the challenges they face daily to illustrate the relationality of their social environment and the ways that youth navigate the daily challenges in their environment. I refer to 'relationality' as the way that youth's everyday interactions with social actors shapes their social experience. Medical anthropological literature applies the notion of 'social world' or 'local world' to describe "a somewhat

circumscribed domain within which daily life takes place” (Yang et al., 2007, p. 1528). Daily life matters deeply in the local world, in which lived or social experience is seen as the “felt flow of engagements. (Yang et al., 2007, p. 1528)” It is precisely this flow of engagements that this chapter focuses on. I use the notion of relationality to underscore the power that relationships have to bring suffering and relief from suffering.

Youth’s social environment is made up of social networks at family and community levels and relationships to state and non-state social institutions (see Figures 3.1 and 3.2). *Social forces* impact the structure and function of social networks (Heaney & Israel, 2008, p. 206), in particular the way that youth navigate networks and the way institutions provide for, support and protect youth. In this thesis, social forces operating in youth’s environment (i.e. political oppression, economic oppression, gender inequalities and sexual violence) will be a focus insofar as they shape the suffering of youth who head households in Nakuru County.

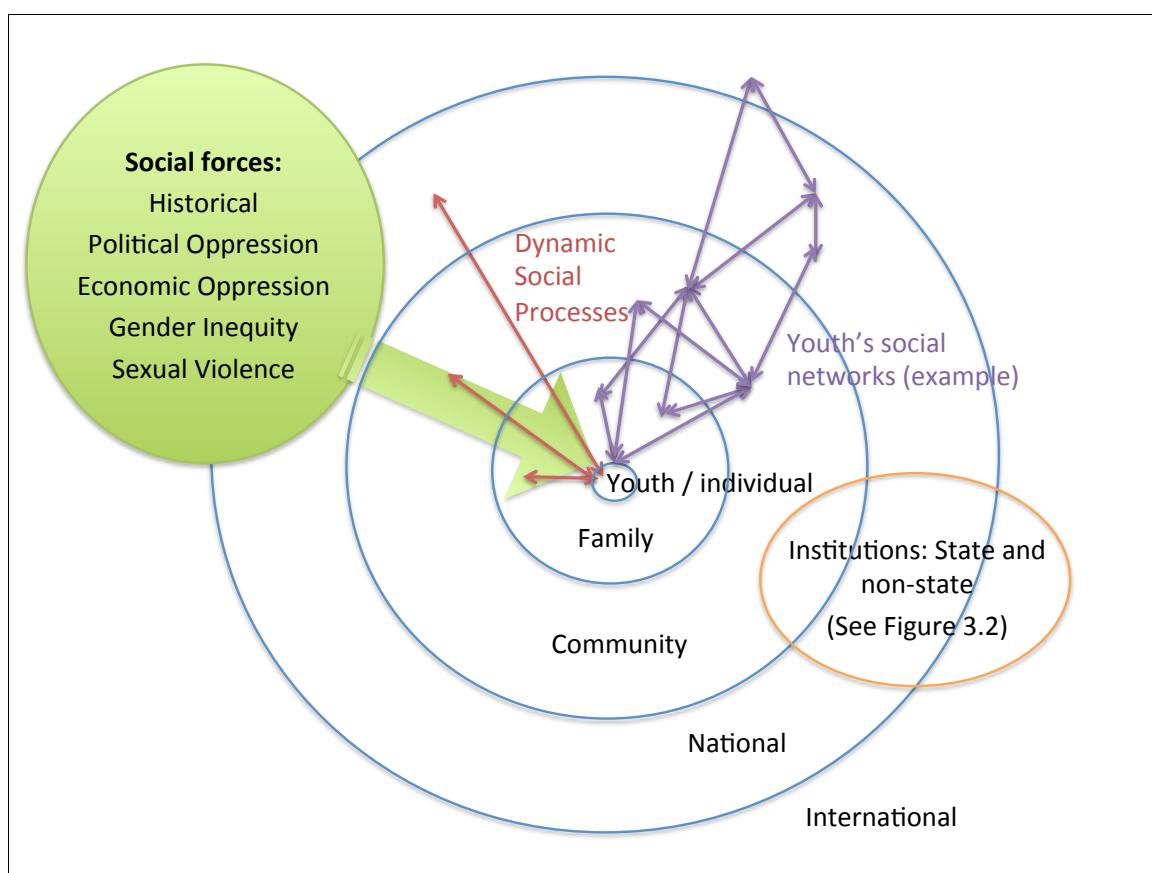
In this chapter, I show how youth who head households interact on a daily basis with various social actors in their families and communities and engage with social networks. Family social networks include extended family from the youth’s mother and father. Community networks include the individuals and members of local based groups that youth interact with in their daily lives: peers, neighbors, community leaders, religious authorities and those playing key community social roles such as teachers, healers, and local authorities. Youth navigate these networks, as they seek to open up possibilities in their lives. These networks are critical in the analysis of social suffering because they are composed of relations that have potential to give rise to suffering and to bring healing (Dwyer & Santikarma, 2007). According to Kirmayer, Sehdev, Whitley, Dandeneau, &

Isaac (2009), “social networks are the very stuff of community” (p. 73) and represent practical, emotional and instrumental ties that link individuals and groups. Social networks are defined here as linkages between sets of people that may serve various functions, supportive or not. Social support refers to the *content* of caring social ties - the emotional, material or instrumental support that may be received through relationships in daily life (Van Aken, Coleman, & Cotterell, 1994). Social networks may also facilitate relationship ties that are destructive, such as abusive or exploitative relationships (Lincoln, 2000; Van Aken et al., 1994) while other relationship ties may serve other functions, such as provide novel information (Heaney & Israel, 2008, p. 190).

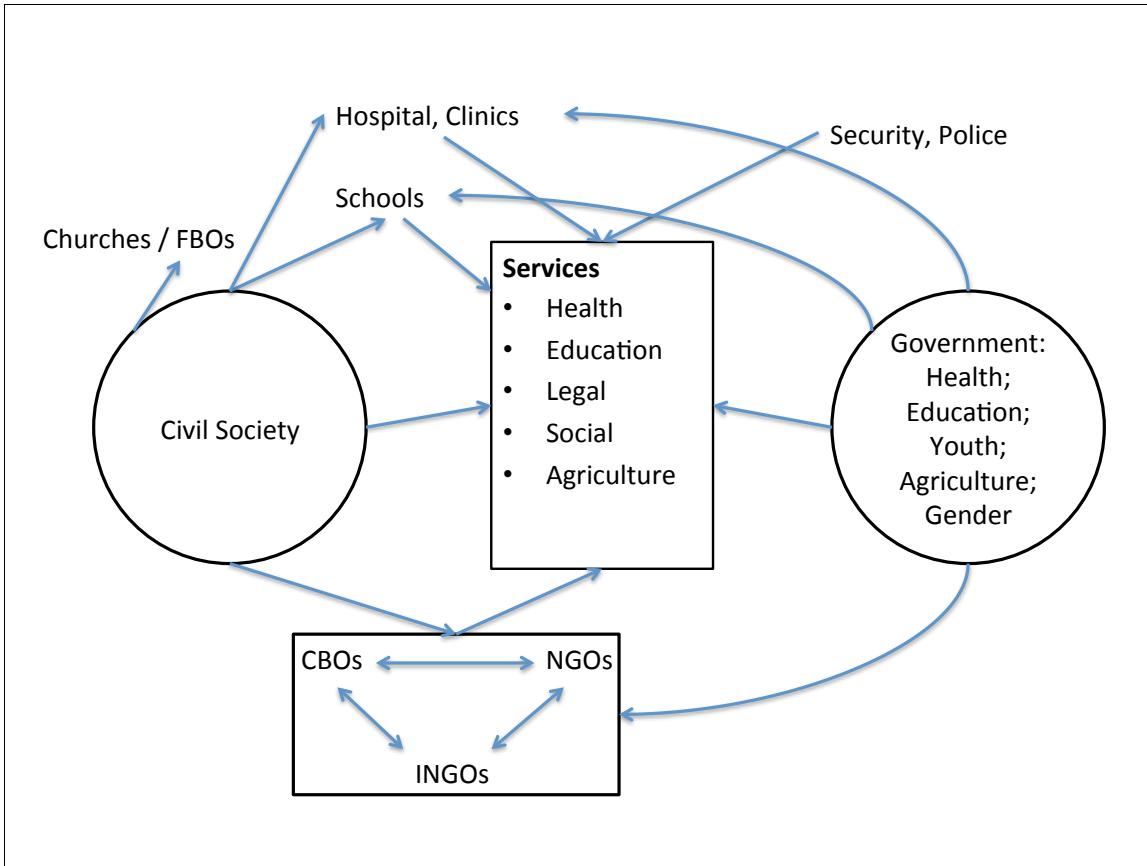
Youth’s relationships within social networks may be *informal* and personal, such as with extended kin and neighbours, as well as *formal* with members of organizations and institutions. For example, the youth have formal relations with representatives of political organizations, pastors, teachers, doctors and NGO workers. The notion of reciprocity is important in social networks. Weak ties may be more representative of formal networks, representing the site of more asymmetrical exchanges, such as with service providers, for example, where reciprocity is not expected. Whereas ‘strong ties’ that provide more dependable social support are often informal and based on principles of reciprocity (Cotterell, 1994).

Finally, youth relate to *social institutions* through their formal relationships with community members such as pastors, government workers, and social service providers such as doctors and NGO workers. Social institutions are therefore conceived of as formal bodies of state and non-state social actors who contribute to the governing of provision, support and protection that youth receive (depicted in Figure 3.2). As

highlighted by social suffering theorists, the state, its institutions, policies and programs play a role in regulating people, their bodies and social networks and have also created social suffering, even when seeking to manage it (Kleinman et al., 1997, p. xii). Youth therefore look to such institutions to receive provision, support and protection. However it is recognized here that institutions designed to provide supportive services may at times do the opposite, serving to deepen inequalities and injustices experienced by youth (Kleinman et al., 1997; Kleinman, 2010).



**Figure 3.1 Youth's social environment, an elaboration based on the perspectives and experiences of youth**



**Figure 3.2 Institutions operating in youth's social environment, an elaboration based on the perspectives and experiences of youth**

### 3.2 Gender and relational suffering of youth in Nakuru County

The narrative account of Purity, a 21 year old woman living in the rural area, provides a window into what youth's "local worlds are all about" (Kleinman & Kleinman, 2008, p. 716). Purity's narratives (as told in 2012) illustrate how youth's suffering is grounded in relationships and the disjuncture between hoped for and expected support, protection and care and what is experienced.

Until Purity was 16 years old, she lived with her grandmother, her mother and the

three young children of her mother's late sister. Her daughter, nicknamed Dodo, was born in 2005. When her grandmother passed away in 2006, her mother left the family for a man. Though she lived in the area, she did not concern herself with the family. At the age of 16, Purity assumed the care of four children (ages 8, 10 and 12 years and her daughter). Committed to finishing her secondary school, she entered into a relationship with a man who promised to support them. As soon as she became pregnant, he abandoned her. Purity explained,

The first child, I can't say that I had the child because of this or this, but the second, it was because mother had abandoned us... '*Akaniacha*' (she left me). I met '*huyu mtu*' (that person). He was helping me with money for food. It was necessary that I slept with him because we were running out of food and I was going to school.... When I told him that I was pregnant '*akaruka*' (he jumped/run away). He said the child is his but he has a wife. I didn't know. And he didn't tell me that he has one child with her also... '*ameniharibika*' (he ruined me/he broke me)."

'*Ku-acha*' is an expression frequently used by the youth, which means 'to leave,' only they add the element of relationality --they are *left by another*, that resonates an experience of social abandonment. Purity says of her mother, '*Akaniacha*' (she left me),<sup>97</sup> capturing the emotions that overcame them after her mother left them. Another expression used to describe her pain is '*ku-haribika*', which literally means 'to be broken' or 'to be ruined.' She says of '*huyu mtu*', (that person), '*Ameniharibika*'(he has ruined

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<sup>97</sup> *A-ka-ni-acha*: 'A' (she/he) - 'ka' (verb tense) - 'ni' (me) - 'acha' (leave). English translation: 'she left me.'

me).<sup>98</sup> When youth use this expression they point to the one who causes them ruin or causes shattering in their local world. According to her account the man who impregnated her is the one who caused her to be ruined and her local world to shatter. The way the expressions are used here points to the way that suffering results from relations within family and community members. Purity explained further the situation with ‘*huyu mtu*’,

I saw that ‘*alinitumia vibaya*’ (he used me badly). … These problems bother you until you lose words. And on top of this you are at school. If you weren’t at school at least you could go to do casual jobs.

She uses a third expression commonly employed by exploited youth, “*ku-tumika vibaya*,” which may be translated as “to be used badly”. ‘Being badly used’ refers, in this context, to the fault of *another* – a person or force. ‘*Huyu mtu*’ was a promise of hope and support but left her in a worse situation than before.<sup>99</sup> She is left alone. Carrying the pregnancy and bearing the child alone causes ruin to her reputation, branding her as promiscuous, and adding another economic burden to her family. With ‘*huyu mtu*’, Purity hoped to attain social and material stability and the respectable identity of being a wife and mother. Instead, she is abandoned and the opposite occurs.

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<sup>98</sup> ‘*A-me-ni-haribika*: ‘A’ (she/he)-‘*me*’ (verb tense) - ‘*ni*’ (me) – ‘*haribika*’ (cause ruin). English translation: ‘he has ruined me.’

<sup>99</sup> Purity is a Kikuyu woman. According to Kikuyu customs, for a man to have multiple partners and not take care of the woman and their children is not acceptable. The man, as a father, has the duty to protect and as a husband, is to provide for his family, including multiple wives (Kenyatta, 1965). This is still practiced to some extent in the area. However, this stands beside the prevalent belief introduced by Christian missionaries that it is “wrong” to have more than one wife (Kenyatta, 1965), as well as more recent HIV campaigns that advocate for monogamy as an infection prevention measure (Davison, 1996). Being impregnated, promised marriage but then abandoned was a very common story among the female youth in the study.

Purity did not have her own land for farming and had to go out each day to find ‘*vibarua*’ (casual work). Some days, work was easy to find and worked in other people’s farms, or washed clothes and dishes. Other days, particularly in the dry season, there was no work. Having a new baby would make it even more difficult to find suitable work.

She shared about the hope she had in the government’s ‘*kazi kwa vijana*’ (work for youth) initiative. But after two weeks of work when she failed to receive her pay from the local chief, she claimed, “*Nilitumika vibaya*” (I was used badly).<sup>100</sup> The same terms that were used to describe suffering from intimate relations are also applied to community leaders - who to the youth represent institutions of support, such as the ‘government’ bodies, NGOs and health bureaucracies.

Purity participated in the sessions with the rural youth (2012). In a group research session with only youth participants and researchers present, youth were invited to engage in a role-play, speaking their views to ‘*wakubwa*’ (leaders/big people).<sup>100</sup> Purity shared her frustrations about accessing services. She stood up and questioned the ‘*daktari*’ (doctor) from a government hospital, acted out by another youth, claiming, “*Daktari*, in the maternity the prices increase every time. And you, doctors, you could leave a person to die right here because ...you are thinking about increasing your wages.” “*Umeharibika sana* (You are completely broken/ ruined).” Purity represented the views of the other youth as they nodded and laughed in unanimity. She pointed to the ‘*daktari*’, who represented the health bureaucracy, as one of the causes of deepening their suffering.

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<sup>100</sup> Youth were given the opportunity to choose which leaders - government or non-governmental - they wanted to talk to. In the three project areas, the Government ministries of primary concern to the youth were: Ministry of Health, Ministry of Education, Ministry of Agriculture (MINAGRI), Ministry of Youth Affairs (referred to as ‘Vijana’), Ministry of Gender, Children, Social Development, and Administration (Security or police who have a Gender-Based Violence desk).

Purity's use of the phrase in referring to health bureaucracies, '*umeharibika sana*' shows how the healing and support that the youth hoped for is denied to them. Instead they are further demoralized and 'ruined,' as exploitative social processes impact youth's ability to access services.

Purity's narrative brings up various forms of violence faced by youth and introduces the complexity of a life governed by social institutions and relations of power and marked by limited opportunity and choice. Purity faces the loss of vital relationships, sexual exploitation and resultant pregnancy, disruption in her studies, and the burden of care for children and siblings. But like many of the youth with small but significant social support, Purity perseveres. She completed secondary school while her aunt assisted her with caring for her son. However, the pressure did become overwhelming at times and she was tempted to abandon the family. "Life was so hard," she shared. "I was advised by a caring neighbour to stay and persevere with caring for the family. This was the only thing that kept me from leaving. I thought, "*Nikavumulia tu* (I will just persevere)." Purity's narrative highlights a reliance on relationships of 'support' and on institutions to protect and provide. This reliance, however, brings contradiction to her daily life as the institutions she is looking to for support fail to protect her.

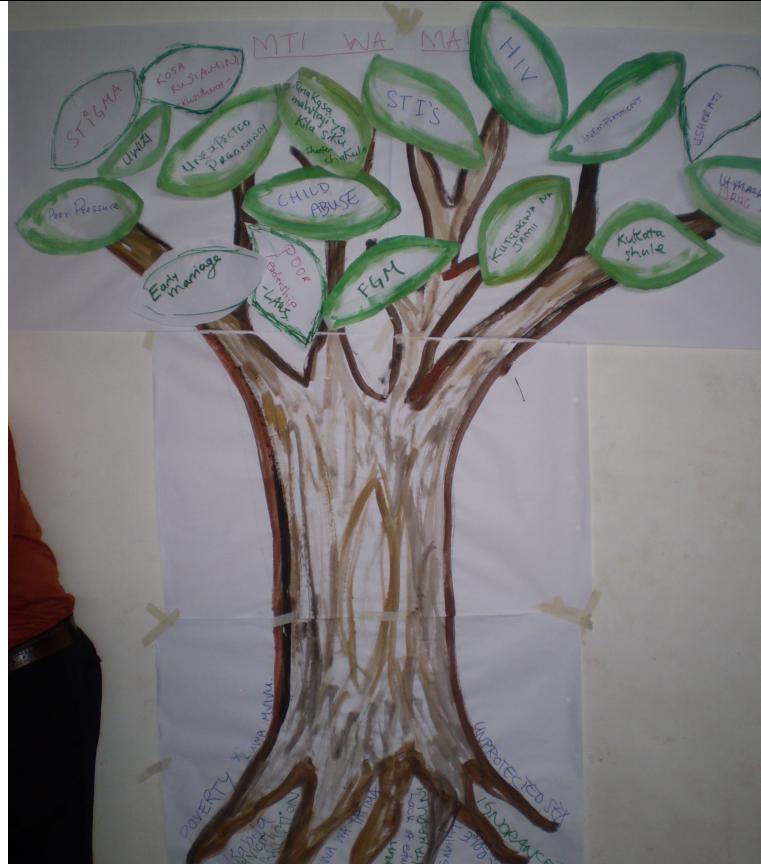
During group sessions with youth, as they named their 'daily challenges,' they also spoke to the relational nature of their suffering. In an activity in September 2011, youth identified daily 'problems' that they face and the 'causes' of their problems (see Figure 3.1 "Tree of Life", Table 3.1 and Appendix E for a description of the activity). In the process, they named forms of sexual ill health, such as HIV, unexpected pregnancy, forced marriage and difficulty accessing services. Alongside this, they named problems

considered ‘social,’ ‘political’ and ‘economic’ in nature: limited social support and love, stigmatization, poverty, and exploitation by politicians.

The way youth describe their problems shows the gendered nature of their social reality. Young men and young women also formed groups to identify and rank the everyday problems they face (see Appendix K for the results). The results show the gravity of the sexual challenges faced by young women, such as gender-based violence, early marriage and rape, as well as the ways that their sexual health influences daily life opportunities, for example dropping out of school due to pregnancy. As with the ‘Tree of Life’ activity, where youth joined ‘unemployment’ and ‘prostitution’ together, a clear link between unemployment and having insufficient ‘basic needs’ (i.e. food and money) with transactional sex is shown, demonstrating the relationship of sexual health and economic inequality.

Youth identified political, economic and social forces as ‘roots’ of a suffering that impact and shape their daily lives. As corruption plays out, they experience unemployment and difficulty accessing services. HIV/AIDS affects their family and they are stigmatized and abandoned by people in their community. They are orphaned and experience limited social support and exploitative and abusive relationships. When they endure periods of political violence, they face economic hardship, unemployment and lack basic needs such as food and sufficient housing. Youth’s narratives and reflections on the events and relationships in their lives shed further light on the ‘roots’ of their suffering, the social forces that impact their lives. This will now be explored in detail.

<b>LEAVES: Daily challenges we face as youth</b>
HIV
Lacking basic needs
Exploitation and abuse
Limited social support and love
Difficulty accessing services
Dropping Education
Unemployment, Prostitution
Stigmatization
Forced marriage
Unexpected pregnancy
Idleness and substance abuse
Exploitation by leaders
<b>ROOTS: Causes of the daily challenges we face</b>
Orphaning
Corruption / politics
Limited access to education
Tribalism
Poverty / economy
Lack of role models



**Figure 3.3 Tree of Life, made by youth, compiled from group sessions in rural and urban areas, September 2011<sup>101</sup>**

<sup>101</sup> The youth identified Tribalism as a root cause of their suffering. When asked what they meant, they explained that politicians use ethnicity to gain power, sometimes through instigating violence.

**Table 3.1 Leaves: Daily challenges we face as youth and descriptions given by the youth**

Note. This table is derived from youth's descriptions of their challenges during the 'Tree of Life' activity as well as the discussion that followed (September 2011).

<b>Leaves: Daily challenges we face as youth</b>	<b>Description given by youth</b>
HIV	STI's, HIV/ To be infected with HIV when we are young/ Family affected by HIV
Lacking basic needs	Lack everyday needs – food, shelter, clothes
Exploitation and abuse	Exploitation and abuse: To be exploited by rich people /Abuse from step-parents / Rape / domestic abuse, Gender-based violence
Limited social support and love	Limited social support / social isolation / Deficiency in the love of a mother (due to death)
Difficulty accessing services	Difficulty accessing services / Deficiency of health services
Dropping Education	Education: To drop out of school /To be discriminated as girls (education)/ Girls - burden bearing when we are young (babysitting, domestic responsibilities)/the need to find casual work
Unemployment, Prostitution	Unemployment /Prostitution of women
Stigmatization	To be stigmatized by the community / To lack self-esteem/confidence (' <i>kujishusha</i> ', to pull oneself down)
Forced marriage	To be forced to marry
Unexpected pregnancy	Unexpected pregnancy /to have a child while we are young and failing to care for them
Idleness and substance abuse	Idleness and frustration when there is no work, Drug abuse, peer pressure, bad company
Exploited by politicians	Poor leadership, youth taken advantage of by leaders

### **3.3 Social forces that impacting youth's lived experience of suffering**

*Large-scale social forces—racism, gender inequality, poverty, political violence and war, and sometimes the very policies that address them... often determine who falls ill and who has access to care (Farmer, Nizeye, Stulac, & Keshavjee, 2006, p. e449).*

In this section, I will draw on the perspectives and experiences of the youth to highlight social forces identified by the youth that in their eyes, shape their daily life experiences and health. In each project area in April 2012,<sup>102</sup> we constructed with the youth a ‘historical timeline’, whereby they identified key events occurring in their community over time (see Figures 3.4 and 3.5, Appendix E for a description of the activity and Appendix J for results). Youth in all areas, and unprompted, constructed their historical timelines demarcated by election years beginning in 1992 then marked every five years.<sup>103</sup> These historical markers are relevant as political violence became associated with election periods. Violence in Nakuru County was experienced around the 1992, 1997 and 2007 elections, whereas 2002 was relatively peaceful. This was also reflective of the lifetimes of the youth.<sup>104</sup> In a focus group discussion, an elder in the community relayed that the first election-related violence in 1992 and the lack of justice that followed was “the beginning of bad things in the Rift Valley.” He added, “Then people got used to bad things” (2011).<sup>105</sup> For youth who were born into this pattern of violence and impunity this is all they know.

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<sup>102</sup> The youth’s quotations were from sessions in April 2012 unless otherwise stated.

<sup>103</sup> The youth in each area were instructed to freely choose when to start the timelines and what periods to use as time demarcations. In the urban area, the youth chose to start the timeline at Independence in 1963, and discussed history prior to their births that they had learned in schools. The periods of ‘war’ and ‘peace’ become a framework for other significant events and experiences around everyday life identified by youth that concern relative economic stability, experiences of lived corruption and exploitation, general wellbeing, sexual health and ill health of youth. The youth shared that this history was derived from their own experience, from what their parents and extended family members have told them about their family history when they were young, from conversations with youth and others in the communities, and a few youth learned about the political history in formal school settings.

<sup>104</sup> All youth were between the ages of 15 and 24 years, and were therefore born into postcolonial Kenya between 1987 and 1996. Their births and childhoods, therefore, roughly coincide with the first (1992) or second (1997) democratic elections, of which both resulted in political violence in the Rift Valley.

<sup>105</sup> The elder refers to the violence that was related to the elections in 1992, which started a pattern of violence being associated with elections throughout the Rift Valley. See the section, ‘Conflict and colonialism in Nakuru County’ in Chapter one for further background information.

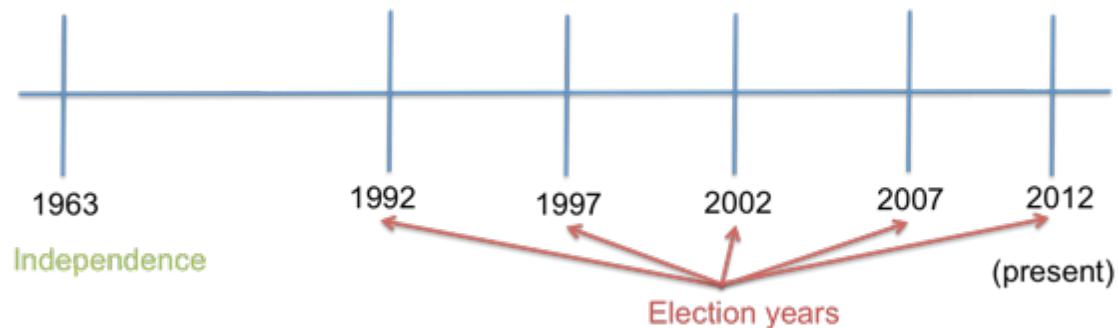


Figure 3.4 Youth's Historical Timeline - delineations, created in April 2012

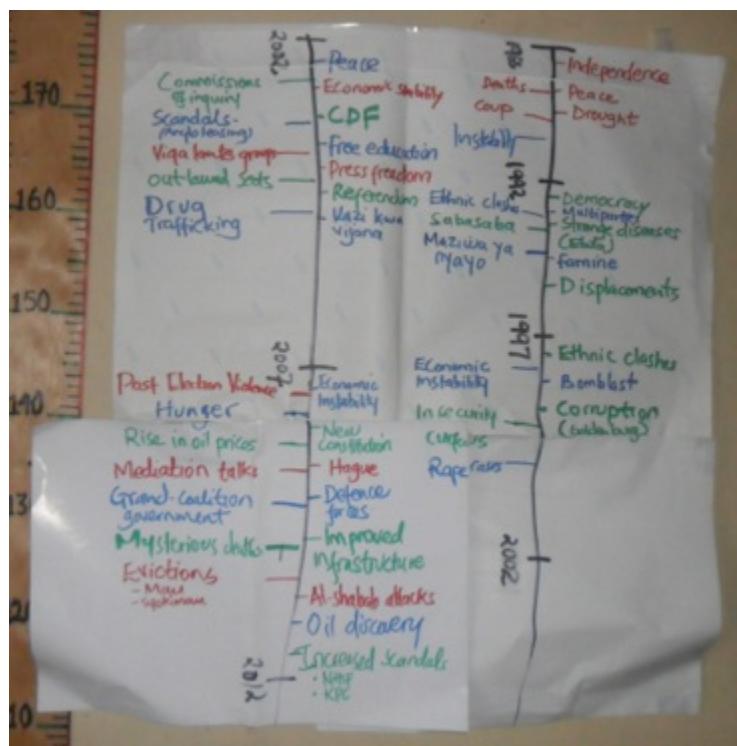


Figure 3.5 Historical Timeline elaborated by youth, April 2012

Though the youth live in the Rift Valley, an area that has seen cycles of violence and displacement since 1991 (but arguably longer),<sup>106</sup> experiences of conflict were not central parts of their narratives. However, the uncertainty and precarious nature of living within an ebb and flow of ‘*wakati wa vita*’ (times of war) and ‘*wakati wa amani*’ (times of peace) shapes youth’s experience of suffering. Youth identified political manipulation of ethnicity and generation, corruption, economic inequality, gender inequity, unemployment, labour exploitation, food insecurity, and sexual violence as root causes for the suffering that they endure. In the youth’s eyes, these social forces impacted their daily life experiences. Drawing on the perspectives and life experiences of youth, these social forces will be discussed under the following three sections: political oppression, economic oppression and sexual violence. I will highlight the ways that these social forces shape youth’s daily experience of suffering and health.

### **3.3.1 Political oppression**

Through observing youth’s daily reality and through their presentation of the timeline, two forms of political oppression were identified by the youth: political manipulation of ethnicity and generation, and corruption. Kagwanja (2005) explains the former as he discusses youth and generational politics in Kenya: “like ethnicity, generational identities have been manipulated and instrumentalized by Africa’s patrimonial elite” (p. 53). What has been called ‘political tribalism’ is described as a force that flows from “high political intrigue” (Kagwanja, 2005, p. 54) whereby elite

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<sup>106</sup> According to the Waki report, violence was institutionalized following the legalization of multiparty democracy in 1991 (CIPEV, 2007, p. 22). However, community accounts shared that violent threats, some deaths and displacement have been occurring in the Rift Valley since the 1970s.

politicians “appropriate ethnic identities to reinforce competition over state power (Kanyinga, Okello, & Akech, 2010, p. 7).” Tensions over ethnicity in Kenya, Maritim (2002, p. 105) explains, are based on gaining economic and political power over other groups, not necessarily on one group claiming superiority over another.<sup>107</sup> Ethnicity in Kenya has been manipulated to cause conflict. As Oyugi (2000) argues in an article about periodic conflict in Kenya, “where ethnic conflict has emerged in Africa, there has always been political machinations behind it” (p. 6). In the case of Nakuru County, since multiparty elections began in 1992, each election period has been an opportunity, according to the youth, for politicians to incite their own people to violence. Youth experienced political oppression due to both their ethnicity and their identity as youth as they were ‘badly used’ by politicians from their own tribes who coerce them to engage in violence or political participation.

The youth introduced the issue of political manipulation as they shared about the first multi-party democratic elections in 1992.<sup>108</sup> They expressed the hope that people had that voting would be an opportunity to express their desire for freedom and equality. Julius (19 years old, urban area) shared, “Many of us were alive in 1992,... democracy was introduced. People were competing for leadership and now people were free to choose the party they wanted.” However, what they saw in reality was politicians inciting

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<sup>107</sup> Maritim (2002) writes about ethnicity in Kenya, “Ethnicity in the Kenyan context is not so much one people group feeling that their culture is superior to other cultures and based on that judging others as inferior, but it is a behavior that expresses itself in seeking to promote and dominate economic and political power for its members to the exclusion of others (p. 105).”

<sup>108</sup> The first multi-party elections occurred in 1992 when President Moi was in power. According to the Waki Report (CIPEV, 2007, pp. 25–26), the government organized violent gangs to intimidate, displace and kill potential opposition support throughout the Rift Valley (many of whom were Kikuyu, Luo and Luhya). Violence therefore began in 1991 leading up to the first multi-party elections. President Moi presided over elections in 1992 and 1997.

and coercing people to violence in order for them to gain power. Julius went on, “because of this competing, there was a tribal war...especially two tribes that were killing each other. They were fighting in the rural areas. Blood was spilled.” He went on to describe the fighting between the Kikuyu and Kalenjin peoples, the two major tribes in Nakuru County. He described the way that Kalenjin leaders wanted to claim their ancestral land and ‘send the Kikuyu’, who had migrated during and after colonization to the Rift Valley, ‘back home’ to Central Province.<sup>109</sup> A young woman (18 years, rural area) commented that though people had lived in peace together for decades, this now became a pattern during every election period. She said, “everybody wanted a leader who came from their own tribe, and each year it [the violence] become worse.”

When the youth presented their thoughts about the post-election violence in 2007-2008, the first thing noted was: “*Vijana wametumika vibaya* (Youth were used badly) by the government,” as they were coerced to participate in violence. The Nakuru youth shared about young men’s experience in the 2007-2008 post-election period:

Wambui (18 years): A lot of our youths died because of the war... Men were forced to contribute. I saw men that were sitting in their homes and they came and they took them.... to do the dirty work.

John (19 years): to do the killing.

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<sup>109</sup> Julius refers to the ‘majimbo’ or ‘regionalism’ debate which emphasizes that people should be residing in their ancestral lands. In this case, much of Nakuru County is considered Kalenjin ancestral land. The Kikuyu who settled there during and after colonization are therefore considered ‘foreigners’ according to this perspective. This issue, incited by politicians, arises repeatedly during election periods. See Chapter one, section: ‘Conflict and colonialism in Nakuru County’ for a more detailed description of the ‘majimbo’ debate.

Paul (21 years): Often the young men ‘*walikuwa wanalazimishwa kwenda vita*’ (they were forced to go to war).

Dorcas (18 years): They were not able to stay with the ‘mamas’ in the home.

While young men were expected primarily to participate in physical combat, young women had a varied role. A young woman explained that women were forced to carry ‘*mawe kwa machondo*’ (rocks in traditional carrying bags).<sup>110</sup> She added, “They recruit by force both men and women.” Other women were left in the house with the children, but often struggled with no food or money.

Kagwanja (2005) describes youth’s “powerlessness” as they experience manipulation by politicians. He identifies economic production changes that have come with colonization and globalization as related to political power and points out how these social forces have “transformed them [youth] into pawns in the elite struggle for state power” (p. 53).<sup>111</sup> Further, political manipulation cannot be separated from the ongoing impacts of colonialism in Kenya. Raftopoulos, Mungure, Rousseau, & Masinjila (2013) argue that the forms of violence that were characteristic during colonial rule in Kenya and throughout the anticolonial struggle continue to shape politics and everyday life. They maintain that colonialism gave rise to “ethnicity as a key marker setting the limits of the boundaries of political community” (paragraph 3) that has endured into the post-colonial period.

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<sup>110</sup> The youth explained that these rocks were used during political violence. They were thrown at the enemy or used to construct roadblocks.

<sup>111</sup> Reports about the 1992, 1997, 2002 and 2007 election-related violence refer to youth as the ones ‘mobilized’ by political leaders to carry out violent acts. Some of this violence was carried out by the Mungiki, the illegal sect formed of Kikuyu youth and other organized groups (see CIPEV, 2007; Kagwanja, 2005; Kanyinga, 2011; Klopp et al., 2010).

Two of the lived impacts of political manipulation of ethnicity causing violent conflict have been displacement and division amongst family units. The youth explained that leaders started to incite people towards violence, forcing many people to flee their land *prior* to each election.<sup>112</sup> Wairimu, a young woman of 19 years from the rural area, tells the story of her family fleeing their farm for a rural town in 1992. She referred to the Kikuyu people who had claimed land throughout the Rift Valley after white settlers had left: “we were displaced because we were chased off of our farms. We were told ‘this place is not yours.’<sup>113</sup> We had to start our lives over again.” For displaced youth, their ties to important support structures whether social, cultural or economic become severed as they are distanced from extended family, and as traditional land and farms are traded for rented rooms and ‘*vibarua*’ (casual work).

Discord along ‘ethnic’ lines has also caused division amongst family units, displacing families from their extended relatives, creating orphans, and tearing apart family units of mixed parentage living in the Rift Valley. One youth described the way that her Kikuyu father left her Luo mother and siblings during a period of tension leading up to the 1997 elections. Her name was changed as a result, in order to align herself with her mother’s tribe. She subsequently encountered barriers in accessing health and legal services as her papers held the wrong name. Youth described the way their houses were

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<sup>112</sup> Episodes of violence and forced displacement prior to elections were confirmed in what is known as the ‘Waki Report,’ The Commission of Inquiry into the post-election violence in Kenya. The report adds that very few arrests were made during these times, and if there were arrests, people were let off without charges (CIPEV, 2007, p. 41).

<sup>113</sup> Wairimu refers to the ‘*Majimbo*’ (Regionalism) debate, which “was particularly divisive as it brought back the issues of recovery of ancestral land by the Kalenjins and removal of “foreigners” (*madoadoa*) from the land (CIPEV, 2007, p. 41).” The term ‘*madoadoa*’ was also used regularly on the vernacular radio stations to incite people to violence.

burned along with important documents such as birth registration and records of parental deaths. Without these it becomes difficult to access services to assist them. Political manipulation of ethnicity and generation therefore constrains youth's social environment bringing strife, chaos and discord rather than the freedom, equality, peace and support hoped for from their government.

The youth expressed that in the period of time between 1997 and 2001, "we also started to know about corruption." They began to notice the 'norm' – the corrupt acts of their political leaders with little of no accountability or justice brought to bear. The youth's narratives made it clear that corruption occurs on many levels, through high-level scandals by the government<sup>114</sup> and through interactions in their everyday lives. The latter was the focus of their narratives. Corruption was experienced in youth's everyday lives through their relationship to social institutions and through daily relationships with members of their social networks.

Corruption has a name in Swahili, '*ufisadi*,' but the English phrase was used more often. As the youth tell their stories they commonly ended with a sigh as they shake their head, "Ah... corruption." As one youth told of water being cut off in her neighborhood, the chorus of comments heard from others would be "corruption." As the youth share about their birth experiences and their decision to give birth at home due to high costs and mistreatment at the hospital, they say "corruption." As a young women describes being asked for a bribe as she reports a case of gender based violence to the police, "Eh...

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<sup>114</sup> For example, Klopp et al. (2010) describes the disillusionment of internally displaced people who claim that corruption has hindered the restitution of property and security of displaced people (in 2007- 2008, however many have been displaced in 1992 and 1997 as well).

corruption.” These examples point to the everyday nature of corruption in their lives and to the way that it permeates their daily interactions and access to basic services.

The employment sector is an area where the government has promised opportunities for youth. They have instituted Kazi Kwa Vijana, (Work for Youth), a program aimed to address unemployment among young men and women in rural and urban areas, employing them in labour intensive public works such as waste collection, afforestation and road maintenance (Organisation for Economic Co-operation and Development [OECD] & International Labour Orgnaization [ILO], n.d.). This has only served to deepen the frustrations of youth. Paul (21 years, urban area, 2011) shared that his biggest frustration and disappointment with the government was youth unemployment. He shared, “like ‘*jana*’ (yesterday)<sup>115</sup> we were told that there was jobs for the youth. In fact we were told that if we vote, they promised us they would do it but they did not.” A young woman (22 years, 2011) in the rural area stated, “We come, we are told there is Kazi Kwa Vijana, we do it, the money is not there. We don’t know where it went. We are cheated of our pay.” A community volunteer drew laughter in a focus group discussion (rural area, 2012) when he said that in actuality, “the program should be called ‘*Kazi Kwa Vijana, Pesa Kwa Wazee*’” (Work for Youth, Money for Elders).

The patrimonial system – where the patron, in this case the politician, controls the distribution of resources according to the client’s ability to help them (Scott, 1972)<sup>116</sup> – has been in place in Kenya for decades (Kagwanja, 2005). This political system, founded

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<sup>115</sup> The young man used the word, ‘*jana*’, literally meaning ‘yesterday’ to mean ‘some time ago.’

<sup>116</sup> The relationship described here is one of patronage, where the ‘patron’ or politician, who holds higher socioeconomic status has a relationships of exchange with the ‘client’ – in this case the youth who holds less power (Scott, 1972, p. 92).

on inequality and reciprocity (Scott, 1972), has, according to Kagwanja (2005), played into the hands of elders as they have instrumentalized Kenya's youth based on their age and ethnicity. However, as described by the youth, instead of following through with protection and provision of services for the youth, the politician uses them for their own purpose: to gain power. Youth in Nakuru town presented a drama illustrating this point. As youth lined up to get their pay after working all week, the chief in charge (acted by a young man with a 'fat' tummy made using a pillow under his shirt) casually turned to them saying "the money has dried up." He then turns to the audience, which included leaders in the community, with a smile shuffling bills in his hands. The corruption that surrounds the access to basic work, well-known to all,<sup>117</sup> continues to frustrate both young men and women. Youth's deep frustrating and political agency was seen as they performed the drama before government representatives.

Though youth pointed out well-known examples of high-level political corruption,<sup>118</sup> they felt most deeply the local issues around unemployment and Kazi Kwa Vijana and the everyday reality of being asked for bribes by community leaders to receive services. These factors represent serious institutional barriers to accessing health,

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<sup>117</sup> During the period of the research, a short article in a national Kenyan newspaper, the Daily Nation (Mutiga, 2011), reported on October 22, 2011 about the corruption of funds involved in the program. It read: "A multi-billion shilling World Bank project intended to boost the *Kazi Kwa Vijana* (jobs for youth) programme has been cancelled after an audit review revealed officials at the Office of the Prime Minister had misappropriated millions of shillings. The World Bank now wants a refund of the money spent so far and taxpayers will be expected to foot the bill once the full extent of the losses is revealed" (paragraphs 1-2).

<sup>118</sup> They cited a few high-level examples of corruption in Kenya. They highlighted 'Goldenberg', a political scandal whereby evidence was uncovered in the 1990's that the Kenyan government under Moi, likely up to the highest levels of leadership, was implicated in smuggling gold from Congo into Kenya for export at a higher price. They also mentioned the corruption surrounding the Constituency Development Fund or the Kenya Pipeline Company.

legal, social or educational services and show the deficiency in supportive faculties of the government institutions in their social environment.

### **3.3.2 Economic oppression**

Economic oppression was identified as a social force that was experienced by the youth through food insecurity, unemployment and labour exploitation. Hornsby (2012) writes that, “In Kenya, politics and economics are so deeply entwined that you cannot discuss one without discussing the other” (p. 4). Disillusioned by their government’s failure to provide for them, youth’s description of the period after the 1997 elections highlights the interconnectedness of economic and political oppression. Monica in the urban area said, “the economy plummeted. The leaders did things so that prices were so high. Bread went from 9 to 15 KES.<sup>119</sup> Sugar prices were exorbitant, and robbery started. There was peace for a few people but not for everyone.” A young woman stated emphatically, “Write in *red* that there was hunger. No water. No food.” Another youth added, “Even the cows were dying as they stood up.”<sup>120</sup>

Periods of drought and food shortages occurred in the country in 1993-1994 and 1996-1997 and 2009-2010, which were exacerbated by violence and displacement.<sup>121</sup>

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<sup>119</sup> 9 to 15 KES is approximately 0.90 to 1.50 USD

<sup>120</sup> Food prices doubled between 2004 and 2011 and drought followed heavy El Nino rains in 2009-10. It was thought to be the worst drought in 60 years in the region. Kenya could only produce 60% of the maize it needed and had to rely on donors, World Bank and the IMF (Hornsby, 2012, p. 784). In 2008, with the loss of crops from the violence, and high food prices, people in the areas affected by the violence experienced hunger.

<sup>121</sup> See the historical timeline in Appendix J. The youth note ‘drought’ after Independence, referring to food shortages and near-famine in Kenya after a year of no rains in 1965 (Hornsby, 2012, p. 135). Youth note ‘drought’ and ‘famine’ after the 1992 elections and violence and remark ‘drought that led to goods being very expensive’ after the 1997 elections. Food shortages occurred in 1993-1994 after poor rains and loss of crops caused by the violence and in 1996-1997 after two good years of harvest, according to Hornsby

Each round of violence brought periods of severe hunger to the youth. Youth described ‘famine’ after the 1992 elections and ‘economic instability’ – where prices for goods increased and jobs were scarce – causing hunger after the 1997 and 2007 elections (see Figure 3.5). But after the 2002 elections the youth reported relative peace and ‘economic stability.’<sup>122</sup> During violent periods, food shortages due to the loss of crops occurred and people were unable to farm due to instability, displacement and increased prices. This problem resonated deeply with the youth. When youth in a rural area discussed the post-election period in 2008, one young woman (24 years) stated with a serious tone, “*Njaa*” (Hunger). The group’s laughter stopped and everyone agreed.

Hunger, though associated with violent periods, affected the youth in peaceful times as well. A young woman of 21 years who had been displaced out of the rural areas shared how political violence has affected the potato crop in Molo, a staple and affordable food:

The war affected us so much in Molo. We had farms, we had enough potatoes, but these days in Molo we buy 5 debe of potatoes for 500. In old times, food was enough. ...if you went to work in the potato farms you would bring home so many potatoes you would fail to carry them... These days if you go to work in the farm, people refuse. You have to buy. Even now people buy potatoes from Tanzania.

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(2012, p. 574). After the 2002 elections when there was relative peace, they do not note a period of hunger. The youth note that ‘hunger’ occurred after the 2007-2008 post-election violence.

<sup>122</sup> Though the period around the 2002 election was considered as relatively stable and peaceful, Njogu (2009, p. 7) reports that there was 116 lives lost in election related violence according to the Central Depository Unit and 209, according to the media.

Economic oppression lived out as food insecurity is therefore a feature of daily life for youth who head households.

When asked about their life in times of peace the youth were thankful to go about their business even if they were struggling financially, “Now it’s just fine. We wake up well, we sleep, even in the afternoon, we are able to bathe ourselves and you eat without being rushed.” Even the little compensation they received from doing ‘*vibarua*’ (casual work, *pl.*) is appreciated when they remember the desperate scarcity of food, money and security during times of war,

This time, it was good. If you go to a ‘*kibarua*’ (casual work, *sing.*) you get 150 (kes, about 1.50USD). There is no war, its ok. You don’t have to eat fast. You cook your vegetables nicely and you sleep. But in times of war, you know you even eat things raw. But these days, its good, we have no worries.<sup>123</sup> (Hope, 24 years, rural area)

And yet, even in peaceful times, youth had difficulty getting casual work, or getting paid a full wage for a day’s labour. After working all day in someone’s farm, one young woman (17 years, rural area) expressed her discouragement at the failure to

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<sup>123</sup> The young woman who spoke had a small farm and harvested enough to feed herself and her three children in good years, but often went out to work to have money for school fees, cooking oil, clothing and other items. Other youth, most of whom rented small rooms and worked ‘*vibarua*,’ complained that 50 to 150 kes per day (0.50 to 1.50USD) was the average pay in the rural area and this was barely enough to meet the daily costs of them and their dependents. As costs are higher in the urban area, the Nakuru youth explained that their daily wages were between 150 kes and 300 kes (1.50 to 3.00USD). However, rent in town for the youth was between 1200 and 2500 kes per month (12 and 25USD) for a one bedroom living space whereas for rural youth it was between 300 and 800 kes per month (3 and 8USD) per month for the same size space. Food, though a greater variety was available, was often more expensive in town as well, although it varied greatly depending on the item and season.

receive the pay she was promised. Pointing her finger at the employer, she said, “*amenitumika vibaya*” (I was used badly by him).

Eighty-seven percent of the youth participants go out every day to find ‘*vibarua*’ in order to make enough for the basic needs of the household.<sup>124</sup> Relying on ‘*vibarua*’ is a precarious existence, as work is seasonal and unreliable. Njonjo (2010) points out that informal sector jobs offer the most opportunities for youth, showing a steadily increase between 1986 and 2006,<sup>125</sup> however the jobs tend to be unstable, low paying, and have weak health and safety standards. Youth have the desire not only for regular work but to have control over the income that they earn by having their own businesses.<sup>126</sup> Still, the few youth who had businesses or worked for a family member described this income as unpredictable, particularly during periods of unrest. A young woman (19 years) from Nakuru explained, “In times of war, its only us alone, there is no one to sell our produce to. Where will it go? In times of peace, at least we can sit down and think of what to do.”

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<sup>124</sup> Out of the eight youth who were not presently doing casual work: six were secondary school student (four in the urban area and two in the rural area) and two had their own small businesses (a fruit stand and a small salon).

<sup>125</sup> For youth in the Rift Valley, this also generally lines up with the start of perpetual cycles of violence and peace that led to economic problems in the area.

<sup>126</sup> During an entrepreneurship training, carried out through the research, the youth highlighted the following ‘desired’ outcomes in an brainstorming activity: Drug free society, To be engaged in gainful activities, Training on entrepreneurship, Provision of credit facilities (so we can venture into business), Assistance to identify opportunities in our areas, Self-employment encouraged to decrease consumption of illicit brew and drug abuse. The youth desire to be the initiators of positive change not only in their families, but in their communities, and yet they face barriers to achieving these desired changes. Barriers that they identified were: Idleness that leads to drug abuse and consumption of illicit brew, the cycle of poverty and unemployment (poverty causes unemployment which leads to deeper poverty), no job opportunities, apathy among the youth, and lack of mentors to nurture their talents. In the same activity, the youth also recognized ‘idleness’ and ‘economic poverty’ as causes for HIV/AIDS and early pregnancies, as young people are more vulnerable to sexual abuse, exploitation and going into prostitution out of desperation. This again highlights the link between socioeconomic wellbeing of the youth and their households being highly tied to their sexual health.

An elder in the rural area commented on the impact of economic production changes, “Life was not expensive in old times, now everything costs, but people don’t have more money, so you’re left living in poverty.” Another women, a community member, added, “These days life is hard, youth don’t have a way to support themselves, they miss money to study, ‘wanatangatanga’ (they move up and down, idle).”

For a few youth, the experience of unemployment was an opportunity to be supported by others. For example, one young woman reported that her neighbor always helped her to find work – to wash clothing and dishes for ‘*watajiri*’ (rich people). However, many of the youth expressed their disheartenment with neighbours when they ask for help. As Nakuru youth expressed:

Wambui (18 years): There are some bad [people]; one asked me if I knew ‘*koinange*’ (a street in Nairobi well-known for sex-work) and laughed...

Paul (21 years): Others tell me to steal...

Sharon (18 years): I’ve heard others tell people to go and die.

Julia (17 years): Others tell me to go and get married.

Youth therefore had to navigate both supportive and destructive interactions within their community social networks. Youth shared that they often felt alone in their struggle and that competition for work was fierce. Political and economic oppression – forces that have led them into situations of deprivation – have shaped the social and economic reality of entire communities. There was a pervasive sense in both Molo and Nakuru Town West Constituencies of desperation, competition and survival. For families and communities who value ‘communal solidarity’ and connectedness above all else

(Mbiti, 1989; Muriuki, 1974; Nkemnkia, 2006), economic oppression reinforces inequalities in society and threatens people's capacity to live out these principles in daily life.

### **3.3.3 Sexual violence**

Sexual violence was a lived experience of young women in Nakuru County - one that has been structurally maintained in the oppressed and vulnerable situation of the women. This was shown through young women's experience of lived gender inequalities through opportunistic and targeted sexual violence during the 2007-2008 post-election violence, transactional sex experiences, early and forced marriage, and domestic and gender-based violence. It is also tied to HIV, which has not always been a feature of youth's social environment. As the youth discussed the period of 1992 to 1996, they claimed: "We started to know about matters of the HIV virus."

Youth highlighted the different experiences of young men and women during the violent times following the 1997 violence. In the rural area, a young man (20 years) said,

Young men lost jobs. ... Then there were women, and their children needed to eat; what are they going to do? Women started now to enter into this kind of work... '*kujiuza*' (to sell themselves)... so that children could eat.

"Early marriage was common," highlighted a 21-year old young woman in the rural area, "Many women went back home with diseases and a lot of them were pregnant. Many children were born in 1997 that didn't know their parents. There were many orphans and widows." Some youth explained that there was also targeted sexual violence

during the 2008 post-election violence.<sup>127</sup> Women were sexually abused by the Mungiki, the ‘outlawed’ Kikuyu sect.<sup>128</sup> Others saw Kalenjin men raping women in Nakuru town. One young woman said, “They were raping mothers and girl children, then they forced girls to lie with their fathers and mothers with young boys. Then afterwards, they’d kill them.”<sup>129</sup> The sexual violence and exploitation articulated by the youth shows the horrific result of failed support networks as structural violence plays out in their lives, impacting them physically, socially, emotionally and psychologically.

Many people were displaced as a result of the violence. A social worker explained that rape in internally displaced people (IDP) camps was common: “There were new cases of AIDS. If women wanted food for the children they had to have sex with the men in the camp.”<sup>130</sup> Men forced women into sexual engagement, opportunistically taking advantage of the hunger and dire poverty women were facing. Monica, 21 years,

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<sup>127</sup> An article in IRIN Humanitarian News and Analysis, ‘Health workers grappling with conflict-related sexual violence’ that appeared in an in-depth exploration of the 2007-2008 post-election violence in Kenya (IRIN, 2008) discussed the nature of sexual violence in during this time. The attacks – against women, girls, but also men and boys – may be opportunistic, with people taking advantage of the breakdown of societal mechanisms of protection or targeted, where people target specific groups, such as women or girls of a certain ethnicity. The youth’s accounts reveal that both opportunistic and targeted sexual violence occurred in Nakuru County in 2008.

<sup>128</sup> The Mungiki was formed in the 1980s as a religious movement based on traditions of the Kikuyu. It transformed soon after to take on political dimensions and became known for its reputation of violence (Rasmussen, 2010). The group tends to recruit from ‘dispossessed’ unemployed youth. Kanyinga (2011) explains that the initial recruitment targeted victims of the first wave of violence in 1991. According to Rasmussen (2010, p. 315), the illegal Mungiki sect is highly gendered, as it privileges the male gender in its generational discourse.

<sup>129</sup> The youth’s accounts confirm the findings of the Commission of Inquiry into Post-Election Violence (CIPEV) who report sexual violence committed primarily against women, girls, but some men and boys, during violent attacks and in IDP camps. In the Waki Report (CIPEV, 2007), there is a chapter devoted to sexual violence, which the Commission took on (in consultation with local experts) in order to expose the issue. Though numbers are not known as sexual violence cases are underreported and transport was unavailable, over 900 people visited Nairobi Women’s Hospital after having experienced sexual violence, with 653 people arriving in time to receive post exposure prophylaxis to prevent HIV transmission (within 72 hours).

<sup>130</sup> The common occurrence of rape in the IDP camps is discussed by health workers in Kenya in 2008 in the article, ‘KENYA: Health workers grappling with conflict-related sexual violence’ (IRIN, 2008).

explained, “In this camp, ‘showground’ [large IDP camp in Nakuru] it reached a place that it was only 20 shillings [0.20USD].” Another young woman of 20 years responded, pointing out that due to social and economic instability it was common for any woman to “do prostitution to survive,” whether they were in the camps or not.

Justine’s (20 years, rural area) example further shows how the forces of displacement, HIV and economic deprivation are lived out in gendered ways. Justine shared how her family fled from their land in 1997. Since her parents died of HIV/AIDS, she has been living with extended family, who also were displaced, in a rented home in Molo. When the economic problems and political violence began in 2008, access to food was scarce and they could no longer support her. Casual work was nearly impossible to find during violent periods so she had no means to contribute to household income. “I had no place to live, we were renting a house me, my aunt, and my grandmother, and they denied me to stay... now I said to myself, let me just get married.” Diana asked, “So you could have a place to live?” Justine replied, “Yes,” and explained that she was sixteen years old at the time and had known the older man she was now with for one month.

In a community focus group discussion (2012), one woman commented on the everyday sexual exploitation by men against women and its relationship to poverty:

Very often you see a girl who gets a child when she is still small and these are children whose parents have died. They are left and they are caring for the little ones [siblings]. They are the ones that go to find a way, it’s not love, they do it for food and money. They have no person to support them. She goes outside, she does what?... She starts to look for food. Of course the person will say, “if I give you

food, what will you give me?” And he knows that she is not able to give money.

Exchanging sex for money and other forms of sexual abuse and exploitation have become chronic issues for young women who head households.

The youth also pointed out a link between sexual violence and HIV. They mentioned that during the 2007-2008 post-election violence, “the number of new cases shot up,” and access to antiretroviral treatment was difficult. They remarked how the main reason that rape was feared was because of HIV. For the youth of Nakuru County, HIV/AIDS has been a recent social force (known to them since 1992-1996) that is intimately tied to sexuality, that impacts them regardless of war and peace and that affects their families, communities and their own lives. It poses a threat to their lives; it has caused the death of caregivers and undermined their livelihoods. HIV/AIDS was therefore shown to be a major force that shaped the youths lives as well as one that has led to the shifting patterns in caregiving.

Young women expressed discouragement with the failure of social institutions to support them as they faced sexual health challenges. In a group activity in the urban area, a young woman (19 years old) stated a challenge they face: “To be manipulated by people you go to for help,” and received nods from each youth in the circle. In the ‘social support mapping’ activity for the challenge ‘discrimination against girls’ in the rural area,<sup>131</sup> youth stressed that the ‘*serikali*’ (the government) caused harm in this situation, whereas they felt strongly supported by siblings and community volunteers, and to some

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<sup>131</sup> In the social mapping activity, youth chose to work with a challenge (in this case ‘discrimination against girls’) that they face and then brainstormed all the social actors or institutions that could help or harm them in the situation. The visual outcome of the activity can be seen in Figure 3.6. See Appendix E for a more detailed description of the Social Mapping Activity: ‘Help and Harm’.

degree, by teachers and the church. They felt that though the government had gender policies to protect them in the case of rape, they were not actually protected or assisted. Two of the women shared that they attempted to report gender-based violence cases but failed to follow through due to mistreatment by government workers at the ‘Gender Desk.’<sup>132</sup> Sarah, 21 years, shared that she would never report a rape: “*Kuulizwa kwa kitu kidogo na kuitwa malaya, hapana!*” (To be asked for ‘something small (a bribe) and to be called a prostitute, no!)” Sarah’s comment shows how corruption plays out through the relationships of youth with institutions, but further points to the general reality of young women experiencing shame and blame as they are unable to access services. Processes that are supposed to facilitate justice and protection instead invite exploitation and suffering.

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<sup>132</sup> The police stations now have a Gender Desk where gender-based violence cases are supposed to be reported and where they are supposed to freely receive the P3 Form. The P3 form, or the “Kenya Police Medical Examination” form, is intended to be free, according to the National Guidelines for Provision of Youth-Friendly Services (DRH, 2005, p. 30). It must be filled out by police and medical officers in cases of assault, including sexual assault, in order to determine the nature and extent of injuries by the complainant. It can be used as an exhibit in court cases, including in gender-based violence cases. The Waki Report (CIPEV, 2007, p. 411) that recorded people’s experiences during the post-election violence in 2007-2008 reports that having the P3 form filled is a major hindrance to reporting rape cases. For example, they found that there was only one Police doctor in Nairobi who had the authority to sign the form. Reporting rape cases continues to be a major problem in the country (Onjoro, 2014).



**Figure 3.6 Social support mapping activity for the challenge ‘discrimination against girls’, rural area, November 2011**

Political oppression, economic oppression and sexual violence therefore pose a threat to relationships of care to youth as each contribute to the gradual, and at times more accelerated, fragmenting of family and community social networks and institutions (see Figure 3.1). In the following section, I will outline the ways that leaders in youth's communities who represent institutions in their environment, and who therefore carry out 'formal' support roles, attempt to support youth but whose efforts are thwarted by social forces that constrain their possibility to maneuver within their social world.

### **3.4 Social institutions and community social networks: Good intentions and unintended impacts**

*“You know our government, they say many things, but to do it is hard.” (Chief, rural area, 2011)*

A wide range of formal and informal relations define the caregiving environment of youth in today’s society. While ‘informal’ support for the youth comes from helping relations with family members or neighbors, ‘formal’ support comes from a variety of sources: state institutions including services, NGOs (including international), faith-based organizations (FBOs), and community-based organizations (CBOs) (see Figure 3.2, which shows the institutions operating in youth’s social environment). As Fisher (1997) points out, such institutions and organizations also have wide ranging formal and informal linkages with each other and “have begun to have profound impacts both on globalization and local lives” (p. 441).

NGOs in Kenya provide substantive health<sup>133</sup> and social care. Youth in Molo and Nakuru West Constituencies commonly approached civil society institutions such as – FBOs, NGOs,<sup>134</sup> and CBOs hoping to access assistance.” Fisher (1997, p. 456) warns however that though NGOs are often praised for their connection to the ‘local,’ “unspoken or unintended consequences” may result from their relationships with

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<sup>133</sup> With regards to health services, public sector health facilities account for 46% of the 6,761 health facilities in Kenya, while Faith-Based Organizations, NGOs and the private for-profit sector account for 54% of facilities (Division of Vaccines and Immunization [DVI], 2011).

<sup>134</sup> Many NGOs and FBOs have formal collaborations with government and/or international development institutions. At times, social actors such as NGO staff and pastors may inadvertently cause injustice through their actions or simply act in corrupt ways that cause suffering to youth. For example, a young woman in Molo (19 years) shared that a pastor of a local church was given funds from foreign visitors for education of orphans. He called the families together and registered the orphans to receive fees. However, the families never received anything.

governments and international development institutions that may actually give way to the routinization of injustice (Fisher, 1997, p. 456).<sup>135</sup> Actors within institutions, including ‘*wakubwa*’ (big people/leaders) in youth’s communities, are also navigating amid constrained social environments. They may seek to support groups such as the youth through formal relations but inadvertently systematically maintain or enhance power relations that cause deeper subjugation of the very people they seek to support. At times they too experience suffering, often in invisible ways, even as they are unable to support others in the way they hope (Kleinman, 1997b). The examples that follow show how the actions and inactions of ‘*wakubwa*’ – an NGO staff, and local government workers (a chief; a nurse) – may intensify the social suffering of youth, even when attempting to manage it.

Kenyan NGO staff working with orphans in the project areas revealed a sense of incongruity about their association with national and global society and their mandate to decrease suffering in communities. Though they are tasked to be supportive and helpful to their own communities, they frequently felt powerless to effect change or direct their own actions when working with youth. They face donor restrictions, funding shortages, and corruption at each organizational level as well as an overwhelming and daunting sense of need. In a focus group discussion in Molo (2011) that involved NGO workers and other ‘*wakubwa*’, such as the local chief, a social worker pleaded:

I want to ask one question, because we are in the presence of the chief. ...Is there a way for our voice to be heard in our government? Because these children are

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<sup>135</sup> This is also argued from a social suffering perspective. For example Kleinman (2010) argues that health bureaucracies may inadvertently cause suffering in those they seek to serve.

ours. It's our country. It's our land. They have properties. But now, they are suffering, simply because they have no advocate. No one stands for these children! Can we have a voice? Can we put something forward, so that our voices can reach some place and the plight of the children can be heard?

To the social worker, the chief represented institutions in national and global levels of society. Though he was in charge of a local organization in the community, he felt powerless to meaningfully navigate institutions in his daily life to assist and protect the youth. He went on to discuss his frustrations. When he tried to assist youth to report rape cases he was asked for bribes by the police. When he provided referrals to the local hospital for services, such as receiving nutritional supplements, youth and their children were turned away. When he attempted to register children and youth in the program, he could only register those with correct and complete papers. It frustrated him that many youth were unable to apply due to ‘missing papers,’ papers which bureaucracies make very difficult to obtain.<sup>136</sup>

The accounts of government representatives in local communities revealed how they too feel caught within a constrained environment. In a focus group discussion (2011), one of the chiefs in a rural location spoke about the government youth programs that he oversees, “They give the youth in this location bad jobs and a low wage... I oversee this.” He went on to talk about the Youth Enterprise Development Fund, intended

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<sup>136</sup> For example, a common problem reported by the NGO staff and community volunteers is that the birth registrations and death certificates of parents were either never obtained or lost or burnt during violence times.

to support local youth group initiatives,<sup>137</sup> “Nine youth groups qualified for this fund this year. They gave cheques, it’s me who gave them, but they only gave to three groups.” He went on, “To get this money is very difficult because there are too many papers.” The chief is the one who carries out the programs on the ground, representing ‘the government’ to youth. Yet he refers to ‘they’, a larger authority among whom he feels little control. When a community member asked him why he doesn’t assist them with the application process, he just threw up his hands in frustration.

Health workers also feel trapped within government institutions, where limited funds, cutbacks and insufficient resources and materials characterize the work environment. As youth experience barriers to accessing health services, the workers also navigate networks and institutional barriers in their environments. Natalie, a nurse who had been working in a government facility providing youth with sexual health services shared,

We used to have outreach services. We used to have games for the youth. We had so many staff. … The youth need to be tested. They need counseling. They need to know how to disclose their status, to get treatment. We did this. (focus group discussion, 2012)

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<sup>137</sup> The Youth Enterprise Development Fund (YEDF) was developed with the goal of reducing unemployment among youth and increasing economic opportunities for youth (Youth Enterprise Development Fund, n.d.). It is managed by the Ministry of Youth Affairs and Sports. One component of the YEDF enables it to “advance big loans directly to youth whose enterprises demonstrate capacity to create many jobs for young people” (Youth Enterprise Development Fund, n.d., p. “About”).

She paused. “But the funds have dried up.” She added that staff members become unmotivated and discouraged when they have a lack of support from ‘Nairobi.’<sup>138</sup> Natalie appreciated the aim of the research team to improve youth’s health in Nakuru and expressed her solidarity. She shared that she felt unable to effect change with higher levels of the government institution on her own. She repeatedly requested us to, “write this in your report....” She went on, stating that the center where she works used to be exemplary, “but now if the youth come they have to pay. The services are supposed to be free and it is also money minded. Those are the challenges; they don’t have the young people at heart.”

As Natalie speaks, she also refers to ‘they,’ those in charge of institutions – in this case, the Ministry of Health – who make decisions that determine her daily life and in turn, the experience lived out by youth. She lives in this tension – seeing the declining services and the growing needs around her and yet being unable to enact the changes she would like to see.

Therefore, the perspective of ‘*wakubwa*’ (‘big people’) provides insight into how actors within institutions may be willing to support youth but instead structural violence deceptively plays out through relationships to deepen youth’s suffering. As seen here, the ‘*wakubwa*’ – NGO staff, the chief, and the nurse – are also at the whim of others who are in power who face constraints due to the social forces in their environment. The way that social forces constrain potential helpers to youth is a social process, a structural mechanism that plays out through relationships to lead to deeper suffering of youth. For

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<sup>138</sup> ‘Nairobi’ refers to the National level health bureaucracy offices, such as the Ministries of Health: Ministry of Medical Services and Ministry of Public Health and Sanitation, both housed in Nairobi.

example, political oppression impacts relationships within government institutions as funding decisions are made – between the ‘in-charge’ and the worker at the Gender Desk. In turn, the young woman who seeks assistance after a rape interacts with the government worker. She is mistreated and demanded a bribe. This shows how a relational view helps to unpack the mechanisms that underpin structural violence.

Youth cannot always expect support from the actors in their social environment, but they continue to reach out to people for help - strategically, and at times in desperation. Support is perhaps not always *expected* but it is *hoped for, longed for*. When exploitation and abuse is what is received, their suffering is deepened. And yet, youth continue to garner support where possible, from institutions as well as community and family members.

### **3.5 Family social networks: changes in care and support experienced by youth**

The tendency, highlighted in Chapter one, of humanitarian and academic literature around orphan care to emphasize the ‘unwillingness’ of extended family to care for orphaned children (Cooper, 2011, p. 25) is prominent when referring to child-headed households. For example, Awino (2010), describes the situation of child-headed households in Kenya and stresses that there is “no extended family members willing to take up the responsibility” (p. 1). Roalkvam (2005, p. 212) describes the experience of a child-headed household in Zimbabwe whereby family and community have ‘vanished’

and “there are no effective relationships, social networks or groups that the children can turn to for comfort, relief and support” (p. 212).<sup>139</sup>

However, other scholars have shown that as orphan numbers rise in Kenya and as youth face grave challenges that affect their sexual health, communities and families are finding ways to respond (Cooper, 2012; Nyambetha, 2004, 2007). Further, as Cooper (2012) suggests in her study of the Luo in Western Kenya, it is often not unwillingness to care, but a combination of pragmatic circumstances, *who* people consider as ‘kin,’ and ‘distance’ of relationships, that impact decisions to care or not.<sup>140</sup> I join Cooper (2012) in challenging this assumption and argue that extended family members are not necessarily unwilling to assist orphans but their pressing social realities make caring difficult.

The research showed that dynamics among families in Nakuru County are complex as youth experience a gradation of supportive and exploitative relations with family members. Lucy, a young woman in the rural area, described the rejection she experienced from her family: “people from your own family – your mothers sister, her brother, they stigmatize you after your parents leave you …they are not the ones you depend on” (2012). Most of the youth, however, relented about daily experiences of exploitation more than family members not caring for them after their parents died. Many youth explained that their extended families – aunts, uncles and grandparents – were already caring for orphans and did not have the means to support them as well. For

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<sup>139</sup> Roalkvam (2005) writes of child-headed households, reflecting the total dissolution of support systems: “There is something extraordinary about the child-headed household in that the extended family and the community have (according to the outlook of the child-headed household) seemingly vanished. There are no effective relationships, social networks or groups that the children can turn to for comfort, relief and support” (p. 212).

<sup>140</sup> Cooper (2012), in her study of the Luo in Western Kenya, suggests that where possible Kenyan families seek to maintain their integrity, sitting or standing together whenever integrity is threatened.

example, Mwangi, a young man in Elburgon shared the struggle he was having with extended family attempting to claim land that was rightly his after his parents died. He explained, “We had a plot, and when mother died, … now the uncles come and give us problems” (2012). The abuse from family experienced by orphaned youth points to deepening fractures in youth’s environments that have penetrated at the family level and have weakened their economic, social and emotional capacity to respond to the needs of others.

The very fact that participants are youth heads of household shows that they are generally from families who are overburdened with social and economic responsibilities who tend to be living in chronic poverty.<sup>141</sup> Political and economic forces impact their lives and livelihoods and constrain their possibility to assist youth. Still, in light of the diminishing capacity of extended family members to care for youth, support from family and community social networks is shown today in new ways. For example, many youth could point to extended family members in their lives who helped them in critical times. The sister of Purity’s mother helped her to care for her son so that she could complete secondary school. Though Julius’ sister had married and had her own family, Julius could go to his sister for help when he had no food and no work. Mwangi’s uncle would bring him and the children potatoes when he had a good crop.

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<sup>141</sup> Abebe and Aase (2007), who present various profiles of extended families that reflect a continuum of material, social and emotional capacities to care, would consider such families ‘rupturing’ or ‘transient.’ Rupturing families,’ the worst case, is characterized by chronic poverty and destitution, whereas ‘transient families’ are living in relative poverty and deteriorating living conditions (such as female-headed households and grandparent-headed families with worsening conditions). Most of the families of the young men and women in this study, according to the described profiles, would qualify as ‘rupturing’ or ‘transient’ families.

Another form of social support shown in communities in Nakuru County is through formal caring relationships. For example, Ruth, a volunteer in a rural community associated with a local CBO was assigned several households affected by HIV with whom she was tasked the job of visiting and providing social support to the children and youth on a regular basis.<sup>142</sup> Hope, a young woman living with her four small children, headed one of these households. For almost a year, since she had moved from Western Kenya, Ruth had been doing everything that she could to support her: helping her access HIV treatment, counseling, taking them to hospital, providing resources (foodstuffs, soap, clothing) from her own home, and accessing maize and beans for them from the Chief's office. Though she is not paid, the work she does reflects values of compassion, mutuality and her responsibility towards other beings. It brings her fulfillment and a sense of purpose.

Family members, community members and social actors within institutions are functioning within constrained environments. They often need to make difficult choices that run against their principles of communal solidarity and therefore their desire to assist. They also experience suffering as they experience the moral dilemma and tension of not being able to live out the principles of interconnectedness that are foundational to their very being as individuals and members of a family and a community. Two principles – the collectivist nature of living and suffering, and the connectedness of beings through a notion known in the African context as the ‘life force’ – inform daily life in the region as it is lived out through relationships. These principles help us to understand the tensions

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<sup>142</sup> The CBO is affiliated with national networks and is funded by an international donor agency. Though the actual support the NGO offered at household level was limited, the volunteers did what they could to support the families.

lived out by youth and the actors in their social environment and the moral and social dilemmas they face. Though we cannot speak of a homogenizing African identity, African scholars have emphasized the fundamental nature of community beliefs that are “one in its essence” (Magesa, 1997, p. 16) and inform the way that one lives and suffers in relation to others (see also Mbiti, 1989; Nkemnkia, 1999, 2006).<sup>143</sup> Mbiti (1989), for example, emphasizes the “corporate or social” nature of human beings (p. 106) and that “to be human is to belong to the whole community” (p. 2). Living and suffering are, according to these principles, a community matter, as “pain and suffering are shared among everyone” (Nkemnkia, 2006, p. 113).<sup>144</sup> Moreover, each person is interconnected to others through a ‘life force’ or ‘vital force’ that is dependent on the life force of others and essential to living.<sup>145</sup> As interconnectedness between people is weakened by the

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<sup>143</sup> There is a very rich literature on African philosophical principles. Though there have been many conversions to new religions such as Christianity and Islam, Mbiti (1989), a Kenyan theologian, explains that African people continue to embrace common “language, thought patterns, fears, social relationships, attitudes and philosophical disposition” (p. 3) that “permeates the whole world-view” (p. 236). Magesa (1997, pp. 15–16) discusses underpinning values that define how African people live in the world, and claims that though the actual implementation of philosophical ideals varies among different people groups in different places in Africa, the fundamental beliefs and the outlook on the world are “one it its essence” (p. 16). Youth in this research are from different tribes of the Bantu people group – the Kikuyu, Luhyah, and Kisii tribes – while others are from Nilotic people groups – from Kalenjin and Luo tribes (see Adhunga (2012) for a generalized description of Nilotic and Bantu myths, origins, social structure and for a detailed description of the Kikuyu (Bantu) and the Luo (Nilotic) people), but I acknowledge here the importance of the African moral, spiritual and communal philosophical principles in guiding the way they live in community. This is critical to understanding the nature of and response to suffering of youth.

<sup>144</sup> The first principle is that living and suffering is always framed in the communal context. Mbiti (1989) writes, “When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsmen, his neighbours and his relatives whether dead or living” (p. 106). Nkemnkia’s (2006) words support the concept of communal suffering, but also describes the meaning given to suffering as relationships are severed, “Whatever the case may be, whether personal or collective, pain and suffering are shared among everyone. Within the African context of the extended family, no one can suffer privately or alone, and the participation of suffering is almost immediate. …It is commonly thought that one suffers because he has broken his relationship with others, with the world, with the ancestors or with God” (p. 113).

<sup>145</sup> The second principle is the interconnected nature of beings *through* the ‘vital force’ (or ‘life force’) “the principle of life… (Nkemnkia, 2006, p. 114).” “The African being,” Nkemnkia (2006) says, “Is not a being-in-itself but a being- with-everyone” (p. 117). Each of these life-giving relationships constitute a “vital union” not only between individuals and the community, but between nature, the land, and God

social forces and situations described, the life force is diminished, causing a person to suffer. At the same time, the life force may also be fortified and strengthened as support is realized.<sup>146</sup> The research has shown that oppressive social forces serve to fragment relationships and the interconnectedness of people. This threatens collective community and family existence and causes tension as people struggle to live out the principles fundamental to life. However, as fragmentation is witnessed in the care environment of youth, it is important to recognize the ways that people are responding and the new forms of social support within family and community networks that are arising.

### **3.6 Youth's response to changing patterns of care**

As many relations that youth hope will be supportive fail to come to their aid, they respond in ways that they can. The formation of households headed by youth is seen as a phenomenon in Kenya that shows the impact of social forces, particularly HIV/AIDS and conflict that cause orphaning and a diminishing capacity of family members to care (Awino, 2010; Ayieko, 1997; Muyomi, 2012). Such factors have caused the death of caregivers and have weakened economic and productive systems, leaving children and youth ‘left to stand alone’ (“The children left to stand alone”: Roalkvam, 2005). Based on the case of youth who head households in Nakuru County, I argue that youth head households constitute a pragmatic and agentic response in the face of strained supportive relationships and changing patterns of care. It is a response to the reality that others may be unable to care for them. Important for the content of this chapter and the overall

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(Nkemnkia, 2006, p. 106).<sup>145</sup> Magesa (1997) explains, “One’s life force depends on the life forces of other persons and other beings, including those of the ancestors and, ultimately, God” (p. 52).

<sup>146</sup> One’s life force can be “diminished or fortified in certain situations of existence (Magesa, 1997, pp. 51–52).” Therefore, as interconnectedness between beings diminishes or fragments, the vital life force is diminished and a person suffers.

argument of the dissertation is that youth responses draw on the web of family relationships and seek to maintain family ties and a commitment to the collective principles of life.

The dynamism of household composition – whereby the household is viewed as a social space where temporal and spatial changes take place (Evans, 2011) – was an observed aspect of everyday life of the youth and their responses to the shifting care environment and the uncertainty in their lives. Youth became heads of households under varied circumstances and maintained this formation, usually with the eldest child caring for siblings, for varied amounts of time.<sup>147</sup> Some children and youth had lived with relatives (a few lived with family friends) until the caregivers died or were unable to care for them any longer. Some youth became the ‘head’ of the household while caring for an ailing parent as well as siblings, and maintained this status once the parent passed away (also noted by Evans, 2011). Some young women revealed that they were exploited and treated as domestic workers, motivating their choice to form their own household in order to protect themselves and those under their care. Others were sexually exploited. For example, when Judy (17 years, urban area introduced in Chapter two) was living with her ‘guardian,’ the friend of her late mother, the son of the guardian tried to rape her. So she fled to live with her friend – a young woman – and her elder brother Charles (20 years old) who was also a participant in the study and had been heading the household since their parents passed away in 2007.

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<sup>147</sup> From my research and community health work with children and youth in Rwanda (2006-2010) and Kenya (2007-2014), I have also observed the dynamic nature of living situations of ‘child and youth-headed households.’

Household composition was also altered by youth migrating to find work, becoming domestic workers or getting married. Also noted by Evans (2011) of youth in Tanzania, if the eldest child left, the next eldest ‘co-resident sibling’ (gender did not seem to matter) would take charge of the family. Some youth who had physically moved away from the household still considered themselves as ‘responsible’ as they continued to seek to provide for the needs of dependents. For example, Catherine moved to Nairobi from the rural area at age 17 years to find work to send her sister, 14 years old, to boarding school. But when her sister became ill, she returned to Molo Constituency. Sharon was in boarding school in Form 3 in Nairobi, but chose to return to Nakuru when her mother died to care for her two brothers. Six young women in the study were previously married, but have been widowed (one rural) or abandoned (three rural, two urban) being left in charge of a household composed of their own children and oftentimes siblings. Two young men in Nakuru who participated in the research and cared for their siblings in the home that their parents left them were married, in both cases to orphaned young women.

Youth recognize the vital nature of family relations as they respond to the stress within their families by ‘re-creating’ family structures of support. Additionally, when family members may be unable to support them, they turn to ‘formal helpers,’ such as NGOs, CBOs and peer groups (through support groups organized by NGOs for example). This demonstrates the way that youth navigate their social networks, building support in their own lives so that they may live and support those under their care.

### **3.7 Conclusion**

In Nakuru County, youth have witnessed or have been coerced to participate in

direct violence. But more important to daily life is the violence – visible and invisible – experienced in various forms during ‘times of war’ and ‘times of peace’ that shape their daily lives and experiences of suffering.<sup>148</sup> Structural violence filters through fractures in youth’s ‘supportive’ environment – through social institutions and networks. It penetrates their lives and morphs into other forms of violence that are lived out through relationships *with* and *between* actors in their social environment that lead youth to suffer. Oppressive and unjust social forces and the resultant violence are splintering the collective way of living in community and in families and cause tension as people are unable to provide support to those who suffer. As structural violence further inhibits the efforts of social actors who wish to assist youth, causing the youth’s suffering to deepen. And yet youth persevere. With minimal support youth navigate their problems and do what they can to maintain and build social support in their lives. As they support their siblings, children and ailing adults, they fortify their ‘life force,’ the very essence of their being, and strengthen the lives of their dependents.

This chapter emphasizes the dynamic relationship between youth and their social environment. As social forces impact their lives and shape their daily experiences of violence and sexual ill health, youth also act to transform their environment in ways that are possible for them. The findings contribute to the discussion on the agency-structure relationship as they highlight the relational and interpersonal way that social forces shape everyday life, one’s health and experiences of violence *and* the way that agency is

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<sup>148</sup> Bourgois (2009) argues that focus on overt forms of violence often “distracts us from being able to see the less clearly visible forms of coercion, fear, and subjectification through which violence deceptively and perniciously morphs over time and through history” (p. 17).

enacted within one's environment. It is these processes that will be explored in more detail in the chapter that follows.

## **Chapter 4: Social processes and youth's lived experience of violence**

### **4.1 Introduction**

This chapter aims to describe the social processes that impact the lived experience of suffering and violence of young women who head households. I draw on Kleinman and Kleinman's (2008) description of social experience as "an assemblage of social processes that together create a medium of interaction that flows back and forth through the social spaces of institutions and the body-self (Kleinman & Kleinman, 2008)" to explore youth's experience of disintegration occurring within their social environment. Three dimensions of their social experience will be highlighted: moral, as shown through stigmatizing experiences; social, demonstrated through experiences of failing to receive protection; and intergenerational, shown through experiences of loss and disconnection from others. These dimensions of experience were identified by the youth as critical and pervasive in their lives and capture the relational suffering that youth daily endure.

In order to explore the social processes between youth and the networks and institutions in their social environment, an in-depth case study provides a perceptive source of one young woman's perception, reflections and lived experience. I will first consider the everyday life and narratives of Anna, a 24 year-old woman from a rural area of Nakuru County. This will be followed by a discussion of the social processes that shape the way that violence is experienced daily by youth. The argument will be made through two strategies: first, by analyzing what this case shows us about the social experience of violence; and second, by bringing in other examples of youth who participated in the research. In the following chapter, Anna's story will be analyzed further,

serving as a springboard for delving more deeply into the nature and embodiment of youth's social suffering.

#### **4.2 Case study: Anna's story**

My research assistant and I met Anna and twelve other youth in September 2011 at a workshop in the town nearest her rural home. It was a cool grey day spent seated on the grass in front of a local church. Anna arrived wearing a flowing red skirt, heavy walking boots, and a bright zipped green sweatshirt. We stood up to welcome her as she greeted each of us warmly before sitting down. Anna's leadership in the group was obvious. She led the group as they taught us a local game similar to tug of war. Throughout the workshop she sought to fill the silences with insights and stories. She volunteered to present on behalf of the 'young women's group their drawing of Waangari Mathai, the 'ideal woman' in their eyes, adding bits of anecdotal humour as she went, When they shared their challenges through drama, she took the role of the abusive husband, soberly maintaining her character throughout. At the end, she broke into laughter. Her infectious laugh seemed to put the other young men and women at ease.

Anna approached one of the research assistants during a game of frozen tag during the second morning of the workshop. She had a rather serious countenance that was somewhat uncharacteristic and asked if the private conversations offered to the youth were still possible. She explained that she was in too much pain to play the game and wondered if she could talk with us. Since I was leading the game, for fifteen minutes lying on the grass together, she shared her situation with Dorcas. While playing with the other children I could see tears being shed by both of them. After the day's activities,

Dorcas gave me a summary of their conversation.<sup>149</sup> This encounter started a series of many more encounters: lengthy conversations, long walks, phone calls, and cups of tea.

Anna invited us to visit her in her home, so at our first opportunity we went. Following instructions from the social worker, Dorcas and I took a ‘*matatu*’ (local taxi) for ten minutes from the remote town, and hopped off by a dirt road that scaled up the steep hill. The sun was shining, but the air grew cooler as we made our way through fertile countryside. We walked along dirt roads with large patches of mud from the rain the previous night. The road continued on through fields of potatoes and farmers carrying their ‘*jembe*’ (hoe) on their way back home from the ‘*shamba*’ (farm fields) for lunch. We exchanged a mixture of Kikuyu and Kiswahili greetings to ensure we were on the right track. After two hours of trekking from the main road the wood fence, mud walls and tin roof of Anna’s homestead were a welcome site. Anna, a big smile on her face, threw her arms around us, welcomed us warmly, and dashed into the kitchen to check on the food. Her two daughters, five and six years old, ran out of the house greeting us with big hugs.

Our host proudly showed us the plot – a main building with two rooms and a small addition built for her son. She demonstrated how to use the well and gave us a tour of their kitchen garden. In her living area a framed photo of her late mother hung centrally on the mud wall. She showed us her anti-retroviral (ARV) medications<sup>150</sup> and her hospital card with the notes from the last few visits. She asked Dorcas to read them to her.

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<sup>149</sup> Anna asked Dorcas to share her story with me.

<sup>150</sup> Anti-retroviral medications are used to treat HIV/AIDS.

We sat down to enjoy ‘*mukimo*’ (mashed green peas and potatoes) and *chai* (sweet tea with milk) that she had prepared. Seated on wooden couch frames, the girls excitedly climbed on and off of our laps as we shared the meal together. She explained that the son was out doing a *kibarua* (casual job) and reminded us that her husband, *Mzee* (meaning ‘old man’ or ‘elder,’ the name Anna always used when referring to her husband), had left a year and four months ago but had returned unexpectedly the previous night to take a chair back to his home. Her demeanor changed as she spoke, clearly bothered by his presence the previous evening.

As we were seated together taking tea, Anna heard a man’s voice and jumped up to see who it was. A man entered the room and shook our hands. He had weathered skin, wearing a well-used jacket, work pants and boots. He was *Mzee*. Anna told him we were here from Nakuru to visit the children. He left soon after. Anna looked agitated. She began to tear up. Pointing to her abdomen, she told us that the pain was worsening and she was worried about how she would continue to provide for the girls when she has trouble working in the ‘*shamba*’ (farm field). She pointed to the neighbor’s houses telling us that her husband had spread the word that she has HIV and is a prostitute. The neighbours subsequently shunned her, saying “don’t sit you will infect me with the sickness.” She said, “*Ninakaa tu* (I am just remaining) with my children” (2011).

As we talked, Jeremiah came home from his ‘*kibarua*’ (casual work, *sing*) where he was digging trenches. He had a small build but his big hardworking hands engulfed my own as we exchanged greetings. His earnest smile and kind young face gave away his warm nature. Anna noticed that the clouds were building and warned us about rain. She sent Jeremiah to find us motorbikes and we hurriedly prepared to leave. She had packed

us fresh tree tomatoes from her garden to take home, instructing us to wrap them in newsprint until they ripen.

Anna was born in 1987 and brought up by her mother with her six siblings in a rural village in the Rift Valley, where her grandparents had settled after Independence. Her mother was a hardworking woman and a second wife to a man who lived in another town in the region with his first wife. Anna never attended school and though her father was not often present, she lived happily, playing with her brothers and sisters and helping her mother in the house and farm. In 1997, violence struck her village following the presidential elections. Anna and her four younger siblings were separated from her mother and taken to an Internally Displaced Persons (IDP) camp run by ‘white people’ from the Catholic Church. She was left in charge as the two older sisters had married and left home. She shared about the burden placed on her, “We stayed for one month without our parents... I went with our small children. They were given food and me, I was the oldest one, so they told the small children to go to fetch water and I stayed back to wash the dishes.” This was a life-altering event for her. She explains, “At this time, the boy grabbed me, and I became pregnant... He didn’t hit me, he just plugged me up with blows” (2011).

A few months later, she and her siblings were reunited with her mother. “My mother noticed that I didn’t want to eat, I was sick, she took me to the hospital.... My mother asked, ‘where did you get this ‘*mimba*’ (fetus)?’ She said, ‘it is not possible that you are pregnant already.’” Anna did not know what she meant, so asked her, “‘*mimba*’

(fetus)<sup>151</sup> - what does it mean? I don't know"" (2011). Her mother explained what it meant and took care of her until she gave birth in the local hospital a few months later to a baby boy, Jeremiah.

Sitting outside the drop-in centre on the grass under a tree, we asked her how she cared for the child. She shared that she knew the father of the child but, "he has nothing. You see I lived with my child amid all these problems, I tried to raise him." "Mother, she helped me, because she helped to show me how to breastfeed the child, she bought me clothes and food, when I would go to the farm to work, she showed me how to wash my breasts." Sitting up straight from her reclined position, she clarified her primary role in raising her child, "It was me who raised him myself and I didn't leave him with anyone else, not even for one day. I got work as a domestic in a house and I went with him everywhere" (2011). She described the different types of work she did to provide for her son motioning each action with her body,

One time, I borrowed money from my sister and I bought some clothes to sell.

When I got tired of this work, I bought fruit and I sold it here by the railway. I left this after some time and I started to sell chips. I left that place and I washed clothes. I left that, I travelled to a nearby town to buy potatoes. I sold those.  
(2011)

We met up with Anna again at the drop-in centre on a Wednesday afternoon. We were sitting in the shade joined by Naomi, the social worker and laughing as Dorcas told stories. Anna arrived with a big smile on her face and greeted us. Anna had been referred

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<sup>151</sup> The word '*mimba*' means 'fetus.' '*Kupata mimba*,' 'to get a fetus' was the term most often employed by the youth to refer to the experience of 'getting pregnant.'

by the local hospital to the CBO when she was diagnosed with HIV and had become well known to Naomi and the community volunteers. We settled in to begin her interview as Naomi returned to work.

Anna was eager to talk. We started with some news about her health and the children, and whether or not she had any run-ins with *Mzee*. Anna motioned toward her abdomen and explained that the pain was too intense for farming. We then got to her story. Anna spoke about her life with fluency and ease.

This was not our first conversation about her story, so she started at the time of her marriage. In 2002, at the age of fifteen, Anna met an older man through a friend who wanted to marry her. Anna explained she had wanted to marry a man who was mature and stable with land and livestock. With a note of seriousness in her eyes, she added, “as long as he accepted my son.” On the first day she met him she asked for at least one week to get to know him. He replied, “No, I have no time because I want a wife and children and my years are passing quickly. I can’t lose time.” He wanted to be married that very day. So they did.

Anna continued her story matter-of-factly but emphatically, “I had my first child when I was ten years old and I was married to that man when I hadn’t even reached twenty years... *Mzee*, he was forty something years.” He treated Anna well at first, accepted her son and brought him ‘*mandazi*’ (local doughnuts). She told us, “I thought to myself God gave me a ‘*mzee mzuri*’ (noble/good). After three months he took me to his home. I had health in those days. We stayed three days then we came back. We stayed together well.” She added with emphasis, “but we stayed for long without me getting a

child” (2011).

She became pregnant in the third month of 2005 and soon saw the darker side of *Mzee*. “When I became pregnant ‘*akaanza kunitesa*’ (he started to cause me suffering); to beat me, to beat me.” As she spoke her arm and wrist made quick motions as her gestures mirrored those of her husband. She paused. Her body was now still, but she maintained her distant stare.

I failed to know what to do. Now where will I go with this fetus. ‘*Niende niteseke peke yangu*’ (I will go, I will suffer all alone). ‘*Nikavumulia mateso*’ (I endured my suffering) until I had the child. I didn’t have, not even a bit of strength, because I was not eating. He (*mzee*) told me, ‘why aren’t you going to the ‘*shamba*’ (farm)?’ I told him, ‘how can I go to the ‘*shamba*,’ I have no strength?’ He beat me. ‘*Nikashindwa*’ (I failed) and I went to farm while I was on my knees so that I wouldn’t get beaten. Some women came to help me, I told them ‘I need to fill this bag. I don’t want to get beaten.’ They helped me to finish. (2011)

She went on to explain that she stayed with *Mzee* who took her to the hospital. She described her birth, “I had the child and I did not release blood; it was only water. Even the doctor, he pinched me like this. No blood, it was water.” It was the 5<sup>th</sup> of December 2005 and despite Anna’s exhaustion and waning health, the child was a healthy baby girl who she named Muthoni. Anna continued her story without a pause,

I returned to the house. The mothers - I went to their church, they came and gave me food for two weeks and cleaned my clothes. In the third week I was told [by *Mzee*] to go to farm. ‘*Nikiinama mafupa inafanya*’ (My bones were bending).

*'Naskia sina nguvu'* (I was feeling like I have no power). (2011)

A few months later, Muthoni was growing well but Anna still felt lethargic. She visited the doctor to see what was causing this, "I heard that I have another fetus... Muthoni was still being nursed," she explained. Then in August 2006, with Anna in the 7<sup>th</sup> month of pregnancy with her second child, and caring for a baby who hadn't reached one year, her husband beat her badly. Pointing to her lower abdomen, she said, "Right here in the place that the child stays. I fell to the ground. I went to the hospital, but I did not pass through the gate to the hospital. I had the baby (outside) and then I just stayed [in hospital] for a few days." Though premature, the baby girl, Jesika, was delivered safely. "The person who helped me was one neighbor from nearby. And she was pregnant. ... But when I left [the hospital] she even brought me food" (2011). *Mzee* also began to abuse her son, Jeremiah.

From this time he was bad, even my child, he would call him *baba* [father] and he would tell him, 'me I'm not your *baba*'... he [Jeremiah] asked me one day, 'you said to me he is my *baba* but he is telling me to go and show him my *baba*,' ... I told him, 'leave him, he is angry.' My child was beaten; he came to be a street boy here in [name of local town].<sup>152</sup> I was told he is around so I went to get him. He was beaten again. He got lost; he returned to be a street boy. Now my child, '*ameteswa*' (he had suffering inflicted on him) until his studies lost him completely. (2012)

The young boy studied up to Standard 7 (primary school), and has not studied since.

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<sup>152</sup> The local town is not named for confidentiality purposes.

It was around this time that Anna heard that her mother was fighting hard to retain her land. She explained that the third wife of Anna's father died of AIDS in 2004 and her father died one year later. After his passing, the three sons of the third wife were trying to sell Anna's mothers land to a neighbor, the father of the village chief. "You know he has money compared to mother," Anna explained. "He threw mother into jail. Mother was there for four months until she left... she had become wretched and she had the sickness."<sup>153</sup> Anna tried to see if her mom could stay with one of her older sisters. They said it wasn't possible, so Anna went to stay with her for two weeks, declaring, "*Mama hatateseka nikiwa*' (Mom won't suffer if I am here)." Realizing her mother was dying she took her to the hospital. After a few days she brought her home to be cared for. On a hot, sunny afternoon, Anna went to work in the '*shamba*' and on returning found her mother dead.

I cried so much, saying that me, I have no father, I have no mother, and '*huyu mzee ananisumbua*' (my husband causes me to suffer).... because now he knew that I have no mother and no father that could come to my help. ...I said God, he is the only one who can give me strength to fight all of these problems. (2012)

One sister came to help Anna take her mother to her home (about 100 km away). Her mother's brothers did what was required to bury their sister, but since then have refused her access to her mother's land.<sup>154</sup>

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<sup>153</sup> Anna is referring to HIV/AIDS.

<sup>154</sup> The social worker explained that since there are no sons, the women should be allowed to inherit land. However, "the uncles took advantage of their illiteracy" and took the land for themselves.

Anna continued to persevere and began to think about the family's future. She had developed some business savvy through her earlier years supporting Jeremiah and had always envisioned purchasing her own land. As we sat on the couch frames in her home, she explained to us that *Mzee* was renting the land where they had originally been living and farming. "I told him let us 'farm, farm' a bit, sell the food and buy a small plot." She pointed out a plot of land to demonstrate the approximate size of land and added, "then people can see that we are developing. I sold potatoes and he also ... farmed and sold, we mixed our money together and we bought a plot" (2011).

Anna went on to give us detailed amounts about the transactions. She told us that sometime after as election time was approaching *Mzee* sold the farm to buy a car. "At the time of the 'clashes,'<sup>155</sup> I told him, the way that cars are being burnt, lets sell this car and build. Then even if the *Wakale* (people from the Kalenjin tribe) come and they burn, we will find our mud [house] is still here." *Mzee* agreed, so they bought land and two 'pikipiki' (motorbikes) for his business with the remaining money. Anna described how they built their home pointing out the dirt foundation as her finger moved up the mud walls to the tin roof. "We built all of this – up to the top – ourselves" (2011).

Soon after they moved into the home Anna was still feeling pain in her body. As she spoke, she held her head in her hands for a moment, then ran both hands down her body describing the generalized achiness she experienced. "I told him (*Mzee*) 'my body is aching.' Then, I went to be tested by the doctor and I was told that I have the virus." The word she used was 'virusi', or 'virus,' which in the area was known to refer to HIV. Anna

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<sup>155</sup> The youth referred to the various cycles of violence as 'clashes.' Anna is referring to the post-election violence after the contested December 2007 elections.

was told to go home and bring her husband in for HIV testing. His response was “what, they told you that you have AIDS? ... then where did you get this from?” He refused to go to be tested.

He said to me that it is not possible for him to go, as he still has his health.

‘*Nikanyamaza*’ (I was silent). The first month, the second month, I felt like [the pain in] ‘*nikasikia mwili imezidi*’ (my body was intensifying). I went to be tested.

I was told to stop breastfeeding; I stopped it. (2011)

The doctor again asked Anna to bring her husband. When she told him that *Mzee* refused she was given condoms and instructed to use these with her husband. When she tried, he angrily refused. When she saw the doctor again, she told him that *Mzee* would not use the condoms. “He [the doctor] told me … ‘leave him [*Mzee*]. Leave him there.’ I asked him, ‘If I leave, where will I go? And this plot we bought together. All my sweat and I leave him everything?’ She was trapped. “So two years passed and he refused to use anything, we had sex just like this, free, free. And when we did this, my abdomen stung until I failed to wake up. ‘*Nikanyamaza*’ (I was silent)” (2011).

Anna suspected she was pregnant again. She went to the doctor with *Mzee* and the children and she was found to be four months pregnant. When she told the doctor she had been living with the virus for two years he again wanted to test her husband. The doctor told them to wait five minutes and he would take them to the Senior doctor. She recounted,

When *Mzee* heard this, ‘*ametoroka kabisa*’ (he left completely). He refused. He took a motorbike with the children. And me, I had to walk home from the hospital

(about 30 km). When I arrived he did not want to see me. He said, ‘You, I don’t know the place you got this AIDS, you go, you go die ahead of me.’ (2011)

He accused her of sleeping with another man and violently attacked her in their room. As she spoke her gaze fell distant, “He grabbed my leg and pushed me to the ground, …telling me to leave our bedroom, …he will sleep in the bed, I can’t come to infect him with the sickness. I told him ‘I am not going … because since we were married I haven’t left outside to prostitute myself. It’s you who gave me this sickness.’” He claimed no responsibility and denied having the virus.

I told him, ‘I will not go, you can kill me, but I will not go.’ He then kicked and beat my pregnant belly. He threw me to the ground again until I was outside, naked. He kicked me again and then he left …When he returned in the morning he found me in the bed with foam at the mouth and ‘*sauti za uchungu*’ (sounds of anguish). (2011)

He called a neighbor to come and take Anna to the hospital. The woman advised her not to tell the doctors the truth about the incident. Anna explained, “I said to myself, ‘*Nitaacha tu*’ (I will leave it). I can’t say it is because of my *Mzee*. I will get cured and will see.”

She went home from the hospital and found *Mzee* packing and leaving for the town. She stated emphatically, “He took everything… he left us without any food. I hid some flour in a cup and this carried us until the morning. I cooked *ujji* (porridge).”

The impact of the beatings still haunted her.

I started to shed blood that was like heavy pieces of meat. It all flowed out. I took

myself to the hospital all alone. I thought if I told them [the truth], he could be jailed. And the women told me not to tell because he will return to the house. God helped me. The fetus passed after three days and then I healed; except the ‘uchnugu’ (pain) was still there. Yes, I still had pain until pus was coming out.

(2011)

A few weeks later Anna was desperate, in pain and without enough strength to work to feed the children. She ran to the village chief. Thereon arriving she explained her situation, “the chief asked me, ‘do you have ‘chai ya wazee’ (tea for the old men /bribe)?” When she told him she did not, he said that the husband had already been to see him, “and him, *Mzee*, he paid.” Anna went on, “I told him, ‘chief I don’t have strength to farm here. ‘*Mzee amenipiga mpaka nimekuwa kiwete*’ (*Mzee* he beat me until I became crippled). Then he [the chief] threw me outside. I left and I cried.”

She continued:

‘*Nikawa tu niko hivyo kitovu*’ (I was enduring/staying with this pain/anguish in the navel). I went to the hospital; it didn’t heal. I missed money; I stayed until today. I took it to the Children’s Department (*kwa watoto*); I was not helped. I went to the police; there was no help. ... I went to my cousin; I begged him for help; he wouldn’t help me. ... My mother was ill and died. My father also died. Now it is just me alone. I was with my mother; she was taken from me there. Now I have no mother. Now if I run to the police, the police don’t help me. I fail to know to whom I belong. I think about ‘*anajiuua*’ (the person who kills/destroys themselves) but I also see that ‘*nikijiua*’ (if I kill/destroy) myself my children

‘*watateseka*’ (they will suffer/be in turmoil). ‘*Nimekula shida miaka mingi*’ (I have eaten my problems for many years) ‘*na ambaye ananifanya niteseke ni mtu*’ (and the one who has made me to suffer is that man). It’s like if I didn’t marry him, I would be fine. (2011)

#### **4.2.1 Anna’s reflections on her suffering**

Anna later reflected on her experiences and shared how she used to hope that *Mzee* would change. As we sat together on the grass at the drop-in centre, Anna shared, “I thought to myself ‘*nivumulie*’ (I will persevere, endure). He will change his habits.” She added with a note of disenchantment, “but he is a man of many years” (2012). She and *Mzee* built their lives together – the house, the land, and his ‘*pikipiki*’ (motorbike) business. She bought most of the furniture with her own earnings. It stressed Anna that the house and land were under her husband’s name, as there will be nothing to leave to her son.<sup>156</sup> It is the chief who could try to change it to her son’s name, but she knows this will be difficult. “If I run to the chief, this chief is a friend of his [of *Mzee*’s]. If I go to him, he throws me out” (2012).

Anna describes the dual nature of the problems she deals with daily – the physical pain and the feelings of anxiety around finding a means of survival for her family. She told us during one of our visits that *Mzee* used to pay for the girl’s schooling but has cut off support. She shared, “You see now that man has no sympathy with you ... I say, it’s

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<sup>156</sup> According to Kikuyu customs (Kenyatta 1965), land inheritance is passed from the father to the eldest son (of the first wife – in the case of the first wife having no sons, the eldest son of the second wife became the trustee). This individual is to act as ‘trustee’ of the land. Though the land is in the name of *Mzee*, Anna recently (October 2014) received a letter from the chief protecting her right to stay and to cultivate the land because of the need to provide for the children.

okay. I will go and I will try to cultivate a little. But the ‘*uchungu*’ (pain) is too great now for heavy work” (2012) The pain lessens and she experiences relief for short periods, but it always returns.

After a group session, Anna stayed and shared with us about her chronic physical pain,

Even today still it [pus] is coming out. Sometimes I go to the hospital; I wash it with ‘*spiriti*’ (rubbing alcohol), it relieves me a bit. For two months, three months. I have failed to farm. (2012)

Though finding her daily food is a challenge, Anna tries to eat well to stay healthy. She takes her ARV’s regularly. She tells of the way her son cares for her at home when the pain is intense:

He brings to me food in my bedroom where I sleep with my daughters. We eat, then he leaves, he closes the door and shakes the rags. In the morning he wakes and makes tea or porridge and then he goes. This is indeed the way we are living... now, ‘*tunakaa tu na hizo mashida*’ (we are just sitting with these problems). (2012)

Anna notes with some humour about her son being only ten years older than herself. “If you look at him, the oldest child ...you would think he’s not mine. The small ones, they are mine. He’s a young man. Even if you come to the house, you would believe he’s my husband” (2012)!

Anna is afraid that her suffering will be replicated in the lives of her children. She thinks about her mother and father who died of AIDS and wonders what would happen if

she dies. In tears she says, “And then they will have problems like me... .Me, I tell God to help me to leave them with wise plans and ‘*mafikiria*’ (ways of thinking/ideas)... There has been problems until you see that God has forgotten you, then I see God; he has saved me, he comes close to me” (2011).

She contemplates the future and hopes to one day have her own land to build on where she can plant fruit trees and build a stand to sell her fruit. “I want to get my own land, somewhere I can live, ...I am finished living with men. Now I want to feed my children until they are like me, then when I die, I can know that they will support themselves” (2011). Anna desires a hopeful future for her children – a life better than hers. She hopes that her son will learn mechanics so that he can have a consistent business. Having lacked the opportunity to study herself, she wants her daughters to succeed in school. “When I cook the food, I tell them to take their books and draw and write down what they learned at school that day. ...In the morning, I get them ready for school” (2011).

#### **4.2.2 Strength from social support and solidarity with other youth**

Over the course of the research project, the pain in Anna’s abdomen would improve and then relapse again. Anna continues to seek medical care for her pain. Usually she goes to the hospital, but at times when she is unable to afford the services and uses traditional medicine.<sup>157</sup> With the support of Naomi and the community volunteers she reported her gender-based violence case and filed for a court hearing. Though the hearing was postponed twice, when it finally occurred *Mzee* was mandated to

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<sup>157</sup> The way Anna navigates her social networks and the legal and health bureaucracies will be described in Chapter five where Anna’s story is continued.

support the children and her medical costs. The case was not followed up and one year later it had been dropped.

Through meeting with other youth, Anna has since found a sense of camaraderie and an opportunity to exhibit leadership with her peers. Youth from both rural areas merged together to form a youth group that is now officially registered and supported by the CBO. She is the Vice-President and the leader from her area. The group meets together every month to each contribute 200 kes (2USD) toward their savings and loan fund. When the group presented before the ‘*wakubwa*’ (big people/leaders) in a community meeting at the end of the research project, Anna was the one to present before the stakeholders on behalf of the youth on how to improve youth’s lives. She courageously told her own story and wove in the recommendations of the youth group. She shares that she feels encouraged when she goes to the meetings, though feels guilty if she doesn’t have enough funds to contribute.

A year later, when asked about her family, she informed us that Jeremiah was still supporting them by working ‘*vibarua*’ (casual jobs). The daughters were in school, as the CBO was assisting with uniforms. She told us that *Mzee* was not assisting her and that everyone seemed to have forgotten about the court case. She added, “I don’t mind. At least ‘*haniteseka!*’ (he is not harassing me!)” Her small fruit stand business is doing well and though she is not yet able to save up funds to buy a plot of land, she is hopeful to expand. She shared, “I may even be able to take a loan from the youth group” (2013).

Only a few months later in 2013, Anna recounted to Dorcas how *Mzee* recently stated that he wanted to get back with her. Her response was, “he finished sucking the

other woman's blood now he is back to finish me... never!" She also noted with a chuckle that HIV has 'reduced'<sup>158</sup> in her body and that *Mzee* wants to raise it again. "Never!" she exclaimed with confidence.

#### **4.2.3 Social processes and youth's lived experience of violence**

Anna's story illustrates the social institutions and networks of relationships, both destructive and supportive through which she negotiates daily life experiences. The social processes that Anna engages in provide insight into the ways that social forces transform into daily lived experiences of violence. Social forces playing out in Anna's social environment – corruption, displacement, sexual violence, inequity, disease, economic oppression – cause the splintering of her networks of care. This becomes the basis of detrimental gendered experiences for Anna in her early years: displacement, sexual abuse, early pregnancy. Gendered inequity is lived out as she marries an older man and endures severe domestic and gender-based violence. She continued to struggle before reaching 24 years, living with HIV, the loss of her parents, stigmatization, coping with basic survival for her children, and dealing with the corruption within social institutions meant to serve and protect her. Anna lives through it all, navigating possibilities and finding ways to transform destructive experiences into life-giving ones. She draws on her faith in 'Ngai' (God, in Kikuyu), and on her need to maintain strength for her family.

Anna's story is illustrative in two ways. First, it shows how youth who head households *experience* violence and suffering on a daily basis as family and community care systems fragment (in this Chapter). It also shows how injustice, gender and

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<sup>158</sup> Anna notes that she regularly takes her anti-retroviral (ARV) medications and as a result, her viral load, the measure of virus in her blood, has lowered.

economic inequality ‘gets under the skin’ – i.e. how youth *embody* suffering (Chapter five) and how youth navigate such relations in day-to-day life, carving out opportunities for themselves and their dependents.

Anna’s social experience points to the moral, social and intergenerational nature of suffering. Discussion of each of these will explain how youth live through and survive experiences of violence, and how they respond to social systems experiencing fragmentation. These examples will demonstrate the complexity of their social experience as youth both internalize blame and point toward external causes for their suffering. The examples also reveal how youth transform difficult circumstances into opportunities for increasing life force as they garner social support in their lives. As such, they play a role in transforming their social environment, creating new forms of care and support.

#### **4.3 Stigma: the moral dimensions of suffering**

When Mzee abandoned Anna and the children, he wilfully spread the rumour through her village that she is a ‘*malaya*’ (prostitute) and has ‘*hii virusi*’ (this virus). She recounted, “I stay here by myself. The neighbours exclude me. They don’t want to talk to me. Even their chairs, [they say] ‘don’t sit - you will infect me with the sickness.’ ‘*Ninakaa tu*’ (I am just remaining) with my children” (2011).

In one group session on the topic of HIV/AIDS (2012), she commented on these stigmatization experiences:

Those who are living with the virus, sometimes ‘*wanateseka*’ (they are persecuted, afflicted)... Also if men find that his woman has it, he leaves her. He takes everything you have and ‘*unahangaika*’ (you are in turmoil, anxious). Even

neighbors if they see you they run from you as if you are dragging stool behind you. If they see you with this person they will say ‘that person has the virus’. They run from you. Your children, if they go to play the others are told, ‘Don’t go to play with those children. They will give you the sickness.’

Anna is branded a prostitute and ‘infected’, humiliated and mistreated by her husband and community, the very people Anna would hope would come to her assistance.

Kleinman and Hall-Clifford (2009) explain that “stigma is embedded in moral experience” (p. 418); it is societal requirements and the obligations in one’s local social world that determine and maintain a person’s moral status. As Yang et al. (2007) argue, “stigmatized conditions threaten what really matters for sufferers” (p. 1528). What follows is a perceived moral suspicion for youth like Anna who are associated with stigmatized conditions.

Experiences of stigma among youth in this study are most commonly related to two ‘stigmatized conditions:’ HIV – youth either infected by HIV or whose families are affected by HIV – and early pregnancy, defined by the young women in the rural area as “to have a child while we are young.” A pregnancy was often considered ‘early’ if youth failed to follow the appropriate prescribed life path accepted by society: to be educated, get married, establish a household, and then have children.<sup>159</sup> As both ‘conditions’ are associated with sexuality, the person affected is often morally judged and assumed to have been engaged in ‘immoral’ sexual practices.

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<sup>159</sup> A similar argument is made by Langevang (2008), who argues in his study of Ghanaian youth, “A ‘responsible’ and ‘successful’ path into adulthood requires the socially appropriate timing of different transitions: first you should finish your education, then acquire financial independence, then get married and establish an independent household, then have children” (p. 2044).

The next section will focus on youth's experience of stigma associated with living with HIV, using Anna's example. I will then explore the more subtle forms of violence that are enacted through stigmatizing experiences that cause youth to withdraw to some extent from social networks. Analysis reveals the importance of social support in enabling youth to recognize external causes of their suffering and to engage in relationships once again, gaining strength to continue to endure.

This will be followed by a presentation of young women who experience stigmatization related to 'early pregnancy' within the health bureaucracy. Their birth experiences will reveal the ways that institutions intending to help may cause further harm. I will then present a brief discussion about changing mores related to sexuality in youth's environment, namely the dissolution of communal protective sexual mores that will prove relevant to youth's experience. With some social support, youth are able to respond with more freedom in order to avoid further harm in their lives. I discuss the ways that some youth are responding in the face of violence, seeking social support and working to gain respect through motherhood. I start with an exploration of HIV as a stigmatized condition in Nakuru County Kenya.

#### **4.3.1 HIV and social exclusion**

In one focus group discussion in the rural area (2011), a community volunteer described HIV as a stigmatized condition:

You see stigma here plays such a big role. For example, HIV has been associated with a very disgraceful health condition, so that is number one. Number two, they are associated with prostitution. Right, number three, it's associated with people

who disrespect themselves. Number four, people who have no value in the community.

His description highlights two facets of moral experience – being judged by others according to moral standards and judging oneself, which leads to diminished self-worth. Though perspectives on disease in Kenya vary according to customary beliefs, it is commonly held that some illnesses or conditions result from natural causes, with others caused by infectious epidemic diseases, witchcraft or breaking of taboos.<sup>160</sup> These beliefs have been heavily influenced by Christianity and modern medicine's theories of causality. Youth confirmed that traditional views continued to be held by many people in their generation and that illness and death were often attributed to the fault of another person or force. In the communities where this study took place, however, the perceived cause of HIV/AIDS was generally *not* the wrongdoing of an external agent, but *of the one affected*. HIV/AIDS was categorized differently than common ailments and illnesses and was instead embedded in the moral experience of the individual or family affected.<sup>161</sup> The common assumption in these communities placed the cause of HIV as promiscuity, infidelity and moral wrongdoing.

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<sup>160</sup> Leakey (1977, p. 888) explains how the Kikuyu classify diseases with six principal causes: infectious epidemic diseases, infectious non-epidemic diseases, natural causes, influence of angry departed spirits, witchcraft and the breaking of taboos. Kenyatta (1965, p. 230) explains how illness is not an immediate cause for supernatural intervention, but ordinary medical knowledge is applied first, and if this doesn't work, diviner is consulted.

<sup>161</sup> This was also shown by Tanaka (2000) in a study of the Gusii, of Bantu origin, that looked at disease causality. While diseases classified as 'socio-cultural' such as barrenness and miscarriage were caused by "breach of a taboo," HIV/AIDS and other sexually transmitted diseases (STDs) were caused by "infidelity in marriage" (Tanaka, 2000, p. 13). This was also shown by Dilger (2003) who writes about morality and AIDS among young people in rural Tanzania. The young people saw AIDS as a 'disease of development,' shaped by social disorder, instability and immoral behavior. They considered that it was particularly the increase in young women and girls engaging in sex for money that was being blamed for the spread of AIDS.

In another focus group a community health worker (2011) in Anna's locale commented on the issues faced by families affected by HIV/AIDS:

Another problem is that when the parent's die the remaining children are there and what is still in mind is who the parents are. People say 'these children were the children of him and her who died of AIDS', so the children are stigmatized.

Simply being an orphan seemed to carry with it the status of moral judgment associated with the assumed cause of parental death and the assumed immoral behavior in the family. Another CBO worker (focus group discussion, rural area, 2011) added:

Stigmatized, marginalized, discriminated... all of those words. Most of the children are denied the access to everything. Now it becomes almost like a daily routine that a home which has suffered HIV/AIDS must suffer this kind of torment. Even the local people take it as a curse. They just go there and rampage; they just deny them the land; they take everything these children must be owning and they just disappear. So you can imagine this kind of life.

This description highlights the view that young people whose families have been affected by HIV are the target of mistreatment by their own community. Remarkably, the way that Leakey (1977) describes *thahu*, a word that refers to 'uncleanness' among the Kikuyu, is analogous to the way that people living with HIV are described: "the outward sign of *thahu* was wasting away without a cause" (p. 1232).<sup>162</sup> Traditionally, those surrounding a person affected by *thahu* brought them for purification through communal

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<sup>162</sup> Reasons for acquiring *thahu* were known to be contact with blood, death, breaching taboos or other causes (Leakey, 1977).

ceremonies as soon as signs were visible. Today, due to the association of HIV with sexual promiscuity, judgment and fear often becomes the reaction of others.

Lucy, a young woman of 18 years from the rural area, reflected on the neighbor's reaction to her parents HIV status when they were still alive. "They don't help," she says, "Their job is to laugh... it's when you really need to be helped; this is when they won't help you" (2012). With HIV impacting her and her family, moral and social processes play out through destructive relations between Lucy and people in her environment, causing the supportive exchanges in her social networks to break down.

Connections with others are critical to the survival of youth and their households, as the life force is dependent on other beings.<sup>163</sup> When vital relations are severed (or diminished), such as those with their parents when they are extremely ill or when they die, the youth and children hope to find support from their extended family and others in the community. Anna is Kikuyu and looks to relations in her extended family and community who, according to traditional communal principles,<sup>164</sup> are to be a source of support (Kihiu, 2007; Muriuki, 1974). Nonetheless, her neighbors mistreat her. Her cousin rejects her plea for help. Her husband abuses her. The systems traditionally looked to for support are splintered, allowing violence to seep in.

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<sup>163</sup> A person's vital force is dependent on the life force of other beings: the family, the community, God and the natural world (Magesa, 1997, p. 52; Nkemnkia, 1999, 2006).

<sup>164</sup> Traditionally, the *nyumba*, the elementary family, consisting of a man, his wife or wives and their children is described as the 'core' or 'basic unit' of the Kikuyu society (Kenyatta, 1965, p. 1; Muriuki, 1974, p. 35). Several *nyumba* form a *mbari* (sub-clan), who traced their lineage back to a common ancestor several generations back (Muriuki, 1974, p. 35). The *moherega* (clan) joins several *mbari* who are believed to have descended from one family (Kenyatta, 1965). This has changed and adapted with the impact of migrant labour and displacement. In Anna's case, she moved away from the homeland where she grew up with her mother, but she still has some relatives who live nearby to whom she looks to for support.

#### **4.3.1.1 Navigating beyond the internalization of blame**

The attitudes and social practices of those who stigmatize others are based on assumptions of immorality that are deeply engrained in people's moral and social worlds. Such attitudes are observed through subtle acts of everyday violence against those with 'stigmatized' conditions. Over time, the violence morphs into a 'symbolic' form and deeply impacts the way youth affected by stigma perceive themselves. Frost and Hoggett (2008) highlight the significance of identity in the social processes associated with stigma:

The experience of the individual who cannot produce the 'normal' social identity required, and is aware that they do not come up to standard, is that of being discredited, of a personal failure to pass. Because the opinion formed by those making judgments does not stop at presentation, but makes moral judgments and imputes certain characteristics, the discrediting of the person impinges on the whole identity. (p. 445)

As youth such as Anna who lives with HIV deal with stigmatized conditions, they internalize the labels imposed on them by society: filthy, unworthy, irresponsible and promiscuous. A process of 'misrecognition' occurs, whereby insult is internalized by the youth who sometimes blame themselves for their inability to meet social norms and obligations. According to Bourdieu (2004b), the act of misrecognition that accommodates symbolic violence "lies beyond – or beneath – the controls of consciousness and will, in the obscure schemata of *habitus*" (p. 273). The victim, in this case the 'stigmatized,' are rendered complicit in their acceptance of their perceived lack of social worth (Bourdieu,

2004a). As a result their actions, even their posture and movements, are transformed by the violence. Frost and Hogget (2008) describe the way that “Shame... can lead to a withdrawal from intimacy, networks, connectedness,” which then effects one’s “capacity to move purposively and confidently in the world and to influence, to effect, to realize” (p. 448). The internalization of blame for the suffering that one experiences contradicts the communal framing of suffering that gives meaning to suffering in the African context (Mbiti, 1989, p. 106; Nkemnkia, 2006, p. 113), demonstrating the conflicting social forces at play in their environment. As argued in Chapter three, the erosion of principles that ground African ways of community living – in this case, the abandonment by others and stigmatization of youth – have profound effects for youth and become a factor that is key in shaping their experience of suffering.

Anna’s example shows how shame can affect the way one navigates social networks. In times characterized by stigmatization and limited social support, Anna resigns herself to the fact that supportive interactions with community and family are cut off leaving her alone with her children. Anna withdraws from certain social networks, a protective action to safeguard she and her children from ill-will of people who cause them harm. This also separates her from potential ‘life-giving’ interactions. When Anna talks of the exclusion of the neighbours she uses the term ‘*kukaa*,’ which literally means ‘to sit,’ but also means to stay with, to endure, to remain. To *‘feel as though stool is dragging behind’* is a powerful metaphoric image that evokes a certain understanding of Anna’s felt ‘discretization,’ her ‘failure to pass.’ In such moments, she misrecognizes the insults hurled her way and blames herself. The image of *dragging* also points toward her life force, her ‘*nguvu*’ (strength). For Anna, the sustained experience of stigma weakens

her life force; it drags her down and weakens her body as she tries to acquire social and moral respect.

Anna does not remain in this shameful space. In times when some support is available and she regains her life force she continues to navigate relationships, fostering further support from ‘formal’ networks – the CBO’s drop-in centre, and solidarity from other youth. But more, the very presence of her children and their need for love, protection and care, sustains her. As she dedicates herself to her children, being a life-giving force to them, her perseverance increases.

What ‘matters’ to Anna in her social world? She desires her own land where she and her children can live in peace. She pursues this with dignity. She longs for stability and to be strong for her children. In her words, “Now I want to feed my children until they are like me, then when I die, I can know that they will support themselves” (2012). She longs to be accepted and respected by people in her family and community. At times, she feels that she fails to meet the social norms that would make this attainable. However, with support in her life, Anna regains her life force and continues to strive for opportunities that she and her children might live well.

In the following sub-section, another ‘condition,’ with moral implications will be discussed, that of ‘early pregnancy.’ I will begin with a presentation of young women’s birth experiences at health bureaucracies, which draws out discussion on the embodiment of suffering through destructive relations. However, a deeper discussion on embodiment will be advanced in Chapter five. Here I focus on the violent processes shaping young women’s experiences in gendered ways. This will be followed by a discussion of young

women's response to stigmatizing experience. At times, they internalize a sense of shame, but when possible, they employ agency not only to avoid harm but to seek social respect.

#### **4.3.2 Early pregnancy as a stigmatized condition**

Similar to the case of HIV/AIDS, assumptions of immorality are associated with the stigmatized condition, 'early pregnancy.' In the case of early pregnancy and childbearing, the common perception is that youth are promiscuous and irresponsible. Discourses focusing on 'responsibility and irresponsibility' of young mothers (Chabot et al., 2010; Chambers, Loon, & Tincknell, 2004)<sup>165</sup> tend to move attention away from structural factors that influence sexuality and gender. The blame falls on young women.<sup>166</sup> A community member who volunteers with the youth in rural Nakuru County described the position of young mothers in society, "In short, [they] don't acquire *social respect*. They are a denied respect from all angles. They are a nobody" (2011).

During group sessions, young women in both rural and urban areas spoke of their difficult birth experiences. They told stories of mistreatment directed towards them in the government hospital: having to pay large fees for supposedly free services, being rebuked for their promiscuity, and being refused treatment for wearing the wrong clothing

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<sup>165</sup> See Chambers, van Loon, and Tincknell (2004, p. 453) and Chabot et al. (2010, p. 211) for a discussion on the responsibility and irresponsibility of young women who fall pregnant.

<sup>166</sup> Shoveller and Johnson describe how youth are judged for their behavior and lifestyle, and explain how people in youth's environment, including health practitioners "may be unwittingly committed to an unarticulated and unrealistic set of assumptions about the level of agency and control that is afforded to many young people (Shoveller & Johnson, 2006, p. 47)."

(particularly trousers).<sup>167</sup> In a drama (2012), rural youth portrayed a young pregnant woman being chased out of the clinic with staff shouting “‘malya’ (prostitute).” In another discussion in the rural area (2011), young women commented how they were told to remove all their clothes before they would receive services. The way they are forced to reveal their naked body is symbolic of the humiliation they feel in their day-to-day interactions with health providers - an embodied experience of being shamed that has become ‘the norm.’ The women felt exposed and humiliated by those who were supposed to be caring for them. The women continued their narratives, describing the disrespect they experience from health care providers and the abusive actions that they encounter.

Monica: If you put your card (health card) in your bag and you are called and you are late to take it out *wa-wa-wa...* it’s trouble!

Magdalena: me, I gave birth by the gate. She refused to open. She only came out to grab the child.

Wairimu: When you are in labor they don’t take care of you until the baby literally drops out then they come running.

Lucy recounted the story of a girl who died in line waiting to receive care at the government hospital. She attributed her death to the fact that she was a young mother, saying, “‘Msichana tu’ (just a girl).” She was not attended to and the watchman denied her entrance” (2011).

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<sup>167</sup> Though these findings are restricted to specific settings in rural and urban Nakuru County, these findings support previous research in Kenya. A qualitative research by Warenius et al. (2006) on attitudes of nurse-midwives from hospitals and governmental and private health centres in Kenya, the core reproductive health care providers for youth, revealed that nurse mid-wives tended to ‘disapprove’ of youth sexual activity.

The young women also explained that there are assumptions and judgments by health care providers concerning their desire and efforts to end their pregnancies:

Julia (19 years): Normally they know that water is the precursor, yes, its what comes out, but if another thing comes out, blood... when I arrived they shouted ‘*wa*, she wanted to abort the fetus,’ they beat me. They were told ‘leave her, its not from aborting.’

Magdalena (17 years): Even me, blood, it was coming. (2012)

The women explained that if there is blood when their water breaks before labour, “they [nurses] beat them, supposing that they tried to have an abortion” (2012). Though having some blood appear with the amniotic fluid is a relatively normal occurrence for birth, the young women’s marginal social position leaves them morally judged for getting pregnant *and* for ‘trying to kill’ the child that they carry.

Monica further explained the social dynamics characterized by abuse and mistreatment in hospitals leading some young women to desire to end their pregnancies:

You know that when these young girls are taken to hospital they find nurses who have words coming from their mouths. “Hey! You can’t even think of returning. You are small, ‘*sijui nini na haukupenda*’ (I don’t know anything and you are not loved);” you are mistreated until you are so afraid. You get to a place and you say, ‘*afadhali mtoto nitupe*’ (better I throw my child away).’ (2012)

As the young women experience stigmatization and physical and emotional exploitation, they embody the discriminatory practices – as they bleed, as they are physically beaten, and as they bear the pain of childbirth without support. They are made

to feel shame for ‘immorality,’ their failure to meet societal expectations. They carry these feelings and the memories of the experience with them as they enter into motherhood.

Young women experience violence in ways that have become routine. As they navigate health care systems they experience everyday violence, being judged and mistreated as they seek services to bring life and health. This is an example of social suffering resulting from societal injustices that play out through youth’s relationships with leaders in community networks and social institutions. As Kleinman (2010) points out, “social institutions, such as health-care bureaucracies, that are developed to respond to suffering can make suffering worse” (p. 1519). The narratives show the social mechanisms behind the structural violence that is occurring as societal inequalities are lived out in a rural healthcare setting. Structural violence filters through the social environment, morphing into everyday violence as it is expressed through social relationships.

Over time young women may begin to internalize the insults inflicted on them by individuals representing the health systems and blame themselves for their behaviour no matter the structural circumstances. *They* had a child while they are still young. Unable to achieve societal norms, youth are relegated, as Shoveller and Johnson (2006) state, “to live separately from the norm in a climate of sex-based shame” (p. 49). Some of the young women who shared about experiences in the antenatal clinics stated that it was commonplace to be beaten by the nurses - “*ni hivyo tu*” (It just the way it is).” The danger that can result from this violence in their lives is that they begin to believe that they are unworthy of just and caring treatment. Wangui (21 years, rural area) had a

difficult birth experience during the course of the study and was also being beaten regularly by the father of the child. As we waited for her to join at a group session, Purity expressed her worry for her, saying ‘*anajishusha*’ (she is pulling herself down).<sup>168</sup> The compounded effect of the experiences of violence – physical and insidious (everyday and symbolic) – was draining her of confidence. Her feelings of self-worth combined with abusive relations with others drained her of her ‘*nguvu*’ (strength/ force), which affected the way she interacted with others.

However, the experience of the young women showed that many of them resisted the status quo. They acknowledged that a main cause of their suffering was the health bureaucracy. For subsequent births, several of the young women chose to give birth at home without trained health workers in order to avoid receiving such treatment. In a discussion group in the rural area, three out of five of the young women in the study had given birth to their second child at home. Judith (19 years) shared, “I have opted to give birth at home for fear of the treatment we get in the hospital” (2011). Though the women would be chastised further by formal healthcare workers for choosing an unsupported home delivery, they decisively chose to do this, displaying agency over their own body, making decisions that would lessen the violence in their lives through decreasing interactions with the healthcare institutions. This example shows how young women navigate their environment toward life paths that will minimize the violence in their lives, in this case seeking alternatives to ‘modern’ caregiving options.

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<sup>168</sup> ‘*A*’ (she) – ‘*na*’ (present tense) – ‘*ji*’ (herself) – ‘*shusha*’ (to pull down): she is pulling herself down. The women translated the expression as “she is lacking self confidence.”

The young women's narratives are better understood in the context of their social environment and the way it has changed over time. Discussion will build on Chapter three to provide some perspective on the social influences affecting sexual morality and access to health services as well as the response of youth to shifting societal expectations.

#### **4.3.2.1 Young mothers, support and social respect**

Important to the contextualization of moral experiences is to understand the way that community protective systems for young women are changing and are being transformed into new forms that often fail to sufficiently protect young women and girls. Historically, socially sanctioned practices, for example *Irua* (initiation), *gitiiro* (sexual education), *ngweko* (youth sexual practice without intercourse) and social customs and regulations around pregnancy and breastfeeding among the Kikuyu (Davison, 1996, p. 11; Kenyatta, 1965)<sup>169</sup> were a way to control reproduction and monitor youth sexuality.<sup>170</sup> As Davison (1996, p. 11) explains, family planning campaigns that swept through Kenya in the 1970s and 80s and placed emphasis on individual responsibility in sexual matters began to 'replace' communal responsibility over sexuality (and associated practices). She writes, "With the introduction of contraceptives has come a new sexual

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<sup>169</sup> This is spelled either way: Kikuyu or Gikuyu. Both Davison (1996) and Kenyatta (1938) use the 'Gikuyu' spelling, but I will use 'Kikuyu' for consistency except when quoting the original authors who use 'Gikuyu.'

<sup>170</sup> Kenyatta (1965, pp. 149–156) describes *ngweko*, a practice where newly initiated youth are allowed to sleep together and engage in sexual play without intercourse, according to strict guidelines. This allows experimentation in a socially accepted and protective space. Davison (1996, p. 11) explains that many taboos surround pregnancy and breastfeeding, including abstinence. Co-wives were expected to fulfill a husband's sexual needs during lactation.

morality, especially among young people. Although Kikuyu mores prevented unmarried girls from becoming pregnant forty years ago, such constraints no longer exist” (p. 12).<sup>171</sup>

Today, the ‘moral requirements’ associated with youth sexuality in Nakuru County are influenced heavily by forces associated with colonization and globalization, particularly Christianity, which condemns sexual intercourse before marriage and more ‘modern’ views of sex as depicted in Western media.<sup>172</sup> This has taken place partly through HIV campaigns that emphasize messages of abstinence, monogamy and condom use, largely influenced by international NGOs, that tend to depict sex as wrong, as it is a cause of disease.<sup>173</sup> Such campaigns often fail to consider the broader context, where resource deprivation and economic necessity regulate sexual encounters and HIV transmission (Nyambetha, 2007). These influences interact to portray ‘early pregnancy’ as a ‘stigmatized condition,’ one that could potentially bring shame to themselves and their family.<sup>174</sup>

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<sup>171</sup> Similarly, Kihiu (2007) quotes Wanyema, a village elder from Escarpment in Kenya, who says, “Today’s generation does not have [Kikuyu] culture. . . . Today’s girls do not even know who caused their pregnancy. In the past those who impregnated the girls would be held responsible” (p. 55).

<sup>172</sup> The youth are also familiar with ‘Western’ media and culture such as television, music, and clothing styles. Urban youth almost exclusively dressed in ‘Western’ style. For example, the young men would wear jeans and a T-shirt (sometimes with ‘Western’ symbols, such as a rap star on the front) and the women would wear tight jeans with a fitted sleeveless top or T-shirt. In the rural area, this was the case for some of the youth, who would dress in jeans some of the time, but for the most part, the women dressed more traditionally, with skirts and T-shirts, or outfits made from ‘vitenge’ (African fabric). Rural young men wore trousers and T-shirts and sweaters.

<sup>173</sup> NGOs and government HIV/AIDS programs are very common throughout the country, even in the rural areas and allow another avenue for international views (as they tend to be driven by Western funds) to influence local communities. For example, over 1,200 NGOs and CBOs working in HIV, other STI’s and TB are registered with KANCO, the national partner agency that serves as an umbrella organization in this research. The Global Fund is distributed via KANCO to the CBOs to ensure that international funds, information, and programs reach the grassroots.

<sup>174</sup> Dilger (2003, pp. 42–43) writes that the same patterns of blame and shame occur in Tanzania among young women, as pregnancy of young women prior to marriage brings shame to the family.

Kariuki, an elder in the rural area, commented in a focus group discussion (2011) on youth sexuality and the changing times. He said that ‘*zamani*’ (in the old times), people had children when they were ready, but “now, even in class eight, you see them like this (moving his hands over his belly to show pregnancy).” He noted the absurdity and contradiction of the ‘modern’ problem saying, “it is the time of examinations, she is near to giving birth, can she go like this, really?” He comments on the implausibility of achieving societal expectations, noting the difficulty youth face not only making a living but in marrying and building a home. Though Kariuki holds on to a slightly romanticized past, his narratives reveal his disenchantment with the present.

It was fine when we were young – now, children wonder what they will wear, what they will eat. ... Many don’t marry... These days I see a problem. Youth ‘*wanatangatanga*’ (they are moving up and down). They are getting pregnant and leaving children with us.

Several young women in this study were already caring for siblings when they became mothers. In a study of youth-headed households in Tanzania, Evans (2011) notes how such young women already embody a ‘deviant’ position in society as they care for siblings and head a household. As new mothers, unmarried and with an incomplete education, “they were not considered to have made successful transitions to ‘adulthood’ and they were further stigmatised” (Evans, 2011, p. 9).

Adding to the complexity, particularly around the ‘stigmatized condition’ of ‘early pregnancy’ of young women, is the fact that *to be a mother* is still quite revered in

society.<sup>175</sup> Adhunga (2012) explains that among the Bantu and Nilotic people, “woman is called ‘mother’ as a title of honor in respect to her role in human life” (p. 51). Communal values of Kikuyu and other African societies emphasize community support and ceremony when bringing a child into the world.<sup>176</sup> And yet, women in this research frequently gave birth in the absence of most customary practices and at times under abusive conditions. For some, despite this, there was a sense of reverence and ‘becoming’ associated with birth. Young women commonly referred to children as a ‘*baraka*’ (blessing). For women who had support in their lives, it became easier for them to care and provide for their child. As such, they had the opportunity to re-gain some respect in society as mothers.

The young women tried to gain social and moral respect where possible. When Julia (17 years, rural area) was impregnated through rape, she searched for bus fare so that she could seek antenatal care in another town in an attempt to save her reputation. A community volunteer named Jane together with Dorcas and I visited 16 year-old Rachel from a rural area three weeks after she gave birth to her son (2012). It was the second time she’d given birth. Her first child was born in the hospital and lived only a few days. This time she chose to give birth at home with the help of a neighbor. As we prepared her tea, Rachel gently bathed her baby in a basin. Caressing him softly, she listened intently to Jane’s advice. Jane was pleased with her care and the fact that she was adhering to the custom to stay inside with the baby for the first few months. She could only do so as long

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<sup>175</sup> Customs, such as those practiced around birth, are as Magesa (1997) says, necessary for one’s attaining “full humanity” (p. 124). Essentially this means holding and passing the force of life to another being (Adhunga, 2012).

<sup>176</sup> The literature emphasizes the importance of ceremony and community support around pregnancy and birth experiences (Leakey, 1977, pp. 511–549; Magesa, 1997, pp. 115–153; Mbiti, 1989, pp. 107–114).

as the neighbor helped with food. She commented that others will respect her if she continues to be responsible. With the help of people like Jane and her neighbor, Rachel has a chance at re-gaining respect in her community, despite her early pregnancy.

Social support becomes critical in the pursuit to gain social respect. Though early pregnancy was a challenge that many young women faced, motherhood provided an opportunity for restored respect. After birth, young women continued to navigate their daily lives, pursuing survival for themselves, their children and other dependents. Key to survival is social support. As they gained support in their lives – from others or through their dependents, their life force increased and they gained strength to continue to provide for those under their care, while also working to gain respect.

Therefore, as youth experience stigmatization from their association with HIV and early pregnancy, at times they internalize the blame for their suffering, leading to shame. The youth's stigmatizing experiences are lived out as violence filters through the fracturing systems of care in their social environment. It morphs into invisible forms of violence that lead youth to internalize blame. They don't always remain in this space of despair. As they gain social support in their lives, they foster strength to recognize the external causes of their suffering. They act, when possible, to minimize suffering in their lives and to work toward re-gaining social respect. The following section will continue this line of argumentation, as I present the violence embedded in social processes that lead to social suffering as family and community social networks fail to provide for and protect youth.

#### **4.4 Failed protection and support: the social dimensions of suffering**

Physical abuse over many years and the resulting pain has been a reality with which Anna has lived. Anna cried out in anguish after being severely beaten by *Mzee*:

I will suffer all alone. ... I failed to know what to do. Now where will I go with this fetus ... '*Niende niteseke peke yangu*' (I will go, I will suffer all alone).

'*Nitavumulia mateso*' (I will endure my suffering) until I have the child. (2011)

When Anna reached out to her social networks for help, her pleas were not only ignored but she experienced exploitation by the very people from whom she hoped for assistance. Describing her search for support after being severely beaten by *Mzee*, she reports:

I went to the hospital; it didn't heal. I missed money; I stayed until today. I took it to the Children's Department (*kwa watoto*); I was not helped. I went to the police; there was no help. ... I went to my cousin; I begged him for help; he wouldn't help me. ... My mother was ill and died. My father also died. Now it is just me alone. (2011)

Anna's family, community, and the social institutions meant to protect and support her, fail to come to her aid. Anna expresses her discouragement as the 'flow of engagements' (Yang et al., 2007) within her social environment amongst people representing societal structures of 'support' have become mainly destructive. Such relationships shape her experience of lived violence: she is rejected, exploited, and abused by the very people whom she looked to for help. In her words, she suffers 'alone.'

Young women expect to receive support from leaders in their local support

structures. As forces of corruption, injustice and inequality play out in their environment, ‘supportive’ structures fail in their caring and protective functions. Instead, they become avenues for violence.<sup>177</sup> Structural violence has permeated the fractured ‘protective’ systems and morphed through social experience. In Anna’s case, the chief, the children’s welfare office, and the police refused to come to Anna’s aid. To make matters worse they exploit her by demanding bribes for their services. Even the protective site, the IDP camp, which is funded by national and international funding bodies, became a site of violence. It was there where, as a child Anna was raped and impregnated.

Anna’s experience shows the fragmentation occurring among families and contradicts the principle of communal suffering.<sup>178</sup> It demonstrates the fractures in her social environment that allow violence to permeate her life as social forces impact her relationships. In Kikuyu culture, the corporate nature of families and communities is central (Kenyatta, 1965; Kihiu, 2007; Muriuki, 1974). The ‘*moherega*’ (clans) and ‘*mbari*’ or ‘*nyombwa*’ (elementary family)<sup>179</sup> were there to protect their people and absorb orphans and widows into their care (Kihiu, 2007).<sup>180</sup>

In the ‘*mbari*’, while the mother was seen as the main nurturer in the household, handling the day to day needs of her children, the father was meant to protect, provide

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<sup>177</sup> As presented in Chapter three, structural violence, as Farmer (2003) presents it, permeates the youth’s social world. In Anna’s case, inequitable political and economic forces become a driving force to inflict suffering at the individual level in the life and body Anna, a marginalized young woman.

<sup>178</sup> “Within the African context of the extended family, no one can suffer privately or alone... (Nkemnchia, 2006, p. 113).”

<sup>179</sup> The ‘*mbari*’ or ‘*nyombwa*,’ the elementary family group; namely the man, his wife or wives, children, grand- or great-grandchildren form a ‘*mucii*,’ a homestead (Kenyatta, 1965, p. 1; Muriuki, 1974, p. 108), and can be described as “the core of the Kikuyu society” (Muriuki, 1974, p. 35). For Anna, this system had already collapsed, as the father had lived with the other wives in a different area and relationships of the other wives children to her mother were of animosity, not care.

<sup>180</sup> Muriuki (1974) wrote how in Kikuyu society, “communal solidarity was essential for survival” and that “the welfare of the less fortunate members is ensured by the rest of the community” (p. 35).

and care (Kenyatta, 1965, pp. 10–12). Anna’s father, faced with navigating severe structural constraints, did not fulfill the customary caregiving and protective role in her life. Additionally, children from her father’s other wives unduly put her mother in prison because of land claims, causing her illness to progress.<sup>181</sup> They continue to mistreat Anna, and gendered inequality is again lived out as they make it difficult for her to obtain some of her mothers land.

When Anna is asked about the family of her mother,<sup>182</sup> she replied, “Them, if I tell them what I have told you, they do not bother to deal with me, they say, ‘*Kila mtu ako na shida zake*’ (each person struggles with their own problems/ matters)” (2012). The words of her relatives show the way that families are overburdened with their daily life challenges and oftentimes are unable to assist family members. Kihiu (2007, p. 88), in his study of changing patterns of orphan care in Kikuyu families in ‘Escarpment,’ a community in the Rift Valley, describes the impact of colonialism on family life as the Kikuyu people were forced to leave their ‘*ithakas*’ (forest land) during colonial times.<sup>183</sup>

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<sup>181</sup> In Kikuyu culture, historically land is passed down in a patrilineal system (Kenyatta, 1965), so the land should go to a Anna’s brothers, the oldest of whom would act as ‘trustee.’ Over time, this has changed and many women now own land. Though the traditional claim is that Kikuyu society was originally matrilineal, it transformed at some point in history to patrilineal (Leakey, 1977, p. 49; Muriuki, 1974, p. 111). Leakey (1977, pp. 48–49) explains that the claim that Kikuyu society was originally matrilineal comes from the origins of Kikuyu tradition, whereby, the man, Gikuyu, and woman, Muumbi, created by God had nine daughters (and no sons) who are thought to be the ancestors of the main nine Kikuyu clans. Muriuki (1974, p. 110) and Kenyatta (1965, p. 8) also claim that somehow the shift from matriarchal to patriarchal did occur.

<sup>182</sup> Kenyatta (1965) comments on the relationship of the maternal relatives to her children - historically embedded in affection. The mother’s sisters are traditionally meant to provide their sister’s children with such “affection and indulgence... even greater than that the children can expect from their own mother” (p. 18).

<sup>183</sup> Kihiu (2007) describes the significant impact that colonialism, early church missions, economic production changes, urbanization and labour migrations have had on patterns of care among Kikuyu communities in the Rift Valley of Kenya. Further, other scholars have emphasized how globalization and modernization have changed communication, transportation and economic exchange patterns profoundly, impacting the nature of social relations and leading to greater social and economic disparity (Barnett &

He explains that participants in his study expressed a willingness to care for orphaned family members, but landlessness and their lack of ‘*ithakas*’ has hindered their ability do so, as resources have been depleted. Similarly, the capacity of Anna’s family to care has been diminished by social forces. Displacement, economic and political oppression and HIV have undermined their capacity to provide support as they each ‘struggle with their own problems.’

With her father (and the ‘*nyomba*’) failing to support her, Anna subsequently reached out to another man, an older man, *Mzee*, with the hope that he could support her if they married. But *Mzee* only caused more suffering in her life. She explains, “I thought because he is an old man, he will help me, but … he destroyed me and my goods, the ones that I searched for myself… ‘*ameniharibika*’ (he ruined me)” (2012). The expression ‘*ameniharibika*’ shows how what was hoped for was not obtained. Further, her very essence, her very being, has been affected and she expresses the cause as the failed relationship with *Mzee*.

The youth explained that in Kikuyu society if a woman is beaten by her husband and goes to her parents, there is a hearing among the family group.<sup>184</sup> They described how the elders of the woman’s ‘*mbari*’ (family group/sub-clan) listen to the couple’s

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Whiteside, 2002; Clark et al., 2010). Clark et al. (2010) show how globalization has influenced adolescent relationships and their desire to find a suitable marriage partner.

<sup>184</sup> The youth explained that in this hearing, the man brings his parents (if alive) and elders (male relatives) to come before the woman’s parents (if alive) and elders to resolve the issue. The ‘elders’ are usually uncles from the paternal side as well as older brothers, if she has them. This process was explained in a focus group discussion with youth in the rural area. They explained that amount charged to the man depends on the kind of job he has. Though Leakey (1977) describes the law and justice system in great depth, there is no mention of this type of abuse or justice system. The nearest mention is that if a woman is assaulted by a man in her own hut, the matter is to be reported to her husband and then dealt with by the council elders (Leakey, 1977, p. 1024).

complaints. The man is then charged a sitting allowance and has to bring a male goat for ‘cleansing’ - “to bring peace and love again.” Anna, however, endures terrible abuse from her husband. Pleas to her family are ignored.

Social suffering is observed as Anna’s vitality is diminished by exploitative interactions and by the persistent disillusionment with relationships where she had hoped for protection and care. At times she is deeply discouraged and withdraws from social networks. However, she is capable of resisting the ‘normalization’ of such oppressive treatment and seeks to maintain social support wherever possible. Helpful, caring, and even friendly community and family interactions have become the exception to Anna. But Anna lives on. She navigates daily life, seeking social support elsewhere among NGOs and her peers. Her story explicitly points out people who have cared for her: the women that helped fill her bag when she was in the farm with the risk of being beaten by *Mzee*, the neighbor who helped her when she was pregnant and watched over her son. While destructive social relations have a detrimental impact on her vitality and strength, such help and humanity are rare in her life but have a life-giving influence, giving her strength – even if minute – to continue to survive and to support her children.

#### **4.5 Disconnection: the intergenerational dimension of suffering**

As Anna experiences the loss of her mother, she expresses her feeling of disconnection:

My mother was ill and died. My father also died. Now it is just me alone. I was with my mother; ‘*ningetorokea huko*’ (she was taken from me there). Now I have no mother. ... ‘*Nikashindwa mimi ni wa nani*’ (I fail to know to whom I belong)...

I cried so much, saying that me, I have no father, I have no mother, and ‘*huyu mzee ananisumbua*’ (my husband causes me to suffer).... because now he knew that I have no mother and no father that could come to my help. (2011)

Youth in Anna’s situation face a dual challenge. They suffer when their parents die. Feeling disconnected from the people to whom they looked to for support, their life forced is diminished. They also suffer *as* their parents did, as their pain and the causes take on an intergenerational nature. As youth recognize the social forces acting on their families lives, they seek to halt the patterns in ways that they can.

In her time of anguish Anna expresses the phrase, “*mimi ni wa nani*,” translated literally as, “I am ‘of’ who?” She desires to belong, to be connected. But now, with the loss of her identity as ‘child of another’ whom may provide support, she feels disconnected. With the primary role of the ‘*nyumba*’ (the elementary family) for providing care, support and protection among the Kikuyu (Kenyatta, 1965; Muriuki, 1974), Anna feels the dearth of these vital relations in her life.

‘Being orphaned’ was cited in each study area as a major cause of the suffering by youth. HIV and to some extent conflict, are taking the lives of parents and other potential caregivers.<sup>185</sup> In this study, ‘*ukosefu wa upendo wa mama*’ (deficiency in the love of the mother, due to death) was denoted as a ‘leaf’ (a problem) that youth face in the ‘Tree of Life’ activity (see Table 3.1). The death of a mother represents the severing

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<sup>185</sup> The social forces leading to orphaning and shifting systems of care are discussed in detail in Chapter three. HIV has been the major cause of loss (for those who died) of parents and other caregivers for youth in the study. Some deaths of parents and caregivers were caused by preventable illnesses such as gastro infections, childbirth and in a few cases, physical violence related to conflict. In other cases, youths mothers and father had migrated temporarily or permanently to find work, or had left the family.

of a supportive relation – sometimes the most supportive human being they ever knew.<sup>186</sup>

A young woman (17 years, urban area, group session) stated, “Losing a mother is like losing both parents.” Adhunga (2012) recognizes the vital importance of the ‘mother’ in sustaining vital force in Kenyan families, and writes, “Life with its vital force is a mystery manifested through motherhood” (p. 51).

Anna seeks to make meaning of her suffering, recognizing the fault of another in her mother’s death – a force outside of herself that has ‘taken her mother away’ from her.<sup>187</sup> With Anna’s family unit disintegrated, she watched painfully as her mother died alone exclaiming, “Mother ‘*hatateseka*’ (she won’t suffer) if I am here” (2012). The verb ‘*ku-tesa*’ means to afflict, distress, harass, hurt, oppress, cause pain, torture, persecute, tease, torment or trouble. ‘*Ku-teseka*’ means to experience distress or oppression *because of another* ‘being.’ The word used to describe her mother’s perceived suffering describes an inner emotional state, but also conveys a moral judgment on the responsibility and actions of another. Her mother was ill from AIDS and endured abuse from the family of her father. Who(m)ever this ‘force’ or ‘other’<sup>188</sup> may be, Anna was adamant not to let her mother continue to suffer and wanted to stop the pain.

Recognizing that she lives with the same disease as her mother, Anna observes an intergenerational pattern that could turn into a cycle. She tries to maintain control over

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<sup>186</sup> Among Kikuyu people, a mother also represents the child’s connection to ‘Ngai’ (God) (Kenyatta, 1965).

<sup>187</sup> In Gikuyu tradition, as Wanjohi (1978) describes, the family tries to save the life of a loved one, first through medical treatment and then through the *mundu mugo* (diviner). Sacrifices may be made by the family, and if a person still dies, “people just resign themselves to the situation and attribute the death to the will of Ngai (Wanjohi, 1978, p. 141).”

<sup>188</sup> The ‘force’ or ‘other’ that Anna points to may be the extended family members, HIV, the unjust institutions, *Ngai* (God) or ancestors.

her family's experience of suffering through both supporting her mother in her last days and through caring for her own children as best as she can. These loving and empathetic actions were not only a way to reduce suffering in her family's life, but acted as a supportive presence counteracting the destructive relationships in her mother's life, thus providing her vital sustaining strength. When referring to her own children, Anna uses the same word for suffering as she speaks of her mother, '*ku-tesa*', expressing the desire not to reproduce suffering in their lives. She continues, "I think about the person who kills himself but I also see that if I kill myself my children '*watateseka*' (they will suffer)." In the instance that she contemplated suicide, Anna was saved by her desire to nurture her own children and the need to be *their* source of vitality.

Lacking essential family relational ties, the youth suffer and their disconnection causes diminishment of their life force. They further suffer as the problems their parents endured – economic, social and health<sup>189</sup> – are now reproduced in their lives. As we discussed the 'Tree of Life' (see Figure 3.3 and Appendix E), youth pointed out the interrelatedness of the 'roots' – causes of suffering in their lives – such as orphaning, poverty and HIV. These social forces that impact their parent's social experience continue to play out in their daily lives. As youth recognize these patterns, they seek ways to halt them. Anna's example shows how care for her children maintains socially supportive

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<sup>189</sup> In the Problem Tree activity (see Figure 3.3), 'to be an orphan' was a 'root' that caused challenges that youth dealt with in daily life, such as economic challenges (lacking school fees, food and clothing, dropping out of school), lacking social support (having no one to advise them in life), and other social challenges such as unemployment and unwanted pregnancies. Through dramas and subsequent discussion, the youth saw that the economic challenges and social challenges, such as lack of protection and advice, related to orphaning, led to early pregnancies and marriages.

relations in her life. The following examples show how young women maintain family care networks where possible, ‘re-creating’ structures of support.

#### **4.5.1 Halting the patterns: maintaining ‘necessary vitality’**

As youth recognize the causes of their suffering, they seek to halt the unjust patterns through strengthening the life force of their families through an outflow of social support. The experience of caring for their own children as well as their siblings or cousins, or ailing adults, serves to maintain the life force that connects them and others. As they act to fulfill the needs of others, often sacrificially (Ward & Eyber, 2009), they strengthen their own ability to endure, *‘kuvumulia.’* This demonstrates youth’s agency and is a strategy to avoid the reproduction of suffering in the lives of those that they care for. Caregiving then constitutes the social processes that maintain vital support in youth’s lives. The infusion of life into their relationships serves to counteract the structural violence that enters through fractures in their social environment that facilitates exploitative and abuse relationships and experiences. This was revealed through youth’s experiences and perceptions as they struggled, and sometimes felt that they failed, to support and protect the children and others under their care. The examples below show how youth attempt to counter the disconnection from their own orphaning and the intergenerational suffering in their lives as they strive to care for others.

During a group session with young women in the rural area, Catherine, 20 years old, shared the distressing news that Stephanie, her 16 year-old sister, had become pregnant. The man had abandoned her. The women began to recount how difficult it was to protect young siblings to avoid the suffering they themselves have faced, in this case

being abandoned by men and being forced to drop out of school. Catherine assumed the care of her sister when her mother died three years previously and has been supporting her through secondary school. She also raises her son, now almost three years, with little support. Her father and her older brothers do not support them, and their refusal to meet requests for support have caused she and her sister pain. Each time we spoke, Catherine was struggling with how she would pay Stephanie's school fees and guide her in life. In a previous interview, when asked what she hoped for in the future, she says:

Me, I'm just enduring. If I go to a '*kibarua*' and I get some [money], everything I get I help them. I want my sister to study, to finish secondary school, to get something to support herself, and me, if I get something, I give to her. (2012)

Supporting her sister gave her meaning and strength to endure. But she now felt discouraged about her sister's pregnancy knowing that it would make it difficult for Stephanie to complete her studies. Education signified 'hope' to Catherine, and she resents having to relinquish it herself. As she saw patterns of suffering reproduced in her sister's life, she felt she had failed to protect her and guide her away from difficult life experiences that she herself has endured.

Another young woman in the rural area, Hope, experienced the loss of multiple close relations and exemplifies the importance of providing social support to children. In her case, disconnection was felt as she was orphaned by her mother and compounded by abuse and exploitation by her own father and the family of her husband. She tells of the death of her second child, a boy, an event that had come to symbolize the deepest sorrow she has experienced. The end of her son's life represents a failure to halt the

intergenerational suffering in her family and the passing on of ‘*nguvu*’ (strength) to her own child.

Hope is now 24 years of age and has four living children. She lost her own mother as a child and was forced by her father to marry at 15 years of age. She had a son that same year. Her grandmother provided her care and support but died soon after the birth of her first son. She gave birth to her second son in 2007 while she was living with her two sons under her mother-in-law’s roof. They were terribly mistreated, being made to work all day and received only scraps to eat. We held a group activity in November 2011 where youth constructed their ‘life ribbon’ using representative colors to describe different experiences over their lifetime. Hope had a large piece of black fabric tied to the middle of her ribbon that she associated with the period of political violence after the December 2007 elections. She explains that she had trouble finding food for the family. This was the “darkest time in her life”:

Yes my child died. My child, he became critically ill (*akagonjeka*). For four days I went to a job, the child was sweating all over his body. The next day I woke early and went to the hospital. The child was put on a bed. He died at midnight. We buried the child. When I went back to my job, I picked up Patrick (the oldest son). He hadn’t been given food. ‘*Ukateseka sana kwa maisha*’ (You are caused so much suffering in life). (2011)

As she tells of her suffering and sorrow her eyes are fixed in the distance. After losing her mother and grandmother, the main supporters in her own life, she struggles to maintain a strong vital force in her life and the lives of her children. The death of a child

represents a failure to maintain vitality in the life of a family, but like Anna, Hope recognizes the fault of others in her family's suffering. Employing the same phrase, 'ku-teseka' (oppressed, to suffer, to be persecuted by another), she points to the fault of another, depicting her felt inability to, at times, halt the harsh and unwieldy forces in her environment and in the lives of those she cares for. She has been afflicted by political oppression and economic deprivation, making food difficult to access for her family during the 'clashes.' The structural violence that invades her relationships has morphed into other invasive forms in her daily life. Everyday violence is lived out in the form of abusive family relationships, hunger and sickness. The phrase 'ukateseka' is a way for her to name the suffering she endures. With support from the CBO, and the volunteer who provides support, Hope continues day to day, pouring her strength into caring for her four children.

Susan, a participant of 18 years, lives in a single room of a high density housing unit in Nakuru town with her brothers, ages three and nine years. Her example shows how youth who have extremely limited support and connection to others may resort to tactics that may have harmful impacts in order to survive.

She has never known her father who was from Western Kenya and was orphaned by her mother two years ago. At her mother's passing, she was forced to return from secondary studies in Nairobi in order to care for her brothers. Unlike many of the youth, she had no connections with her family; she never returned to her rural home to visit, nor had she met her mother's family in Uganda. When her mother died, friends of her mother assisted them with food and occasional visits. This had now stopped. Susan tries to care for the boys. She goes out everyday to find 'vibarua' (casual jobs). During a household

visit she explained, “some days, I get one, other days I don’t... ‘*tunakaa tu*’ (we are just remaining/ enduring)” (2012). As she sat back in her chair, she gazed at the poster on her wall and answered a question about her nine-year old brother:

Susan: The boy, he jumped, he left again. He didn’t even finish one week here.

Dorcas: Where did he go?

Susan: I don’t even know. He just went.

Dorcas: Did you try to find him?

Susan: You know, he has left before, he left, he stayed there. I don’t know, there at the children’s home. He was taken to the police; I went to get him. It happened again. Here [at home], he saw again life, food, again it has become difficult, so now I don’t know if he has become again a ‘street child’ (*chokora*),<sup>190</sup> I don’t know.

Dorcas: So you haven’t tried to look for him this time.

Susan: He is big, you saw him.

Susan explained that she has tried to support her brother but ‘town life’ is difficult and they are not always able to obtain food. ‘The boy,’ rejects her efforts and runs away regularly to be a ‘street boy.’ After searching for him several times on the streets she had grown weary, discouraged and lost the will to keep trying. Her own strength began to wane after dealing with the loss of her mother, the loss of her educational hopes, and failing to provide for her brother. With little social support and a difficult daily existence, she incorporates her pain by hardening herself to her brother’s situation. Schepers-Hughes

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<sup>190</sup> ‘*Chokora*’ is translated as a boy, street child, kitchen servant or a ‘curse.’

(2008) describes youth living in shanty-towns in Brazil and South Africa who display hardness and toughness in order to deal with the adversities of everyday life as ‘tactics of resilience.’ These ‘tactics’ are exhibited by youth under severe constraints in order to give them the ability to endure. Susan hardens herself as a ‘tactic’ to preserve strength and resources to sustain herself and her four year old brother.

A few months later, Susan shared with us that she was pregnant. After giving birth to the baby the father of the child moved in. After two months, however, he left her. Susan was already struggling to survive along with her young brother, now four years old. One afternoon in desperation she lay the baby on nearby train tracks as a train approached. A woman onlooker ran to save the baby from danger and brought them to the police station. After a few days Susan was released. She shared this with Dorcas the research assistant during one of her visits. Upon one of my return visits, I met Susan and her baby boy, now five months old. She came to see us with her son wrapped in warm blankets. She smiled and seemed pleased to show us her son.

The incident with her child is another example of the use of ‘tactics of resilience’ to ensure survival in the short term. The decision to end the life of her baby embeds the moral and practical dilemmas of her difficult life. Such tactics may have the appearance of being irresponsible or destructive but demand to be understood as subjective responses to extremely constrained situations. The situation of having to respond to the nine year-old brother who kept running to the streets, having to provide economically, emotionally and socially for her four-year old brother and now to have the responsibility of caring for an infant was beyond what Susan could realistically manage. In Susan’s case, her choice to disconnect from the 9 year-old ‘rogue’ brother emotionally, and to cut the tie of vital

care helped her to survive in the moment and to place her limited strength and efforts on her four year old brother. Her act of attempting to end the life of her child was likely done in the interest of her own survival and the survival of her brother.

The stories of Anna, Hope, Catherine and Susan demonstrate the importance of social support and connectedness in the lives of young women and reveal various ways that agency is enacted by young women living in constrained environments. Under extreme constraints and with little social support, young women may turn to survival and resiliency ‘tactics,’ exercising agency in the way that they can in order to survive. However, with little social support, young women gain some space to maneuver their environment. As they recognize the cause of their suffering, and as they act to counter the violence in their lives they gain strength to endure and to care for their dependents.

#### **4.6 Conclusion**

In this chapter, I have explored how youth experience moral, social and intergenerational dimensions of suffering as lived forms of violence and how they engage in dynamic social processes, attempting to halt the violence or counter its impacts in their everyday lives. As harmful relations become destructive to youth’s life force it is clear that social support is vital to their existence; it feeds their very being with the essence of life. The examples show how violence can morph through social experience into forms of moral and social suffering that cause the young women to internalize blame for their problems. The intergenerational dimension of suffering is observed as young women lose vital connections with their parents and family members and as the forms of suffering endured by their parents are reproduced in their lives.

When the social environment becomes so constraining that supporting others becomes nearly impossible they act, as they are able, at times with harmful impacts. They may harden themselves to relations in their social networks, or plot their course in the short term in order to survive day to day. When young women have minimal support in their lives, however, they find strength and seek to support others as much as is in their power. They recognize the social forces that play out through relationships that have reproduced suffering in their family's lives and agentically seek to halt patterns of suffering. They navigate social networks and institutions seeking social support that will increase their strength and minimize destructive relations. The way that youth engage in social processes to counter the violence they experience not only ensures 'necessary vitality' in their lives and in the lives of those they care for, but also gives them the strength '*kuvumulia*' (to endure/persevere) and to continue to navigate their daily lives.

This research emphasizes the relational nature of social suffering of young women in Nakuru County, the relational nature of resilience and healing, and the primacy of social support. As relational suffering is lived out the social, moral and intergenerational dimensions become clear. Social support is vital because it connects youth with other beings through the life force, which is essential to life. These findings hold significance for future research on social suffering, health and embodiment of young women in the County, and possibly in Kenya and sub-Saharan Africa. Understanding the interplay of suffering (and its various dimensions) as it is experienced with agency as it is enacted

will provide a foundation for the development of appropriate responses designed to improve health and strengthen social support in the lives of youth.<sup>191</sup>

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<sup>191</sup> See Chapter six for detailed conclusions and recommendations.

## **Chapter 5: Embodiment of suffering**

### **5.1 Introduction**

I have explored the way that social experience, particularly the various forms of violence, has produced a flow of social processes between youth and social networks and institutions in their social environment. The resultant effects have expressed themselves in the destructive social relations causing youth suffering in their daily lives. The question then remains with regards to youth who head households in Nakuru County Kenya - how is the suffering embodied in their very ‘being’, not merely their physical bodies? How do the youth make meaning of their suffering in order to survive; how do they endure and transform their social worlds? This chapter aims to clarify “how the social gets under the skin” Frohlich (et al., 2001, p. 783), but furthermore, how the political, the moral, and the relational factors in the environment ‘get under the skin’ in embodied forms. The ways that youth embody suffering will be explored through an analysis of the daily-lived experiences of the youth, through their use of language and by observing how they exhibit agency in ways that are possible for them.

Concepts of embodiment, where it is acknowledged that the outside world plays out on our physical bodies, have tended to narrowly focus on how we *biologically* incorporate the social environment (Frohlich et al., 2001), and assume a uniform perception of the body and the ‘individual’ person. The need to go beyond simple delineations founded on dominant approaches to sickness, health and healing is essential to understanding how people embody forces in their environment to experience suffering. As social suffering theorists argue, political, moral and spiritual dimensions need also to

be considered, as traditional delineations of ‘health’ and ‘social’ are destabilized, (Kleinman et al., 1997; Kleinman, 2006). Similarly, embodied health and suffering must go beyond physicality to include relational, social, political and symbolic dimensions. When considering embodiment with regard to youth sexual health, the moral, social and relational dimensions, as seen in Chapter four, take on particular importance. As each ‘condition’ – ‘living with HIV/AIDS’, ‘carrying a child’ or ‘aborting a fetus from one’s body’ – is associated with promiscuity, immorality and relations with others, we ask how this impacts the nature of youth’s embodied suffering? MacLachlan (2004) notes how HIV/AIDS has, in fact, highlighted the sexual complexities in contemporary society that point toward the ‘plastic’ and ‘mouldable’ nature of the human body. He challenges the mind-body dichotomy commonly perceived in Western thinking and medicine and defines embodiment as, “a physical representation of an abstract idea” (p. 23). As such, local understandings of health and suffering that move beyond the physical body are critical in examining and analyzing embodiment. This must be done alongside analysis of the ways that perspectives intersect and morph in the postcolonial and globalized environment.

In this chapter, I wish to draw on de Certeau’s notions of the proper, tactical and strategic agency to describe the way that youth embody suffering. De Certeau (1984) acknowledges the interplay between the actor and the surrounding context, but he adds an important element, the ‘proper,’ a concept that Honwana (2005) describes as a “locus of power” (p. 49). The ‘proper’ is what is acquired when strength is restored in a person which allows them to see, assess and act on the power relations in their midst. It is significant in this context because as youth embody deep personal pain, they often lose

their ‘proper,’ thus making ‘tactical’ decisions. Here, they make calculated actions that lack the ‘proper’, which then operate “in isolated actions, blow by blow” (De Certeau, 1984, p. 37) on the terrain of another’s power. If, however, their power is restored, they function using ‘strategies,’ where calculations of power relationships are based on a ‘proper’ whereby the subject has will and power and is able to see into the future and predict events and possible outcomes of potential actions (De Certeau, 1984, p. xix).

I intend also to build on Farmer’s (1999) argument that historical and economic, “processes and forces conspire to constrain individual agency” (p. 79) in order to advance the analysis of embodiment of suffering whereby agency is limited but exhibited in ways that are possible for youth. Additionally I would add that relational, political and moral forces are also operating strongly. Youth, as shown in this study, exhibit agency in distinctive ways amid experiences of suffering. How then do agentic processes influence the ways that youth embody suffering?

### **5.1.1 Overview of embodiment of suffering of youth**

I will explore the nature of the embodiment of suffering among youth-headed households using the in-depth case study of Anna and examples from other youth in the study. Youth move through a journey of processual embodiment whereby suffering is embodied in three different ways.

First, as youth face overt and invisible forms of violence, destructive relations pervade their lives and constrain their agency. It is in this state, on the terrain of another’s power, that they embody a sense of weakness, imbalance and un-centeredness. Anna portrays her condition that attacks her very ‘being.’ Her vital force is diminished. I will

examine the way that youth exhibit a type of ‘tactical agency’ by choosing “*kunyamaza*” [to be silent], embodying their personal pain through silence.

Second, I will explore how youth who find their ‘proper’ (De Certeau, 1984) - their ‘locus of power’ - gain strength and exhibit agency by naming their suffering and the one causing it. I will examine the way youth make meaning of their suffering, pointing toward relational causes and using language to express the pain that they live with in silent endurance. In the naming of their suffering, youth demonstrate a process of realization where they have come to recognize the role of others, either institutions or individuals, who have contributed to their misery. Their personal pain is transformed into social suffering.

Third, recognizing the web of social relationships around them and their own fragmented state, they confront their social reality from their position of subjugation. I will explore how youth, with little power over others, recognize and exhibit control over their own actions, insofar as their social world allows them. Having recognized the relational nature of the suffering they experience, youth agentically embody suffering in two ways, dynamically moving between these forms of embodiment depending on their strength and the flow of vital social support in their lives. First, through an embodied sense of self-destruction, ‘*kujiua*’ [to kill/destroy oneself], they consider destroying their body and their linkages with others as a living ‘being’, thus ending their suffering *in this world*. Second, through an embodied sense of resilience, they choose to ‘*kuvumulia*’ [to endure/remain], to live through their suffering, navigating daily relationships of power and ‘strategically’ plotting their course, trying to find ways to live on and increase their

vital force by seizing opportunities for transformation.

As youth are given opportunities to reflect on their thoughts, feelings and the bodily pain associated with their suffering, it affords them the occasion to put into words what they have been through. It brings to light the dark period of silent embodiment. By naming their suffering and the causes, it allows them to navigate their daily life in the present and envision the future in a new light. It is these reflections that provide the outsider insight into their social world, the “body” and the social processes of the sufferer. In this chapter I therefore use the notion of processual embodiment to capture the relational process of embodiment of suffering by youth and how their life force is influenced by causes outside of themselves.

## 5.2 Anna’s ‘condition’: Suffering and silent

*‘Nimekula shida miaka mingi’* (I have eaten my problems for many years) ‘*na ambaye ananifanya niteseke ni mtu*’ (and the one who has made me to suffer is that man). It’s like if I didn’t marry him, I would be fine. (Anna, 2011)

Anna refers to a phase of internalization, a period of remaining in silence alone with her suffering. Her words show that for many years she has ‘eaten’ or ‘swallowed’ her pain. And yet, instead of giving her daily sustenance, the problems have eaten away at her over time, “like tiny insects biting my insides” Anna names her suffering and the ways it feels internalized. By naming the pain she becomes conscious of it. Through dialogue, she puts images depicted by words to her embodied suffering. She describes a ‘condition’ of felt weakness, imbalance and waning vitality. She shows this through bodily metaphors and through a host of symbolisms.

### **5.2.1 Felt weakness: “My bones were bending”**

Anna remembers the experience of her abuse while pregnant with her first child, and concludes it is better to suffer alone. She reconstructs an evocative image of loss of connectedness to others and the weakness felt in her ‘being’. She says, “I failed to know what to do. Now where will I go with this fetus. ‘*Niende, niteseke peke yangu*’ (I will go, I will suffer all alone)” (2011). She follows this with a statement that describes the physical frailty she experienced alongside her vexing pain and sense of being harmed, ““*Nikavumulia mateso*’ (I endured my suffering) until I had the child. ‘*Sikuwa hata na nguvu*’ (I didn’t have, not even a bit of strength), because I was not eating... “I told him ‘how can I go to the ‘*shamba*’ (farm), ‘*na mimi sina nguvu*’ (and I have no strength)?”” Even after giving birth the physical weakness remained. Anna describes her lost sense of vitality: “*Nikiinama mafupa inafanya*’ (My bones were bending). ‘*Naskia sina nguvu*’ (I was feeling like I have no power)” (2011). As she experiences abusive and harmful interactions with *Mzee*, her whole body experiences a sense of weakness - a loss of vital force. The image of the bending of her bones depicts the felt disintegration in her body, leaving her feeling un-centered and unbalanced.

In a society where “no one can suffer privately or alone,” as Nkemnkia (2006, p. 113) describes, Anna’s experience of suffering in solitude runs against African, and in her case, Kikuyu, mores. *Aloneness* also leads to deeper suffering and illness. Magesa (1997) explains that “the understanding of illness” is brought into the “realm of power and relationships” (p. 178). He describes how the physical body reflects that the world is not in the state that it should be. The life force is dynamic: “This life, this power, is as a rule concentrated in certain beings or certain parts of the body. But it is also diminished or

fortified in certain situations of existence (Magesa, 1997, pp. 51–52).<sup>192</sup> He further describes how a condition worsens resulting in diminished vitality affecting one's very being:

All illness, but particularly a serious one, means an erosion of power, and a sick person is spoken of as “losing” or “gaining” power as the illness progresses or recedes. Thus a person may become so sick that he or she loses the “power” to sit, stand or even cough or breathe. This power is not merely the energy to perform those human functions, but the decline of one’s being itself. (p. 178)

Anna later refers to her condition in a group session with other young women. She remembers how she felt, “‘nakuwa nimekufa tayari lakini macho ndio inabaki’ (It was like I was already dead, except my eyes were left). To eat, there was no eating.” As she pictures herself, she presents a powerful image of the physical body becoming so weak that it disappeared. She was experiencing, as Magesa (1997) describes it, ‘decline’ of her very ‘being.’ And yet, Anna continued to see and perceive the world around her. Among the Kikuyu, describes Louis Leakey (1977), a British paleoanthropologist, the ‘*Mundu*’ (body of a man) does not live on after death, but the ‘*ngoma*’ (spirit) of a man lives on (p. 990).<sup>193</sup> It is believed that “the shadow is his spirit” while he is alive, but “no dead body could cast a shadow” (Leakey, 1977, p. 990). As Anna loses her life force, her description

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<sup>192</sup> Magesa (1997, p. 52) explains that illness is a diminishment of vital power, as well as fatigue, worry, lack of material resources and so on.

<sup>193</sup> The *ngoma* (spirit) of a man lives on in the bowels of the earth, not in heaven (Leakey, 1977, p. 990).

reveals that it was diminished so significantly that she was ‘almost dead’: with only her eyes remaining, she could not cast a shadow.<sup>194</sup>

The condition presented here is similar to ‘soul loss’ presented by Desjarlais (1992), who describes the experience of Yolmo Nepalese villagers who lose their ‘life-force.’ Anna’s condition mirrors that of Yesi, a villager who “feels a sense of loss, a lack of presence, and a waning vitality” (p. 151). Desjarlais (1992) describes the condition, emphasizing the way the disintegration in the body-self mirrors that of the institutions in its social milieu:<sup>195</sup>

The body fragments, its vitality withers. "Soul loss" is the sensory correlative of fragmenting mosaics: the experience suggests what it feels like when a corporate form (body, house, family) begins to fall apart. By definition, "soul loss" occurs when life-forces part from the body. (p. 155)

Anna’s experience parallels Yesi’s sense of waning vitality. As she experiences overt and insidious violence – both structural and everyday –with family, community and societal systems failing to come to her aid, those around her bring harm and abuse. Socially supportive relations are what give Anna strength and force. When these factors

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<sup>194</sup> According to Tempels (1959), in Bantu philosophy, there are progressing stages of loss of vitality – of which we have insufficient language to capture in English, the ‘superlative’ being a “total paralysis of power to live” (p. 47), essentially what we conceive of as ‘death.’ There is a “gradation” in the essential quality of men in accordance with the intensity of their vital force” (p. 101). Therefore one “who has lost his force...anyone whose human essence seems to them to be weakened by reason of his lack of power” (p. 101) is referred to as ‘dead.’ Therefore, with the gradation in the concept of losing life force, Anna’s description reveals that hers was diminished so much that she was ‘almost dead.

<sup>195</sup> Desjarlais’ (1992), in his description of the Yolmo in Nepal, describes the flow of interaction between the ‘sufferer’ and their social milieu. In this context, Desjarlais writes that forms of social experience - body, household or village, are held together by harmony, integration and balance. Tensions in these forms can lead to dissolution (for example, through loss or fragmentation), processes that may be mirrored in individual bodies. As the forms begin to fall apart, distressed individuals may experience a sense of imbalance, un-centeredness and disintegration (p. 155).

are limited, her ‘life-force’ is weakened and almost lost. For years, instead of being fed by vitality, she has ‘eaten’ only problems and has become unbalanced and weak.

### **5.2.2 Bodily images of pain: “It was only eyes that were left”**

Anna’s use of symbolism to describe the sense of frailty she experiences and the extent, depth and breadth of her vexing pain give insight into the nature of her embodied suffering. In Kikuyu culture, youth in the rural area described, blood symbolizes strength in a person.<sup>196</sup> As Dorcas explained, “there are such cultural beliefs, that people would use blood to signify strength. Blood is a symbol of strength because even when someone wants to express how they were misused especially when working they will say ‘they don’t know I am using blood’” (2012). In conversation, Anna used the image of blood to express her lack of power to leave the house she built with *Mzee*, “I will take care of the children here, him if he wants to go, he can go, because I don’t have the blood to be moving about” (2012). On several occasions she makes reference to the diminution of blood in her body – a symbol of the loss of vitality in her being.

After giving birth prematurely due to *Mzee*’s severe beating on her abdomen, she described the flow of fluid from her body: "I had the child, and I did not release blood, it was only water. Even the doctor, he pinched me like this. No blood, it was water" (2012). When Anna refers to water flowing from her body instead of blood, she remembers her darkest period - when she was weak, uncentered, and lacking vitality. The image is a way to express her sense of powerlessness. The weakening of her body expresses the lack of

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<sup>196</sup> Though I did not find this particularly meaning of blood in Kikuyu literature, blood is highly significant in Kikuyu culture: blood-brotherhood links communities (i.e. age-sets who go through initiation rites together). Blood is involved in each communal ceremony as well, though usually animal blood (see Leakey, 1977 for descriptions of ceremonies).

power in her relationships, the magnitude of emotions that consumed her leaving her a shell of herself; her body and her shadow starting to fade. As she articulated, ““*Macho ndio inabaki*’ (It was only eyes that were left)” (2011).

When Anna later lost her fetus after the severe beating, she described the process - "I started to shed blood that was like heavy pieces of meat. It all flowed out. I took myself to the hospital all alone" (2011). Though her body had strength enough to pass blood, she was weakened by the excessive flow of blood out of her body. After three days she says, “I healed; except the ‘*uchungu*’ (anguish, dejection) was still there” (2011). The dejection and anguish experienced because of harm done by others to her was still evident.

The connection between flow of bodily fluids and relations with others is not insignificant. Anna is drained of blood, of strength, of her inner power, because of the harm that others have done to her. The outflow of blood drains her very ‘being’ of vitality. And yet it was at this point that Anna found the inner strength, her ‘locus of control,’ to the abusive and exploitative relations in her life. She reached out to find help.

Anna provides a second bodily image of pain, as she speaks about the lack of help from *Mzee* and the challenges of finding work day to day because of the pain she feels,

We remain here with these problems ...Now the time when he [*Mzee*] hit and kicked me - the time when I was with child - I felt ‘*uchungu*’ (pain) in the center.

In the last minute I felt ‘*uchungu*’ (pain) so great that it felt like something was burning me here. (2012)

She grabbed her blouse and the top layer of skin on her abdomen, and moved them up and down, she added, ““*kama vidudu vinaniuma huko ndani*’ (like tiny insects

biting my insides). Each time, I go to the hospital. And then I come back and it (the pain) repeats” (2012).

The word ‘*vidudu*’ is used for insects as well as for microbes like bacteria and viruses. It describes insects that spread and crawl all over the grass, through houses, through small holes, and into clothing. ‘*Siafu*’, a type of Army ant that is endemic to the area and carries significance to farmers like Anna,<sup>197</sup> moves in colonies with millions of other ants which “do not construct permanent nests,” but “moves almost incessantly over the time it exists” (Wikipedia, 2014). The incessant sprawling of these insects is representative of the active, overwhelming presence and intrusion of pain, and of the HIV virus in the territory of Anna’s body. The image evoked shows the agentic nature of her pain, the sprawling nature of her suffering, spreading into each aspect of her ‘being’ and to each area of her life – her relationships, her living conditions, and her health. The repetitive cycle she refers to shows its expansive nature in her body; as it spreads, it sucks her of strength. As Anna described her pain, she uses the word ‘*uchungu*’ which conveys the idea of ‘vexation,’ ‘dejection,’ and ‘anguish’ as well as ‘pain.’ ‘*Uchungu*’ points to the physical and emotional nature of her suffering as well as the relational, as she thinks about physical beatings and HIV, which she contracted through infection by another person.

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<sup>197</sup> These ants are known as ‘*Siafu*’ in Swahili or ‘Safari ants’ in a colloquial sense but are technically the *Dorylus sp.*, a type of Army ant. Safari ants travel in colonies of up to 20 million ants and when they begin to cross the road in dry season, they signal to the farmer to begin planting (IRIN 2013).

### **5.2.3 ‘Kunyamaza’: The embodied nature of silence**

Amid this bleak situation and felt weakness to the point of being ‘almost dead,’ Anna chooses ‘*ku-nyamaza*’, ‘to be/remain silent.’ After being diagnosed with HIV and her husband refusing to be tested, she decided, ‘*Nikanyamaza*’ (I will remain silent). Two years later, he still refused. When the doctor advised her to leave him she replied, “If I leave, where will I go? And this plot we bought together. All my sweat and I leave him everything?” She added, “*Nikanyamaza*” (2012). Her response illustrates her reasoning and her decision to remain in order to reduce her suffering.

When she is taken to the hospital after being severely beaten, she remains silent refusing to tell the doctors what happened. “I said to myself, ‘I will leave it. I can’t say it is because of my ‘*mzee*’ (old man)” (2011). In a group session with young women held almost a year after *Mzee* left her, Anna described the way her husband would abuse her and deprive her of food. She said, “I haven’t stayed with comfort; it is as if someone is shaking me all the time… ‘*Nikanyamaza*’” (2012). Her use of the present tense shows the ‘real’ sentiments that return to her body, as if the felt weakness and sense of living under another’s power returns again as she remembers.

Silence takes on an embodied nature in Anna’s life as she chooses to internalize her suffering and personal pain. This decision was made in the midst of constraining relations where vital social support was lacking. Roy (2010) presents the idea that from some perspectives a women’s silence is seen as a form of resistance, a freely chosen “agential act” (Roy, 2010, p. 41). Roy remarks that this perspective tends to divert attention from the reality that silence is at least in part a product of gender inequalities.

Roy concludes that there is a “double-edged nature to silence” (Roy, 2010, p. 42) where one should avoid exaggerating agency, romanticizing the subalterns refusal to speak, but we must also not assume that the subaltern is incapable of speaking. In Anna’s case, her silence depicts her agency that comes from a position of abjection. Internalizing her pain and embodying silence was a ‘tactic’ that she hoped would bring less violence in the short term, helping her survive day to day. As her strength increases, her agency is exhibited in new ways with more freedom as seen through her use of language and images expressed with words.

Similar expressions of agency presented in the stories of other youth further develop the theme around silence. Julia, a young woman of 19 years, was raped in the rural area where she lives by a man who sold her ‘*sukuma*’ (greens)<sup>198</sup> at his home. She relented, “He overpowered me starting in the morning until two in the afternoon until I was a ‘stupid person.’ There was no one that I told. ‘*Nikanyamaza tu*’ (I just remained silent)” (2012). Already concerned with the mistreatment she experienced due to her mother’s mental illness, she knew that telling others about the rape might harm her reputation further and deepen her experience of isolation and abuse. Embodying silence and internalizing her personal pain was Julia’s ‘tactic’ to avoid more suffering in her family’s life.

After a group session, Jane, a 23 year-old young woman in the rural area, told the research assistant and I about the regular beatings she had been receiving from her

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<sup>198</sup> ‘Sukuma wiki’, a Kiswahili word that is literally translated as ‘to push through the week’ is a green, leafy vegetable similar to kale. Julia would buy ‘*sukuma*’ (shortened form) in bulk quantity from this man in order to sell it in the market.

husband. She was forced to sit naked on the table with her legs open “so that he can see what the private parts of a pregnant woman look like” (2012). She was often beaten and violently forced to have sex. She said ‘*ninanyamaza tu*’ (I remain silent). And yet her choice to share this with us was a conscious choice to recognize the violence and to put words to the experience, an action that in a small way may start to change her situation. As she described the experience to us, she brought with her three photos of people – her husband, her aunt who took care of her after her parents died, and her young sister. As a material artifact, the photos materialized the connection of her social relations with her suffering – those who had the potential to increase her strength and vitality.

Remembering the care of her aunt and the sister (who she used to care for) gave her strength to face her suffering. When asked why she carried these photos, she answered that in the beginning the man was kind and she hopes that he will care for her again.

The youth who choose to speak about the suffering they have endured demonstrate agency as they form their narratives and remember and articulate what happened so others may understand. The use of the phrase ‘*ku-nyamaza*’ (to be silent) shows that they have reached a point where they are able not only to name their suffering and its causes, but can also recognize and speak about their previous choice to embody silence. This shows a conscious decision to now share about their suffering with the hope of changing their situation.

### **5.3 Naming suffering and the one causing it**

As youth gain the power to describe and name their suffering, they also acknowledge a cause outside of themselves. Their suffering is relational; it is caused by

actors and forces in their social worlds. Through both the group and individual sessions, it became clear that as youth name their suffering and its causes, they draw on collective principles to make sense of their experience.<sup>199</sup> This provided an opportunity to validate or recover the relational meaning of their social experience, and to begin to make space for healing. As one is able to recognize that disharmony, disorder and disunity among people and other beings is reflected in the body, a person can re-establish their ‘locus of control’ and their ability to recognize their loss of connectedness with others.

In her study of widows of South African freedom fighters, Ramphelé (1997) discusses the way the ‘widow’ embodies loss and pain. When the internalized pain lacks meaning, it has destructive power. Her agency may be constrained severely but is not eliminated, so once the widow finds meaning in her pain and her “personal power” is acknowledged she transforms her pain into suffering (Ramphelé, 1997, p. 115). In Ramphelé’s words:

Personal pain is a degrading and dehumanizing experience unless meaning is vested in it. The investment of personal pain with meaning transforms it into suffering, which then becomes a social process. The individual derives dignity out of the acknowledgement of her pain and is thus in a better position to feel worthy of the suffering, and available to the possibilities for healing. (p. 114)

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<sup>199</sup> Magesa (1997) describes the decline of one’s very being. He goes on to explain the connection of one’s health and vitality with their social world: “This decline of power is symptomatic of broken relationships, and consequently of disturbed harmony and peace in the community. Whatever the affliction is, it ultimately means that there is no order or peace – either among human beings, or between them and the spirits, ancestors, or God, that is, the universe” (p. 178).

This process is one of transformation. In the stage of embodied silence and internalized pain, recognizing the true cause of one's suffering is almost impossible. Young women re-establish their 'locus of control' as they are strengthened through supportive relations, even if it is the kindness of just one individual. This allows them to enter the space where they recognize and name their suffering and its causes, bringing it into the social realm and opening up the possibility of healing in their lives. In the process of constructing powerful images and metaphors to describe their suffering, and of determining the cause of their suffering, young women vest meaning to their dehumanizing experiences.

### **5.3.1 Relational terms for embodied suffering**

The youth's use of relational terms to describe their suffering show that they acknowledge that their condition is because of *other* actors and forces in their local worlds. As Anna describes the beatings her husband gave her when she first became pregnant, she describes, ““*alianza kunitesa*’ (he began to cause me suffering)” (2011).<sup>200</sup> ‘The way Anna uses the term, ‘*ku-tesa*’<sup>201</sup> emphasizes the harm of another done to her, directly pointing toward the husband.

‘*Teso*’ (pl. ‘*mateso*’) means adversity, misery, misfortune, persecution, suffering or torture, a concept that assumes in some way the cause of another - a person, force or spirit. Anna claims, “I endured ‘*mateso*’ until I had the child.” When she relents about the lack of support in her life, remembering that she has no parents, she refers to her

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<sup>200</sup> *Alianza kunitesa*: the ‘*a*’ at the start of the phrase means ‘he’; the ‘*ni*’ refers to herself – ‘he began to cause me suffering.’

<sup>201</sup> *Ku-tesa*,’ as highlighted in Chapter four, is a term that describes the harm done by one toward another - to afflict, to distress, to cause pain, to oppress, to torture, to persecute, or to torment.

relationship with *Mzee* and says, ““*ananisumbua*’ (he is causing me distress/worry)” (2011).<sup>202</sup> ‘*Ku-sumbuwa*’ means to trouble, to worry, to subjugate, to harass, to disturb, to distress, to disconcert, to cause discomfort, to bother, or to annoy. As Anna uses the expression she articulated the harm or oppression *done to her*, a powerful assertion of the one causing her pain.

In addition, the very word that youth use to describe the pain they experience points toward the cause of another. ‘*Uchungu*,’ as alluded to earlier, is a relational term meaning pain, vexation, anguish, sadness, dejection, bitterness, resentment, and is the term Anna commonly uses when referring to her ‘pain.’ When meeting Anna for an interview, she shared, “The ‘*uchungu*’ hurts me here inside,” and pointed to her abdomen. During an interview (2012), she describes the agony she experiences in the present,

If there is a ‘*kibarua*,’ I go, but I fail to do it because of the ‘*uchungu*.’ Like last night I felt such ‘*uchungu*,’ I had to sit on the floor because the ‘*uchungu*’ was increasing. Now I had to call my son (she starts to cry). Many times he finds me ok, but later in the evening I am overwhelmed.

‘*Uchungu*’ speaks of the bodily hurt and sentiments that are felt simultaneously – the physical anguish, the sensation of being dejected by another, and the bitterness and resentment towards that person. When Anna was found moaning in her bed in the morning after one of her beatings, she calls it, ‘*sauti za uchungu*’ (sounds of ‘*uchungu*’). Even though she experiences a small sense of control over her life ongoing incidents of

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<sup>202</sup> *Ananisumbua*: By using ‘*a*’ she points to her abuser, *Mzee*, ‘*na*’ refers to present tense and ‘*ni*’ refers to ‘me’ (English) meaning that the action is *done to her* – ‘he is causing me distress/worry’

violence unsettle it. This time, instead of choosing silence, she cries out with ‘*sauti za uchungu*’ – sounds of vexation, anguish, dejection and sadness.

Hope’s words echo those of Anna. She shared these words with the group of youth and the research team in the rural area, ““*Nimesikia uchungu (I felt pain), Laura, Nimesikia uchungu*”” (2011). These words recount the way her step-mother abused her when she was eight months pregnant with twins, forcing her to work all day to produce local brew and carry it in twenty liter jerry cans to clients. Sitting on the grass under the shade of the acacia tree, she shared with the group, “I would prepare ‘*chang’aa*’(local brew). From morning until night.... If it was sold, I didn’t get a thing for doing this work” (2012). The pain she describes is physical. From her seated position on the grass with her seven month old girls playing around her, she leans forward, closes her eyes, strokes her back with her right hand, then rests the side of her face on her left hand as she recalls the corporeal experience. The look in her face also tells of the misery she faced with the stepmother in the home, and the ways that she and the two older children were abused on a daily basis. She says ““*ukateseka sana kwa maisha*’ (you really suffer in life)” (2011). The phrase ‘*ukateseka*’ is a causal form and means literally ‘you are caused affliction, distress, oppression, misery by another.’

The youth’s narratives point to the physical dimension of their pain and to the ways violence marks their bodily gestures and movements. Their bodies hurt, ache, scar and become a frame for their movements and postures that have been altered by violence. Anna’s words and the way that she goes to seek medical attention show her attribution of the ‘physical’ nature of her suffering and her hopes that ‘curing’ the physical will take away her suffering. Desjarlais (1992) defines “somatization” as the “presentation of

personal and social distress in an idiom of physical complaints and a coping style of medical help seeking” (p. 150). As Anna describes the ‘*uchungu*’ in her abdomen, she adds, “Each time, I go to the hospital. And then I come back and it repeats.” She later shared, “Even today still it [pus] is coming out. Sometimes I go to the hospital; I wash it with ‘spirit’ (alcohol), it relieves me a bit. For two months, three months” (2012). And yet Anna still goes to the hospital, acknowledging the physical nature of her pain and hoping that by diminishing it, her suffering will be alleviated. But with harmful social relations in her life that drain her of strength, it returns, again and again.

In a group discussion in December 2011 with young women in one of the rural areas, the issue of somatization came into focus. It revealed the inseparability of the social, physical, emotional and relational aspects that affect their wellbeing. The young women were asked by Dorcas, “What health issues bother you?” Anna was the first youth to answer, and referred to her ‘*uchungu*.’ “Me, first it hits me here in the eyes. I have to close them.” She paused and closed her eyes, “Stress (word said in English).” Julia (19 years, rural area), who had shared of her rape experience almost two years previous quickly followed,

Me, about the health and ‘*yenye inasumbua mwili wangu*’ (the thing that distresses my body); ‘*inanisumbua sana*’ (the thing that distresses me so much) is these angry ‘*kusumbuliwa*’ (interruptions, being worried, distressed) ...in the place where I rent ‘*tunasumbuana*’ (we are distressed by others) because of my mother.

As Julia recalls her daily-lived experience of harassment and subjugation by the

people in her community – those she hoped would help her in life – she expresses the way that it is lived out as corporal distress in her body. “*Wananisumbia*” (they oppress/bother me),” she says of the neighbors in her compound who yell threats at her family and bother her in her everyday activities. “I am also told not to light a cooking fire, but I have no money to buy charcoal.” She has difficulty caring for her child and three young siblings as well as her mother who lives with HIV and suffers from mental health problems. She expresses the sadness of not feeling at home anywhere and struggling to find the rent for their one bedroom living space. “‘*Ninavumulia tu*’ (I am just persevering), but in the place where you live ‘*inanisumbua*’ (it is causing bother to me)... I am tired with the matter of moving all the time.” The distress in her body mirrors that of her home. It is not a safe place; there is no peace, only harassment, trouble and subjugation.

When she acknowledges the harmful social relations as the causes of her pain before others, her embodied suffering is infused with meaning. It is validated and extended to the realm of the social. In this space, she no longer dwells alone, but suffers alongside others. The meaning given to her pain is authenticated and a step taken to ‘restore her dignity’ and move toward healing (Ramphela, 1997).

As youth name the role of others in their daily experience of violence, they recognize the social, relational and structural dimensions of their suffering. In doing so, their pain is transformed. As meaning is given to personal pain it moves into the collective realm, signifying the very social nature of their suffering. Having acknowledged social structural roots of their pain, youth who continue to live amid

constrained environments embody suffering in new forms.

#### **5.4 Dealing with the pain**

Though conditions that cause youth to suffer may still be present, naming their suffering and the one causing it provides a small degree of control over their lives that enables them to see the potential implications of their actions and interactions. Christiansen, Utas and Vigh (2006, p. 12) show how African youth function in a duality: they can act as ‘social shifters,’ pursuing opportunities and seeking meaning in daily life activities, even when constraining environments imposed on them also affect their social positioning. Youth in this study recognize the influence of all these social connections with others – including networks to family, and the wider community. When most relationships are destructive and diminishing their life force, they find themselves operating in an environment that is more constraining than enabling. Whenever possible, and when they have the power, they employ ‘strategies,’ where they seek to predict the outcomes of their actions (and inactions) (De Certeau, 1984, p. xix).

Youth engage in a dynamic and conflictive movement between an embodied sense of self-destruction, where they move toward a progressive loss of vitality, and an embodied sense of resiliency, where they seek ways to increase their vital force. The latter form moves them towards healing and transformation.

##### **5.4.1 ‘Nilitaka kujiua’ – I wanted to kill myself**

Overcome by emotion when turned away by the chief after being abused by her husband, Anna is so filled with hopelessness and despair that she considers death, ‘making herself dead’, fleeing the relationships that harm her ‘being’. To destroy herself

would put an end to her suffering *in this world*. Nkemnkia (2006), an African scholar who theorizes about the life force explains that “Death is considered a transformation of being” (p. 108). The Kenyan writer Mbiti (1989) explains that death is a “departure” from the world, whereby physical decay of the body is the only major change (p. 152).<sup>203</sup> With death being the degeneration of the physical body, Anna’s earlier description of being a shell of herself, “only eyes,” shows how she was close to death. Though the burden of living is heavy because of what others do to her on a daily basis, Anna chooses to remain in this world with her children. She declares,

‘Nikashindwa mimi ni wa nani’ (I fail to know to whom I belong). I think about ‘anajiuia’ (the person who kills/destroys themselves) but I also see that ‘nikijiua’ (if I kill/destroy) myself my children ‘watateseka’ (they will suffer/be in turmoil).

(2011)

To kill herself would sever her life-giving relationship to her children who depend on her for support, love and protection. She is saved by their dependence on her and the knowledge that her death would cause her suffering to be mirrored in their lives. Women of the Bantu and Nilotic peoples in Kenya, Adhunga (2012) explains, are considered the “mother of human life,” who pass on the life force through motherhood (p. 51). Anna recognizes the vital bond she has with her own children, even as she reflects on her

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<sup>203</sup> Mbiti (1989, p. 89) warns that though specific details about the ‘spirits’ in various tribes should not be generalized, there is a general consensus in African communities that once a being dies, they become ‘the living dead’. He explains that a being is ‘alive’ as long as the community remembers them (Mbiti, 1989, p. 25). Once a being is dead in their body, therefore, they join the living dead (Mbiti, 1989, p. 25; Nkemnkia, 2006, p. 107), where they join the ancestors and are still considered members of the family (Nkemnkia, 2006, p. 107). Kenyatta’s (1965, p. 223) records show that this is true of the Kikuyu tribe, who honour the living dead in each of their ceremonies, pouring out or sprinkling beer for the ancestors or offering animal sacrifices.

relationship with her parents. She prefacing her statement with “I am of who?” Her family has disintegrated, her parents passed on, and yet her identity as a mother and the outward flow of life force to her children gives her meaning and a reason to withstand her situation.

Anna is not the only youth who contemplated ending her life to flee from destructive relationships and deep suffering in this world. The experience of Julia (19 years), another young woman from Anna’s area, shows the dual nature of caregiving relationships for youth. Caregiving relations help to maintain social support in their lives, but if they are unable to provide and protect as required of them, they can also become overwhelming. After being impregnated through rape and giving birth to her child, Julia was forced to remain in the hospital until she paid the fees for the emergency C-section that saved her life and that of her son. She worried about her ailing mother and her three siblings left at home who depended on her. She felt an overwhelming sense of despair and powerlessness in her relationships that her life force was reduced to the point of feeling unable to support her family. The burden of having been abused by the man who raped her, exploited by the health bureaucracy, and being overwhelmed by responsibilities she felt unable to meet was too much to bear. She remembered her sentiments at the time,

I wanted to drink ‘*dawa*’ (medicine/chemical)... I was feeling fear. I was in a state ‘*kuijuau*’ (to kill/destroy myself) because I felt so burdened I thought that I have reached the end. But when I was in the hospital I got news that some women were going to take my sister to Standard 1 (Primary school). And mom, when she was sick, they handled her. (2012)

When a few women showed compassion and assisted her with her caring responsibilities, she was saved. Feeling enabled by the support of the women, her life force was increased and she decided to continue to live, once again feeling able to support her family.

Catherine, a Luo woman of 20 years in the rural area, tells of the incidents that led her to contemplate suicide. She was left to care for her young sister after her mother became sick with AIDS and subsequently died in July 2009. Catherine then moved back to her home village with the hope of being supported by her extended family. She was “shown ‘*madharau*’ (scorn, disregard, abuse)” (2012) by her own grandmother in her home village in Western Kenya. She then found an opportunity to go to Nairobi to work as a house girl to support her sister. There, she was sexually and physically abused by her employer and turned away by her aunt to whom she fled for help. When she came back to the village to take care of her sister who had fallen ill, a man in the area started to cause her trouble. She said, “He started ‘*kunisumbua*’ (to cause me distress)” (2012). She shared with us that he got her pregnant. She told of her experience during pregnancy.

My brothers took me to Western in order to abort the fetus; it wouldn’t come out.

I was taken to another elder; it wouldn’t come out. They started to beat me now.

My sister and I just looked at each other with only tears. I went to the dam close by and ‘*karibu nijiue*’ [I was close to killing/ destroying myself]. My neighbor followed me and asked me where I was going. She told me to return home. (2012)

In the Life Ribbon activity (see Appendix E), Catherine referred to this pregnancy as her “lowest period.” Her strength was the lowest it had been, having been exploited

and abused by one person after another – her extended family, her employers, and her own brothers. The abuse during pregnancy shows a break down of Luo principles, whereby family is there to protect women's sexuality and protect her while carrying her child (Adhunga, 2012).<sup>204</sup> Catherine's opposite experience underlines the gradual fragmenting of protective societal structures. Her own body was a place of distress and disorder, reflecting the rest of her life. Her vitality had waned so much that even her close bond and visionary role with her sister was not enough to stop her from attempting to take her life in a moment of agony. A small act of compassion and kindness from the neighbour saved her life.

When considering the possibility of ending their lives, Anna, Julia and Catherine each made the decision to remain and endure in this life. In each case the stories revealed at least one supportive relation that helped to influence youth's choice *not* to end their life, but instead '*kuvumulia*' (to endure). Supportive connection with these individuals – whether neighbours or children – served to increase the life force of the young women, giving them strength to choose to live. They made a conscious decision to stay in the world and maintain relations with others in their social environment to increase their vitality once again.

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<sup>204</sup> Adhunga (2012, pp. 68–71) explains that in Luo communities, pregnant women are dignified and respected during pregnancy. They hold "life...a sacred gift from God" (p. 69), and are sometimes given gifts as offerings for safety and protection of the child. Nyambetha (2007, p. 292) explains that in Luo families, extended family members were expected to have a specific role in protecting the sexuality of their girls and in negotiating marriage (for example, for their paternal nieces). He argues that as young women lose their connection with their extended family (for example, migration, born out of wedlock, etc.). they are less likely to be protected in this manner.

#### **5.4.2 ‘Nikavumulia’ – I will endure**

Anna tries to find the means to feed the family, send the girls to school and “leave them with wise plans.” She tells us how she also depends on her son, “I told the oldest boy, ‘*tuvumulie*’ (lets persevere/endure), and if you get a ‘*kibarua*,’ then fine we will eat” (2012). She depends on her son as her main caregiver in periods where her health deteriorates. She explained,

If I come and I am very tired, he tells me, ‘*mama*, you know that the hour is near to take your medication.’ He runs to bring me a ‘*maandazi*’ (donut) and tells me to ‘eat it first and drink your medication while we wait for the food to be ready.’ (2012)

In one of our youth sessions, Anna is seated on the grass outside the drop-in center, speaking of the day to day-ness of remaining and describes the embodied experience:

Now, to remain, I remain alone with my children. If it is memories, I talk with my children and my God. Other times when I remember, I will start to cry alone. I see that God has abandoned me. But I leave here, I go to church, I hear people talking, I return and my body is sore. Now it’s just like this. My body, it stays like this. But I pray that God ‘*anipatie nguvu*’ (will give me strength) so I can farm because if I say I will borrow from you and I fail to pay, I don’t have a mom, I don’t have a dad to run to. ‘*Ninakaa tu*’ (I just remain/endure) like this. (2012)

She still remembers the abuse she has endured. Her physical pain and the bodily scars as a result of the beatings make it difficult to forget. She gains strength from sharing

about her suffering. Though she has previously acknowledged the social nature of her misery, she brings it into a realm where she and the other youth see commonalities in their lived pain. Ramphele (1997) writes of widowed women in South Africa, “Their private suffering needs to be made visible as social suffering, enabling them to stake their historical claims and thereby restore their dignity” (p. 114). The space where the youth come together and share experiences becomes a site where healing is possible. Here, they point toward structural causes of their suffering in unity. In this space strength or life force may be cultivated. For Anna, acknowledging her waning vitality before others enables her to seek out supportive relationships and ask God to give her strength.

Anna now has clarity, and recognizes the one who stripped her of her vitality. She notes her previous way of thinking when she hoped that *Mzee* would help her. She now sees the destructive will of her husband, saying.

I thought because he is an old man, he will help me, but I did not understand that because he is too old for me, it is he who makes nonsense not me. He destroyed me and my goods, the ones that I searched for myself.

She then sat up and asked us,

Please help me to see what I should do. I could rent this plot and buy a plot of my own. I leave this one of his instead of dying of stress. If he wants to stay here he can stay and if he wants to go he can go, its better then him coming to beat me.  
(2012)

Anna now lives a less constrained environment, where *Mzee* is out of the house and where she has supportive relations with the CBO and her peers from the youth group.

When things are going well, she has space and is able to think, maneuver, strategize and express her emotions. Her desire for her own land also emanates from her need for connection and her longing for peace in her family's life; a future-oriented view that gives her purpose. Anna feels unsettled living on the land of her abuser and unconnected to the land that has been a site of abuse. She fears that it can be taken from her at any point.<sup>205</sup> Having a connection to the land is essential for the Kikuyu (Kenyatta, 1965, p. 240).<sup>206</sup> Now, knowing what she wants, Anna says, "I want to get my own land, somewhere I can live, ...I am finished living with men" (2011).

In regards to the pain she feels and the HIV virus that she lives with, Anna often becomes discouraged, worrying that if she dies her children will suffer. She reflects, "then they will have problems like me" (2011). With a new social space where she can think about the future, she reasons with her conflicting emotions and looks toward God, a life-giving force in her life that she looks to for meaning for she and her children.

Me, I tell God to help me to leave them [her children] with wise plans and ways of thinking... There has been problems until you see that God has forgotten you, then I see God; he has saved me, he comes close to me. (2012)

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<sup>205</sup> As I highlighted in Chapter four, in modern times may be owned by women, but in this case, the land title is under the name of her husband. In 2014, Anna received a letter from the Chief confirming that though the land is in the name of her husband, she is allowed to cultivate in order to provide for the children. This protects her to some degree, but she does not own the land in the long-term.

<sup>206</sup> Kenyatta (1965) writes that contact with nature "is a quality that runs through the whole, vitalizing it and keeping it in constant touch with daily need and emotions" (p. 240). For the Kikuyu, the connection with Nature has such a strong importance that historically, communal rain-making, planting, crop purification, and harvesting ceremonies guide village life each season states that many of these ceremonies and ceremonial 'items' were banished during colonial rule. Further, these ceremonies were carried out under ceremonial trees, the *mogumo* or *motamayo*, many of which were cut down when Europeans took possession of Kikuyu land (Kenyatta, 1965, p. 235).

With the space to think about her life, Anna finds solace in her Christian faith, which blends with her Kikuyu worldview to conceive of her higher power. In the Kikuyu view of God, Ngai is central to life and is called upon in times of crisis, however he “is a distant Being and takes but little interest in individuals in their daily walks of life” (Kenyatta, 1965, p. 225).<sup>207</sup> Here, she draws on God as savior, as well as the relational characteristic of the Christian God, who is powerful yet available to pray to on a daily basis about life’s problems.

Socially supportive relations provide her with vital force that is essential on her journey of endurance. During a household visit (2012), Dorcas encouraged her, “Don’t worry Anna, nothing comes easily. Even your children, you carried the pregnancy; that was not easy.... Keep pushing yourself (*kujikaza*). You know you have children and if you think about killing yourself, you look at your children.” Anna sat up straight and seemed grateful for the encouraging words but shared her anxiety about her health. “I can’t die from AIDS like my parents,” she said. Dorcas went on,

Listen Anna, ... leave it at home, you tell it ‘listen virus, you, you will stay here. Me I’m going to look for food for us... today I am going to the market to sell tomatoes, I will come to get you in the evening.’

Anna laughed out loud. “You will live, Anna. You will take care of your children. They will become big and God knows, the day he comes to take you, you won’t even be worrying about these things.”

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<sup>207</sup> Communion with *Ngai* is central to life, however, as He is, however, consulted during life crises when in real distress, however this is by the *family* (Kenyatta, 1965, pp. 225–228). Kenyatta (1965, p. 225) explains that at birth, initiation, marriage, death, *Ngai* is called upon by the family, not the individual.

Anna now has some space to reflect on what she wants in her life and to act. She sees and seizes opportunities to transform her world, making small and large attempts to bring good, hope and justice to herself, her children and her community. In April 2012, as part of the research, Anna had the opportunity at a village meeting to share her story and the youth's recommendations about how to improve youth health and provide adequate support to youth who head households. In this meeting, '*wakubwa*' (big people) – such as the chief, government ministry representatives, hospital administrators and pastors, were present.<sup>208</sup> She did not hesitate to volunteer to be the group's spokesperson. As she spoke, she wove her own story into the youth's broader recommendations. Significantly, she pointed towards structures of injustice that she and all the other youth face. She named gender inequalities, "Mothers, we are not able to leave our children. You suffer with your children until they are big. Men, If they get problems, them, they leave." She names the corruption of the systems in place to 'protect them', "If you run to the chief...they just look at you with their eyes and they ask for a bribe...the police, they tell you 'if you want these words to go somewhere, give us something small.'"

Anna looks toward the future. Recognizing the need for youth to sustain themselves, their families and to build a future for their children, she demands the government for employment opportunities. "Give us work...to sew, to knit sweaters, to work in the market, even to farm." She sees education for her children as critical to putting a stop to the seemingly unrelenting intergenerational suffering. "Let them study... we want them to learn skills and get jobs...we don't want them to miss school like us"

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<sup>208</sup> For an expanded version of her speech, see Appendix L.

(2012). As Anna names the causes of the youth's suffering in the public sphere, she demonstrates her political agency and begins to transform her world as she is able.

About a year later, Anna heard that *Mzee* wished to come back to her. With the power that she had gained, she had strength to deny his return so that she can continue to live her life with her children in peace. With laughter and confidence, she said, "he finished sucking the other woman's blood now he is back to finish me... never" (2013)!

In this space of embodied endurance Anna now has the opportunity to reflect on what she wants in her life. Refusing to accept the normalization of violence in her life, she sees and seizes opportunities to transform her world.

## 5.5 Conclusion

This study shows that youth-headed households embody suffering in social, physical, relational, moral, political, symbolic and agentic ways. Embodied suffering takes the form of a 'condition' of weakness, un-centredness and imbalance where they exhibit agency primarily through remaining silent in the face of personal pain. Though youth's bodies represent the fragmenting political and social processes in their midst, they do not exist in this status quo without agency. Under extreme constraints, they choose to remain silent. Many youth find their inner power to name their suffering and the relational causes of their suffering. They can point to individuals and institutions that have caused the suffering and decreased their life force. In doing so they turn their personal pain into social suffering, leading them into a space where healing and transformation are possible. With these destructive forces now named, youth move dynamically between a sense of embodied self-destruction and a sense of resilience.

Therefore, as we look at how the political, the social, the moral, and the relational factors in the environment ‘get under youth’s skin’ in embodied forms, the agentic nature of the process becomes apparent. This presents a key contribution to the literature on embodiment, as it contradicts the perception of embodiment as linear and deterministic where there is little room for individual agency.

Social support, in the form of giving and receiving, is a vital element to survival and for endurance. Supportive relationships are critical to avoiding the path of self-destruction as they grow the vitality of the youth. Youth who choose to remain and endure begin to effect small and large changes to bring healing and transformation to their lives. They navigate within their social environment, looking for opportunities that bring life and hope to them and their children.

## **Chapter 6: Conclusions and recommendations**

This thesis explored the ways that young women who head households in Molo and Nakuru West Constituencies in Nakuru County Kenya are responding to daily experiences of suffering and the resulting fragmenting of relationships of care in their social environment. The communities studied are in areas profoundly affected by HIV and episodes of political conflict since the early 1990's. The research set out to understand the complex relationships and social forces in youth's social environment and explore the daily-lived experience of sexual health challenges faced by young women. It sought to gather the perceptions of youth and members of their communities using an ethnographically informed participatory and community-based approach.

The findings from this study raise important social, human rights and public health issues that have concerned policy-makers, practitioners, and researchers working with youth, including young women who head households, in Nakuru County to improve health. The research also provides insights that may suggest what social processes are occurring that shape experiences of lived violence and the embodiment of suffering among populations of young women in the region. Therefore, policy-makers, practitioners and researchers working with youth living in similar circumstances throughout Kenya and sub-Saharan Africa may strategically apply insights from this research.

In this chapter, I will present conclusions that highlight the ways that youth are responding to changing care environments as they live their daily lives and garner social support so they can navigate the challenges they face to achieve health. I will discuss how structural violence and the social processes and mechanisms behind social suffering relate to the vital

nature of social support as youth strive to meet societal expectations in their lives. I will then summarize the main contributions of the work as it concerns social suffering and structural violence literature, youth sexual health literature, and orphan studies. Following this, I present policy and program recommendations as they pertain to youth sexual health and interventions among youth who head households. I conclude by presenting opportunities for further research.

## 6.1 Conclusions

### 6.1.1 Youth creating new forms of family support

Chapter three described how youth experience daily problems amid large-scale orphaning in Nakuru County and the slow fragmenting of relationships of support in their family and community social networks. Due to the impact of contextual social forces – historical, political and economic – patterns of care have changed significantly, as the capacities of extended family networks to provide care for orphaned children is being depleted due to diminishing social and material resources. Family networks, however, have not collapsed entirely.

I have shown in this thesis how the lack of support from extended family members is often a result of the *possibility* to provide care and support due to their own social reality rather than an *unwillingness* to care. I argued that youth who head households have responded to the decrease in connectedness in their lives by creating new forms of family networks of care. They have made a decision to remain in caring roles of dependents by supporting their own children, siblings, cousins, or ailing adults, usually without a spouse or partner to support them. Youth responses build on existing family social networks as they seek to create new patterns of care within families, maintaining family relations and living out collective principles.

This study has also shown that youth's caring relationships foster their own ability to

endure amid difficult situations that threaten their health and wellbeing. The concept of life force – the principle of life that connects beings with other beings (Magesa, 1997; Nkemnkia, 2006), is critical to understanding the importance and nature of social relations for youth. I have used the concept of life force to account for the way the Bantu and Nilotic people's sense of self is dependent on their connection with other beings. As social support is given or received through relationships to others, youth's life force is increased. They gain strength – '*necessary vitality*' – from caring for others. This enhances their ability to navigate their own health needs and those of their dependents.

The examples in this thesis have shown that within overpoweringly constrained social environments and with minimal social support, youth have managed to survive, persevere, and care for others. They need strength to care for others, but such caring relationships in turn fuel their ability to persevere. However, if youth have especially limited support in their lives and caring responsibilities become too overwhelming, their dependents may become a drain on their energy. They then turn to employing short term 'tactics', actions that may help them to survive in the moment, but may be damaging in the longer term. Therefore, though the social environment has been altered, youth display the resilience of family connections even with the limited presence of 'adult' caregivers. As youth act to build networks of support for themselves and their families, they develop their own capacity to respond to life challenges, including threats to their sexual health and wellbeing. With adequate support in their lives, they are less likely to turn to harmful tactics and more likely to respond strategically in ways that will enhance their own health.

### **6.1.2 Navigating societal expectations and intergenerational suffering**

Youth are embedded in an intergenerational and globalized context that creates a constantly changing social terrain. As youth journey through life, they navigate societal expectations, including gender roles, of what achieving ‘adulthood’ looks like (Christiansen et al., 2006).<sup>209</sup> In this study youth and community informants expressed the expectation that youth must acquire a job (and/or completed education), establish an independent household, and marry prior to having children (see also Langevang, 2008).<sup>210</sup> Men should be financially stable and have their own household and women should not have children prior to marriage. Youth who head households face particular economic and social challenges to meeting these societal expectations of ‘respectable’ living; they are already prematurely caring for dependents and face unemployment and economic deprivation.

This research has shown that though youth who head households are not necessarily able to pass through the prescribed steps to achieve what is expected of them, they act to move towards meeting societal expectations in two ways. First, they take steps to attempt to move towards a respectable adult status. They pursue economic opportunities, hoping to achieve socioeconomic stability; they seek someone who will marry them despite their caring responsibilities and housing situation; they seek to advance their education (formal or vocational training) however possible. Second, when youth are unable to move ‘forward’ toward respectable adult status in their own lives they pour their efforts into the lives and futures of the

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<sup>209</sup> Christiansen et al. (2006) argue that youths’ movement along the life course is not only between life phases, such as between the socially constructed categories of ‘child’ and ‘adult,’ but also “between positions of power, authority and social worth” (p. 12). With their lives structured by social relations, youth seek ways to gain a degree of control over their lives, often from a position of relative powerlessness.

<sup>210</sup> Sommers (2012) writes about the challenges of poor Rwandan youth to move forward in life to achieve societal ideals of ‘adulthood.’ Unable to become financially stable and establish a household, he refers to them as ‘stuck’ in perpetual youth-hood (Sommers, 2012).

children that they care for, often sacrificing their own opportunities. In doing so, they hope to move their dependents into a position of possibility, thus halting patterns of intergenerational suffering in their lives. Youth do recognize patterns of suffering in their family's lives. For example, often the parents of youth were unable to support their own education due to the suffering that they endured. They face a similar challenge. To change this cycle, they sacrifice the prospect of their own studies so that they can work to find the fees to send the younger children to school. The commitment shown by these young women and men to care for children despite their own delayed marriage, employment or educational opportunities supports previous research with young caregivers in the region (Evans, 2011, p. 5; Lee, 2012d). Such sacrificial acts and the deep connectedness the youth have to the family that they care for highlights the way they adapt in a changing environment to open opportunities for their families.

### **6.1.3 On structural violence and social suffering: a relational approach**

This study advances social suffering as a theory for studying sexual health and suffering among socially vulnerable youth in sub-Saharan Africa. As Kleinman (2010) argues, social suffering theory presents a valuable frame of reference for global health research. This theory emphasizes the lived experience of violence of 'sufferers' and the embodiment of suffering among poor, marginalized and vulnerable populations (Das, Kleinman, Lock, & Ramphelé, 2001; Farmer, 1999, 2003; Kleinman et al., 1997). Recognizing that structural approaches have been critiqued for failing to acknowledge change and transformation in environments and for adequately exploring the mechanisms that lead to ill health (Bourgois et al., 2004; Frohlich et al., 2001; Locke & Biehl, 2010; G. Williams, 2003), I have attempted to make clear the social processes that have worked to shape the lived experience of violence of youth.

Building on Schepper-Hughes and Bourgois (2004) concept of the ‘continuum of violence’ and Bourgois (2009) ‘Pandora’s Box’ of Invisible Violence (structural, symbolic and normalized/everyday), my research showed the dynamism of the social environment of the ‘socially vulnerable.’ It describes the means by which structural violence penetrates fissures in the social environment and morphs through relationships with actors in the youth’s social environment. These factors characterize their lived experience as these forms of invisible violence play out in their relationships. The unjust social forces that drive structural violence do not follow a linear path in becoming embodied injustices. The injustice plays out through social relations in the individuals’ social environment, morphing into lived forms of ‘invisible’ violence and embodied forms of suffering that affect their sexual and social health.

This study supports previous research findings that structural violence plays out through unjust social systems; affecting those with the least power (Farmer et al., 1996; Farmer, 1997b; Rhodes et al., 2012). However, the emphasis on social relations and the ways that violence is lived out in everyday life, moves the ‘path of violence’ away from its linear determined trajectory. The impacts of structural violence are experienced through youths relationships with actors in social networks and social institutions and networks. In this approach, the agency of the ‘sufferer’ to act on the world is critical. As those with the least power, in this case the youth who experience and embody suffering, they respond by acting through relationships in their networks to transform the environment around them. The case studies in this research demonstrate clearly the dynamism of the structure-agency relationship. Social forces shape the everyday violence lived out by the youth as they exert their agency, seeking social support and navigating their lives toward health and possibility.

In Chapter three, I acknowledged the manner in which actors within societal, community

and family structures also act within constraining environments, often from a position of ‘the powerless’ within the institutions that exploit people. As the actions and inactions of social actors are influenced by social forces, the result may inadvertently perpetuate injustices that serve to harm youth. As structural violence is lived out, it further morphs into other forms of violence that play out in youth’s relationships with these actors. Everyday violence can be seen in the regularity of corruption in government, hospitals, NGOs and families.

In Chapter four, I looked at the moral, social and intergenerational nature of suffering of young women and the social processes between them and their social environment that shape their experience of lived violence. Symbolic violence is embodied as youth endure stigmatization from neighbors, social service providers, and others from whom they sought support. I showed how youth engage dynamically in these social processes. They may internalize blame, as is the case in stigmatization or externalizing the cause of suffering, as they name those who abuse them or forces that have caused them to be orphaned. In addition, youth may dynamically move between these experiences.

An in-depth analysis of Anna’s story reveals that the “assemblage of social processes” that create a “medium of interaction (Kleinman & Kleinman, 2008, p. 712)” between her and the social systems in her milieu was, in fact, the *life force* that provided strength for she and her family. This force was integrally dependent on her relationships with others. It not only influenced the way she experienced violence, but how she embodied and responded to suffering, providing support and enhancing the ‘life force’ of others. Such views can only be sought through an exploration of daily life.

#### **6.1.4 Social support vital to youth's capacity to navigate their environment and experience health**

The current research shows how young women in Nakuru County who head households suffer in various ways that impact their sexual health: they experience HIV infection, unwanted pregnancies, abandonment by sexual partners, rape, and gender-based violence. Their daily suffering takes the form of ‘invisible’ violence as they experience everyday and symbolic forms of violence. And yet, young women find ways to navigate their social relationships, to survive and to persevere. Part of this journey was the acknowledgement of external causes for their suffering. In Chapter five, I explored how social support helps young women enter a social space where they are able to acknowledge their pain and name the causes of their suffering. They acknowledge the social forces and destructive relationships in their lives, moving the cause of their suffering outside of themselves. As the sufferer names structural violence and other ‘invisible’ forms of violence, the impacts of unjust social forces begin to lose power as the young women gain strength to endure. It is in this space where young women “derive dignity” as they acknowledge their pain (Ramphele, 1997, p. 114). They find meaning in their suffering and act to effect changes in their environment that may in some way bring healing and transformation.

Social support proved to be vital to avoiding the path of self-destruction for the youth. Support enabled youth to choose to endure and to gain some sense of control over their challenging life circumstances. In the case of young women who head households in Nakuru County, supportive relationships from family relatives, community members and service providers, provided young women with navigational capacities to meet daily demands and social expectations of responsibility. For example, when Julia bore a child from rape, she thought about ending her life, but when some women in the community supported her through caring for her

mother and siblings, she gained the strength to endure and to do her best to care for her child and others. When Anna came to the place where she acknowledged the cause of her suffering – her abusive husband and the exploitative chief – she came to a place where she could confront her husband. This allowed her to seek social support in alternate forms, and decide to remain as a caregiver for her children.

Support is therefore necessary to avoid the path of self-destruction and the choice to endure. The examples reveal how the degree of social support around young women will influence their ability to establish control in a situation - their ‘proper’ (De Certeau, 1984) – and their ability to maneuver within their social environment; thus making decisions that will ensure the health of themselves and their dependents.

## **6.2 Significance of findings: Final thoughts on suffering and vital support**

This brief section provides a summary of the four main contributions of the current study to the literature, further emphasizing the importance of everyday life exploration of young women and the vital nature of social support.

First, through employing a social suffering approach to researching the sexual health of young women, this study has found that it is the relational nature of youth’s social reality that shapes youth’s experience of sexual ill health, as structural, everyday and symbolic violence penetrate their social world. When relationships are abusive, exploitative and stigmatizing, they drain youth of their vitality. This is supported by youth sexual health literature that has recognized the social and structural context of youth (for example, Dunkle et al., 2004; Kennedy et al., 2013; Shannon et al., 2008), and perspectives that have drawn on violence theories to analyze health (Farmer, 1999, 2003; Rylko-Bauer, Whiteford, & Farmer, 2009a). It further

supports the growing body of sexual health and STI literature that acknowledges the dynamism of the agency-structure relationship (Aggleton et al., 2013; Rhodes et al., 2012; Spencer et al., 2014) and the interpersonal, relational nature of agency as pertains to health (Coggon, 2012; Kleinman & Kleinman, 2008; Rütten & Gelius, 2011). Observing the everyday life of young women as relational, and recognizing the dynamic nature of their relationship with their social environment will both illuminate the impacts of invisible violence in young women's lives and the ways that they are actively managing experiences of ill health. This is key to understanding the ways that they experience and embody suffering and provides insight into how to support them to improve their health.

Secondly, the everyday life perspective of the youth studied has drawn out the significance of the life force as they have shared their stories arising from real life experience. Analyzed in a framework of social suffering and violence, the findings present a unique contribution to the literature on social suffering among African communities. The study took place with a particular group in a particular locale – youth who head households from Kikuyu, Luo, Luhyah, Kalenjin, and Kisii backgrounds in two Constituencies in Nakuru County Kenya. It suggests that the key contributing feature of suffering for the youth is the diminishment of the life force. Though this is not necessarily the case among other socially vulnerable groups of youth in sub-Saharan Africa, the findings of this study suggest that the life force and the connectedness of youth to others are concepts worth considering when exploring the experience and embodiment of suffering in future place-based studies carried out with youth in other locales in the region.

Thirdly, the multifaceted and complex nature of embodied suffering has been emphasized as I have stressed the physical, relational, social, political, moral and symbolic dimensions of

embodied suffering of youth. This supports the concept of ‘social suffering’ which works to destabilize established ‘fields’ – be they moral, legal, medical or religious (Kleinman et al., 1997, p. ix). I have gone deeper in the analysis to look at the social world from the eyes of the sufferer which has revealed the life force as the central feature defining youth’s embodiment of suffering and health. Moreover, I have stressed that youth display *agency* in the processes of embodiment, as they choose to embody silence in extremely constrained environments, as they name their suffering and the causes and as they choose to end their lives or to endure. The agentic nature of embodiment presents a key contribution to the literature as it describes the dynamic social processes that address the critiques that social suffering and structural approaches have received; that embodiment tends to be depicted in linear and deterministic ways.

Finally, though the slow fragmentation of relationships of care works to reduce youth’s life force, they find strength through socially supportive relationships to navigate their environment and create new forms of support. Youth seek to maintain a sense of connectedness within their families. Recognizing the ways youth employ agency as they create new forms of care and the ways that family and community members often desire to assist youth challenges the metanarrative of the ‘orphan crisis’ which emphasizes the total ‘breakdown’ of local support in regions affected by HIV and political violence (Abebe & Aase, 2007; Cooper, 2011, 2012; Sabates-Wheeler & Pelham, 2006). This research presents a significant contribution to studies on orphan care and children and youth who head households. It emphasizes the importance that *youth themselves* – not only families and communities – display agency as they respond to diminishing social support in their particular locales. Rather than making assumptions about the ‘assistance’ that youth require, the information about the youth’s own reasonable and rational response to changing care systems and diminishing support must be acknowledged. Their

insights provide essential discernment into how to support youth as they continue to care for their siblings, cousins, adults and children. Ways to support youth through policy and programs that have been derived from this research will be discussed in the section that follows.

### **6.3 Recommendations for policy and practice**

In Kenya, the number of orphans as a result of HIV/AIDS in Kenya is predicted to rise over the next decade (NACC, 2014, p. 28), as middle-aged caregivers and livelihood opportunities are depleted. This study has highlighted some challenges that orphans are likely to face as they grow and transition to life as youth. The current study and previous research has shown that young women heading households are particularly vulnerable to sexual abuse and exploitation. HIV rates among youth, particularly young women, are a great concern (NACC & NASCOP, 2012). Sexual abuse, early pregnancy, and unsafe abortions, largely remain unaddressed, particularly among ‘socially vulnerable’ young women. Though the Government of Kenya has developed policies pertinent to the sexual health of socially vulnerable youth, implementation to ensure the support, protection and care of youth has been insufficient. The current study provides in-depth assessment of the issues faced by young women who head households in Kenya today, and foreshadows future concerns facing an entire cohort of orphaned children in Kenya, as well as ways to begin addressing them.

The recommendations presented here stem from a “ground-up” policy process that involved the youth enrolled in the current study, other community members and leaders, as well as provincial (Rift Valley Province, prior to 2013) and national-level workers from Government and Civil Society in Kenya. The results present a rigorous, systematic study of consultations that validate the experience and perceptions of the youth. Further, significant steps toward changing

policy and implementing community-based support systems for youth in the study areas has already been undertaken (see Appendix D: Dissemination Project Activities). In this section, three, overarching policy and program-related recommendations will be summarized. More detailed descriptions may be found in the policy outputs (see Appendices M).<sup>211</sup>

### **6.3.1 Give priority to creating an enabling social environment**

In Kenya, structural factors and the social environment have, at least to some degree, been recognized as important in youth sexual health and HIV policies and programs but limited implementation has been focused on this area (FHI 360 & Republic of Kenya, 2011).<sup>212</sup> Kenya's policy for sexual health of youth states as a key objective: "to create an enabling legal and socio-cultural environment" (NCPD, 2003:14). However, resource allocation in Kenya has largely been directed toward service provision (limited in their reach) and behaviour change communication aimed at educating young people about risks and reproductive decision-making (NCAPD, 2005).<sup>213</sup> Similar patterns have been seen in HIV/AIDS funding allocation, with 3% or less of budgets allocated toward creating an enabling environment.<sup>214</sup> Notably, a report from the

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<sup>211</sup> See Appendix D for a description of dissemination project activities where policy-related outputs were developed. Please see Appendices N and O for policy outputs. Appendix M contains the three 'Backgrounders' developed throughout this study: '*The Impact of HIV on the sexual health of Kenya's young generation*'; '*Strategies to support youth-headed households in Kenya and Rwanda*'; '*Reducing HIV infection rates among young Kenyan Women*' (Lee, 2012a, 2012b, 2012c). Appendix N contains documents that were developed through the Dissemination Grant in 2012-13. The documents are two Policy Briefs, '*A Call for Youth Friendly Services in Kenya*' and '*A Call for Tailored Gender Based Violence policies in Kenya*' and the '*Research Summary*' that were disseminated to government and civil society organizations. The '*Research Summary*' was also distributed in communities. Please also refer to the article (not found in the Appendices), "*Socio-economic Structures and Sexual Health of Marginalized Youth: Policy Implications in Kenya*" (Lee, 2013).

<sup>212</sup> For example, one of the ten objectives of the Adolescent Reproductive Health Development Policy is, "To create an enabling legal and socio-cultural environment that promotes provision of information and services for adolescent and youth" (DRH & NCPD, 2003, p. 14).

<sup>213</sup> The distribution of resources, according to the Adolescent Reproductive Health and Development Policy: Plan of Action (2005-2015) (NCAPD, 2005, p. 21) was distributed as follows: Access to and utilization of services 70%; Behaviour change communications 10%; Management support services 16%; advocacy 4%.

<sup>214</sup> The Kenya National AIDS Strategic Plan (NACC, 2009) presented the following budget: Treatment and care 57.9%; Prevention 19.5%; Program management 13.8%; Orphans and vulnerable children 8.4%; Human resources

National AIDS Control Council (2010) raised “questions on the effectiveness of the Behaviour Change Communication Strategy” (p. 51).

The current study supports findings from the growing body of work in youth sexual health and HIV (i.e. Bourgois et al., 2004; Marshall, 2008; Rhodes et al., 2012; Shoveller et al., 2004; Spencer et al., 2014; Wamoyi & Wight, 2014) and in global health more generally (i.e. Kleinman, 2010; Rylko-Bauer et al., 2009a), emphasizing the importance of moving from individualistic, behavioral-focused to social frames of reference. It builds on STI research that goes beyond simply acknowledging how the social environment of youth impacts on health to recognize the interplay between youth and their social environment in shaping health (Aggleton et al., 2013; Rhodes et al., 2012; Spencer et al., 2014).

The results of the current study show how unjust gender dynamics lived out through daily relations increases young women’s vulnerability to sexual abuse, exploitation, to acquiring HIV and becoming pregnant. Further, a constrained environment limits young women’s ability to avoid engaging in activities that may compromise their health, such as transactional sex, and constrains their ability to achieve justice and to receive the services and assistance that they require. However, young women exhibit agency as they manage their problems and as they pursue opportunities to improve the health of their families. Aggleton et al. (2013) argue that interventions aligned with a theoretical approach that aims to ‘get the balance right’ between structure and agency have potential to lead to holistic approaches to address inequalities that perpetuate the inequitable distribution of sexual ill health. They suggest a link between structural

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0.2%; Enabling environment 0.1%. Further the Strategic Plan for AIDS shows that the four year program (2009-2013) recognized “Enabling Environment” as a budget item, and yet had negligible investment into this area (0.1% of the budget) (NACC, 2009). In the year 2013, 3% of the HIV/AIDS budget was used to create an enabling environment (NACC, 2014).

interventions and grassroots or community-based initiatives. The re-orientation of research toward exploring both the impact of the social environment on the health of young women *and* the actions and response of young women to their social situation is therefore critical for holistic policy and intervention development that aims to reduce health inequities.

In Kenya, the Kenya National AIDS Strategic Plan (2009-2013) and the Adolescent Sexual and Reproductive Health and Development Action Plan (2005 – 2015) have now (or nearly) reached their conclusion. As the Government of Kenya and civil society actors' work to frame their responses in the coming years, creating a more enabling social environment – one made up of supportive social relations – in which youth may navigate healthy choices must be given priority.<sup>215</sup> This should be accomplished through inter-sectoral collaboration, consideration of gendered experiences, supporting and building upon family and community responses, and engaging youth in all processes (see Table N1, Appendix N). Due to the integrated nature of sexual, social, economic, and political challenges among youth, it is critical that integrated services are developed through collaborative engagement in planning, implementation, monitoring and evaluation of programs. This is also emphasized in a recent report by the Division of Reproductive Health (DRH, 2013) in Kenya which highlights the urgency to employ multi-sectoral approaches to improve youth sexual health holistically. In Kenya, government and civil society organizations need to continue to work together with communities to have a sustaining impact. For example, legal, health, and social sectors need to work collaboratively in the development of policies and programs to address sexual and gender-based violence among

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<sup>215</sup> Please refer to the table “Key Areas of Focus to Promote an Enabling Environment for Youth Sexual Health” in Appendix O for specific recommendations for program development.

young women.<sup>216</sup> Efforts should be taken to improve social support in the social environment of youth – working *with* youth, families and communities to protect youth from further sexual abuse and exploitation.

I strongly support recommendations in recent national reports (DRH, 2013; FHI 360 & Republic of Kenya, 2011) to prioritize youth-related policies and interventions that meaningfully engage youth in all stages of development and implementation. Youth's views should be sought and considered in program and policy development. As youth who head households develop their priorities for their own prospects, they also think about the future of their dependents. Involving youth will serve to better tailor services and interventions to address intergenerational suffering. It will build on and improve youth leadership capacity and serve to empower them with knowledge to prevent illness and improve their access to services. Youth leadership should be supported and youth should be involved in all stages of program planning, implementation and evaluation.

Finally, policies and interventions to improve the wellbeing of socially vulnerable members of society will not be impactful unless there is increased accountability and transparency in the systems. As shown in the cases in this study, people within government, NGOs and volunteers trying to help youth were functioning with a limited ability to make decisions. At times their actions actually served to deepen the suffering of youth. Fighting corruption through programs to enhance accountability should be done at every level of society – internationally, nationally and at the community level. Enhancing the ability of people within

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<sup>216</sup> See Appendix M for a summary of recommendations: Policy Brief: A Call for Tailored Gender Based Violence policies in Kenya: Research and recommendations from Youth-headed Households and Communities in Rift Valley Kenya.

youth's social environment to freely make decisions affecting youth's health will lead to relationships more likely characterized by support instead of abuse and exploitation.

### **6.3.2 Ensure centrality of enhancing social support in interventions**

This study has shown how stress in family and community networks of support is experienced daily by youth who head households. The experience of the youth showed the grave circumstances that resulted as the caring relationships in their lives fragment. The youth in this study named "limited social support and love" as a daily challenge. 'Orphaning' was identified as a root of their problems. Many of their relationships were harmful, leading to lived experiences of violence in their lives. Their social networks often failed them as they sought social support in their lives and were instead exploited, abused and abandoned. As explored in Chapter four, young women experienced stigma, exploitation, abuse and abandonment. Chapter five showed how with extremely limited support in their lives, young women choose '*kunyamaza*' (to be silent), embodying personal pain through their silence. If the story ended here, it would be easy to lean towards assumptions of an 'orphan crisis' where family and community members are unwilling to support children and youth, as emphasized in humanitarian and scholarly literature (Kihiu, 2007; Roalkvam, 2005; UNAIDS et al., 2004; UNICEF, 2003).

However, the full story shows how young women, with some social support, were able to endure and to begin to transform their social world. They gained strength and vitality as they supported their children, their siblings and the others under their care, and as they garnered support from others. Further, the study supports the argument that family members are not necessarily unwilling to support youth, but are often do not have the possibility to do so. As Ayieko (1997) points out concerning orphans in Kenya, "families do not cease to exist when the

parents die” (p. 1). The participants in this study proved that this remains the case. Though the responsibility of the community is important with regards to HIV/AIDS and orphan care, academics and humanitarians tend to agree that the most vital source of support is relationships of the extended family (Abebe & Aase, 2007; Nyambetha, 2007; UNICEF, 2003).<sup>217</sup>

I have shown in this thesis that in Nakuru County, youth, families, and communities are responding positively to shifting caregiving structures. As they reach out in caring roles, resultant supportive ties need to be recognized and strengthened. This is a way to provide continuity in care where relations continue to be lived out in a collective way. I expand on this below.

Firstly, youth need to be supported in their efforts to care for children, siblings, cousins, ailing adults and others. Youth find ways to reinforce the importance of family relations in ways that are available to them. In doing so they increase their life force and that of their family. Specific interventions designed to support youth who head households should focus simultaneously on improving their emotional, social, relational and economic wellbeing.<sup>218</sup> As I have previously argued (Ward & Eyber, 2009), supporting such youth through mentorship and other forms of social support, coupled with efforts to build their socioeconomic opportunities are essential.

Secondly, this study shows that caregiving youth who had some support from *extended family* – even from one person – were strengthened by these interactions and were better able to

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<sup>217</sup> Strengthening the capacity of families to protect and care for orphans has however been a mandate of many policies – international and national since the early days of the ‘orphan crisis.’ For example, the UNICEF (2003) report “Africa’s Orphaned Generation,” states, “In sub-Saharan Africa, extended family relationships are the first and most vital source of support for households affected by HIV/AIDS, including for orphaned children.” (p.7)

<sup>218</sup> Please see Appendix O for specific program recommendations for youth who head households.

navigate their environments toward positive change. Youth who had no support, such as those who had been displaced or had migrated away from extended family and whose parents had already died, were less equipped to buffer suffering in their lives. They were more likely to resort to exhibiting tactics that helped them to survive the moment, even if those tactics proved harmful in the long run. Where possible, extended family members should be supported to participate in orphan's lives. Nyambetha (2007) also notes the specific need in Kenya to build extended family support for female orphans in order to reduce their sexual vulnerability. Sexual health interventions should be family-based, strengthening the relations between family members to protect and guide youth who head households.

Thirdly, youth also reach out to peer groups and formal structures of support. Ruiz-Casares (2010) suggests that community-based interventions for youth who head households in Namibia should assess social networks of youth and harness such existent resources as kin-based networks and youth groups. This highlights the importance of researching the particular experience within the particular locale of youth prior to beginning interventions in new areas. In this case, young women gained strength in their lives as they had mutually reinforcing relations with other youth facing similar challenges. They also joined together to carry out economic activities such as income generation projects. Approaches that provide opportunities for youth to meet together in supportive environments as age-mates in Nakuru County would contribute to improving their wellbeing.

The study also confirms that youth often align themselves with NGOs, churches and other local organizations where they hope to access support and services, but where reciprocity is not necessarily expected. For example, youth involved with the local CBO each had a community volunteer provide sustainable social support that in many cases was critical to

youth's wellbeing. This modern type of arrangement can serve to provide continuity as it maintains connectedness between people in the community while building on communal values that are a part of local customs.<sup>219</sup> However, as such approaches are often aligned with national and international institutions and priorities (Christiansen, Daniel, & Yamba, 2005, p. 136),<sup>220</sup> the complexity of such new forms of care needs to be recognized, as they have potential to unintentionally deepen the suffering of those they try to assist (Fisher, 1997; Kleinman, 2010). Such arrangements may also undermine family and community efforts to care (Cooper, 2011; Nyambetha, 2004). Therefore, the important and prominent role of institutions such as NGOs and CBOs, including faith-based organizations in communities in Kenya must be recognized while acknowledging the potentially problematic nature of such interventions. Further place-based research should be carried out to understand the complexities of such formal forms of care and the potential and lived impacts of interventions with more precision.

### **6.3.3 Inform program and policy development with youth's everyday reality**

Programs and priorities for youth are too often derived from assumptions that are inconsistent with the daily reality of youth. Through exploring the everyday life of youth and through subsequent interactions with community participants, it became clear that the processes and priorities of many programs designed for groups such as youth, orphans, or families affected by HIV/AIDS in Nakuru County were incongruent with the priorities and reality of the communities. Instead, the tendency is that the social institutions at regional, national and

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<sup>219</sup> Having advice and guidance provided by older adults also supports customary practices and provides opportunities for knowledge transfer from older generations to younger generations. This formal type of arrangement works well in areas where there has been migration and extended family may not be nearby (here, in both the rural area and the urban area).

<sup>220</sup> Christiansen et al. (2005, p. 136) refer to the tensions that may arise between international discourse on caring for children and local responses that may lead to moral judgments based on "Western notions" of care.

international levels drive processes such as staff and beneficiary selection, enrolment, service provision, and the reporting structure of many programs. While some positive impacts from such programs were occurring in communities, some initiatives were misguided or failed to reach the right people. For example, though there is a clear gap in programming for youth who are no longer considered ‘children’<sup>221</sup> in Nakuru County when programs targeted at youth over 17 years of age were in existence, prerequisites were difficult to meet.<sup>222</sup> Having criteria that are incongruent with the lived reality of ‘socially vulnerable’ youth means that it is only *other* youth, perhaps those facing less constraining environments that will be able to access services.

To move forward, I recommend that socially vulnerable youth over 18 must be considered in programs to improve youth’s sexual health and general wellbeing. Program priorities should be *primarily* driven by youth experience and perceptions. The views of youth and the local community should inform donor and policy perceptions and action. This emphasizes the need to have in-depth place-based research and baseline studies carried out in specific locales that will help implementing organizations to adjust programs to meet the realities of specific locations and particular groups. This also applies to large-scale multi country or multi-area programs. Studies should be done in each locale to mobilize communities to tailor the specific program to the area and people group. This study provides further insight suggesting that one must go beyond exploring local level responses from family and community, as suggested by Sabates-Wheeler (2006), but must also observe and note the actions of *youth themselves* as

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<sup>221</sup> Those individuals no longer considered ‘children’ are those 18 years or over, according to the UN Charter of the Rights of the Child (United Nations, 1989).

<sup>222</sup> For example, a program observed in the rural area that provided vocational skills training for youth required young men and women who wanted to apply to write English letters to the donor (overseas), to have completed Secondary school and to submit the death certificate of the parent(s). It was very difficult for youth to access this service as each of these prerequisites presented a barrier.

they navigate changing systems of care. It is analysis of such observations that should inform responses to support youth, their families and communities.

#### **6.4 Further Research**

Three main directions for further research have become evident throughout the fieldwork, analysis and writing of this thesis: comparative studies with other populations of socially vulnerable young women in sub-Saharan Africa, comparative studies with groups of young men heading households, and longitudinal studies. Such research would contribute additional insight into the ways that youth are responding to challenges that threaten their sexual health and wellbeing as well as the health of their families.

Comparative studies with other groups of socially vulnerable young women – young women heading households in other parts of Kenya or sub-Saharan Africa or young women considered socially vulnerable (young refugee women, sex workers, or internally displaced people, for example) – would yield insight into the lives of populations in diverse social environments. As the various social environments are explored and the daily lives of such young women are examined, comparative studies would shed light on how social processes are lived out under differing social environments. This would expose the social relationships, networks and institutions that various groups of youth engage with as well as the social forces that impact their daily life experiences. Similarly, studying the experience of young men in an in-depth manner will shed more insight into the gendered ways that inequalities are lived out by men – the various forms of suffering they endure and embody and the specific ways that they maneuver their environment. Carrying out research with young men is critical in order to understand how to tailor responses to support young men who head households.

Though the current study looked at young women's experiences over their lifetimes through interviews that capture their life stories, a longitudinal study of their everyday lives over a longer period of time would add additional insight. This approach has potential to lead to a deeper understanding of the ways that social forces structure intergenerational suffering, how relationships of care fragment and are fortified and how families have been responding to a shifting social environment over time.

A participatory community-based action approach to future research would allow the perspectives and lived experience of participants to guide the entire research process. This would entail community involvement and collaboration throughout the research process, including mobilization, planning, design, data collection, analysis and production of research outputs. Employing participatory action research (PAR) methodology would be effective in working towards challenging power relations and privileging indigenous knowledge (Chilisa, 2012; Cornwall & Jewkes, 1995; Zavala, 2013). A methodology underpinned by a 'research as praxis' approach, whereby action and reflection is fostered also has potential to bring social transformation (Lather, 1986). Such an approach allows for in-depth critical reflexivity of the researcher, the participants and has potential to bring positive social change to youth, their families and their communities.

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## Appendices

### Appendix A Youth presentation to ‘*wakubwa*’ (community leaders)

#### Drama presented by youth at the community meeting

After a few moments, two young women then came through the doors – Yatima, ‘the orphan’ wearing a ‘*kitenge*’ and head wrap and the other, Binti, ‘the daughter’ wearing a ‘smart’ dress. Another woman holding a long piece of grass soon arrived shouting instructions to the orphan girl- “Yatima, my niece, clean the dishes, sweep the house... You don’t belong in this house; you need to earn your stay.” Binti sat there smiling.

In the next scene, Yatima was beaten for not ironing the clothes properly. She ran away crying, saying, “my mother has died, my father has died, and now I am never at home, only abused. These people really cause me to suffer”. Another woman seeing she is crying asks what is wrong. Yatima explains she was married off at 15 years old and had to flee with her two children from the abusive husband and stepmother, and now lives with an aunt who treats her badly. The woman told her, “I know the suffering that you are living. And I know a way that you can make money quickly. Meet me here tonight. And don’t wear that servant outfit.” The audience laughed.

The drama continues as Yatima goes that night to meet her new friend. When she finds that the money she will make comes from selling her body she runs off. But she stops after a few meters when she realizes she has nowhere to go. She cries and starts walking back. Another man named Mlevi stops her to work in his house. She was to start the following morning.

The next scene depicts Yatima working hard in the home, carrying heavy things. Mlevi

enters the door, obviously drunk. He says to her “*Mrembo* [beautiful one], come have sex with me.” She said “No, I will leave.” He persists. The scene ends as he grabs her.

The next scene takes us back to the home of the aunt. Yatima walks into the room in tears, her stomach stuffed showing that she carried another child. She breaks down in tears, saying that she now has the ‘*virusi*’ [HIV virus] and needs somewhere to stay. She looks at the audience and says, “*tuvumulie*” (we will endure/persevere).

#### **‘Matarajio’ (hopes/expectations) of the youth presented at the community meeting**

1. To start businesses so that we can move forward in life.
2. To learn how to advise others who are facing problems in life.
3. To refuse to be sexually exploited and abused by people.
4. To stop being married off forcefully.
5. To avoid ‘bad’ friends (peer pressure).
6. To participate in a youth group, to realize development of youth.
7. To be responsible.
8. As a group, to teach other women and men about family planning, and how to prevent HIV and STIs.
9. To be economically self-sufficient.
10. To be able to provide for our children and give them a hopeful future; to send our children to school.
11. To be respected by people in our community.
12. To protect our land rights for the property left to us by our parents.
13. To destroy AIDS and not to exclude those with the disease; it is people who we still love

## Appendix B Phases of the research process

**Table B.1 Research design: activities carried out at national, provincial and community levels**

	<b>National</b>	<b>Provincial</b>	<b>Community (See Appendix C)</b>
<b>Phase 1</b>	Initial Meetings with NGO; Ministry of Health; NGOs working with YSH	Meeting with Ministry of Health; Youth	Community Stakeholder meeting; Youth meeting (See Table B.2)
<b>Phase 2</b>		Meetings with youth-friendly services staff	In-depth research with youth: Workshops; Half-day-youth participatory sessions; In-depth Interviews; Household visits; FGDs with community members; Participant observation Visits to government and chiefs office
<b>Phase 3</b>	Sharing meeting (preliminary findings and brainstorming)	Sharing meeting (preliminary findings and brainstorming)	Sharing meeting (youth presentation, preliminary findings and brainstorming)
<b>Phase 4</b>	Action Group on Youth and Health (4 meetings) Partner NGO sharing policy briefs with government offices and NGOs (private meetings)	Action Group on Youth and Health Sharing (4 meetings) Sharing meeting (youth presentation, distribution of research summary & policy briefs)	Monthly youth meetings Youth trainings (Entrepreneurship; Peer-to-peer) Sharing meeting (youth presentation, lay summary; policy briefs)

**Table B.2 Purpose of introductory community meetings and activities carried out**

	<b>Participants</b>	<b>Purpose of meeting</b>	<b>Key Participatory Activities</b>	<b>Purpose of Activity</b>
<b>Community</b>	Research Team, NGO and CBO staff and volunteers, Community Leaders (Government, civil society, Women's leaders, Youth leaders, churches)	To inform of the study; To get input on proposed research questions and methodology; To make contacts	Institutional Diagram: as a large group community members mapped out youth organizations, services and resources in the area Problem and Resource Bags: in groups, participants listed the challenges youth face and the resources available to meet such challenges	To understand who is working in the community already; To explore issues youth are dealing with, community resources and how the community are already handling such issues.
<b>Youth</b>	Young men and young women recruited for the study	To mobilize participants through participatory activities; To introduce them to the project and receive feedback; To review the consent process	Problem Tree - explored youth's daily challenges (leaves) and perceived causes (roots); Institutional Diagram (same as above)	To begin a process of solidarity and critical reflection on structural issues they face, and to elicit issues that cause them suffering (to use in subsequent sessions); To see what services youth are aware of and currently access

## Appendix C Fieldwork at the community level

**Table C.1 Field Activities and Methods carried out at the community level: Phase 1**

Phase	When	Field Activities	Where	Who	Methods employed
1	July-August 2010	Initial meetings and planning with partners; Regular visits to communities	Urban area; Rural area 1; Rural area 2	UBC (Laura Lee)/ KANCO/ FAIR	n/a
	September 2011	Community Stakeholder meeting (2-3 hours)	Urban Area; Rural area (combined)	Research Team & Community Stakeholders from: Government (Health, Youth, Agriculture, Education, Gender, Administration, Children's Department; Child Welfare); Chief's Office; NGOs working with youth; Community volunteers; Youth organizations; Women's groups; Churches]	Institutional Diagram Problem and Resource Bags
	September 2011 (2 weeks after Stakeholder meeting)	Introductory Youth Meeting (2-3 hours)	Urban Area; Rural area (combined)	All young men and women participants	Intro games (cat and mouse); Drama (youth); Problem Tree; Institutional Diagram; Daily/ weekly schedules
2	October 2011	Youth Workshop (2 days)	Urban area; Rural area 1; Rural area 2	All young men and women participants	Sequence of activities: games, modified classic participatory activities, performative activities (See Appendix F for sample schedule)

<b>Phase</b>	<b>When</b>	<b>Field Activities</b>	<b>Where</b>	<b>Who</b>	<b>Methods employed</b>
<b>2</b>	November 2011 – May 2012	Participatory Group Sessions with youth (every 1-3 weeks)	Urban area; Rural area 1; Rural area 2	Most sessions with all young men and women participants; A few sessions young women only or young men only	Mix of: participatory activities; FGD on specific topics (health, violence, HIV); trainings requested by youth (STIs, HIV, family planning, question period on reproductive health)
		Semi-structured interviews with youth	Urban area; Rural area 1; Rural area 2	22 youth, each youth interviewed 1-4 times	Semi-structured interviews
		FGDs with community members	Urban area; Rural area 1; Rural area 2	NGO workers; Community volunteers; Community elders; Area Advisory Council	FGDs
	March 2012	Entrepreneurship and business development training	Urban Area; Rural area (combined)	All youth	Participatory training techniques (local facilitators)
<b>3</b>	May 2012	Community Stakeholder Sharing meeting	Urban area; Rural area 1; Rural area 2	All youth AND Community Stakeholders	
<b>4</b>	June 2012 – (continuing at time of writing)	Monthly youth meetings (youth owned); Entrepreneurship and business development training; Peer-to-peer training; life skills, sexual health, HIV, communication and leadership	Urban Area; Rural area (combined)	All youth who decided to join groups, meeting on their own with support of local CBO	Participatory training techniques (local facilitators)
	October 2013	Community Stakeholder Sharing meeting (policy briefs)	Urban Area; Rural area (combined)	All youth AND Community Stakeholders	Youth presentations (drama, story-telling)

## **Appendix D Dissemination project activities**

The Dissemination Grant from CIHR in partnership with UBC and Kenya AIDS NGOs Consortium (KANCO) was received in October 2012 and funded one year of activities (November 1<sup>st</sup>, 2012 to October 31<sup>st</sup>, 2013). This was administered by the two Research Assistants in Nakuru and one who was hired in Nairobi.

Youth sexual health action groups, where youth representatives participated in the groups, were formed at provincial (Youth and health systems Action Group) and national levels (Policy and Community Action Group) in an effort to move towards policy change. The Provincial Action Group was made up of government, civil society and youth workers as well as youth, met on a quarterly basis and produced a directory of all youth services in Nakuru County to be used as a resource by youth and youth organizations. The National Action Group, also composed of government, civil society and youth, developed two policy papers and a Research Summary that has been distributed throughout Nairobi and the region where the research was conducted:

- Kenya AIDS NGOs Consortium and UBC. “A Call for Tailored Gender Based Violence Policies in Kenya: Research and Recommendations from Youth-Headed Households and Communities in Rift Valley”, Kenya, October 2014, Nairobi, Kenya
- Kenya AIDS NGOs Consortium and UBC. “A Call for Youth-Friendly Services in Kenya: Research and Recommendations from Youth-Headed Households and Communities in Rift Valley”, Kenya, October 2014, Nairobi, Kenya
- Laura M. Lee & Charity Wachira. Research Summary: Sexual Health of Youth-Headed

## Households in the Rift Valley, Kenya, October 2014, Nairobi, Kenya

At the community level, the rural and urban youth groups<sup>223</sup> that were mobilized and formed during the research received entrepreneurship and sexual health trainings as well as support with their business and group endeavors. Ongoing feedback from communities was also sought for policy efforts. A second round of community meetings was carried out in October 2013 whereby youth presented their experiences in accessing health care and gender-based violence services, policy documents were distributed and steps for carrying out recommendations at the community-level were discussed.

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<sup>223</sup> The two youth groups from the rural area decided to join together, alternating meetings in each place. They have registered their group with the government youth office and have started income generation activities together. Their group has been integrated into the local CBO so that they are supported through ongoing training and mentorship with the possibility of accessing further funding. Despite early enthusiasm, the urban group has stopped meeting together on their own. Reasons for this may include the nature of town life, where schedules are busier and where the culture is more “every one for themselves,” as one of the urban-based community volunteers commented.

## **Appendix E Description of selected participatory activities**

### **Social Mapping Activity: ‘Help and Harm’**



**Figure E.1 Help and Harm activity, ‘Unemployment’ challenge, produced by youth in Nakuru, October 2011**

Note: The ‘harm side’ is on the right, the government is the blue card on the right. When discussing the problem of ‘unemployment’, the youth placed ‘government’ as far as possible on the harm side. All other social actors were neutral or helpful.

1. Youth brainstorm people (social actors or institutions) in their lives (who may help or not) in daily life (family members, neighbours, friends, teachers, government, nurses, etc.).
2. One piece of card stock is dedicated to each of the ‘social actors.’ The youth may write the name of the actor or choose a symbol to represent the actor (i.e. grandmother = cooking pot) and draw it on the card.
3. Youth choose to work on a specific challenge that they face in their daily lives (i.e. early

pregnancy, discrimination against girls, unemployment, etc.). Note: If this activity is done after the ‘Tree of Life,’ youth choose one of the ‘leaves.

4. A line is place on the ground made with a rope or piece of fabric (about 3 feet long) to form a grid. One side of the line represents “Help” and the other “Harm”.
5. Youth then place the various cards/social actors on the grid to show whether they assisted them (on one side of the line), caused further harm (other side of the line) or were neutral (on the line) in certain situations. For example, if the card was closer to the barrier on the harm side, the actor only caused *some harm*, but if it was placed far, the actor caused deep suffering (see Figure E1).

### **Life Ribbon**

1. Prepare enough three-foot fabric ribbons(2 inches wide) for each participant as well as several smaller fabric strips of different colours, buttons, needles and thread.
2. Each participant chooses a three-foot ribbon. This is their ‘life ribbon’ and represents chronology the course of events they have lived through.
3. Participants choose various coloured fabric strips to tie onto their ribbon that will represent various periods of life and life events.
4. Buttons may be sewn on to represent people or other events.
5. The activity is done individually with minimal discussion. Once completed, participants may choose to share about their ‘life ribbon’ with the group, one on one or not at all.

### **Tree of Life Activity**

Note: This activity may be done in various ways (sometimes referred to as the “Problem Tree”).

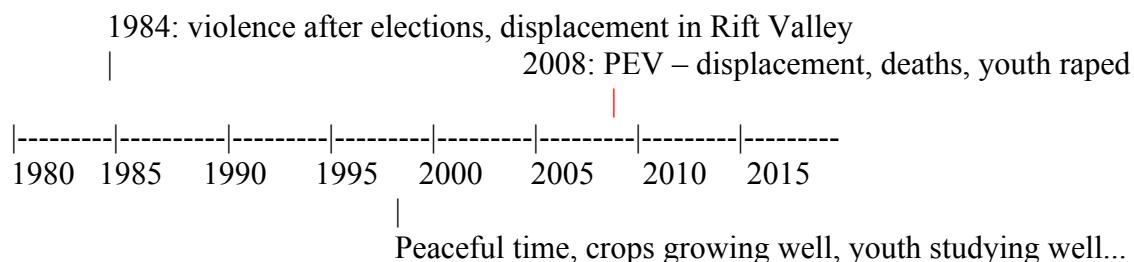
We focussed on problems in daily life as leaves and the roots as causes to the problems.

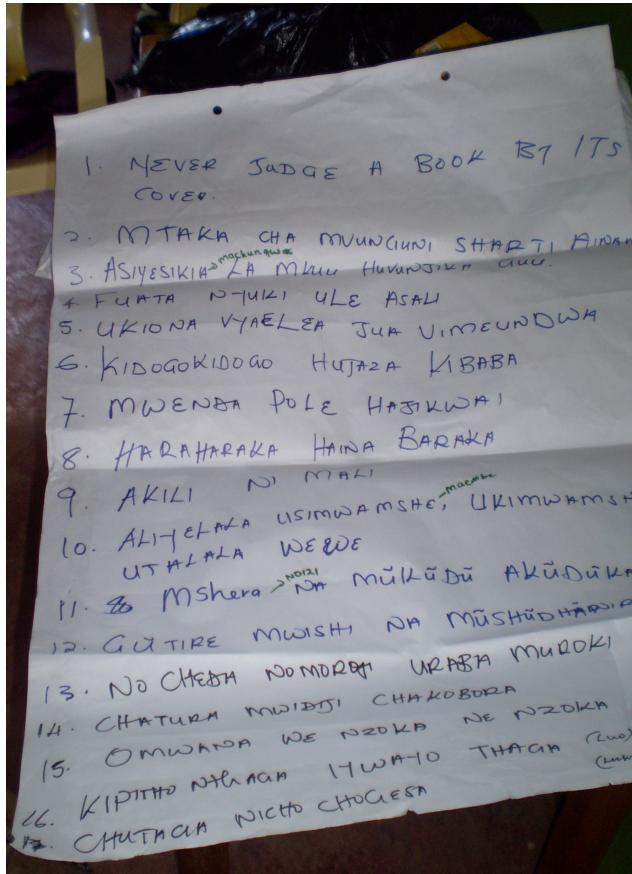
1. Have a group member draw (or prepare in advance) a tree stump with branches coming out of the top and roots coming out of the bottom.
2. Cut out leaf-shape pieces of paper (or simply draw them on the diagram). Have the group brainstorm the problems that they face in daily life. Each time a ‘problem’ is named, it is written (or given a symbol and drawn) on a leaf and secured (with tape) to the top of the tree.
3. Discuss what some causes may be to the problems. Each time a cause is named, it is written on one of the roots of the tree.

### **Historical Timeline Activity**

1. Create a timeline showing the impact of violence in your community over the years. Give the youth a piece of flipchart and marker pens. Instructions for the youth:
2. Decide what increment you want to use for the timeline - if you want to do the timeline year by year or each 5 years of 10 years...
3. Draw a horizontal line and mark the years along the line (with small vertical lines).
4. Use colours, words and/or pictures to show peaceful times (blue) and conflict times (red)
5. Include details of significant positive or negative events that occurred.
6. Use drawings as well – for example, can draw food if there was lots of food, or happy face if it was a good time /sad face if it was a bad time

*Example:*





### **Proverbs Activity**

**Figure E.2 Proverbs Activity output, rural area, Molo, October 2011**

**Note: Proverbs are in Kiswahili, Kikuyu, Kisii and Dholuo reflecting the various backgrounds of participants.**

1. Start with a discussion about proverbs – where they learned them and how they are used.
2. As a large group, the youth are asked to brainstorm some of the proverbs that they know – both the literal proverb and what they interpret it to mean. These are written either on a cardstock or in the researchers notebook.
3. The youth were asked to form groups of three to four people and with the group, to

prepare and perform a drama illustrating the ‘moral lesson’ of one of the proverbs. The groups are given 10 minutes to prepare their drama.

4. Everyone meets together again and takes turns acting the drama. The larger group then guesses which proverb they are acting out.
5. This activity provides the researcher insight into family values, community values and the cultural knowledge of young people. It also sheds light on their opinions and positioning on the issues that they are facing.

### **Venn Diagram: Institutional Mapping Activity**

1. Participants are asked to brainstorm as a group institutions (or groups or organizations) in a particular area (i.e. ‘groups that work with youth,’ ‘all NGOs,’ ‘government ministries’).
2. On a piece of newsprint (so that everyone can see), participants are asked to draw each institutions as a circle. The size of the circle should represent the size of the institutions. If institutions work together in some way (or have similarities), the circles should be drawn as overlapping with one another. See Figure 2.2 for an example.

### **Follow the hand**

1. Break into pairs: One is leader, one is follower.
2. The leader lifts their hand and places it about two feet from follower’s face.
3. The leader must ‘move’ the follower by moving her hand. The follower must follow the leader’s hand, keeping it at the same distance from their face. Switch roles.

## Appendix F Sample youth two-day workshop schedule

**Table F.1 Sample youth two-day workshop schedule**

<b>Day 1: Wednesday, October 12, 2011</b>	
8:30 – 9:00am	Meet at drop-in center
9:00am – Introductions	<p>Physical warm-up(s):          Link tag          Name meaning, web of unity – circle</p> <p>Expectations /Roles (for the workshop):          Expectations from each other, Ethical principles. Participants – Why are you here? What are your expectations?          Purpose of workshop          Group roles: time-keeper, prayers, welfare officer</p>
10:00am – Tea Break, signing consent forms	<p>Push and pull (2,3,4,5 people per group) -debrief after each one</p> <p>Animal game – find your pair (cow, goat, dog, cat, chicken, pig)</p> <ul style="list-style-type: none"> <li>• Blind – leader/follower – debrief: social support (use blindfolds)</li> </ul> <p>Discuss people/organizations/institutions that help/harm us          Energizer – gym teacher, pass it on          Draw symbol or find object to represent</p> <ul style="list-style-type: none"> <li>• Review leaves ‘challenges we face’ (write these out)</li> <li>• Who would help/harm us in this situation?</li> <li>• Create a visual, put one on the grass, on left – help, on right – harm, moving symbols/objects to represent ‘helpers’ and ‘harmers’</li> <li>• Local Game: ‘Barua imepotea’, or something else</li> </ul>
1:00pm – 2:00pm – Lunch	
2:00pm – 3:30pm – Gender activities:	<p>a) Pictures of the ideal man and woman</p> <ul style="list-style-type: none"> <li>• Split into group of boys and girls, each make a picture of the ideal man and the ideal woman</li> </ul> <p>b) “In the Others Shoes” Dramas</p> <ul style="list-style-type: none"> <li>• In gender-specific groups, think about the challenges that the <i>your</i> group faces, create a drama; Each group presents the drama, discuss gender-related challenges and perceptions of each group; Also present a list of challenges you face</li> </ul>
3:30 – 4:00pm	<p>Final fun game: paka-panya (Cat &amp; Mouse)</p> <p>Daily debrief: Rose and thorn discussion</p>

<b>Day 2: Thursday, October 13, 2011</b>	
8:30am - Introduction	<p>Imitate the leader, Rhythm action circle (guessing)  Comments / thoughts from previous day</p> <p>Crocodile and Islands Game (skipping ropes are the islands, gradually get smaller)</p> <p>Beans/time activity:  Brainstorm responsibilities, make a drawing one per paper  Hand out enough beans for each hour in the day, participants put beans on the paper with the ‘responsibility’; Discuss responsibilities</p> <ul style="list-style-type: none"> <li>• Playtime with ball – keep away!</li> </ul> <p>Follow the hand (leader, follower), discuss</p> <p>Community map – resources and places of danger (in two groups - first, prepare general map, then present)  Ask them to add sexual resource/risk places/good places (prepare)</p>
10:00am – Tea break	
1:00 – 2:00pm- Lunch	
2:00 – 4:00pm	<p>Drama on how we deal with challenges:</p> <ul style="list-style-type: none"> <li>• Look at problem tree that we made during youth meeting</li> <li>• Divide into 3 groups (use food groups), have each prepare a drama, demonstrating the challenges we face (ended up in 2 groups, and only one group did it!)</li> <li>• Present community map: discuss risks/resources, talk about PEV</li> </ul> <p>Reflection: Rose and thorn discussion</p>

## **Appendix G Youth focus group discussion guide**

### **Topic: Youth, conflict and sexual health**

1. How has conflict affected your community over the years? (Post-election violence AND other cycles of violence?)

#### Activity: Historical Timeline

Create a timeline showing the impact of violence in your community over the years. Give the youth a piece of flipchart and marker pens. Instructions for the youth:

Decide what increment you want to use for the timeline - if you want to do the timeline year by year or each 5 years of 10 years...

1. Draw a horizontal line and mark the years along the line (with small vertical lines).
2. Use colours, words and/or pictures to show peaceful times (blue) and times of conflict (red)
3. Include details of significant positive or negative events that occurred.
4. Use drawings as well – for example, can draw food if there was lots of food, or happy face if it was a good time /sad face if it was a bad time

#### *Discussion continued:*

2. At times of conflict, what has been the effect on the following groups: women; men; youth; children; elderly
3. What issues did young women face during conflict times that young men did not face?
4. What issues did young men face during conflict times that young women did not face?
5. How was sexual health impacted by conflict?
  - i. How was the sexual health of young people affected by the conflict?
  - ii. How was the health of people living with HIV or AIDS affected by the conflict?
  - iii. How was the HIV epidemic affected (and other STIs)?
  - iv. Did you hear of cases of rape or sexual abuse?
6. Think of a peaceful time in your community. Describe what this time was like (education, food, happiness, security...).
7. Think of a conflict-ridden time in your community. Describe what this time was like (education, food, happiness, security...).
8. As youth, what are your hopes for Kenya's future?
9. How can sustainable peace be brought to Kenya?
10. How can youth contribute to peace-building efforts?

## **Topic: Health**

### *General Health*

1. What are the major health issues *you* are facing? *Your children* are facing?
2. (Nutrition) Do you have anyone who advises you about healthy eating for you and your children?
3. Can you think of a time when you were able to access health care for a problem that you - or someone in your family - had? Describe this.
4. Can you think of a time when you - or someone in your family - had a health problem and you struggled to get proper care? Describe this.

### *Sexual health*

1. Who do we get advice from about sexual issues? What are your sources about health issues for you and your children?
2. Why is early marriage a problem?
3. How do you deal with these issues?
4. Describe how accessible the health services are for these issues.
5. If you don't have the money for services, what do you do?
6. Is sexual abuse a problem in Molo? Rape? Intimate partner violence?
7. Antenatal care and family planning services
8. If a young woman is pregnant, where can they go for services?
9. Are you familiar with family planning? What are your sources of information?

### *HIV*

1. What do you know about HIV and how it is spread?
2. What are your sources of information?
3. Where can you go for services: VCT, treatment, etc.?

## **Appendix H Youth interview guide**

### **Interviews/household visits: Guiding Questions**

#### *Household profile, history*

1. Tell me about your family. Who lives in your home with you? What do the other member of the household do – study? Work? Play? *Niambie kuhusu familia yako. Unakaa na nani? Wanafanya nini – wanasoma? Wanafanya kazi? Wanacheza?*
2. Who does the chores in your family? What is your favourite chore to do? Your least favourite? Why? *Nani anafanya kazi ya nyumba? Ni kazi gani unapendelea kufanya? Ni kazi gani usiyoipenda, kwa nini?*
3. How has your home changed over the years? Have these been positive changes, or negative ones? *Vipi mambo yamebadiliwe kwenu; imekuwa mbaya au mzuri?*
4. Does your family own the land your home is built on? Do you own land? *Nyumba mnayoishi imejengwa kwa shamba yenu. Na mna shamba?*

#### *Family*

1. How many siblings do you have? What is your relationship like with your sisters and brothers? *Uko na dada na kaka wangapi? Uhusiano wako ikoaje?*
2. Who do you have direct caring responsibility for? *Nani anayekutegemea?*
3. What are the caring roles that you have for these individuals? *Ni nini unahitaji kufanya kuwatunza?*
4. What challenges do you face in caring for them? *Ni changamoto zipi unazopata unapowaangalia?*
5. What was (is) your relationship like with your parents? *Uhusiano wako ilikuwaje na wazazi?*
6. What is your relationship like with step-parents (if applicable)? *Kama kuna wazazi wa kambo, uhusiano inakuaje?*
7. Describe what kind of contact you have with extended family (aunts and uncles, cousins, grandparents). *Nieleze uhusiano na watu wa ukoo wako.*
8. How does your family relate to issues you are facing with land / housing (if any)? *Watu wa ukoo wanayechukulia je mambo yanayohusu shamba imali?*

#### *Livelihoods*

1. What types of work have you done over the years? *Na kazi za aina gani umezifanya kwa miaka hiyo yote?*
2. (if they have land) What do you harvest in your farm? Is there enough for your family to eat? To sell? *Shambani unavuna ya kutosha kula na kuuza? Unavuna nini shambani?*
3. Which seasons are more difficult than others for your household? Easier? Why? *Ni manyakati yapi maisha ni ngumu hapo nyumbani kwenu? Rahisi? Kwanini?*
4. What has your relationship been like with employers? *Uhusiano umekuwaje na wenye*

*kazi unazofanya?*

5. Can you think of an example where you were treated well by an employer? *Unaweza kufikiri wakati tajiri wako alikutendea vyema?*
6. Can you think of an example where you were mistreated by an employer? *Unaweza kufikiri wakati tajiri wako alikutumia vibaya? (kuteswa na tajiri)*

### *Navigating challenges, and social networks*

1. What kinds of problems/challenges do you face in your daily life? *Changamoto gani unazokutana nazo katikamaisha ya kila siku?*
2. What kinds of problems do young women deal with that young men don't have to face? Why, why not? *Ni shida gani wanawake wanakumbana nazo ambazo wanaume si lazima wapate?*
3. What kinds of problems do young men deal with that young women don't have to face? Why, why not? *Ni shida gani wanaume wanakumbana nazo ambazo wanawake si lazima wapate?*
4. When you face problems, what do you do? Who do you go to for help? *Unapopitia mashida ni wapi au ninani ambazo unawezakuwakimbilia?*

### *Social relations*

1. What is your relationship like with your family? *Uhusiano wako uko je na familia?*
2. What is your relationship like with neighbours? with community leaders? Pastors? Teachers? *Uhusiano wako uko je na watu wa jamii? Walimu? Mapastor?*
3. Who, in your life, do you feel that you can talk to about personal things, like relationships? *Ni nani kwa maisho yako ambazo unaweza kuongea kuhusu mambo ya uhusiano?*
4. Can you think of a time where you have felt supported in your struggles? If so, would you like to share this with me? *Unaweza kufikiri kuhusu wakati ambao umesikia kama watu wamekuhudhumia vizuri?*
5. Can you think of a time when you have felt exploited or taken advantage of? If so, would you like to share this with me? What did you do when this happened? *Unaweza kufikiri kuhusu wakati ambao watu wamekutunia vibaya?*

### *Gender*

1. What challenges are young men facing that girls aren't facing? *Changamoto gani wanaume wanakumbana nazo ambazo wasichana hawakumbani nazo?*
2. What challenges are young women facing that young men don't face? *Changamoto gani wanawake wanakumbana nazo ambazo wavulana hawakumbani nazo?*
3. Are boys and girls treated equally with regards to: *Vijana na wasichana wanausawa tukiangalia:*
4. Education? *Elimu?*
5. Roles in the household? *Kazi za nyumbani?*
6. Finding partners / marriage? *Kutafuta wapenzi na ndoa?*
7. Who inherits land in your tradition? *Nani anayeridhi mali kulingana na mila?*

8. Who is involved in managing the household (family matters) and land? *Nani anahusika na kutatua mambo ya familia na ardhi?*
9. Is there any way that you try to raise your children like your parents raised you? *Kuna vile unajaribu kuwalea watoto wako ulivyolelewa na wazazi wako?*
10. Are there any things that your parents did when raising you that you will avoid doing with your own children? *Kuna mamo ambayo wazazi wako walifanya walipokuwa wanakulea ambayo hauwezi kufanya kwa watoto wako?*

*Sexual health and relationships*

1. What is your family's tradition with regards to finding a partner / marriage? *Mila zipi za familia zinazoangaziwe unipotaka kuoa/kuolewa?*
2. Did you and your siblings have equal treatment with regards to finding a partner /marriage? *Je wewe na ndugu zako walifanyiwa usewa wakati wa kuo/kuolewa?*
3. Where did you learn about sex and sexual relations? *Ulipata wapi mafunzo ya mapenzi na kufanya mapenzi?*
4. Is HIV an issue in your community? In your family? *Ni namna gani ukimwi inasumbua community? Ni namna gani ukimwi inasumbua familia?*
5. Are you in a consistent relationship? (married or other) *Je maradhi ya ukimwi ni ni janga hapa kwenu na familia yako?*
6. Did anyone help you during the time of the pregnancy or pregnancy? *Uko katika uhusiano wowote kama kuolewa au kuchumbiwa?*
7. Are you on any method of family planning? *Unatumia zozote za kupanga uzazi?*
8. If you have given birth, is the father assisting you with childcare costs? If yes, what type of assistance are they offering? *Baba ya watoto wako anasaidia kupanga nakupia mahitaji yao?*
9. Do you know what sexual abuse is? Have you ever experienced this? If you are comfortable, please tell me about it. *Umeliwa kudhulumiwa kimpenzi ? Umewahi kukumbana na hiyo dhulma? kama uko sawa nieleze kuhusu?*

*Child-bearing (women)*

1. What are the circumstances that led you to having your first child? *Nini kilichosabibisha wewe kupata motto wako wa kwanza?*
2. What challenges did you face in the time of pregnancy? Delivery? *Ni changamoto gani wlizopata wakati wa uja uzito na kujitungua?*
3. How did you handle these problems? *Ulikabliana vipi na hizo shida?*
4. Was anyone there to give you advice? *Kulikuwa na mtu wa kupa ushauri?*
5. Were there any moments that you experienced fear? *Kuna wakati ulihisi woga?*
6. How did you prepare for the birth of your child? *Ulilitayarisha vipi ulipate ulipopata motto?*
7. What challenges did you face after the child was born? *Changamoto zipi ulipata ulipopata motto?*
8. Where did you give birth? Did you seek antenatal care? *Ulijifungua wapi ulihudhuria kliniki? Umeenda kliniki kabla ya kuzaa?*
9. How were you treated by the health providers (traditional, hospital, etc.) *Huko*

*walikupokea vipi (hospitalini, mkinyeji)*

10. How did you name your child? What pressures did you feel from family members?  
*Ulimtaja vipi motto jina? Ni mambo gani ulipata kutoka kwa familia yako?*
11. Are there any family members that supported you during this time? *Kunao kwa familia wanilikupatia usaidizi wakati huo?*
12. What was different in subsequent births? *Tofauti nini imekuaje kwa motto wa pili, wa tatu?*

#### *Violence*

1. During the post-election violence, what was your experience? *Wakati wa post election, ilikuaje kwa wewe na familia yako?*
2. Was your family ever displaced? Did you ever witness violence? *Familia yako wamewahi kufurusho? Umewahi kuona watu wanaoumiza?*
3. Future hopes
4. What do you hope for the children in your household? *Una matarajio gani kuhusu watoto uanaishi nao?*
5. What do you hope for your own life? *Una matarajio gani na maisha yako?*
6. What or who will help you to reach these dreams? *Nani unayedhani atakusaidia kufika matarajio hayo?*
7. What do you see as barriers to reaching these dreams? *Nini unaona kama hakuzuia kufika?*

## **Appendix I Community focus group discussion guide**

### *NGO workers*

1. What challenges are youth-headed households facing in your community?
2. What support systems are in place for youth when they face problems? (family level, community level, national level)
3. What social and health services are available for youth in your community?
4. What services specific to youth sexual and reproductive health are available? (prevention, family planning, antenatal care, STI & HIV treatment)
5. Are there parts of the population that have difficulty accessing these services?
6. What are the services gaps for youth?
7. What barriers are there to youth's access to services?
8. How, if at all, did the post-election violence, affect the youth and their access to support?
9. What does your organization do for youth?
10. What specific needs for support do youth-headed households require when compared with other youth?
11. What challenges do you, as an organization, encounter when working to support the youth?
12. What are the main areas of potential youth programming that are needed to support youth better in your community?

### *Caregivers / Community Members (Chiefs, NGO workers, health care workers)*

1. What challenges are youth-headed households facing in your community?
2. What services are available for youth in your community?
3. Why do youth have trouble accessing services?
4. What specific needs for support do youth-headed households require when compared with other youth?
5. What support systems are in place for youth when they face problems?
6. Why do so many rape cases go unreported?
7. What strengths do youth who head households have?
8. What solutions do you see are possible for youth in your community?
9. What challenges do you, as caregivers, face when working with children and youth?

### *Village Elders and Sho-sho's (Grandmothers)*

1. What challenges is society in Kenya/ Molo facing with regards to youth today?
2. What are the causes of these problems?
3. How does youth's experience differ from when you were a young person?
4. When you were young, where did people access health services? Where did women give birth?
5. What changes have you seen in Molo with regards to health problems? Health services?
6. Is forced early marriage common in Molo? What is your position on this?
7. Is FGM a common practice here?

8. Why is gender-based violence and sexual abuse a problem in Molo?
9. How have you seen the opportunities for youth change over the years?
10. What has been the impact of conflict on youth in Molo?
11. How do you feel the youth should be supported today?

## Appendix J Youth's historical timeline

<p><u>Legend:</u></p> <p>Political events and occurrences</p> <p>Health and disease</p> <p>Economy</p> <p>Education</p> <p>Natural /spiritual</p>	<p><b>1963</b></p> <p>Independence</p> <p>Deaths</p> <p>Peace</p> <p>Drought</p> <p>Coup</p> <p>Instability – Economic, safety</p>
	<p><b>1992</b></p> <p>Democracy</p> <p>Multiparty</p> <p>Sabasaba</p> <p>Drought</p> <p>HIV virus</p> <p>War/Ethnic clashes</p> <p>Tribalism</p> <p>Women were raped</p> <p>People were killed</p> <p>There were many street children</p> <p>Early marriage</p> <p>Early pregnancy</p> <p>A lot of school dropouts</p> <p>Strange diseases (Ebola)</p> <p>Maziwa ya mayo</p> <p>Famine</p>
	<p>Displacements –families displaced from homes</p>
	<p><b>1997</b></p> <p>Ethnic clashes</p> <p>There was a little peace</p> <p>Operation Rudi Nyumbani (Go back home, IDP resettlement) for some people only</p> <p>Economic instability</p> <p>Business started coming slowly</p> <p>Most girls went home with diseases and a lot were pregnant</p> <p>Some were widows and orphans</p> <p>Corruption (Goldenburg Scandal)</p> <p>Drought that led to goods being very expensive</p> <p>Insecurity</p> <p>Curfews</p> <p>Rape cases</p>

## **2002**

General elections

Peace

Commissions of Inquiry

Economic stability

Corruption/Scandals: Constituency Development Fund

Vigilante groups (youth) /Outlawed sects

The government introduced free education

Press freedom

Referendum

**Drug Trafficking**

Kazi Kwa Vijana introduced

There was gossip that the world was going to end

There was a lot of drought (eg. No water or food)

Vice president died

In Busia, some MPs died in plain crashes

Human private parts were sold

## **2007**

War/Post-election violence

Economic Instability

Claims that there was rigging of votes – corruption

Police were beaten by local people

Hunger

**Early marriage**

Food aid in Kenya

A lot of young youths died because of war

IDPs were given food, clothing

The government built houses for Internally Displaced People (IDPs)

Operation Rudi Nyumbani (Go back home, IDP resettlement)

New Constitution

Rise in oil prices

HAGUE

Mediation talks

Grand coalition government

Defence forces in Somalia

Improved infrastructure

Mysterious deaths

Evictions (Mau, Syokimau)

Al-Shabab attacks

Oil discovery

Increased Scandals (Corruption) – Kenya Pipeline Company

**Present Day**

Minister Michaki died

Mtutho Law (Sheria ya Mtutho) – Alcohol Law

Tension about Al-Shabbab

People in Turkana were helped by local people (e.g. food aid)

Youth 'kutumiwa vibaya na serikali' (were badly used by the government)

Corruption: 'Kazi kwa vijana hawalipi' (Work For Youth program not paying)

Research was formed

**Figure J.1 Youth's Historical Timeline, combined from rural and urban project areas, created in April 2011**

## **Appendix K Challenges faced by young women and young men**

**Table K.1 Challenges faced by young women and young men**

Note: Ranked from most difficult to least difficult, compiled from rural and urban areas.

	<b>Young Women</b>	<b>Young Men</b>
1	Domestic abuse / Gender-Based Violence	Unemployment / corruption in jobs
2	To lack food and money / Unemployment and transactional sex	Drug Abuse
3	Education (dropping out because of pregnancies and discrimination of girls)	Difficulty paying house rent / Lack of basic needs / Lack of school fees and food for children
4	Early Marriage (forced by parents or economic situation)	Corruption
5	To be raped/ Exploitation as domestic workers (and if you have a child you are stigmatized) / Lack of protection	Lack of support – financial and social
6	Social isolation	Bad company / Peer pressure
7	To lack a safe place to live	Competition for women (difficulty finding a wife) / To be forced to marry early (by leaders during violent times)
8	For children to miss school because of fees	
9	To be manipulated by people you go to for help	

## **Appendix L Anna's speech to the 'wakubwa'**

In April 2012, as part of the research, Anna had the opportunity to share her story and the youth's recommendations in a village meeting with 'wakubwa' ('big people'), such as the chief, government ministry representatives, hospital administrators and pastors. She was eager to speak and represent the youth group. When asked how she would remember the points that the youth have discussed, with a grin she noted that, "some people write, but me, my book is in my brain. I can't forget." At this meeting, Anna bravely told her story. She spoke with confidence and sincerity. She then presented some of the youths recommendations and requests:

"...We have many problems as girls. You go with a man, you marry him, you find land together. You have children. He starts to harrass you and he leaves you with the children. You take care of the children all alone. You suffer with the children. ...If you run to the chief, some chiefs we meet are good and they help you. Others, they just look at you with their eyes and they ask for a bribe. If you run to the police, the police they tell you 'if you want these words to go somewhere, give us something small.' But we have don't even have anything to eat.

...Mothers, we are not able to leave our children. You suffer with your children until they are big. Men, if they get problems, them, they leave, they go, they leave you. Mothers can't leave their children. They will stay suffering with their children until they grow up. You try to find what to do. Your thoughts are running like the time (*Mafikiria inaenda kama saa*). You are in turmoil, thinking 'now what will I do?' ...

We beg the government to help us. We want our children to study. We also, we want work so that we can help our children to study, to eat well. Give us work. ...to sew clothes, to

knit sweaters, to work in the market, even to farm. We are asking our government to help us...

Let us feed our children well... Let them study...we want them to learn skills and get jobs, ...Us, as parents, we want to take them to school. We don't want them to miss school like us. Lets stay well and happy. Lets not be anxious about food. We ask you to assist us." (*120315\_001*)

She sat down and the applause continued. The 'audience' of 'wakubwa' had sat fixed on Anna throughout paying attention to each word.

## **Appendix M Policy outputs**

Please refer to the three ‘Backgrounders’ developed throughout this study (available at <http://www.africaportal.org>):

1. ‘Reducing HIV infection rates among young Kenyan Women’ (Lee, 2012a)
2. ‘Strategies to support youth-headed households in Kenya and Rwanda’ (Lee, 2012b)
3. ‘The Impact of HIV on the sexual health of Kenya’s young generation’ (Lee, 2012c).

Two Policy Briefs (see below) that were developed in partnership with Kenya AIDS NGOs Consortium through the Dissemination Grant in 2012-13:

1. ‘A Call for Youth Friendly Services in Kenya’
2. ‘A Call for Tailored Gender Based Violence policies in Kenya’

These were developed and disseminated to government, civil society organizations and communities. A ‘Research Summary’ was also developed and published in English and Kiswahili. This was distributed in communities as well as government and civil society organizations.

Please also refer to the article, “Socio-economic Structures and Sexual Health of Marginalized Youth: Policy Implications in Kenya” (Lee, 2013).



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

## POLICY BRIEF

### A Call for Youth Friendly Services in Kenya

Research and recommendations from youth-headed households and communities in Rift Valley Kenya

#### **Who is this policy brief targeting?**

This policy brief targets health and social policy makers, program managers and staff from Government and non-Governmental Organizations (NGOs), researchers and others interested in youth reproductive health, and gender issues in Kenya and sub-Saharan Africa.

#### **What is the key message?**

- There is an urgent need to develop youth friendly services and policies that promote health and social services as well as safeguard the wellbeing of youth heads of households specifically and marginalised youths in general
- The institution of the 85% youth friendly services in all health facilities must be a priority. This policy endorsed by the government in 2003 had only reached 12% implementation in 2009

#### **Why is this important?**

The youth are the backbone of any country; in them lays the future aspirations and hope of a nation. Kenyan youth's population according to the 2009 census make up 35.39% of the total population. Young people aged 15 to 24 years in Kenya, however, face a threatening reality - they are highly vulnerable to a myriad of issues such as; HIV and STIs infection, unintended early pregnancies, and consequent unsafe abortions. There are also insufficient youth-friendly integrated reproductive health one-stop facilities where the youth can access prevention services, maternal child health services, sexual health services, and HIV care, treatment and support. This is despite the commitment by the Government in 2003 to have 85 % of facilities offering 'youth friendly' services by 2015 (NCPD, 2003). By 2009 only 12% of facilities offered such services (NACC, 2009, p. 8). Furthermore, many Kenyan youth face socio-economic deprivation, unemployment and have difficulty accessing health and social services.

Marginalised groups face specific health challenges and barriers to accessing care. This is also compounded by increasingly diminishing budgetary support for youth friendly services, as well as inefficiency which has led to unacceptably low-quality public health services. Clearly, what this means is that unless serious effort is made to target young people with health services, as well as measures to encourage proactive health seeking behaviours, our hope of honouring the '85% of youth friendly services' commitment, will continue to dwindle. In addition, due to the double incidence of HIV/AIDS and political unrest in Kenya, there is a growing number of youth headed households. Such youth, who are responsible for their households, care for siblings and sometimes ailing

#### **The Current Situation in Kenya:**

SEXUAL DEBUT. The sexual debut among Kenyan adolescents between 15-19 years of age is estimated to be 22%

among young men and 12% among young women (KNBS and ICF Macro 2010), many of whom begin child bearing and marriage around that age (National Coordinating Agency for Population and Development NO. 11 April 2010).

**HIV/AIDS:** Currently, youth (ages 15-35) represent 38% of the Kenyan population, yet over 60% of new HIV infections occur among this group (KNBS and Macro, 2010). In Kenya the overall HIV prevalence among youth aged 15-24 years is estimated at 3.8% (National Economic Institute, 2010).

**GENDER:** The HIV prevalence rate among the youth aged between 15 to 24 years is four times higher for women than men (4.6 % women, 1.1 % men) demonstrating profound age and gender-related issues associated with sexual health (KNBS and Macro, 2010)).

**POLICIES and SERVICES:** In Kenya the children's Act 2001 gives every person below the age of 18 years the right to health and medical care. The Adolescent Sexual and Reproductive Health Working Group in Kenya (Division of Reproductive health, Ministry of Health) recognizes reproductive health as a critical component of young people's (15 to 24 years) health and well-being and have developed important policies around youth sexual health and HIV (NCPD, 2003, NCAPD, 2005).

### **Key Findings from research with Youth-headed households**

Research conducted with youth-headed households in Nakuru and Molo counties further confirmed the facts stated above. Key findings indicate that factors such as abject poverty, age and gender inequalities have rendered YHH vulnerable to issues such as sexual abuse, early pregnancies, unsafe abortions and contracting HIV and other STIs.

#### **Other key findings include:**

- Young women are particularly vulnerable to abuse as they are socially and economically disadvantaged and have to deal with forced early marriage and gender based violence with many of them engaging in transactional sex in order to survive, provide and care for their families.
- There are serious gaps in health and social services for youth-headed households and this puts them at risk of various sexual health issues, including contracting STIs (including HIV), sexual abuse, gender-based violence, unintended early pregnancies, and unsafe abortions.

### **Conclusion**

Relevant conclusions from the research include:

- Youth who head households are a growing and highly vulnerable group, however current laws lack specific focus on this group. There is need therefore, through collaborative efforts of all stakeholders (youth, policy makers, NGOs, CBOs and FBOs) for proactive measures to safeguard their welfare, in terms of access to health care, HIV/AIDS and legal services.
- Sexual and reproductive health programs often ignore the social, cultural and economic factors that prevent young people from making healthy decisions and that contribute to their vulnerability to poor sexual and reproductive health outcomes, exposure to HIV, sexual violence and undesired or unsafe pregnancy. Many young people are also denied access to information and support that would enable them to protect their own sexual and reproductive health.
- Current health facilities are not youth-friendly. In addition, appropriate information on health should be made available to the youth.

- 
- Youth unemployment remains a challenge in Kenya and contributes to the precarious socioeconomic situation of youth, which deepens their sexual vulnerability.

Experience on the ground shows that there are certain limitations to provision of youth friendly services:

- There is minimal or no budgetary allocation for implementation of youth friendly services at national and county level. It heavily relies on partners.
- Although national policies that are supportive of youth friendly services YFS exist, it should not be assumed that service providers, peer educators, and community health workers are well versed in them.

## **Recommendations**

*"My vision for 2030 – My hope is that our country will be at peace and that we, as young people, will be educated and able to help others in the country. I hope for increased employment opportunities for the youth so that we may support ourselves and may we work to decrease stigma and overcome HIV/AIDs together." Female Youth, April 2012*

### **Recommendations: Youth-Headed Households**

Youth-headed households should be considered as a vulnerable group with particular strengths and needs. In particular, the following should be done to support this group:

- Strengthen and support mentorship models at the community level
- Increase access to education (including vocational) for youth and their child dependents
- Provide opportunities for young men and women to meet and form groups, support each other and carry out income generating programs together
- Create more opportunities for youth to provide input on developing programs and policies that affect youth
- Provide tailored services and counselling (social, health, family, legal and vocational)

### **Recommendations: Youth Friendly Services in Kenya**

- Revise the national youth friendly services strategy to define, outline and standardize youth friendly health services provision with packages of basic and specialized services to prevent and respond to developmental issues for youth headed households. These youth friendly services should include the following issues: nutritional, sexual and reproductive health, mental health and problems resulting from violence.
- Include youth in policy and program development of youth friendly services in the process of developing laws and youth friendly centres, as these need to be specifically designed to cater to the needs of the youth.
- There is need to take concerted action on enacted laws and policies to ensure that they are implemented.
- Sensitize every health worker at national and county levels to understand, appreciate and comply with and manage the scale up of concepts contained in the revised youth friendly services package, including the strengths and needs of youth-headed households.
- Safe guard and expand funding for the provision of youth friendly services across the country.
- Whereas it may not be feasible to develop youth friendly facilities across the country, a focus on training health care workers on providing youth friendly services and the challenges that keep these youth from seeking services is critical.
- Finally, the government should consider a baseline survey for youth headed households at the county level and establish a county level committee for youth-headed households to obtain tailored and comprehensive data.

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## **Issues to consider**

- There has been debate in the health sector on integration of services versus having stand-alone services for specific groups. This debate, that initially emanated from HIV care where stand-alone services were instituted in a number of facilities, questions efficacy and to what extent stand-alones services may propagate stigma. More research needs to be done about stigma and the varied types of services.

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## POLICY BRIEF

### A Call for Tailored Gender Based Violence policies in Kenya:

Research and recommendations from Youth-headed Households and Communities in Rift Valley Kenya

#### Background/Introduction

Gender based violence (GBV), including sexual abuse and other types of physical and emotional violence are serious issues that transcend racial, economic, social and regional lines. Worldwide, 40-47 percent of sexual assaults are perpetrated against girls aged 15 years or younger (Argent et al 1995). Violence has a significant impact on the health and life expectancy of women in particular with estimates indicating that rape and domestic abuse account for 5 percent of healthy years of life lost to women of reproductive age in the developing world (World Bank report 2010). Further, the threat of social stigma prevents young women from speaking out on rape and abuse (Janava and Watts 1996).

A constrained social environment, whereby young people become pregnant, contract HIV and other STIs, are raped or abused, are stigmatized and often blamed for their behaviour (Shoveller & Johnson 2006), provides an additional barrier for poor, marginalized youth to access health, social and legal services.

The Kenya Demographic Health Survey 2008-09 (KNBS, & Macro, I. 2010) indicates that about 45% of women aged 15-49 have experienced violence, 25% of it being physical, 7% sexual, and 14% having experienced both sexual and physical. The report further indicates that half of these cases go unreported. Other issues of concern facing the girl child involve high school dropout rates and reported incidences of early and forced marriages among young girls. Early pregnancies are common and pose a great risk to the reproductive health of girls, which may include sexual dysfunction, reproductive tract infections, pregnancy complications, unsafe abortions, infertility and susceptibility to STIs and HIV infection (KNBS, & Macro, I. 2010). GBV is particularly problematic among youth who head households, especially young women, who are responsible for the household, including care for siblings, children and/or ailing adults and who face extreme socioeconomic deprivation. Young women are particularly vulnerable as they are socially, politically and economically challenged and may be forced to engage in transactional sex in order to survive and care for their families.

#### Key Message

This brief therefore advocates for the promotion of health, legal and social services that safeguard the welfare of young women heading households who are greatly vulnerable and marginalised youth. The enacted laws should be followed up to ensure that they are implemented through targeted programs and enactment of policies mainstreamed through various sectors (gender, social development, health, education, youth, labour, security among others).

The Government of Kenya is also called to provide framework for a comprehensive model for, care, support and prevention of GBV, as well as provide comprehensive medical management of GBV that may include treatment of injuries, pregnancy testing, emergency contraception, HIV diagnostic testing and counselling, Post exposure prophylaxis and trauma counselling among others.

This also calls for review of the existing GBV frameworks (for example, The Kenya National Policy on Gender and development 2000) to address the unique needs of youth and the implementation of the Gender Policy 2011, through sensitizing the communities on the existence of the Gender Commission and decentralisation of the services by this commission.

### **Approaches and Results**

Community-based research with youth who head households aged 15-24 years in the Rift Valley Province revealed that factors such as abject poverty, age and gender inequalities have rendered youth vulnerable to issues such as sexual abuse, STIs and HIV, early pregnancies and unsafe abortions. Though GBV was reported to be an issue among young men who head household, for example, through being taken advantage of by wealthy 'sugar mamas,' GBV is notably higher among young women heading households. Such young women face physical and social vulnerability and financial constraints that predispose them to involvement in transactional sex, a constrained capacity to negotiate safe sex, and sexual abuse by relatives and other members of their community. Sexual abuse may be in the form of domestic violence, rape, sexual assault or sexual exploitation.

The research confirmed that youth face a constrained social environment whereby stigma against young people who have been raped, have early pregnancies or engage in transactional sex is high. Subsequently, youth fear to report GBV cases. In cases where they are supported to report cases, they are ignored or charged high costs for health and legal services by providers. At times there is a collaborative effort of extended family or the local authorities to suppress such cases as they are deemed "shameful to the family." Cases were commonly reported where perpetrators of domestic violence bribed local authorities so that the women's case would not be considered. These cases of injustice may be partly due to limited and specific laws that safeguard the rights of youth headed households, youth being unaware of the existing laws and the community norms that often suppress and dismiss these cases because the perpetrators are close relatives or powerful people in their communities.

The research findings indicate that there are serious gaps in health and social services for youth and this puts them at risk of various sexual health issues, including treatment for HIV and other STIs, sexual abuse, gender-based violence, unwanted and early pregnancies, and unsafe abortions. There are limited youth friendly services to promote and improve youth sexual health, including HIV, STIs, family planning and maternal child health services. In some areas these facilities are simply inaccessible or are not youth friendly in terms of staffing and facilities. There is a serious lack of affordable and unbiased legal services available to youth, which presents a major challenge to curbing GBV in Kenya.

### **Conclusion**

The connections between gender inequality and violence in both public and domestic spaces, as well as on interpersonal, community, regional and national, are issues of great concern. Most of these issues are avoidable yet they increase the national health burden and limit availability of resources for national development. Urgent action must be taken to strengthen systems of protection, treatment, care and support in Kenya and to prevent GBV among young people, particularly young women and vulnerable groups such as youth headed households.

Youth empowerment, particularly among young women heading households, is key in reducing GBV in Kenya. This includes sexual and reproductive health education, informing about legal rights and available services and emancipation of gender rights. There is a call to support the youth groups and their grassroot organization. Providing information to youth, from a health and legal perspective will go a long way in empowering them to make conscious decisions with regard to their sexual and reproductive health, and be a potential deterrent against sexual offenders. Opportunities

should be provided for young men and women to meet and form groups, support each other and carry out income generating programs together. In addition, youth should also be given opportunities to provide input on policies and programs regarding GBV and young people.

### **Implications and Recommendations**

It is critical that social sensitization and policy implementation is prioritized in order to safeguard vulnerable youth against GBV. The following is recommended:

#### **Policy recommendations to reduce GBV:**

- Review of the existing GBV frameworks and include youth in every step of the policy development and implantation process.
- Implementation of the Gender Policy (2011) and sensitization of youth about the Gender Commission in Kenya.
- Increase financing to address GBV prevention and response interventions.
- Institution of strict laws on ambivalence or inaction of authorities that downplay/let off perpetrators of GBV as this is one of the reasons why this has continued to be a major issue in the African/Kenyan communities.
- Reinforcement of both physical and verbal sexual harassment policies and introduce serious punitive measures for offenders.
- Reinforcement of policy to keep girls in schools as part of the protective mechanisms to safeguard girl child welfare from forced marriages sexual abuse and for delayed sexual debut.
- Development of laws and policies to remove legal hurdles that bar prosecution of sexual offenders and gender based violence and implement stiffer penalties for those who commit gender and sexual violence on youth.

#### **Prevention of GBV among youth:**

- Strengthen medico-legal linkages for vulnerable populations such as young women heading households.
- Support youth-led groups and grassroots organizations working with youth financially and through leadership building and mentoring.
- For youth-headed households, develop a waiver system for basic social services such as health and education, which could be done by first setting a criterion for vetting and mapping the beneficiaries.
- Improve inter-sectoral collaborations to prevent GBV and provide holistic interventions, including civil society organizations (CBOs, NGOs, FBOs), schools, churches as well as lobbying support from different stakeholders such as Ministries of Gender, Children and Social Development, Education, Youth Affairs, Labour, Administration etc.
- Economic empowerment of young women; Violence is frequently directed towards females and youth, who lack the economic and social status to resist or avoid it
- Integrate GBV prevention and legal rights into the school curriculum. The curriculum can also include drug abuse, sexual and reproductive health and life skills.
- Increase access to sexual and reproductive health education, including GBV prevention and legal rights, among youth who do not attend formal education, targeting particular groups of vulnerable youth such as youth-headed households.
- Create a national database to collate GBV data to inform policy and social interventions to fund and support youth organizing initiatives .

#### **Treatment and support of GBV cases among youth:**

- Develop and enhance existing 'youth friendly services' in health, legal and social services to include specific GBV, care and support for youth.
- Develop a community level GBV prevention and response framework.

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## **Appendix N Key areas of focus to promote an enabling environment for youth sexual health**

**Table N.1 Key areas of focus to promote an enabling environment for youth sexual health**

Key area of focus	Examples of initiatives
Inter-sectoral collaboration (between government ministries and civil society): to revise policies, plan and implement programs and monitor progress.	<ul style="list-style-type: none"> <li>Youth-friendly services should be developed and executed in the health sector, but also in other sectors (i.e., security, legal services, education, gender, and economic development) through training staff and linking of processes and policies.</li> <li>Employment and training opportunities for youth should be increased.</li> <li>Support to youth groups, facilitating their access to information and funds and sustaining activities.</li> <li>Provision of educational support for young people facing difficult circumstances (and children under their care) should be given priority.</li> </ul>
Consideration of gendered experiences: the daily reality and the reproductive health rights of young women should be recognized.	<ul style="list-style-type: none"> <li>Policy makers, programmers, youth and their communities should be sensitized about the rights and the reality of young women who head households as well as available services and proper processes, such as legal procedures.</li> <li>The gendered experience of youth should be examined in particular locales through an exploration of daily life.</li> <li>Protection of young women and girls in youth-headed households should be increased, considering gendered needs.</li> </ul>
Support to community-level responses: develop and strengthen formal and informal community-based initiatives to improve youth's health.	<ul style="list-style-type: none"> <li>Initiatives at the community level need to be recognized and supported, such as developing mentor structures and supporting local income generation activities.</li> <li>Meaningful feedback mechanisms between institutional donors (international, national, regional) and the program participants (staff, beneficiaries, volunteers) need to be built into all stages of program design, implementation, monitoring and evaluation.</li> <li>Programs to develop local capacity (i.e., training community volunteers about youth health, training youth as peer educators, involving out of school youth to participate in health outreach activities) should be given priority.</li> </ul>
Engage youth in the process: include as leaders in all aspects of planning and implementation.	<ul style="list-style-type: none"> <li>Involving youth will build on and improve the leadership capacity of youth, and will serve to empower them with knowledge to prevent illness and improve their access to services.</li> <li>As the regions in Kenya are very diverse, this will also ensure a program design that meets the needs of youth in particular regions.</li> </ul>

### **Recommendations of specific ways to support youth who head households**

As I have previously argued (Ward & Eyber, 2009), supporting youth who head households through mentorship, strengthening social and emotional wellbeing, coupled with efforts to build their socioeconomic capacities is essential. It would be very advantageous to bring youth together in supportive environments where they can support each other and carry out

meaningful activities as a group of age-mates. Socioeconomic efforts may include vocational training (sewing, mechanics, driving, for example) and apprenticeships, or business training and savings and loans groups.

This may include vocational training (sewing, mechanics, driving, for example) and apprenticeships, or business training and savings and loans groups. Intervention research that I carried out in Rwanda between 2006 and 2010 (Lee, 2012d; Ward & Eyber, 2009; Ward & Mutisya, 2006) revealed the importance of community-based household level programming for children and youth who head households anchored in a volunteer mentorship program that addresses emotional, physical, economic and social wellbeing of households.

Notably, as part of the research, we carried out five day business trainings (and in the rural area, a three day follow-up session), facilitated by a local NGO, “Young Women Entrepreneurs Kenya.” This spurred the youth in the rural area to organize themselves as a group, to register their group, open a bank account and begin business activities together. As a group they are doing a soap-making project. They also borrow from a group fund as individuals to start personal businesses.

The youth participants in this study in the rural area continue to meet as a group twice monthly to encourage each other and to each contribute funds so that they may then carry out businesses together or take out loans to start their own income generation activities. Occasionally in partnership with the local CBO, they have sessions focused on topics related to sexual health and to caring for their children.