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Child Sexual Abuse in Tanzania and Kenya

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Title: Child Sexual Abuse in Tanzania and Kenya

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Child Sexual Abuse in Tanzania and Kenya

ABSTRACT

Objective Most research on child abuse in Tanzania and Kenya is unpublished in the international literature. The purpose of this paper is to examine the various commentaries and reports extant, towards an overview of the nature and frequency of child sexual abuse in Tanzania and Kenya.

Methods Contacts were made with academics, government departments, NGOs and UN agencies. This was followed by a field trip in the summer of 2001 where all available reports were examined and a wide range of interviews conducted.

Results Little empirical data exist on child sexual abuse in Tanzania. It is widely perceived that it may be increasing as a result of AIDS sufferers' attempts to 'cleanse' themselves. The breakdown of traditional childcare systems, foreign influences, poverty and the lowly position of girls in society are also implicated. More research has been conducted in Kenya. It is clear that first coitus occurs at a young age for many Kenyan children and adolescents. Also, a degree of force, trickery, or material exchange is not uncommon in adolescent sexual relations.

Conclusions Child sexual abuse is under-researched in Tanzania and Kenya. Studies by UN agencies such as Unicef (United Nations Children's fund) and the ILO (International Labour Organisation) have focused on the commercial sexual exploitation of children, to the neglect of more pervasive abuse in children's own communities by family, relatives and neighbours. Nationwide surveys of the general population are required for an empirical understanding of this topic. Given the high incidence of AIDS/HIV in both countries, it is important to know if the epidemic is increasing the risk of rape or incest for children.

Practice implications

Although comprehensive surveys of the general population have not been conducted, sufficient research has been done to show that child sexual abuse occurs in both Tanzania and Kenya. It occurs at all levels of society, from street children to school children in both rural and urban areas. Perpetrators are typically men and older boys, frequently known to the child. The high incidence of HIV in the general population (and thus amongst perpetrators) should serve as a further incentive to the development of prevention programmes. Child sex abuse is not sufficiently recognised as a significant factor in the transmission of HIV.

CHILD SEXUAL ABUSE IN TANZANIA AND KENYA

INTRODUCTION

Child sexual abuse currently receives widespread media and public attention in both Tanzania and Kenya, and high profile advocacy groups have successfully impacted on the formation of legislation and government policy in both countries. A range of research initiatives has examined aspects of child sexual abuse throughout the region. However, such research generally does not appear in the international peer-reviewed literature (see Lalor, in press, for a review of the literature on child sexual abuse in sub-Saharan Africa). The purpose of this paper is to examine the various commentaries and reports extant, towards an overview of the nature and prevalence of child sexual abuse in Tanzania and Kenya. This region was selected for study because of its relatively well established research community (which is largely anglophone) and because these two neighbouring East African countries, which share some linguistic, cultural and historical similarities, also provide a contrast because of differing experiences of colonisation and differing levels of development. A field trip was undertaken in the summer of 2001 where interviews with local and international Non-Governmental Organisations (NGOs), UN agencies, Church organisations, Aids/HIV clinics, advocacy groups and counselling

centres were conducted. A review of all available published and unpublished literature was also undertaken.

TANZANIAN RESEARCH ON CHILD SEXUAL ABUSE

Few studies have directly examined the sexual abuse of children in Tanzania. Information is typically anecdotal, attitudinal, based on a small sample groups and has little external validity (outside selected groups such as street children or juvenile prostitutes). However, some studies do offer insights into the nature and incidence of child sexual abuse.

Mdungi & Mhagama (2000) interviewed children in selected villages and various community leaders (police, health personnel, village leaders and parents/guardians) regarding child abuse. In addition, community fora were held in a number of villages, involving between 30-50 villagers to give feedback and receive further information on child abuse. The general discussion amongst villagers indicated that child sexual abuse by fathers or other close male relatives does occur and is generally dealt with in the family. Indeed, the final recommendation of this report was that “people proven to sexually abuse children [should] be legally accountable even if the molested children are their children or children of their close relatives” (2000, p. 11). The authors conclude that:

“From the discussions it is clear that child sexual abuse is on the increase especially with little boys and girls who are lured by people with money, including businessmen and truck drivers.”

In an analysis of the sexual behaviour of street children in Mwanza (a large city on the shores of Lake Victoria in Northern Tanzania), Rajani & Kudrati (1996) note that only 5% of boys’ and 15% of girls’ sexual behaviour can be described as ‘stereotypical prostitution’ (selling of sexual favours to external clients – persons with whom the children have no prior relationship). More widespread was the initiation ritual of anal sex

with new boys in the group, described as “an important rite of passage in identity formation” (1996, p. 308) and experienced by virtually all street boys in Mwanza. Also frequent amongst street boys was anal intercourse initiated by one boy on another (typically) more docile boy for the relief of sexual tension and mutual ‘comfort sex.’ Paradoxically, to be perceived as *mhanisi* (or ‘faggot’) is reportedly the worst form of humiliation amongst street boys.

For girls, sexual relations typically involve a degree of material gain or other practical benefits such as food, shelter, and clothes. They typically adopt the stereotypical social role of women as sexual beings with a primary responsibility to satisfy one’s male partner sexually. Their relationships are described as having little mutuality and as frequently being rough or even violent and being characterised by power, intimidation and practical exchange. However, these relationships may be perceived as ‘family’ or ‘marriage’, as a way to re-create the families they have lost or never had. This may explain some of the apparently self-destructive behaviour of street girls:

“Because the continuum between love and abuse is so blurred, and because they have very low self-esteem, street girls often accept violence and humiliation in the pursuit of love and connection. Alternatively, girls may pursue love in a cynical and calculated attempt to gain resources while continuing to think that the sexual experience needs to be ‘something special.’ This confusion often leaves them paralyzed, their ability to seek and create healthy options seriously undermined. One particularly disturbing effect seems to be a complete numbing out – separating one’s mind from one’s body and being incapable of refusing sexual advances and the abuse of one’s body” (Rajani & Kudrati, 1996, p. 314).

Perhaps the most extensive study of children in Tanzania in recent times was the United Nations Children’s Fund (Unicef) report on children in need of special protection measures (Unicef, 1999). Unfortunately, the researchers elected not to examine the issue of child sexual abuse. However, they do note the dearth of data in this area and the methodological difficulties in researching child sexual abuse. A retrospective study of

102 alleged rape cases between June 1993 and January 1996, carried out by doctors from the Muhimbili Medical Centre in Dar es Salaam, was noted in this Unicef report. It was found that 21% were children below 4 years of age and over half the cases were children aged between 4 and 14 years. In 61% of cases the rapist was either a relative or a person well known to the child, such as a co-tenant or neighbour. Police statistics referring to the period 1991-1995 show 756 cases of defilement and sodomy on children aged 14 years and under, with a steady rise in reported cases (Unicef, 1999).

The International Labour Organisation (ILO) (2001) recently conducted a rapid assessment of juvenile prostitution in Tanzania. Of the 250 girls interviewed, the most common reason given for leaving home was poverty (30%). Only 3% of respondents specifically mention sexual abuse in the home as their primary reason for leaving. However, unfortunately, 'problem with father,' 'fights and maltreatment' and 'other' (which constitute 48% of responses) are not operationalised and may include child sexual abuse.

As has been reported in many other areas, children typically become involved in prostitution as a survival mechanism. The widespread practice of bringing young girls from rural areas to work in the cities as domestic workers (sometimes for their relatives) is highlighted. Whilst no empirical data are available, widespread anecdotal evidence suggest that these girls are at risk of sexual abuse by their employers.

In conclusion, the reports and studies described above provide some insight into the nature and prevalence of child sexual abuse in Tanzania. However, there are major limitations in these studies that prevent sound conclusions from being drawn. In some instances, terms have not been operationalised, in others data have not been disaggregated and in others empirical evidence is lacking. Thus, a nationwide view of the nature and prevalence of child sexual abuse is lacking.

EXPLANATIONS FOR THE PERCEIVED INCREASE OF CHILD SEXUAL ABUSE IN TANZANIA

A feature of the debate on child sexual abuse in Tanzania is the consensus that this is a novel phenomenon caused by perpetrators' efforts to cure themselves of AIDS/HIV, the breakdown of the traditional communal child care system, the influence of 'foreign cultures,' widespread poverty and, finally, the powerless position of girls and women in society. Indeed, these explanations are common throughout sub-Saharan Africa (SSA) (Lalor, in press).

Efforts to 'Cleanse' Oneself of AIDS

The idea that one may 'cleanse' oneself of AIDS and other STDs (or misfortune generally) by having intercourse with a virgin or young girl is frequently referred to as a possible explanation for the apparent increase in the occurrence of child sexual abuse in Tanzania. For example, the Tanzanian Media Women's Association (TAMWA, 1998, p. 4) surveyed 60 Members of Parliament (MPs) on the issue of sexual offences. Sixty five percent of the MPs surveyed felt that 'witchdoctors' were making defilement of children, or incest, a condition for their customers in attaining wealth or solving their problems. One MP is quoted as claiming:

"These witchdoctors advise people looking for material wealth to have sexual intercourse with virgin girls or sisters, their mother and the like. I think they need to be sternly punished."

In spite of these widely held impressions, no empirical evidence exists to validate this type of motivation for the sexual abuse of children.

The Breakdown of the Traditional Communal Childcare System

Government policy on the perceived increase in the sexual exploitation of children in Tanzania identifies the break down in the traditional communal childcare system as important. In the past, it is suggested that all adults were entitled to discipline all children

of the village and to advise parents on their child rearing efforts. Many Tanzanians today report reluctance, relative to their parents' generation, in engaging in such supervisory behaviour of other people's children. The Government Child Development Policy notes:

“parents and guardians have been left to promote the moral development of their children on their own, mainly because of the breakdown of the system of communal responsibility for child care. As a result, there is no common direction but rather each parent or guardian brings up children in the ways he sees fit ... Because of the decline in morality and neglect of our traditions and customs, there has been a large increase in cases of rape and defilement of children in our society” (Government of the United Republic of Tanzania, 1996, p. 31).

The Influence of 'Foreign Cultures'

The previously mentioned TAMWA survey of 60 MPs found that 35% of MPs believe the perceived increase in rape and child sexual abuse are due to “an influx of foreign cultures which include women/girls dressing in mini-skirts, skin tights, and transparent clothing which attracts young men or boys” (TAMWA, 1998, p. 5).

Also, according to the Government Child Development Policy:

“children themselves are blindly adopting corrupt foreign behaviours because of the lack of any system to control these behaviours” (Government of the United Republic of Tanzania, 1996, p. 25).

In summarising their report on children in need of special protection measures (Unicef, 1999), the authors make the following comments on the much-reported need for harsh punishment for children because of a decline in the standards of behaviour of children:

“Parents, community leaders and professionals who took part in focus group discussions in the study areas lamented the difficulties of bringing up children in

the prevailing adverse economic situation and with countless other influences eroding the authority of parents. Under constant blame were video clubs, music halls and discotheques, alcohol consumption and drug abuse by youth. Adults blamed the indiscipline and deterioration of morals among young children on the demise of the traditional forms of upbringing in which parents had absolute power over their children and all adults could intervene in disciplining a wayward child. As one parent put it ‘nowadays we bring up our children like eggs ... No manners, no discipline’” (Unicef, 1999).

A report from TAMWA on the issue of sex workers in Singida (a town in the centre of Tanzania) suggests:

“The trade liberalisation which started in 1985 has opened doors to foreigners who come to the country as tourists and economic investors. According to unconfirmed reports, the foreigners, most of whom lodge in big hotels, are the big customers to local prostitutes. Local customers cannot be ruled out, however” (nd, p. 2).

The same report identifies long distance truck drivers between Rwanda and Dar es Salaam as the primary customers of a sample of 72 prostitutes in the Singida region. One suspects, however, that (as in most other regions) the majority of customers of prostitutes are local boys and men.

The Role of Widespread Poverty

Poverty is frequently cited as the primary motive for involvement in prostitution by young women. Mdungi & Mhagama (2000, p. 5) report that some girls are encouraged into prostitution by their parents:

“It was ... revealed that some parents indirectly tell their children to engage in commercial sex by telling them to go and ‘look around’ and when a child brings in money, no questions are asked.”

In the area of school education, the introduction of ‘user fees’ has been associated with impoverished girl children providing “sexual favors to secure money for fees” (NGO Forum, 2000, p. 9).

The Position of Girls and Women in Society

Finally, the powerless position of girls in Tanzania is seen as a vulnerability factor for sexual abuse. The Kuleana Centre for Children’s Rights (1997, p. 4) suggests:

“a society in which children have little status or power, where beatings and emotional abuse of children is condoned, and where children have no voice is a society that makes its children extremely susceptible to sexual abuse and HIV infection. In this sort of society child sexual abuse is not an aberration, but an inevitable consequence.”

Governmental policy also highlights the vulnerable position of girls:

“The poor situation currently facing women is a result of the socialization of the girl child which is based on gender discrimination and oppression. Society values boys more than girls.... Other problems facing the girl child which affect her survival, protection and development include gender discrimination in education, heavy workload compared to the boy child, female genital mutilation which endangers her health and even causes her to be infected by HIV/AIDS, early pregnancy and mistreatment such as rape, defilement, harassment, molestation and abuse (Government of the United Republic of Tanzania, 1996, p. 8).

Conclusion (Tanzania)

In conclusion, the sexual abuse of children is receiving growing attention in Tanzania. However, no empirical database exists. The tendency for international agencies to focus on the *commercial* sexual exploitation of children (CSEC) (rather than child sexual abuse in the home or community) is reflected in the recent research on juvenile prostitution conducted by Unicef (1999) and the ILO (2001).

In the absence of a comprehensive database, certain explanations are difficult to refute (or support). Particularly, the idea that ‘foreign influences’ are a primary cause of the perceived increase in child sexual abuse in Tanzania is problematic. First, there is no empirical evidence to suggest that the prevalence of child sexual abuse has increased. Perhaps only the reporting rate has increased, along with a wider concern for the rights of children and women and with the advent of a free press in Tanzania. Second, the vision of a Tanzania insulated from all ‘outsiders’ until recently is clearly inaccurate. The region has long been exposed to many diverse cultural influences, from the Omani Arabs, the Portuguese, the British, and the German, as well as dozens of internal tribal backgrounds.

One could equally argue (again, in the absence of empirical evidence) that child sexual abuse has always occurred in Tanzania and that this society, like many others, is only beginning to become aware of this issue. This is an uncomfortable awakening in every country.

KENYAN RESEARCH ON CHILD SEXUAL ABUSE

Relative to Tanzania, considerably more research activity occurs in Kenya, reflecting its greater wealth and development. However, it is still the case that most of the research relating to child sexual abuse in Kenya is in the form of unpublished reports. The main studies are examined below.

The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN, 2000) surveyed 501 children, in both rural and urban areas, regarding child abuse and children's rights. A total of 7.6 % of children were reported as having been 'sexually abused' (p. 13). However, there is no further discussion of children's actual experiences. 'Sexual abuse' is not defined, nor is there any account of the perpetrators or the children's ages when abused.

The African Medical and Research Foundation (AMREF, 1993) surveyed over 10,000 adolescent females regarding health and sexuality. Whilst the majority (66 %) had not had sexual intercourse, the mean age at first coitus amongst those who had had sexual intercourse was 14.8 years. Six percent (of those who have had intercourse) had their first coitus below age ten (204 of the 10,000 girls surveyed). Given their young age, it is possible that this group may have been coerced/forced into their first coitus. Unfortunately, no further information is reported on this sub-sample.

However, partners at first coitus (for those 3400 who have had intercourse) are reported. Whilst the majority (68.6%) report their first partner as 'boy of a similar age', 0.3 percent (n=10) experienced first coitus with their father/step-father. There is some confusion regarding the operationalisation of the term *coitus*. This term means sexual intercourse, but the inclusion of female-female sexual categories ('girl of a similar age' as partner at first coitus) suggests that perhaps a wider operationalisation of coitus than sexual intercourse may have been employed. However, no such wider definition is provided. Thus, it is not clear if the experiences detailed above refer to the first instance of sexual intercourse or whether they may also include other forms of sexual activity.

Additional data are also provided regarding the 'circumstances of first coitus.' Almost a quarter (23.8%) of those who have had intercourse report being 'forced' at their first coitus. A further 18% reported being 'tricked' into their first experience of coitus. These categories are not operationalised.

The Kenya Demographic and Health Survey 1998 (National Council for Population and Development (NCPD), Central Bureau of Statistics (CBS) (Office of the Vice President and Ministry of Planning and National Development) [Kenya], and Macro International (MI), 1999) provides some further insight into the area of adolescent sexuality in Kenya by questioning respondents if they have given (men) or received (women) any money, gifts or favours in exchange for sex. As we can see in Table 1, 15% of adolescent girls who have *ever* had sexual intercourse have had so in exchange for money, gifts or favours in the last 12 months. The proportion is higher amongst 15-19 year olds who are unmarried, compared to those who are married (20.9% vs. 4.2%). Interestingly, urban dwelling females are considerably more likely to report having had sexual intercourse for money, gifts or favours than their rural counterparts (12.7% vs. 5.1%).

Further insight to adolescent sexuality in Kenya is provided by the Population Studies and Research Institute (1991). Again, respondents were asked about their age at first coitus. As we can see in Table 2, 33 respondents from a sample of 454 reported experiencing first coitus at less than 10 years, and 69 respondents were aged only between 11 and 14. As with the AMREF (1993) report noted above, it is possible that these experiences were coerced. It would be interesting to know the circumstances in which those at a young age had their first experienced of coitus – that is, in what proportion of cases was it forced/coerced. However, these data are not available.

This survey focused on a large range of behaviours thought to be associated with increased risk of AIDS/HIV – age at first coitus, anal sex, ‘wife swapping.’ However, neither incest nor child sexual abuse are described.

Onyango & Walji-Moloo (1991) surveyed 3,121 respondents throughout Kenya on their knowledge, attitudes, beliefs and practices regarding AIDS. Again, the issue of child sexual abuse is not addressed. This research examined the proportion of adolescents involved in commercial sex. Amongst sexually active 15-19 year olds (males and females), some 17.7% have engaged in (unprotected) commercial sex in the last 12

months. A further 5.1% have engaged in protected commercial sex. That is, almost a quarter of the sexually active 15-19 year old population have engaged in commercial sex.

Erulkar, Karueru, Kaggwa, King'ola & Nyagah (1998) examined adolescent experiences and lifestyles in the Central Province, Kenya. The sample was confined to unmarried young people aged 10-24, and 1525 people were interviewed. Respondents were asked about the degree of pressure involved during their last experience of being propositioned for sex. For females who responded to this question (n=361), the majority (84%) reported being 'sweet talked.' However, 22% were 'subjected to attempted force', and 16% were 'threatened.' Also, 37% of adolescent females were offered money or gifts during their most recent experience of being propositioned for sex.

Conclusion (Kenya)

Considerably more research into adolescent sexuality has been conducted in Kenya relative to Tanzania, reflecting the more established and extensive social science research community. Much of this research has been motivated by the spread of the AIDS/HIV epidemic, particularly amongst adolescents and young people. Thus, one learns that first coitus begins at a young age for many Kenyan adolescents and that a degree of force, trickery, or material exchange is not uncommon in sexual relations.

However, none of these studies examines child sexual abuse specifically. Indeed, it is a remarkable exclusion in some studies. Where data do exist, it is primarily quantitative. Few qualitative, descriptive analyses of the nature and occurrence of child sexual abuse in Kenya have been conducted.

DISCUSSION

The sexual abuse of children is receiving growing attention in Tanzania. It is widely held that 'foreign influences' are responsible, and this is reflected in the Government Child

Development Policy. Increasingly, this issue is receiving widespread media coverage, but commentary largely occurs within an empirical vacuum.

In Kenya, considerably more research into adolescent sexuality has been conducted, relative to Tanzania. Much of this research has been motivated by the spread of the AIDS/HIV epidemic and some worrying trends are emerging. For example, the high rate of exchanging money, gifts, or favours for sexual intercourse. Fifteen percent of a large sample of sexually active Kenyan female adolescents has engaged in such behaviour.

However, child sexual abuse is not examined directly in these studies. Where data do exist, it is primarily quantitative. Few qualitative, descriptive analyses of the nature and occurrence of child sexual abuse in Kenya have been conducted.

In both Tanzania and Kenya, the role of ‘sugar daddies’ (older men who lure young girls with small payments and presents) in exploiting young girls is highlighted.

The Law and Child Protection

The law is an important instrument of social change. In both Tanzania and Kenya, sexual offences against children are proscribed in law and carry heavy penalties. For example, Section 138b of the Sexual Offences Special Provisions Act (1998) in Tanzania penalises by imprisonment for not less than five years,

“inducing a person to be a client of a child for sexual intercourse or for any form of sexual abuse, or indecent exhibition or show, by means of print or other media, oral advertisements or other similar means.”

Similarly, Section 158 of the same Act proscribes sexual intercourse between a male and any female he knows to be his grand-daughter, daughter, sister or mother. Should the female be younger than 18, the penalty is imprisonment for not less than 30 years. One can reasonably speculate as to the relevance of such laws in remote, rural areas with a

traditional justice system administered by elders. However, leaving this aside, a concern frequently expressed to this researcher is that children are most unlikely to report sexual offences against them when the perpetrator is likely to be imprisoned for 30 years. Not least, there is the question of providing for the family should one's father be imprisoned.

Other regions have illustrated that clear definitions of proscribed offences in law, together with mandatory reporting from child protection professionals (and a justice system with the structures and resources to penalise offenders, as required by law) can lead to a safer, better protected environment for children and a more vigilant populace, generally.

A Need for Further Data

In the absence of an empirical knowledge of the nature and occurrence of child sexual abuse, interventions are unlikely to be effective. A clear understanding of who sexually abuses children and why is required before effective interventions can be planned. The focus on foreigners and witch-doctors and the pervasive view in both Tanzania and Kenya that child sexual abuse is a recent phenomenon serves to distract from the likelihood that the majority of sexually abused children are abused by family, relatives and neighbours in their own homes, neighbourhoods and communities. Furthermore, the limited research that has occurred has focused on commercial sexual exploitation of children; the sexual abuse of children in the family/community is under-recognised in Tanzania and Kenya and, indeed, in sub-Saharan Africa generally (Lalor, in press).

A widespread belief exists in the region that traditional healers advise men to have sex with young girls as a cure for AIDS/HIV. Given the high incidence of AIDS/HIV in sub-Saharan Africa, it is important to know if the epidemic is having the consequence of increasing the risk of rape or incest for children.

Recommendations for Future Action

A recommendation of the Unicef (1999) *Children in need of special protection measures* (Tanzania) report was to

“develop a properly researched information base on sexual abuse and its incidence in the Tanzanian context, in institutions, schools and homes” (1999, p. 357).

This has still not occurred and must be a priority for future action. The current information vacuum does not allow a scientific understanding of the issues involved, nor does it allow empirically based intervention strategies to be designed and implemented. Ultimately, information and knowledge are the most effective forms of child protection. A community-wide recognition of child sexual abuse and an understanding of the traumatic consequences for children are the best way to sensitise a society to this form of child abuse. On the other hand, a society blind to the possibility of child sexual abuse is an ideal environment for the child abuser.

As a priority, nationwide surveys of the general population regarding childhood sexual experiences should be conducted. Particular attention must be paid to sampling design. The ‘traditional’ strategy in the West of surveying college students will not suffice, given the very low enrolment in tertiary (and, indeed, secondary) education in the region.

Whilst sexual matters generally may be considered as taboo in sub-Saharan Africa, surveys have been successful in other regions of the world in accessing this most sensitive of topics and have been important instruments in creating awareness of the issue of child sexual abuse. Furthermore, a number of studies carried out in Kenya regarding sexual behaviour have illustrated the willingness of respondents to reveal personal details of the most private kind. The series of DHS surveys in a number of countries in sub-Saharan Africa have also successfully gathered impressive quantitative data regarding sexual and reproductive behaviour.

In addition to nationwide quantitative data, a parallel exercise of gathering detailed qualitative accounts of child sexual abuse, by way of interviews, case studies and focus

groups would provide complementary material and serve to further recognition and understanding of the nature of child sexual abuse in the region.

To conclude, the existence of other pressing problems for the children of sub-Saharan Africa should not push sexual abuse lower in the list of priorities. Child sexual abuse is, by definition, an abuse of human rights and frequently results in trauma, distress and injury. For children in sub-Saharan Africa there is the added spectre of AIDS/HIV infection. It is unknown to what extent, if any, the pandemic is increasing the sexual exploitation of children.

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Table 1: Among Kenyan women and men who have ever had sexual intercourse, the percentage who gave or received money, gifts or favours in return for sex in the last 12 months (* figure based on fewer than 25 cases and has been suppressed)

	Female						Male					
	Married		Not married		Total		Married		Not married		Total	
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
<i>Age</i>	4.2	285	20.9	523	15	808	*	6	17	433	16.8	440
15-19	4.1	948	18.1	427	8.5	1376	16.1	95	18.3	441	17.9	536
20-24	2.6	1069	16.5	277	5.5	1347	12.8	283	23	174	16.7	458
25-29	2.8	1655	18.1	320	5.3	1975	10.7	704	26.7	84	12.4	789
30-39	2.0	876	8.8	258	3.6	1134	6.6	528	8.1	39	6.7	566
40-49	NA	NA	NA	NA	NA	NA	7.1	175	*	8	7	183
50-54												
<i>Residence</i>	5.7	1010	25.5	555	12.7	1565	16.1	531	17.2	313	16.5	844
Urban	2.3	3824	13.7	1250	5.1	5074	7.0	1261	19.2	866	12.0	2127
Rural												

Source: National Council for Population and Development (NCPD), Central Bureau of Statistics (CBS) (Office of the Vice President and Ministry of Planning and National Development) [Kenya], and Macro International (MI) (1999).

Table 2: Age at first coitus amongst a sample of 454 Kenyans

Age	< 10	11-14	15-19	>20	Don't recall	No response	Total
No.	33	69	257	60	33	2	454
%	7.3	15.2	56.6	13.2	7.3	0.4	100

Source: Population Studies and Research Institute (1991).