Fertility & family formation expectations of former street children in Kenya

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In the past decade, a significant amount of literature has emerged that discusses the growing number of vulnerable children in cities around the world, most notably that of the burgeoning populations of street children. However, minimal research has considered the long term outcomes of street children including their fertility and family formation expectations. Doing so will be imperative to understanding future population characteristics and needs. Using the preliminary analysis of qualitative interviews conducted in Kenya, this study examines the fertility expectations of a sample of former street children who are now adults and beneficiaries of a reentry program developed by the government to promote skill building and job readiness. This research will examine if and how this sample differs in regard to fertility expectations from their mothers and a control group of former street children who did not go through a reentry program.

Introduction:

The burgeoning number of street children in urban areas of developing countries has become an increasingly important policy issue for governments (Kaime-Atterhog *et al.*, 2008). It is extremely difficult to estimate the number of children who work and/or live on the streets. Their status can change quite frequently, as they move in with extended family, return to the streets, and migrate between urban centers (Buske, 2011). No known datasets currently exist on this population and minimal scholarly work has been published in relation to it. Research has primarily focused on street children at their current state, an agenda that has become a priority in recent years (Ayuku *et al.*, 2003; Buske, 2011; Kudrati *et al.*, 2008; McAlpine *et al.*, 2010). Street children are generally classified into two categories based on the extent to which they spent time on the streets. *Children on the streets* work on the streets through informal employment or begging during the day, but are not homeless. In contrast, *children of the streets* are those who not only work, but also live on the streets (UNICEF, 1986).

Like many developing countries, Kenya's population is growing at an accelerated rate due to high fertility rates and declining mortality rates. This demographic transition has resulted in a TFR of 4.4 births per woman in 2010, though this rate continues to decline (Kenya, 2011). High mortality rates are improving more quickly than fertility, but are still fueled by the AIDS/HIV crisis as well as diseases like TB and Malaria. The average life expectancy in 2007 was estimated to be 55.3 years (Background, 2012). The result of these findings is a young population where two out of five people are under the age of fifteen (Kenya, 2011). This recent boom of youth will place pressure on services, infrastructure and the economy as they move through the life cycle.

Previous research has identified structural and home-related factors that have contributed to the street children phenomenon (Buske, 2011). Structural causes include population growth and urbanization, often leading to high levels of unemployment, as well as civil war, famine and incomplete government safety nets (Ayuku *et al.*, 2003; McAlpine *et al.*, 2010; Buske, 2011). These structural challenges, in turn, place stresses on the household such as poverty, abuse, financial constraints, and family dissolution (Ayuku *et al.*, 2003; Buske, 2011). Other causes associated with the growing number of street children include disease, family and neighborhood violence, as well as family dissolution and the breakdown of traditional supportive community structures (Ayuku *et al.*, 2003). The HIV/AIDS crisis has also had a dramatic impact on the street children population. The World Bank estimated in 1995 that approximately one million children would become orphans in Kenya because of AIDS by the beginning of the 21st Century (World Bank, 1995).

Street children earn their income through odd jobs, begging, stealing, and sex work (Kudrati *et al.*, 2008) developing niches in the informal and marginalized economy (Young & Barrett, 2001). Missing out on influences from parents, family, and school could have negative impacts on a child's outcomes (Ayuku *et al*, 2003; MacTavish, 2003). Street children are also subject to a myriad of negative influences including abuse from police (McAlpine *et al.*, 2010; Buske, 2011) drug use, violence, and lack of education and adequate socialization (Huang et al, 2004; Kudrati *et al.*, 2008). These impacts are magnified for female and minority children compared to males and majority youth (Baron, 2011).

How countries choose to ameliorate the challenges associated with street children vary. Some countries use "round-ups," which are administered by law enforcement, to gather youth from the streets and send them to detention halls (Buske, 2011). In other cases, youth are arrested or sent to reentry programs designed to promote their development through skill building and job readiness assistance. In 2001, the Kenyan government reacted to the growing proportion of street children by signing The Children's Act to support the welfare of children in especially difficult circumstances (CEDC) (Government of Kenya, 2001). This resulted in preventative and remedial efforts to remove children from the streets and provide them with skills and support in order to promote their development. And although there have been successes, the number of children living on the streets continues to grow (Kaime-Atterhog *et al.*, 2008).

This study opens up a range of research opportunities with a population that has received minimal attention. Because of their growing numbers of street children, it will be important to understand their long term outcomes. This study specifically examines how former street children vary in fertility expectations based on their ability to receive support through remediation programs. In planning for the future and reducing fertility, policy makers will need to be very aware of the programs that help to reduce fertility of former street children.

Methods:

To shed light on the fertility expectations of former street children, a qualitative methodology of one-on-one and group interviews is employed. This method was chosen for two reasons. First, no secondary dataset currently exists for former street children who are now young adults. Second, due to the minimal amount of research conducted on this population, it is imperative that we gain a better sense of what aspects need further and more rigorous study. Therefore, qualitative interviews were the most appropriate method for this study. The respondents' expectations for family formation were measured through a series of open and closed questions. Additionally, the principal investigator worked to build a degree of trust with interview respondents through interacting with them and involvement in their Community Based Organization. This building of a relationship between the research and the participants is what Bemak (1996) coined as "street researchers" (Young & Barrett, 2001).

Sixteen interviews were conducted with young adults between the ages of 18 and 25 in a rural northern region of Kenya over a four week period in 2012. Respondents were recruited on a volunteer basis from a Community Based Organization that provides employment and skill building opportunities to former street children. This organization is referred to as a 'reentry program' throughout the course of the paper. Interview respondents included former children *of* the streets, former children *on* the streets and former children who were at high risk of being street children. Additionally, a group interview was conducted with four former street girls who are now young adults. This group of respondents differs from the 16 individual respondents in that they did not have the support of a reentry program and are therefore treated as the control group.

The interview questions are aimed at understanding individuals fertility expectations compared to their mothers and compared to the control group. More specifically, the respondents were questioned about their expectations and reasons for how old they would like to

be when they get married, have children and how many children they would like to rear. To measure maternal fertility, respondents were asked about how many children their mother had.

Preliminary Results:

The majority of respondents (68.75%) reported a desired fertility rate that was less than that of their mothers, while approximately 18.75 percent of respondents desired a fertility rate that was the same as their mothers, followed by 12.5 percent of respondents who desired a fertility rate that was higher than that of their mothers. The mean fertility rate of respondents' mothers was 4.7, compared to the national mean fertility rate of 4.4, and the mean desired fertility rate of respondents which was 3.0. In both discussing their desired age for marriage and desired age for having their first child, several points of explanation were consistent across the majority of respondents. Financial constraints were the most common reasons for wanting to postpone marriage and child rearing. Other consistent responses included a desire to finish their own education and assist their own families before being able to take on the responsibilities of starting a new family.

Table 1: Fertility Rates (N=16)

	Fertility Rate
National Mean Fertility Rate (2010) (Kenya, 2011)	4.4
Mean Fertility Rate for Respondent's Mothers	4.7 (min= 2, max=10)
Mean Respondents Desired Fertility Rate	3.0 (min=1, max=5)

Table 2: Desired Fertility Rates in Relation to their Mother's (N=16)

	Percentage of Respondents
Desired a lower fertility rate than that of their mother's	68.75%
Desired a higher fertility rate than that of their mother's	12.50%
Desired the same fertility rate than that of their mother's	18.75%

Preliminary analysis of this study provides important contributions to our understanding of how policies that create reentry support for street children may indirectly impact their future fertility rates. In regard to family formation, respondents did express a clear desire to postpone both marriage and child rearing until they could financially provide for a family. Most strikingly, the proportion of respondents who wished to have fewer children than their mothers provides a face to the transition in Kenyan fertility statistics. A number of respondents pointed to their past experiences or the general drudgery faced by many who are trying to raise children in poverty. Although these results cannot assert causation, the respondents' experiences as children and in the reentry program could be factors contributing to their choice to post pone these life events and have fewer children. Further analysis is needed on an array of factors including how fertility expectations differ across different policy-developed programs and how strongly fertility expectations match fertility outcomes.

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