

Gender-based violence in primary schools: Kenya

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ECHIDNA GLOBAL SCHOLAR ALUMNI BRIEF SERIES
DECEMBER 2020

B | Center for
Universal
Education
at BROOKINGS

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Acknowledgements

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Introduction

Empirical evidence indicates that school-related gender-based violence (SRGBV) affects millions of children and adolescents worldwide (UNGEI and UNESCO 2013; UNESCO 2015). It is one of the worst manifestations of gender discrimination and violates a wide range of children’s rights. Education is critical in empowering and transforming the lives of young people, especially girls, yet widespread gender-based violence (GBV) in and around schools seriously undermines the achievement of high-quality, inclusive, and equitable education for all children (Vanner 2019).

The prevalence of multiple types of violence against children, both within and outside Kenyan schools, continues to be a major concern. The 2019 Kenya Violence Against Children Survey (VACS) found that 49 percent of girls and 48 percent of boys aged 13–17 years had experienced physical violence, and 11 percent of girls and 4 percent of boys indicated that they had experienced sexual violence (Republic of Kenya 2019).

SRGBV has significant consequences, with some of the clearest relating to physical and psychological health and academic achievement. Psychologically, the experience of sexual violence tends to block the development of social skills; undermine self-esteem; and may lead to eating disorders, depression, insomnia, feelings of guilt, anxiety, and suicidal tendencies (UNGEI and UNESCO 2013). Further, exposing students to violence within the school environment can also lead to further violence. Victims of sexual violence also suffer academically: girls may demonstrate poor performance; reduce their engagement in school activities; or drop out entirely because of low self-esteem, reduced concentration, and anxiety. Such notions deeply affect girls’ perception of themselves as students and cast academic pursuits in an improperly sexualized light. The cumulative effect of SRGBV on girls is significantly lowered earning potential (UNGEI 2013).

When GBV is tolerated and condoned at school, there are broader societal consequences on gender equality. Victims feel less able to act, and perpetrators may feel immune. These feelings and harmful behaviors go beyond the school setting and help to perpetuate inequality and GBV more widely in society.

As a signatory to the 1989 UN Convention on the Rights of the Child (UN General Assembly 1989), the government of Kenya formally established the imperative of child protection and school safety through several legislative and policy measures:

- *The Children's Act (2001, revised in 2012)* prohibits the discrimination, torture, cruel treatment, sexual exploitation, and physical punishment of children, and highlights children's right to protection from physical and psychological abuse, neglect, and all forms of violence (Republic of Kenya 2012).
- *The Ministry of Education's Gender Policy in Education (2007)* acknowledges the risks girls have long faced in schools by promoting measures to eradicate the array of factors—including sexual harassment and discrimination, gender stereotyping in learning materials and pedagogy, and negative socio-cultural practices and attitudes—that have long undermined girls' access to education and inhibited their learning (Ministry of Education 2007).
- *The Kenya Sexual Offences Act (Act No. 3 of 2006)*, in tandem with the Ministry of Education's Gender Policy in Education, were endorsed by the Teacher Service Commission, Kenya's accreditation body for the teaching profession (Ministry of Education 2007; Republic of Kenya 2006).
- *The Basic Education Act (Act No. 14 of 2013)*, which asserts the constitutional right of every child to free basic education, stipulates the imperative of eliminating gender discrimination and abolishing corporal punishment in schools (Republic of Kenya 2013).

Despite the existing frameworks put in place by the Kenyan government and the central bodies of the national education system, the prevalence of bullying and sexual violence in schools reveals that these legislative and policy measures are not being effectively enforced.

This study also found out that even school pupils who were not the direct victims of violence appeared to have been affected by an atmosphere that undermines their learning and their sense of safety. Many children's performance at school may suffer as a result of GBV distress, potentially leading them to stay away from school completely.

Common study background and methodology

Common study background

The Kenya country study is part of a larger, four-country study of SRGBV that includes Jamaica, Kenya, Malawi, and Nigeria.¹ The study was informed by the GBV situation globally as well as in the study countries specifically. SRGBV has been of global concern recently, and efforts have been made to gather data on the issue, especially in higher education. Every year, an estimated 246 million children are subject to some form of GBV in or around schools—including mistreatment, bullying, psychological abuse, and sexual harassment, among others (UNESCO 2016).

The four-country study adds some comparability to what has tended to be a heterogeneous assortment of findings. Among them, for example,

- Gender-based violence is viewed as a serious public health issue in Latin America and the Caribbean and has triggered several policies on sexual offences, child care and protection, and domestic violence. However, just like in Kenya, enforcement of these policies in Jamaica have been challenging.
- In Kenya, a study found that 32 percent of young women aged 18–24 years and 18 percent of their male counterparts reported experiencing sexual violence before the age of 18 (UNAIDS and UNFPA 2018).
- In Nigeria, GBV is common, with an overall prevalence of 58.8 percent (Iliyasu et al. 2011). However, statistical data are limited regarding primary school children.
- The Eastern and Southern Africa region has high rates of sexual abuse and sexual harassment—in Kenya (girls 32 percent, boys 18 percent); in Malawi (girls 22 percent, boys 15 percent); and in Tanzania (girls 30 percent, boys 13 percent) (Cahill and Romei 2019). The foregoing evidence reveals that more girls than boys experience sexual violence before the age of 18 years.
- Further, in the study countries, ad hoc media reports occasionally highlight incidences of sexual violence in primary schools.

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¹ A policy brief synthesizing the cross-country findings is forthcoming, as are country briefs for Jamaica, Nigeria, and Malawi.

Even with the variability in approach, however, the research findings have shared a common characteristic: GBV knows no social or economic boundaries and affects women and girls of all socio-economic backgrounds. As several other studies have revealed, SRGBV leads to poor academic performance, school dropouts, early marriages, class nonattendance, low self-esteem among the victims, and stress, among other effects (UNESCO 2012 and 2014; UNICEF and UNGEI 2019; UNAIDS 2010 and 2012). Moreover, although governments have promoted various forms of policy and legal redress of GBV, enforcement of such policies is a challenge.

Country-specific methodology

This study systematically documented the voices of girls and boys in primary schools to establish the prevalence of and possible factors leading to SRGBV, determine country response options to challenges, and identify possible interventions toward minimizing SRGBV.

The study design was descriptive and explanatory in nature, using a sample of 638 students in primary schools (grades 4–8) and 117 teachers from 4 of the 47 counties in Kenya using the Krejcie and Morgan (1970) sampling technique. Data were collected using desk review, survey, focus group discussion, and mapping exercises conducted with students.

A descriptive analysis was carried out for all survey tools based on the type of variables (that is, categorical versus continuous). Where relevant, the data were disaggregated by county, and in each county by respondent (such as students, teachers, and head teachers). The findings are presented in the form of percentages, frequencies, and standard deviations using STATA 14 and visualized as appropriate. Qualitative responses were analyzed using NVivo where applicable.

Prevalence of sexual GBV against girls and boys in primary schools

Across all counties in the study, bullying was indicated to be as common a form of GBV as threats of physical violence (52 percent), with girls more affected than boys. Students also indicated being called inappropriate names (67 percent) and being pushed (63 percent) by fellow schoolmates. However, it was revealed that students have also been targets of sexual harassment online via social media—being a form of GBV in schools often mentioned by students, making it the most prevalent form of GBV in the study primary schools across all counties (Republic of Kenya 2019).

As for the teachers' responses, about 72 percent said they aware of GBV among students at their schools, and both girls and boys were at risk of being abused. Only 18 percent of teachers had received on-the-job training in guidance counseling—confirming their unpreparedness to deal with the challenges of GBV in primary schools, which in turn makes the school unsafe largely for prepubescent or preadolescent students in Grades 4 and 5.

The student survey results (Table 1) all show a significant probability of different forms of SRGBV across the study counties. Kisii and Kilifi top the list, which appears to be in line with evidence from previous studies on GBV in those two counties (Republic of Kenya 2019).

Table 1 Prevalence of SRGBV at Kenyan public primary schools in selected counties

Statement	Kilifi (%)	Kisii (%)	Machakos (%)	Narok (%)
Sexual harassment occurs within my school.	24	28	7	9
Students in my schools have been promised rewards in exchange for sexual favors.	19	27	1	2
I have been promised rewards in exchange for sexual favors.	6	11	2	4
Students have been a target of sexual harassment online via social media.	23	25	1	13

Source: Author's computation from field survey, 2020.

Note: The sample consisted of 638 students in primary schools (grades 4–8) from 4 of the 47 counties in Kenya, using the Krejcie and Morgan (1970) sampling technique. Students were asked whether they agreed with, or had experienced, forms of SRGBV expressed in a series of statements. SRGBV = school-related gender-based violence.

Broken down by gender, female pupils (68 percent) were more likely than male pupils (32 percent) to have experienced some form of SRGBV. As opposed to the common forms of GBV revealed by previous studies—such as explicit threats or acts of physical violence, bullying, verbal or sexual harassment, nonconsensual touching, sexual coercion, and assault and rape (Jere et al. 2015)—this study found that technology was becoming a prime platform for SRGBV. Many students said they had been targets of sexual harassment online via social media. Therefore, technology, if not used appropriately by students, can have long-lasting consequences—calling for proper guidance from parents, teachers, peers, and the community.

Further, the results showed that students feared lodging any complaint. Some of the common student responses included:

- “Lodging a complain could expose me to further threat as the harasser could have me killed”
- “The harasser got more authority over me and could harm me”

- “I would be labeled as a troublemaker”

The severity of SRGBV at such an early age makes these girls feel more afraid than older students would be and exposes them to further threats, hence making them less likely to report such incidents even in the future.

Identifiable patterns of SRGBV in primary schools

Time and location

In a mapping exercise, girls and boys mapped out their schools and indicated spaces they like and don't like, where they feel comfortable and feel uncomfortable. The exercise revealed that GBV tends to happen either early (around 6 a.m.) or late (around 6 p.m.), mainly in the classroom or within the school compound—behind toilets or at the school gates near the security or watchman's house. The latter is surprising and indicates that increasing surveillance isn't necessarily the solution.

Rather, more needs to be done to create awareness among students and teachers, as well as the school community at large, about common GBV spots. That various forms of GBV are most likely to happen on the way to and from school points toward the greater risk to students at such early ages with limited capacity to manage the perpetrators.

The plight of girls

The study indicates a significant likelihood (71 percent) that girls aged 13–17 years had been promised rewards in exchange for sexual favors. The situation complicates the plight of girls, especially those from poor backgrounds who are at the mercy of perpetrators.

About 68 percent of the teachers reported knowing girls who had been abused or are being abused, touched in a way that made them uncomfortable, including those who had been touched on their private parts or breasts against their will (57 percent).

Low capacity of teachers

Teachers had observed some expressions of these GBV patterns. As much as teachers reported knowing that GBV occurs in various forms among students, little was being done to prevent further injuries and consequences to students.

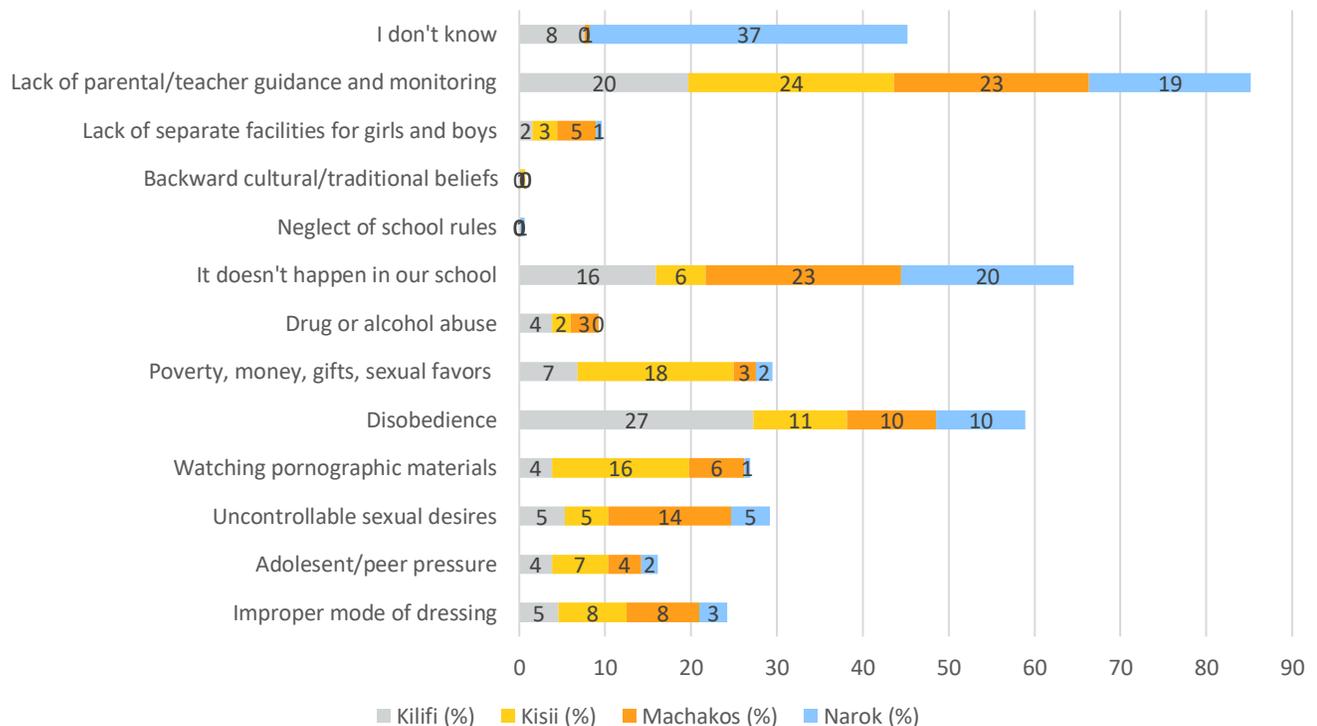
This situation could be emanating from the background of very limited capacity, whereby only 18 percent of the teachers have some skills in guidance and counseling. Even teachers who have received such training only use it at their discretion, probably if confronted by students and not necessarily as part of a programmed undertaking.

Possible causes and effects of SRGBV among girls and boys

Causes of SRGBV

The students identified several causes of SRGBV, chief among them being lack of parental and teacher monitoring, which was highest in Narok at 35 percent (54 out of 154 respondents), and indiscipline or disobedience at 27 percent (44 out of 164 respondents) in Kilifi as indicated in (Figure 1).

Figure 1. Causes of SRGBV cited by primary school students, selected counties in Kenya



Source: Authors computation from field survey, 2020.

Note: The numbers shown within the bars indicate the percentage of students, by county, who named each particular cause of SRGBV. The total sample consisted of 638 students in primary schools (grades 4–8) from 4 of the 47 counties in Kenya. The sample was fairly distributed among the 4 counties with Kilifi having 164, Kisii 163, Machakos 157, and Narok 154 students. The listings of options shown in the figure were presented to respondents from which to give their feelings about the question “what are causes of GBV in your school?”

The key message here is that the students' prepubescent or preadolescent ages warrant education about puberty, as well as interventions targeting gender attitudes at this important time in their development. If such education is not provided during pre-puberty and is delayed until adolescence, a critical window for preventing SRGBV may be missed. Because prepubescence is probably when boys begin to perceive girls' bodies as sexualized objects and when girls begin to perceive clothing as a form of expression, this is the age range during which critical approaches to gender might be most effective.

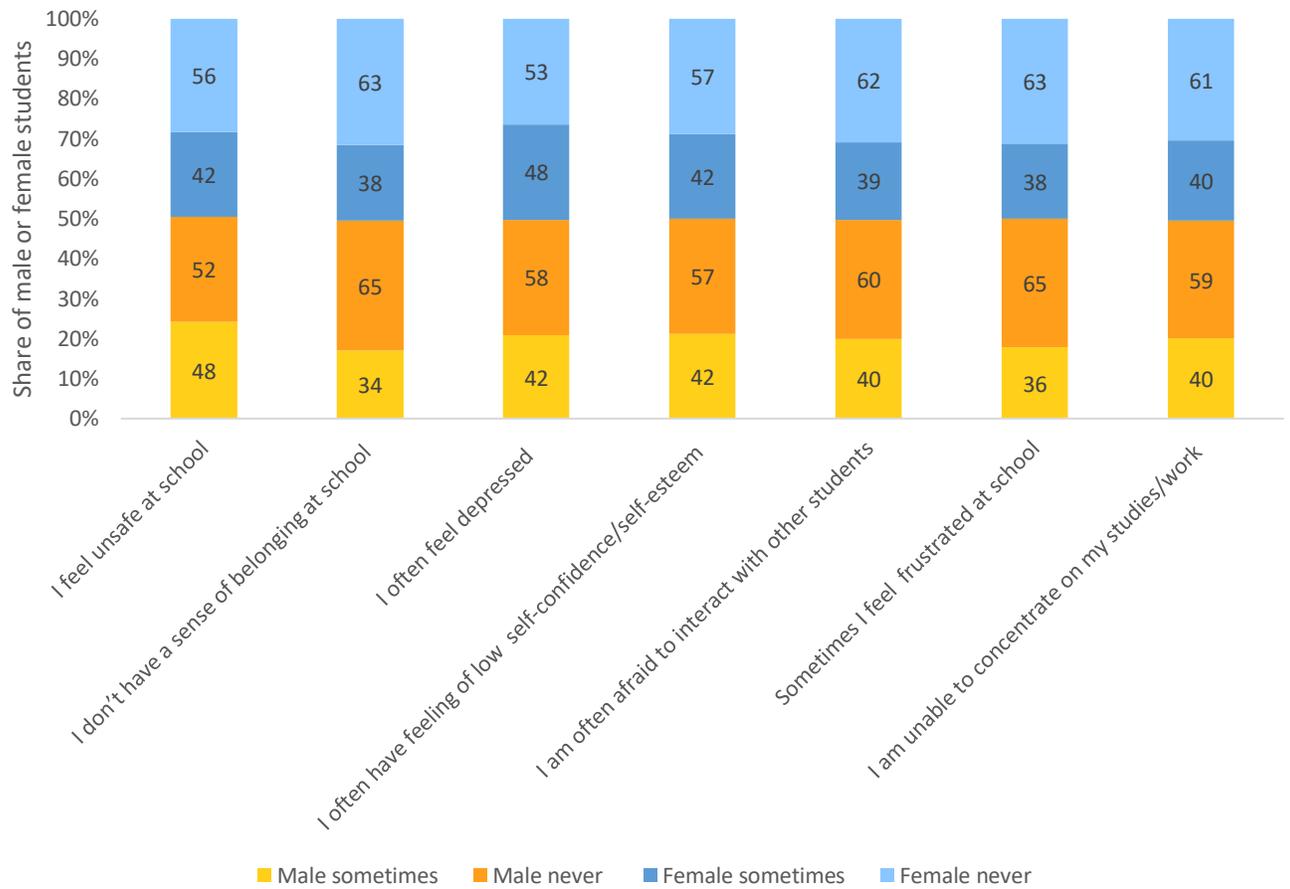
Effects of SRGBV

Students' emotional responses to sexual harassment touched on different areas. Figure 2 illustrates the extent to which victims of SRGBV reported various emotional responses that are shown in other literature to negatively influence academic and life outcomes.

The emotions that students expressed about SRGBV show that both girls and boys were affected across all variables in roughly equal measure—averaging about 40 percent. Girls, however, reported feeling more depressed than boys, indicating they did not feel as able to manage GBV effects. The situation is bound to negatively influence these students' school performance and career lives, let alone their emotional stability, physical health, and mental health at this early stage of life.

Among the significant outcomes, students said experiences of GBV give them a sense of not belonging at school, with girls at 38 percent and boys at 34 percent. Inability to concentrate on studies was also significantly high, at about 40 percent. Therefore, these results may indicate that schools are not doing much to help preadolescent girls and boys cope with SRGBV by eradicating the menace within the school environment, and students have no choice but to exist in the situation with their inward personal emotions.

Figure 2 Emotional responses of Kenyan primary school students to SRGBV, by gender



Source: Authors computation from field survey, 2020.

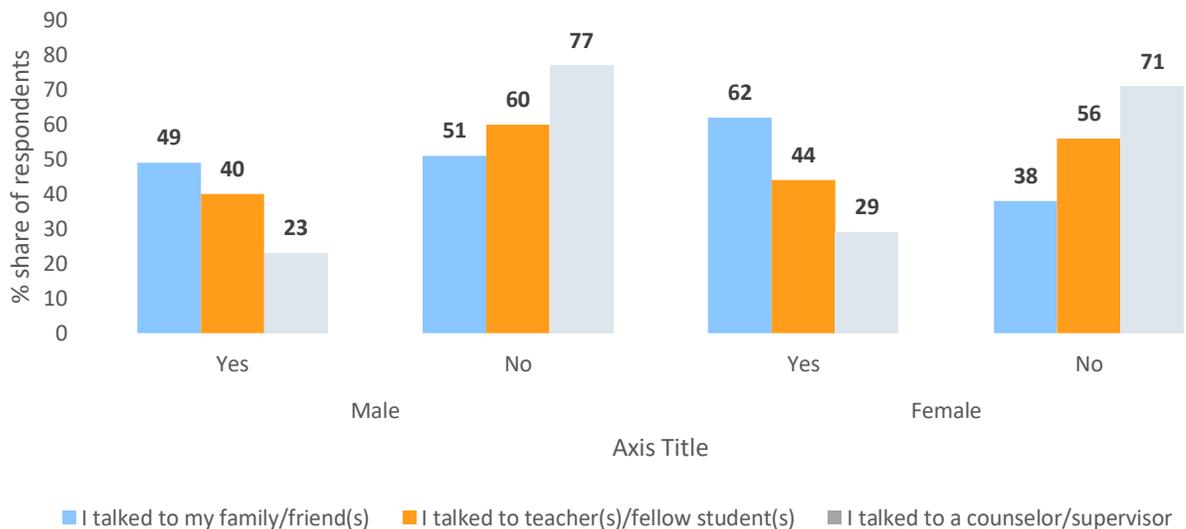
Note: The numbers shown within the bars indicate the respective percentages of male or female students who stated they either “never” or “sometimes” experienced a given emotional response to school-related gender-based violence (SRGBV). The label “sometimes” combines “always,” “sometimes,” and “often” responses for the purposes of this figure. The sample consisted of 638 students (332 girls and 306 boys) in primary schools (grades 4–8) from 4 of the 47 counties in Kenya: Kilifi, Kisii, Machakos, and Narok.

Current methods of managing the challenges of SRGBV

The extent to which victims are reporting teachers, schoolmates, family members, or neighbors as perpetrators of violence is closely related to those with whom students confide about their GBV issues. Among students who said they had some experience with or were affected by SRGBV, what actions did they take?

Figure 3 shows the people to whom students confided SRGBV challenges or incidences. Topping the list for both girls (62 percent) and boys (50 percent) were family or friends, with girls preferring to share such issues with close relatives and friends. Teachers were second, preferred by both genders (40 percent boys and 44 percent girls). Surprisingly, guidance and counseling staff, who would be expected to provide support toward such challenges, were less popular among students. Interventions that include all stakeholders could be an option for helping students, particularly girls, to escape the consequences of GBV and complete their education.

Figure 3. People whom students confide in about SRGBV issues, by gender



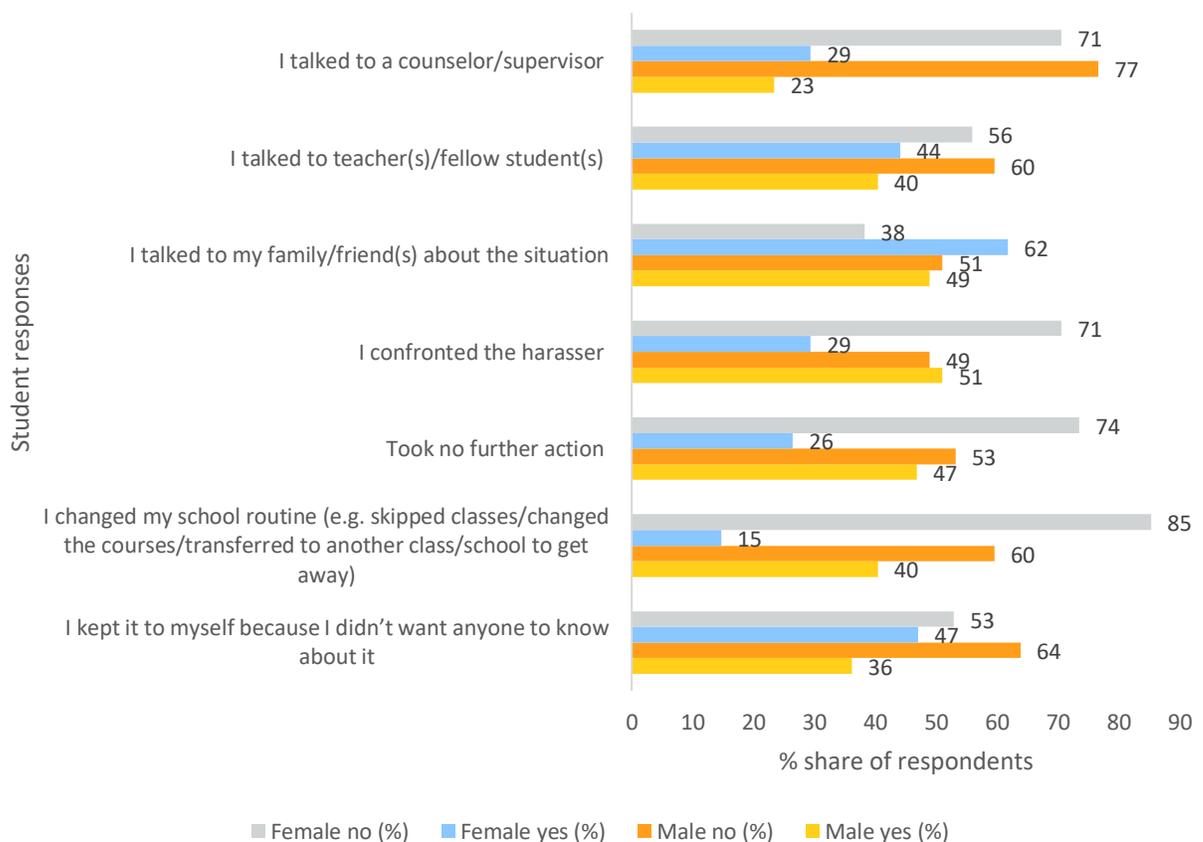
Source: Authors computation from field survey, 2020.

Note: The sample consisted of 638 students in primary schools (grades 4–8) from 4 of the 47 counties in Kenya: Kilifi, Kisii, Machakos, and Narok.

Students also identified various other methods of managing their experiences with SRGBV. As figure 4 shows, girls appeared more reserved in sharing their or others' GBV-related challenges.

About 44 percent of girls said they talked to teachers and fellow classmates about GBV incidents, but immediate action by the teachers to prevent recurrences seemed limited. This points to the need for relevant interventions to educate the school community on existing GBV policies, thus enhancing the capacity of teachers and students to address the consequences of SRGBV. Boys were more proactive in seeking solutions to GBV challenges, with 40 percent saying they would change routine, school, or class, including students taking the option of transferring to other schools, to stay away from the harasser. Only 15 percent of girls indicated they would do the same.

Figure 4. How primary school students manage the challenges of SRGBV



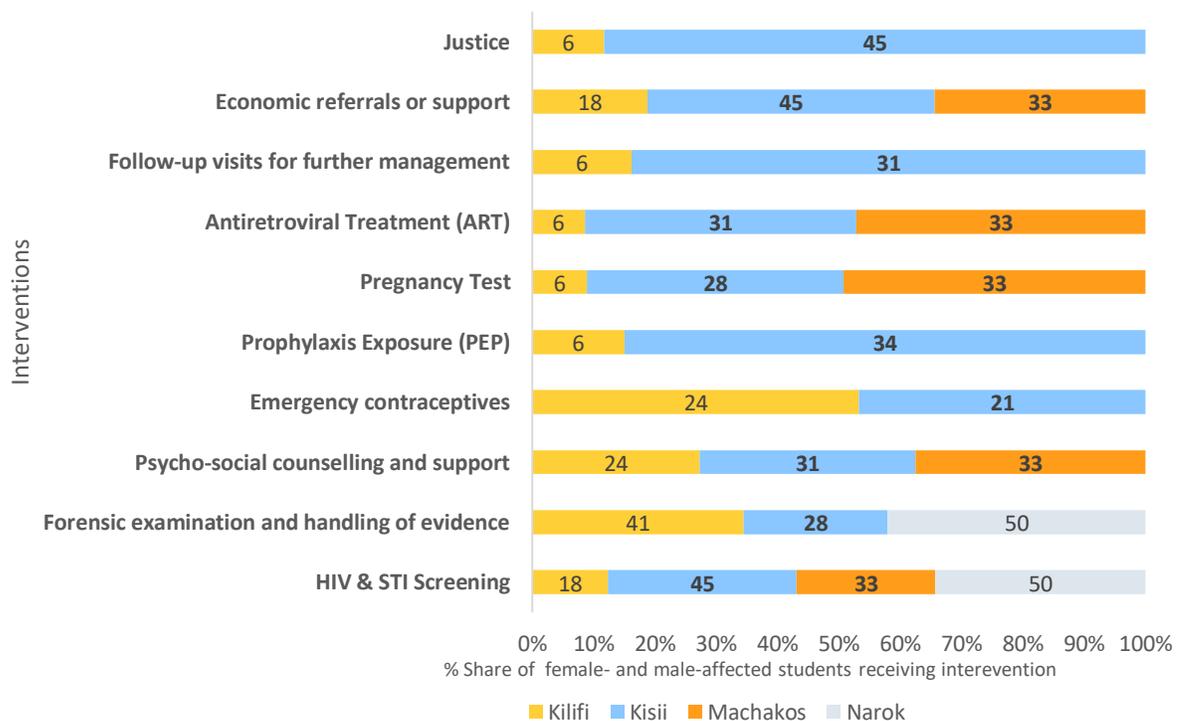
Source: Authors computation from field survey, 2020.

Note: The sample consisted of 638 students in primary schools (grades 4–8) from 4 of the 47 counties in Kenya. Students responded to a multiple-choice question with these 7 responses available from which to select their answers.

Possible interventions to minimize SRGBV

County schools used different interventions to manage the challenges of SRGBV (Figure 5). Narok schools offered only human immunodeficiency virus (HIV) and screening and forensic examination, according to 50 percent of students in the county. In contrast, Kisii County explored the use of many interventions, which included screening, economic referrals or support, and use of the legal system to support the victims

Figure 5. Current use of interventions to manage challenges of SRGBV in primary Schools, selected Kenyan counties



Source: Authors computation from field survey, 2020.

Note: Survey sample totaled 638 students in primary schools (grades 4–8) from 4 of 47 counties in Kenya. Male and female students responded to a multiple-choice question with these 10 responses available from which to select their answers.

The key lesson from these findings suggest that the primary schools in the four studied counties lacked specific interventions for managing SRGBV. The many trial methods mentioned in Figure 5 were not school-related programs but were

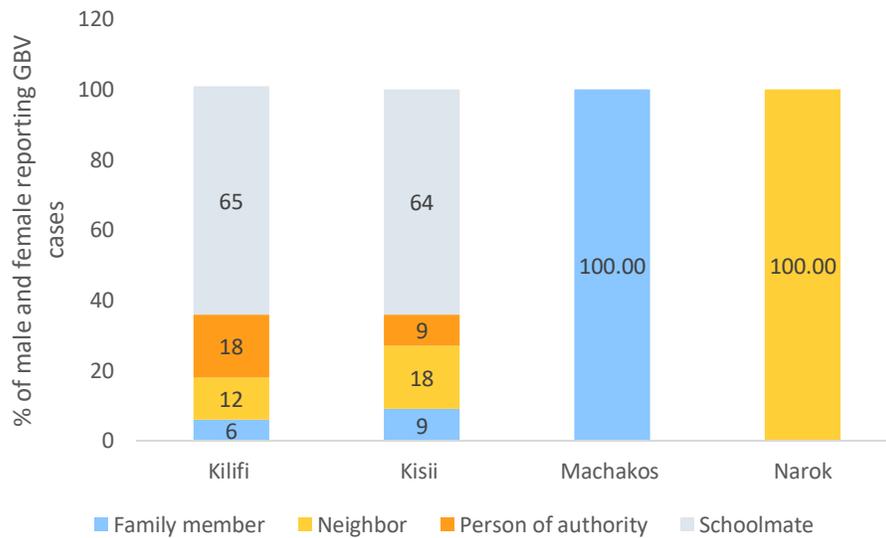
applied by the school in an ad hoc manner if and when GBV incidents occurred and were made known to the school. The counties that tried many interventions against GBV also had high GBV incidences in the study schools. This is despite the efforts of the United Nations Children’s Fund (UNICEF) and other nongovernmental organizations (NGOs) or international nongovernmental organizations (INGOs) to promote child-friendly spaces as a way of ensuring safety and promoting attendance.

When teachers were asked to mention some of the interventions that have been put in place to minimize SRGBV, 90 percent of them said a counseling program was the key possible intervention to manage student challenges, including those related to GBV. However, guidance and counseling support was provided to students only when such cases were reported by students, parents, or guardians to the teachers or school management. Some of the teachers indicated that some ad hoc discussions on GBV normally happen between parents and students where necessary.

The key message here is that although teachers perceive that there are avenues of support, students either don’t know about them or aren’t taking advantage of them. A possible low-hanging-fruit intervention would be to actively make these supports more widely known through awareness-raising activities and communication at school involving students, teachers, school leadership, parents, and the community.

Figure 6 outlines possible perpetrators of SRGBV. In Kilifi and Kisii Counties, at the school-level, the perpetrators tended to be schoolmates (averaging 64 percent). These results are closely in line with the level of GBV in those two counties. In Machakos and Narok Counties, either a family member or a neighbor was most often reported to be the perpetrator.

Figure 6. Who commits GBV against primary school students?



Source: Author’s computation from field survey, 2020.

Note: Survey sample totaled 638 students in primary schools (grades 4–8) from 4 of the 47 counties in Kenya. Students responded to a multiple-choice question with these 4 responses available from which to select their answers. These were responses from the students who had experienced SRGBV as a victim, or had known a victim as a classmate, a sibling, or friend.

From empirical evidence, the ecological framework clearly shows how interpersonal violence is the outcome of interaction between many factors at the societal, community, school, relationship and individual levels (Sida 2015). Therefore, GBV happening at the community level becomes a greater problem in the school. Going forward, this study considers interventions to eradicate GBV at the school level to be inclusive of community and other key actors.

Who has the power to stop SRGBV?

A large majority of students (61 percent) see teachers as having the power to do something to stop sexual harassment. This finding implies that students believe that school-level interventions to support them and stop SRGBV are preferred and would possibly succeed. If students believe that teachers have the power to do something, then the education system or government should empower and build their capacity. Similarly, parents (60 percent) were another group that students felt had the authority to stop SRGBV, and therefore any intervention should not leave out parents.

The main message is that although students believe that teachers or school authorities have the power to address SRGBV, students are left to find ways to manage SRGBV on their own, as mentioned earlier—for example, by changing their routines, skipping class, or even transferring to other classes and schools.

Policy Recommendations

These findings on SRGBV in Kenyan primary schools indicated a role for policymakers to promote interventions that could help boys and girls at both the school level and societally.

First, schools should implement interventions that promote safe, child-friendly spaces and child protection programs to curb GBV, exploring and working together with like-minded NGOs or INGOs such as UNICEF and others.

Second, the study proposes that schools, parents, and the community should work together to implement interventions, for both girls and boys, that help to protect girls from the SRGBV menace. The objective might resemble UN Women’s “HeForShe” campaign, in which men and boys work in solidarity with women and girls to oppose all forms of gender inequality, including GBV. Such efforts could help to address the underlying gender attitudes that sexualize and objectify women, placing girls at heightened risk for SRGBV as they are entering puberty.

Along these lines, schools and communities can seek to creatively build upon the national, local, and school-level infrastructure for intervention that is already in place:

- *Legal mechanisms*, such as the Ministry of Education’s 2007 “Gender Policy in Education” and Kenya’s Sexual Offences Act of 2006 have promoted advocacy, created awareness, and implemented measures to eradicate the array of factors—including sexual harassment and discrimination, gender stereotyping in learning materials and pedagogy, and negative socio-cultural practices and attitudes—that have long undermined girls’ access to education and inhibited their learning.
- *Information-sharing platforms in schools* (such as morning assemblies) could be used to help 10- to 13-year-olds recognize what counts as GBV and how to spot whether someone has bad intentions versus good intentions. (For example, how would someone know whether the behavior of a teacher—someone they should be able to trust—is actually leading them down the slippery slope to sexual violence or assault?) School information outlets of all kinds can play a role in raising awareness about basic human rights, common student challenges, problem management, and possible protective measures against GBV.
- *Existing puberty education or sexuality education* should incorporate awareness of SRGBV among the preadolescents in primary school. Preadolescent SRGBV is rooted in the transition of young girls—and of boys—

into puberty, and educational interventions must get ahead of this in some way. Students should not only be aware of school sexual offense policies but also understand the context in which SRGBV is emerging—adolescence as well as harmful gendered attitudes toward girls and women.

All the above may give opportunity to communities, parents, caregivers, and teachers to support girls from being victims of GBV.

Conclusion

GBV is still the least talked about violation of (mainly women's and girls') human rights and remains either largely unreported. The results of this study have shown the magnitude and forms of prevalence of SRGBV among primary school students as well as the students' emotional expressions of these experiences—causing girls and also boys aged 10–13 years to be afraid to report or share GBV challenges because the abusers are their family members, teachers, neighbors, and friends.

The effects are detrimental to learning experiences, especially among preadolescent and adolescent girls, and hence these students are left with no option but to make personal decisions to deal with the menace—either by transferring to another school, skipping classes, or keeping quiet and suffering alone. Having limited options, many of these girls are left to share their challenges with the same people, potentially abusers themselves, who may be unwilling to take any action.

The causes of SRGBV originate from lack of social support, guidance, and counseling from both parents and teachers. They include a lack of appropriate interventions and policy enforcement to deal with perpetrators. In identifying the forms of SRGBV and targeting the underlying causes, it is paramount to look at interventions that may enhance school and community involvement and participation in addressing SRGBV while ensuring concerted actions against any form of gender-based discrimination and violation of rights.

The study findings are critical: it is a wake-up call for policymakers that the victims of GBV are not only women but also the preadolescent girls and boys who stay quiet out of fear. How long must these young minds suffer? Will they be able to learn and complete school? What about the quality of their education? What about their health and emotional status, their well-being? We have policies against GBV. We must make them enforceable and helpful to give victims a voice and hope in life.

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