Health, Education and Children's Rights: A comparability analysis of Kenya and Brazil

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Health, Education and Children’s Rights:
A comparability analysis of Kenya and Brazil

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Abstract:

Developing adequate health care and education systems has been an ongoing struggle for the governments of both Kenya and Brazil. Despite moderate improvements in health and education statistics for both of these countries, there is clear evidence that these states will have to be actively engaged in order to overcome the challenges that lie ahead. Kenya and Brazil may differ in geographical location, history, culture, and socioeconomic status, but both countries are congruent in the challenges they face to provide sufficient access to quality health care and educational resources to the upcoming generations of children who are being failed by flawed policies and inadequate systems. Even though both countries have signed the United Nations Convention on the Rights of the Child, have constitutions that obligate the state to foster opportunity, and are actively pursuing the 2030 Agenda of Sustainable Development Goals, these states must overcome their long histories of poor quality institutions. This paper will look at whether these treaties and policies have helped to spur advances in Kenya and Brazil towards the rights of children. Specifically, I argue that corruption has a direct impact on health and education in many countries and that weaknesses in governance affects how public institutions perform their functions in a country. Furthermore, this paper will explore whether corruption plays major role in contributing to the violation of children’s rights in Kenya and Brazil. This paper will provide an in-depth explanation and analysis of how Kenya and Brazil’s education and healthcare systems have been impacted by flawed government systems. This paper will not only describe and address issues related to the United Nations Convention on the Rights of the Child, United Nations Declaration of Human Rights, and each country’s constitution, but it will also look at the impact of corruption – seeking to determine why the prevalence of flawed government education and health care systems continue in spite of each country pursuing policies that promise to advance the rights and opportunities of children.
Chapter 1: Introduction

Koffi Annan once said, “The desire for our children’s well-being has always been the most universally cherished aspiration of mankind.”¹ This means that countries have always desired to make a commitment for the rights of the children. “We were all children once – and we are now the parents, grandparents, uncles and aunts of children. Children’s needs and wishes, hence, are not difficult to understand. They want, expect and have the right to the best possible start in life.”² This quote means that we must do all we can to ensure that the world’s children today, and the generations of children to come, are able to exercise their rights to health and education. Despite their differences in geography, history, economic performance, cultural norms, and systems of government, both Kenya and Brazil have experienced difficulty expanding education to all children. Being able to evaluate two very distinct countries that experience the same economic, political, and social phenomena provides a useful window for understanding why emerging democracies have difficulty implementing pro-child policies. Despite having signed numerous treaties on the rights of children, Kenya and Brazil continue to lag in providing children access to education and healthcare. This scenario highlights the importance of development for children’s rights in the international community.

The United Nations and civil societies have Sustainable Development Goals (SDGs) that Kenya and Brazil agreed to participate in during General Assembly Session 70 in 2015. These goals were established to establish a benchmark for states to improve

² Ibid., 1
their own health and education goals. Sustainable Development Goal 3 addresses good health and well-being. This goal has 13 target goals that emphasizes action for global health. Goal 4 addresses equality in education. This goal has 10 target goals, which emphasizes inclusive and equitable quality education and promotes lifelong learning opportunities for all. Participating in these two goals that have more than 10 target goals is a commitment that Kenya and Brazil made in front of an international body, however, both Kenya and Brazil continue to lag behind in providing children access to education and healthcare. This thesis will ask under what conditions developing countries institutionalize children's rights as part of their public goods provisions. In particular, my thesis seeks to understand why developing states do not implement pro-child policies even after signing international treaties promoting children’s rights.

My thesis argues that Brazil and Kenya are not acting on their children’s rights laws because of high levels of state corruption. Both countries have enough resources to make sure every child attains health care and education, however, the governments are misappropriating public resources that are needed for health and education development. Although some researchers believe that the lack of children’s rights can be attributed to domestic factors, such as cultural norms, this does not negate the responsibility of states to be bound by international agreements relating to the right of children.

This research is going to examine case studies of Brazil and Kenya. By analyzing international and domestic systems, I identify reasons why the government system is lagging in providing children’s access to education and healthcare. It is necessary to evaluate whether international treaties, state constitutions, and domestic factors have

contributed to the success or failure of development goals. It is also important to see whether Kenya and Brazil are succeeding in their actions of making sure that education and health systems are followed even though there are domestic factors, such as cultural norms.
Chapter 2: Background/Literature Review

Children’s Rights

Even though Kenya and Brazil have different histories, economic performances, cultural norms, and systems of government, they provide a useful research opportunity for my empirical puzzle. I question why there have been ongoing flawed government systems, despite existing UN treaties and domestic treaties dealing with health and education. Some researchers and theorists would argue that because of domestic factors such as cultural norms, they are responsible for conflicting changes of education and health care systems in Kenya and Brazil thus contributing to violation of children’s rights. Some theorists argue that cultural norms are spreading, contributing to a lessening in children’s rights violations over time as norms are increasingly adopted at local levels. Yet, these standpoints fail to acknowledge that corruption could be the underlying factor contributing to flawed systems of education and health

Children’s Rights derives its ideological framework from The Universal Declaration of Human Rights (UDHR), which is a declaration adopted by the United Nations General Assembly on 10 December 1948 in Paris. Article 25 of this document declares that everyone has the right to live a healthy and comfortable life that includes medical care. Children should receive special care and every child has a right to

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go to school. The article also reiterates that primary schooling should be free and required.5

The Convention on the Right of the Child was created to protect the rights of the children on November 20, 1989. During that time, the United Nations and General Assembly adopted the Convention on the Rights of the Child, which became a landmark for human rights. It became a model to form a treaty that sought to address the particular needs of children and to set minimum standards for the protection of their rights.6

Millions of children have no access to education and health globally. Despite Kenya and Brazil having ratified the International Convention on the Rights of the Child, there continues to be failing systems even though its role is to fulfill the children’s right to education, to be safe, and to be healthy based on Article 24. This article demands that children have the right to good quality health care (i.e. the best health care possible), to have safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. This is a fundamental right to all children globally.7 The Convention on the Rights of the Child recognizes that education is compulsory to all children on article 28. This article reiterates that all children have the right to a primary education, which should be free. Moreover, it contends that wealthy countries should help poorer countries achieve this right. In addition, in order for children to benefit from education, schools must be run in an orderly way without the use of violence, and any form of school discipline should take the child’s human dignity into account. Therefore,

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5 Ibid., article 26
governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education from primary to secondary school level.\textsuperscript{8}

Many countries are legally protected by their Constitution, however systems to enforce the rights of the children outlines within these constitutions have been failing. Many countries are not able to keep up with the amended children’s rights laws in the constitution and United Nations Treaties because of the difficult domestic pressure on the educational and health systems. Brazil is a perfect example of failing to follow children’s rights amended treaties. Their constitution mandates free and compulsory primary and secondary education for children, however, the reality is that there are still many children who lack access to public schools.

The constitution of Brazil states in article 205, 206, 207 and 208 that education is mandatory and free to primary and high school. Moreover, Article 211 states that the Union, the states, the Federal District and the municipalities shall cooperate in the organization of their educational systems.\textsuperscript{9} However, Brazil fails to follow these articles.

Similarily, Kenya promises pro-child policies in its constitution. The Constitution of Kenya has established two levels of government: The National and the County Governments, with the latter being assigned the responsibility of implementing programs

\textsuperscript{8} Ibid., article 29
including promotion of primary health care and education. The Kenyan government’s role is to deliver effective services to health and education, to hold the promise for equal opportunities and to deal with regional inequalities in the whole country.

Articles 12, 13 and 43 also reiterate guarantees the right of every person to the highest attainable standard of health, accessible and adequate to education.\textsuperscript{10} These articles show that even though “[t]he near-universal ratification of the Convention” reflects a global commitment to the principles of children's rights, there are still violations of children’s rights. By ratifying the Convention, governments state their intention to put this commitment into practice. State parties are obligated to amend and create laws and policies to fully implement the Convention; they must consider all actions taken in light of the best interests of the child.”\textsuperscript{11}

Despite the promises of each country’s constitutions and their having signed international agreements to redistribute to children, both Kenya and Brazil have fallen short of their promises. The task of working on the rights of children is not easy; however, the role of the government within each State and their departments (including local authorities and schools), need to make sure that the laws that were created in the Convention are known to everyone. The governments and all members of society must work together to make sure that the vision of the Convention on the Right of a Child continues to be obeyed. The standards and principles articulated in the Convention can only become a reality when they are respected by everyone within the family, schools,

the government system, all NGOs, IGOs, and institutions that provide services for children, communities, and at all levels of administration.

The issue of failed systems of health and education is hindering Kenya and Brazil from development and overall progress. According to United Nation Department of Economic and Social Affairs, which did a world Economic and Social Survey in 2013, found that a vicious circle of poverty, lack of education, ill health, high fertility and high infant mortality can perpetuate inequalities. Breaking this pattern will require further investments in health and education systems. This finding shows that in order for a country to develop, they need to prioritize health and education.

Based on SDGs, Health is Goal 3 and Education is Goal 4. This follows after Goal 1 which is poverty. In order to reduce poverty, health and education should be addressed according to the World Economy and Social Survey, “Children need to go through one or more educational cycles and there needs to be improved child and maternal health care today for there to be a pay-off in terms of healthier students and workers several years from now. Countries will require more rapid and sustained economic growth to reduce the costs associated with stepping up upfront public spending.”

Chapter 2B: Literature Review

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Kenya and Brazil continue to have violations of children’s rights. Some theorists have contended that because of cultural norms spreading, it is hard to stop violations of children’s rights. Some theorists also argue that even though children’s rights policies have been implemented, they cannot bring change. These standpoints acknowledge that corruption is the underlying factor contributing to flawed systems of education and health. As a result of the impact of corruption on the ability of states to properly allocate resources to public institutions, the promotion of children’s rights in Kenya and Brazil in accordance with human rights declarations, treaties, and their constitutions is difficult to accomplish. Such legal arrangements do not guarantee that Brazil and Kenya will institute the legal protection that is necessary to secure children’s rights in the areas of education and health because of the underlying corruption that impacts government systems.

To critique norms and stand in favor of an institutional approach, I am going to argue against theorists such as, Finnemore, Sikkink and Wendt. I am going to argue against Finnemore, and Sikkink article “International Norm Dynamics and Political Change,” and Wendt article, “Anarchy is What States Make of it.” My argument will agree with Bates article, “The New Institutionalism and Africa.” He argues that democracy or good governance is hard to keep because of corruption and political disorders.

Martha Finnemore and Kathryn Sikkink, argue that a norm is defined as a standard of appropriate behavior for actors with a given identity. It embodies a quality of “oughtness” and shared moral assessment. Finnemore and Sikkink also discuss that international or regional norms set standards for appropriate behavior of states.
Therefore, many international norms started as domestic norms and became international through the efforts of various channels. For instance, children’s rights violation such as early child marriage began as a demand for domestic change and became an international norm. Both theorists show how norm has three stages by which norms spread – a process they call, “The Norm “Life Cycle. The first stage is: 1. norm emergence. The Second stage is called broad norm acceptance – “norm cascade”. The third Stage is called internalization. For example, children right’s activists attempt to convince a critical mass of states (norm leaders) to embrace new norms. This as a result, shows norms spreading. I do not agree with Finnemore and Sikkink because children’s rights violation is not as a result of domestic and cultural change, it is as a result of states or institutions not following their own laws as a result of corruption, thus not letting these violations take place.

During the first stage, norm promoters or activists at the international level need some kind of organizational platform such as, the United Nations, NGOs, and IOs through which they can promote their norms in order to spread and be accepted. For example, structure of UNICEF effects, the kind of development norms promulgated from that institution. UNICEF will need to secure their support with other state actors in order to endorse their norms and make norm socialization as part of their agenda. The second

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14 Ibid., 895
stage is where the norm must become institutionalized, where rules and regulations are implemented.\textsuperscript{15}

We have seen this taken actively through UNICEF’s Convention on the Rights of the Child that was enacted nearly over 25 years ago. This is where we see where institutionalization in International law or rules of IOs contributed to the possibility of norm cascading or spreading by clarifying what the norm is and what constitutes violation and by spelling out specific procedures. Leaders coordinated disapproval for norm breaking. When norm activists have persuaded a critical mass of states to become norm leaders and adopt new norms, the norm reaches a threshold or tipping point. Empirical studies suggest that norm-tipping rarely occurs before one-third of the states in the system adopt the norm. The second stage which is \textit{the Norm Cascades}, is a process of international socialization which involves diplomatic praise or censure reinforced by material sanctions and incentives.\textsuperscript{16}

I am going to argue against Finnemore and Sikkink. Human rights norms do not cascade nor spread globally because Kenya and Brazil continue to have children’s rights violations, even though there are laws implemented to follow those norms. If the country’s leaders are not allowing the social construction of the norms, how can they spread? Norms cannot spread in three stages that Finnemore and Sikkink argue because actors conform to norms out of choice. Therefore, if the country does not want to follow Universal Declaration of Human Rights, United Nations Treaties, Convention on the

\textsuperscript{15} Ibid., 895
\textsuperscript{16} Ibid., 902
Rights of the Child and want to continue being corrupt, human rights norms cannot cascade. Actors will choose which rules or norms to follow in a given situation.

Alexander Wendt is known for his work on norms. In his book, *Social Theory of International Politics*, he makes two arguments: (1) anarchic structures construct their elements and (2) anarchy can produce three logics of macro structure based on what kind of roles (enemy, rival, and friend) dominates the system. Structure is defined to be shared ideas or culture of an anarchic system, and these structures and roles are instantiated in states’ representations of Self and Other and acquire logics and tendencies that persist through time through ensuring practices and collective representation. Wendt argues that states in the system are functionally differentiated, and this functional differentiation depends on role differentiation, which care attributes of structures, not agents.17

Moreover, he explains that behaviors are reflections of self-fulfilling prophecy which is due to agency and social structure. His argument is that states’ actions will alter the social structure -if a state militarizes, others will feel threatened and militarize. In effect, a security dilemma is created.18 On the other hand, if states trust one another and identify with one another, a security community is formed, and thus any member of the international community that violates internationally-accepted principles, may very well face collective action. In other words, the structure of shared knowledge that states subscribe to, will determine their actions. To this end, Wendt makes the point that

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18 Ibid., 392
‘History Matters.’ Structures are not created by God or any other form of higher power, but rather from experience.

He attempts to bridge this gap, where low importance is usually given to norms within international relations theory. Wendt, like many other constructivists, claims that norms are essential in shaping the states end goals as well as state preferences (including powerful states). Similarly, he identifies norms that stem from interaction as “rules and behavioral regularities which are external to the actors and which resist change because of the transaction costs of creating new ones.” He depicts this practice of norms as somewhat unintentional as such that even if the process of restructuring interests was not initially, intended it may occur simply because of a shared commitment to certain social norms that have already been agreed upon or understood. Wendt believes that this often results in positive interdependence.

I disagree with Wendt because I do not think that norms alone shape states. I also do not agree that when states trust each other, they comply to norms. If that was the case, then the United States would follow all the norms that they have created. The United States have had a tendency to create and implement laws, however they do not ratify these international treaties. Given an example of the United States, they signed the Convention of the Rights of the child in 1995, however according to UNICEF, the ratification process has not happened.

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19 Ibid., 421
20 Ibid., 411
Constructivists try to develop and place from the international sphere that what really matters is the internal norms. IR constructivism has led to new and important questions, for example, about the role of identities, norms and causal understandings in the constitution of national interests, about institutionalization and international governance. This is clearly seen on The New Institutionalism and Africa,” journal article by Robert H. Bates, who argues that institutions shape the social and political world. Therefore, the power invested in institutions can be a productive resource for policy makers. The power of institutions is only productive when institutions are properly organized. Incentives in institutions provided to actors are smartly and properly designed, so that they will be incentivized to invest in public goods or public works instead of a legally instructive goods. For example, if you want to prevent corruption in your state, you set up a very strong watch dog organization to keep an eye on potentially corrupt state officials and then you impose corruption penalties if they are caught. That might be fairly common set of incentives within institutions, to prevent corruption. According to Bates, state institutions are mostly able to function well because of political competition.23

Political competition is important because it helps to keep leaders accountable. For example, If I don’t like what you are doing, I will vote you out of the office. Because you think that there is a credible threat of a possibility, to be reappointed, to be reelected, one is more likely to act more honestly, and more judicially. So a set of institutions checks and balances within a strong political competition, are highly developed in a

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political party system. This should lead both to highly effective institutions and economic growth and political stability.

Below, this thesis shows that Bates’ argument about effects of corruption is persuasive because well-functioning state institutions provide positive benefits – such as health services, and education and that such institutions, are missing in Brazil and Kenya. Therefore, corruption leads to dysfunctional states, thus creating flawed systems of government. This in the long run makes the systems of governance dysfunctional as a result of the systems being weak. Therefore, governments do not properly incentivize good behavior. Finally, Bates shows that the reason why violations of children’s rights in Kenya and Brazil continues, is because of flawed government systems. Bates argument connects to my central question: why are there conflicting changes of education and health care systems in Kenya and Brazil, which has led to violations of children’s rights.
Chapter 3: The Negative Impact of Corruption on Children’s Rights

Corruption is an obstacle to the realization of human rights in general, and is often a violation of human rights in and of itself. Corruption and its effects within the public and private spheres is not confined by state borders, nor is its impact on human rights. Corruption typically diverts funds from state budgets that should be dedicated to the advancement of human rights. It therefore undermines a state’s human rights obligation to maximize available resources for the progressive realization of rights recognized in Article 2 of the International Covenant on Economic, Social and Cultural Rights. Corruption undermines the fairness of institutions and processes and distorts policies and priorities. As a result, corruption damages the legitimacy of regimes leading to a loss of public support and trust for state and government institutions. Corruption impacts the ability of a state to protect and fulfill its human rights obligations and to deliver relevant services, which include education and health. Corruption leads to malfunctioning of judiciary, law enforcement, health, education, and social services.

In countries such as Kenya and Brazil, where corruption entrenches itself within the government, legal systems, and law enforcement - the fair administration of justice is made all but impossible. Justice is impeded by many of the government officials, judges, lawyers, prosecutors, police officers, and investigators entrusted to ensure it. This is the reason why corruption has a negative effect on the advancement of children’s rights – because those who are in positions of trust within the government are usurping their authority for personal gain.

Corruption limits Kenya and Brazil performing well. The social welfare system fails to cater for children’s health and education. According to 2016 Brazil’s country
report,\textsuperscript{24} it states, total health spending accounted for, is 9.3% of GDP in 2012. Brazil ranks below the OECD (Organization for Economic Cooperation and Development) average in terms of health expenditure per capita, with spending of $1,109 in 2012, compared with an OECD average of $3,484. Public funding sources accounted for is 46% of health spending.\textsuperscript{25} Moreover, the Brazilian government does not fully invest in education, which impacts children. According to a country report, there were protesters in Brazil, who held signs decrying corruption, poor public services and lack of investment in education and health.\textsuperscript{26}

Kenya’s government official would rather spend money on themselves, than spend of health and education systems. The problem of corruption is similarly endemic in Kenya. For example, when U.S. President Obama visited Kenya in 2003, he spoke of the cancer of corruption according to Daily Nation news article, “Corruption in Kenya 'worse than ever' says veteran campaigner John Githongo.” The article also reiterates that “The publication of an official audit found just one percent of Kenya government spending and a quarter of the entire $16 billion (15 billion euro) budget was not properly accounted for. This is the most rapacious administration that we have ever

\textsuperscript{25}Ibid., 21
had," said Mr Githongo. Corruption in Kenya has deepened and widened," since
President Uhuru Kenyatta came to power in 2013, he claimed."

This shows low limited government spending on health and education. This is a
clear violation of children’s rights, which are not being promoted in Kenya and Brazil
because of corruption. Disadvantaged groups such as, children in Kenya and Brazil are
vulnerable and they suffer disproportionately from their country’s corruption. Children
are often more reliant on public goods and services, and have limited or no means to look
for alternative private services. Therefore, corruption has negative effects on provision of
children rights. Corrupt leaders limit basic services for children because of embezzlement
of funds allocated to social programmes.

Doing two case studies of two different countries with different geography, history,
economic performance, cultural norms, and systems of government, provides a useful
window for understanding why Kenya and Brazil have difficulties keeping up with their
democracy, thus having difficulty implementing pro-child policies. Therefore, my
argument for my thesis will show that corruption and weak institutional oversight, led to
the poor implementation of children’s rights policies.

This research has allowed me to find that corruption leads to violation of the
government's human rights obligations which are, to protect the children. Both Kenya
and Brazil are perfect examples of states with high levels of corruption. Because
corruption is prevalent in these countries and there is weak institutional oversight of
public decision making, the government fails to take decisions with the interests of society

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in mind. This is because governments are part of the corrupt system. As a result, corruption in these countries damages the legitimacy of a democratic regime that is created to protect its people. Even though Kenya and Brazil have rule-of-law system, both the implementation of existing legal frameworks and efforts to reform human rights laws and treaties, they fail to act on those laws. Therefore, this research shows that countries with less corrupt judicial institutions are more likely to comply with human rights agreements.

What matters in my theory within the development of this research is government corruption. I am going to examine in depth how human rights principles found in official documents from the United Nations Convention on the Child, The Universal Declaration on Humans Rights, the constitution of Kenya and Brazil, and the new 2030 Agenda on Sustainable Development Goals, are not acted upon because of government’s corruption. This research will not only look at comprehensive response to corruption, which includes effective institutions, appropriate laws, good governance reforms, it will look at the involvement of all concerned stakeholders within the government systems. Even though the role of national human rights institutions is to address human rights, it fails to act upon children’s rights violations that has been caused as a result of corruption.

There are a few qualities that I believe that make a good and effective government. A good and effective government is not corrupt because it cares about the well- being of its citizen.

A good government is accountable, transparent, follows the rule of law, and participates in advancing the entire community. A good government has an obligation to report, explain, and be answerable to the consequences of decisions it has made on
behalf of its population. It allows people to follow and understand the decision-making process. It is consistent and follows relevant legislation and the common laws within its jurisdiction.\textsuperscript{28} Moreover, good governance follows and implements the rule of law for their entire community.\textsuperscript{29} These qualities are the gaps that both Kenya and Brazil must contend with.


\textsuperscript{29} Ibid., 275
Chapter 4: Research Design

This paper will be based upon qualitative data and will consist of a comparative descriptive analysis of two country case studies: Kenya and Brazil.

I will be using Alexander L. George and Andrew Bennett’s theoretical frameworks through case studies. George and Bennett argue that case comparisons are critical to viability of small-n analysis” and have contributed to the move “to historicize the social sciences.”

Similarly, Charles Tilly emphasized the importance of what we call process-tracing in urging the theoretical propositions should be based not on “Large-N statistical analysis” but on “relevant, verifiable causal stories testing in different chains of cause-effect relations whose efficacy can be demonstrated independently of those stories.”

For the purpose of having concrete in-depth analysis of two different countries in different continents, the research will rely on theory oriented process tracing, which will point me in the direction of my research design and policy document analysis to examine why these countries have been ineffective in promoting access to education and health. In addition, as Alexander and Bennette argues that, by using process-tracing method, it will attempt to identify the intervening causal process to investigate which is the causal mechanism-between an independent variable (or variable) and the outcome of the dependent variable.

31 Ibid., 18
33 Ibid., 48
34 George, Alexander L., and Andrew Bennett.
Brazil and Kenya are particularly useful countries through which to carry out paired comparative research and process tracing. Even though these two countries have different geographical locations, history, culture and socioeconomic status, they share similar children’s rights violations and high levels of corruption. In other words, by examining two countries that are different in a number of ways, I am able to anticipate alternative explanations, like the spreading of norms, while highlighting the ways in which corruption works in each case to prevent the expansion of children’s’ rights.

Even though Brazil which is an emerging economy and more developed than Kenya, they share similar negative setbacks in democracy and corruption. Moreover, by comparing these countries, I will be able to answer questionable data on corruption that explains why they share similar behaviors and patterns in the systems of education and health. The research will use independent variables observed within systems that have been analyzed at a level of systems to determine relevant analysis by looking at different theories and using two country case studies to answer questionable hypothesis.

Education and health are seen as important parts of children’s lives in Kenya and Brazil. Since the Convention of the Rights of the Child in 1989 led by UNICEF, education and health care systems have been part of an ongoing struggle in Kenya and Brazil. Prior to Kenya’s independence in 1963, Kenya adopted the British education model system that led to an educational system known as 8-4-4. The system was created by the British colonizers, which meant that there would be 8 years of primary education, 4 years of secondary education and 4 years of university education. Even though the

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36 Ibid., 35
system was created to allow children to go to school, there are many children who are still not able to attend. Fifty-three years have passed and Kenya is still struggling to maintain equal education and health for all children.

Similar to Kenya, Brazil’s education system has struggled to extend to all children. Brazil’s education system began in the second half of the sixteenth century, when the Jesuits from the Companhia de Jesus (Company of Jesus) arrived in 1549. The elementary school of Salvador in the State of Bahia was also founded by the Jesuits. Even though their goal was established for religious purposes and spread spirituality, they also wanted to promote the education system in Brazil. For the next 210 years, Jesuits were responsible for primary and secondary system. Today Brazil is still struggling with their education system model, even though Brazil experienced a decade of rapid economic growth. One of the ways that Brazil has done to encourage poor families who live in the favelas (slums), is to take their children to school is by giving them financial incentive such as, Bolsa Familia (government family grant). Families in the favelas prefer their children to go work and bring money into the family, than going to school. Because of low rates of school attendance in Brazil, the government pays families a small sum of money through the Bolsa Familia, as long as their children go to school and attend to medical checkups. Regardless of Bolsa Familia incentive, Brazil continue to have low rates of school attendance, children are not receiving health care. As a result of children not going to school, Brazil has a reduction stagnate in education literacy rate. A lot of

38 Ibid
children in Brazil do not know how to read and write. This has not improved the educational system, thus proving government system of education to be ineffective.\textsuperscript{40}

In order to corroborate the main hypothesis and address the messy complexities of the issues of children’s rights in Kenya and Brazil, this research will gather data from official documents from the United Nations Convention on the Child, The Universal Declaration on Humans Rights, the constitution of Kenya and Brazil, and the new 2030 Agenda on Sustainable Development Goals.\textsuperscript{41} These document policies will be used to analyze and link the causation behind the failing systems of education and health care in Kenya and Brazil.

Chapter 5: Case Study on Kenya’s history patterns of government

Kenya has signed and ratified The Convention on the Rights of the Child along with other international treaties, and reformed their constitution. This shows that they agree that violation of children’s rights is right. However, Kenya’s system is fragmented in the areas of health and education. This is because of corruption originating from flawed government systems and the country’s failure, to uphold its’ judicial or rule of law systems. This chapter will show a brief history of Kenya and how its historical background leads to corrupt politics, thus taking away from the ability of Kenya to provide adequate health and education.

Kenya lies across the equator in east-central Africa, on the coast of the Indian Ocean. More than 40 ethnic groups reside in Kenya. Its largest group, the Kikuyu, migrated to the region at the beginning of the 18th century. The land became a British protectorate in 1890 and a Crown colony in 1920, also known as British East Africa. Nationalist stirrings began in the 1940s, and in 1952 the Mau Mau movement, made up of Kikuyu militants, rebelled against the government. The fighting lasted until 1956. The founding president and liberation struggle icon was Jomo Kenyatta and the country gained its’ independence in 1963. Kenyatta’s power and presidency went through rampant corruption until his death in 1978. The following President was Daniel

43 Ibid., 2
44 Ibid., 2
Toroitich arap Moi, who took power in a constitutional succession. The country was a de facto one-party state from 1969 until 1982 when the ruling Kenya African National Union (KANU) made itself the sole legal party in Kenya.\textsuperscript{47} Moi acceded to internal and external pressure for political liberalization in late 1991. The ethnically fractured opposition failed to dislodge KANU from power in elections in 1992 and 1997, which were marred by violence and fraud, but were viewed as having generally reflected the will of the Kenyan people. President Moi stepped down in December 2002 following fair and peaceful elections.\textsuperscript{48}

Mwai Kibaki took over power after Moi. His political party was National Rainbow Coalition (NARC), which defeated KANU candidate and former President Kenyatta’s son, Uhuru Kenyatta. Kibaki’s NARC coalition splintered in 2005 over a constitutional review process.\textsuperscript{49} Government defectors joined with KANU to form a new opposition coalition called the Orange Democratic Movement (ODM), which defeated the government’s draft constitution in a popular referendum in November 2005. Kibaki ran for another election in December 2007; however, his election brought charges of vote rigging from ODM candidate, who was his opponent, Raila Odinga.\textsuperscript{50} As a result of the acclaimed rigging of election, there was two months of bitter rivalry between two ethnic groups, Kikuyus and Luos. This led to more than 1,500 deaths.\textsuperscript{51}

\textsuperscript{48} Ibid., 63
\textsuperscript{49} Ibid., 65
\textsuperscript{51} Ibid., 60
Koffi Annan came and brokered a peace agreement in 2008 that produced a power-sharing accord, bringing Odinga into the government in the restored position of Prime Minister and Kibaki as the president. In August 2010, Kenya adopted a new constitution that allowed the role of Prime Minister at that time, nonetheless there would not be another prime minister after the next presidential election.52

Koffi Anan’s action was to allow Raila and Kibaki reform Kenya’s constitution in order to strengthen the institutions of Governance and address the long term differences that contributed to the violence, however corruption still prevails.53

When President Kibaki’s time was over, President Uhuru Kenyatta, the son of late Jomo Kenyatta, came into power in 2010.54 Even though he became the next president, he was facing trial at the International Criminal Court (ICC) in The Hague in a few weeks' time, for allegedly orchestrating some of the bloodshed in post-election violence in 2007, although he denied the charges.55 New York Times, *International Courts Ends Case Against Kenyan President in Election Unrest*, stated, “many of the killings were committed by bands of youth, and persecutors said among them were gangs armed, paid and bused by associates of Mr. Kenyatta.” This evidence showed the power of corruption in Kenya and politics.

The Guardian news reported that, U.S. Assistant Secretary of State for African Affairs Johnnie Carson warned before the election that “choices have consequences,”

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53 *Ibid.*, 66
widely seen as a recommendation that voters should back Odinga.\textsuperscript{56} Kenyatta’s actions and trial case at ICC on crimes against humanity, nonetheless Uhuru today walks free and is not rendered accountable for his criminal actions.\textsuperscript{57} Despite significant gains from the new reformed constitution in Kenya, abuse of power and corruption continues to thrive. Indeed, even though the country has signed and ratified human rights declarations, treaties, and modified its constitution, the laws and principles expressed in these documents, are seldom applied in practice by the judicial system. It does nothing.

\textbf{Power of Corruption in Kenya}

Human Rights Watch states, “Disbursing large sums of money without proper accountability and transparency mechanisms is of particular concern for a country like Kenya, given allegedly high levels of corruption.”\textsuperscript{58} High level of corruption mentioned by Human Rights Watch shows that Kenya ranks 25 percent out of 100 according to Corruption Perception Index.\textsuperscript{59} Giving Kenya money for public service, such as in the health and education system, ends up being misused. Therefore, because of corruption, proper systems should be put in place, to ensure that human rights violators are detected and accountable for their actions.

Because of the economic devastation fueled by corruption, the public sector that caters for health care and education systems are flawed while corrupt leaders fund

\textsuperscript{56} Ibid., para 7
themselves instead of the wananchi or civilians. Today Kenya scores 25 percentiles out of 100\(^{60}\) and rank 138 out of 168 in the Corruption Perception Index 2015. Corruption Perceptions Index measures the perceived levels of public sector corruption worldwide. The Corruption Perception Index shows that the Kenyan government and its institutions suffer from the rule of law, they lack real and systemic reform from their current constitution and their current president Uhuru, is not enforcing better jurisdiction to stop the corruption.

Kenya’s education and health sector programs are grounded in the principles of the 2010 Constitution, which affirms the right of all citizens to equitable, affordable, and quality health care, including reproductive health care and education. For children, the rights include basic nutrition, shelter, health care, and free and compulsory basic education. The constitution, however is weak. This is because corruption in Kenya continues to cripple education and health systems. The rule of law is weak and does not hold political leaders accountable for misuse of public funds that should be used for children. These actions show how corruption prevails and Kenya is not advancing the way the country should. As a result, children’s rights are violated.

Despite the gains in constitutional reforms, signing of international human rights treaties such as, The Universal Declaration, of Human Rights, Convention on the Rights of the Child, abuse of power continues to be prevalent in Kenya. This is clearly seen in the Corruption Index 2015, the rigging of post- elections in December 2007, which shows the subversion of the electoral process that led to the outbreak of violence, following the

highly contested presidential election. Corruption in Kenya is increasing, as is clearly demonstrated by recent money scandals from politicians and the President Uhuru. Due to underlying factors caused by corruption, there is impact of health and education systems in Kenya, which has held back advances in Kenya towards the rights of children. The challenges that children face on education, is mainly attributed to the government's unwillingness to follow international laws on education. These actions lead to violations of children’s rights such as teen pregnancies, and early child marriage. For instance, World Bank data shows that the percentage of teenage mothers between ages 15-19 is 18% in 2014. Moreover, the data also shows that adolescent fertility rate is 92/1000 women of ages 15-19 in 2015.\textsuperscript{61}

Image source: The World Bank\textsuperscript{62}

Impact of Education in Kenya

Kenya fails to follow international laws on children pertaining to education. Even though Kenya is a signatory of United Children Act (2001), Convention of the Rights of the Child, Universal Declaration of Human Rights (UDHR) and the country’s constitution, they fail to adhere to those decrees that gives the rights of children to


\textsuperscript{62} Ibid
education. Every child has the right to be educated from kindergarten to college in Kenya. “United Nations and Children Act (2001) recognized that education is a basic human right that every child must enjoy.”\textsuperscript{63} Kenya is a signatory of Convention of the right of the child that states in article 28

“States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all.”\textsuperscript{64}

Kenya does not adhere to (UDHR) Article 26 that states

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.\textsuperscript{65}

World Bank data shows that the adjusted net enrolment rate in primary education for both gender was (86.2\%) in 2012.\textsuperscript{66} Moreover, secondary school enrollment was


http://data.worldbank.org/indicator/SE.PRM.TENR
(57%) in 2012 according to World Bank. This data shows evidence that there are a lot of children missing school in primary and secondary school.\textsuperscript{67}

While there have perhaps been some improvements in school enrollment rates in Kenya, those improvements are largely concentrated in urban areas. Urban areas in Kenya are located in Central and Eastern part of Kenya, while rural areas are located in Northeastern part of Kenya. The majority of the country's population and the worst educational outcomes are found in rural areas, which shows lack of effective governance. For instance, according to Demographic and Health Survey (DHS), the evidence showed that in 2014, the total number of ratio attendance rate for primary education was 89.2% and in rural areas was 84.5%. Secondary ratio in urban areas was 43.6% and in rural areas 28.5%.\textsuperscript{69}

Data shows that education is impacted because of pregnancy. For instance, according to DHS, pregnancy rates are generally consistent with the pattern of fertility

\textsuperscript{68} Education in Kenya. The World Bank, 2015
depicted across the various subgroups. The proportion of women who are pregnant is highest in North Eastern region, which is 12 percent and lowest in Eastern and Central, which is 5 percent each.\textsuperscript{70}

Education is the single most vital element in combating poverty, and an educated population contributes to the socio-economic development of society and well-being of individuals within society (Fagerlind and Saha, 1983).\textsuperscript{71} Even though international treaties such as the Convention on the Rights of a Child (CRC), UDHR have been signed and ratified by the Kenyan government, there are still children missing school in Kenya.

Kenya has not strengthened its judiciary system. Therefore, there are cases of violations of children’s rights in the country. For example, there are cases of children being married by age 15 and thus limiting their education process. This becomes violation of human rights according to USAID. USAID policy brief, Country Development Cooperation Strategy 2014-18 state

The opportunity cost of educating children is high for many parents, and the promise of bride price is a powerful incentive for arranging a daughter’s marriage while some parts of Kenya have high numbers of child-headed households where schooling is just not an option.\textsuperscript{72}

Young girls who are married end up pregnant, thus not going to school. According to USAID report, “The Kenya Population Situation Analysis reports 103 in

\begin{thebibliography}{99}
\bibitem{70} Ibid., 67
\end{thebibliography}
every 1,000 pregnancies being attributed to girls between 15 and 19 years.” Moreover, USAID’s Lets Girl Learn Initiative shows an example of a girl in Kenya, who believed that her chances of education were small because she would be married off by her family.

“Nuru was an excellent student, her high test scores indicated real potential. Yet, coming from a poor family, she knew her chances for further education were bleak. She was certain she’d be married off to relieve her family's financial problems, and she abandoned her hopes of a medical career.”

According to UNICEF, child marriage before 18 is 6.2 percent. Even though, it is not a higher number, it shows evidence that Kenya’s government is not preventing child marriage. Kenya implemented and signed children’s rights laws on education; nonetheless they are not taking action of making sure the consequences for violating these decrees is held accountable. Articles 43 of the Kenyan Constitution states that every person has the right to education, however because of corruption, the constitution is not followed.

**Kenya: Impact of health in Kenya**

Kenya continues to not follow any rule of law that leads to flawed system that impacts children on their health. For example, the constitution of Kenya state

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73 Ibid., 15
“43. (1) Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; and (f) to education.”\textsuperscript{77}

The fact that Kenya does not follow health care services that is included in the constitution, affects children. For instance, one of the impact of health is FGM, which is a violation of children’s rights even though some ethnic groups consider FGM as a ritual for young girls. FGM is a violation on article 47 of the convention of the rights of the child that Kenya signed to. Sadly, FGM is still an important part of the rite of the passage of Kenyan ceremonies for a lot of tribes such as Somali, Kuria, Sabot, Maasai, Pokot, Samburu, Rendile, Meru and many others across the country. These tribes believe that FGM controls sexuality by insuring that a woman’s virginity prior to marriage leads to chastity. These practices bring implication of health and psychological trauma that affects females.\textsuperscript{78}

Children who undergo FGM or circumcision do not have a say in the practice, they are forced by their parents, relatives or the society. As a result, they become fearful, traumatized, and distrustful. The whole process happens when the children are between the age of 13 to 17 and that takes away their identity that they know. In addition, sometimes FGM and circumcision practices are not done hygienically therefore putting the children vulnerable to diseases that are brought from sharing tools such as, razor blades, knives, pieces of glass or scissors. There are health consequences because of

germs passed down from one child to the other. Bleeding excessively can traumatize children. Long-term health risks are infection of H.I.V, because one child could have H.I.V. According to UNICEF from Human Right Report,

"one-third of girls and women between the ages of 15 and 49 had undergone FGM/C. Of the country’s 42 ethnic groups, only four (the Luo, Luhya, Teso, and Turkana, who together constituted approximately 25 percent of the population) did not traditionally practice FGM/C. In 2008 the Ministry of Gender and Children’s Affairs reported that 90 percent of girls among Somali, Kisii, Kuria, and Maasai communities had undergone the procedure. The rates among other communities included Taita Taveta (62 percent), Kalenjin (48 percent), Embu (44 percent), Meru (42 percent), Kamba (37 percent), and Kikuyu (34 percent). The World Health Organization (WHO) provided a statistical data that showed that FGM in Kenya is 27 percent. FGM cases are illegal in Kenya, nonetheless, the cases are not taken seriously because of corruption, thus affecting children. Even though government officials often participated in public awareness programs to prevent the practice and want the perpetrators to be arrested, police are often bribed and the practice continues to be unchecked.

The government of Kenya is responsible for making sure that they are combating early child marriages that limits children from attending school, and making sure that

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harmful practices, such as, FGM is disallowed. Since Kenya signed and ratified international treaties on children rights and implemented laws on children’s violations in their constitution, they are accountable for these actions.
Chapter 6: Case Study on Brazil and history patterns

Brazil has also signed and ratified The Convention on the Rights of the Child along with other international treaties, and reformed their constitution. This shows that they agree that violation of children’s rights is wrong. However, Brazil’s system lag in the areas of health and education because of corruption, which is largely as a result of government flawed systems that is connected to weak judicial or rule of law systems. This chapter will show a brief history of Brazil and how its historical background leads to corrupt politics. Moreover, this chapter will show how Brazil’s corruption leads to adequate health and education.

Brazil’s history is complex. Its political complexity leads to dysfunctional health and education systems, thus affecting children. Brazil system is fragmented and is linked to corruption and it all began in five historical eras. Brazil’s history can be divided in five eras: colony, empire, republic, era of Getúlio Vargas and military to civilian rule from 1964-2000. In those eras, Brazil has had more than 30 rulers, thus contributing to an imbalance of a country’s system stability.

According to Joseph Smith, “History of Brazil,” during the colonial era, it lasted for three centuries. During that time, the land was colonized and conquered by Portuguese. At the same time a society of ethnic diversity emerged and economic patterns of boom and bust was experienced by the sugar and mining industries. In 1822, Brazil declared its independence, however it remained a monarchy until 1889 when the country became a republic. The era of Getúlio Vargas in 1930-1964 and the military era in 1964-2000 were two eras in Brazil that are the root of all instabilities of institutions that Brazil

continues to face till today. Vargas was a civilian and liked to use the military and it’s system. He used his influence to make his military powerful and anyone that did what he wanted was given Tonentes (Jobs and land) as a tool of manipulation.

In 1932 there was a coup attempt called Sao Paulo Paulistas. This coup was led by a republican party that revolted against Getúlio Vargas. Commanded by General Bertold Klinger, backed by 40,000 troops mostly drawn from the state Forca Publica, the rebels declared their aim of leading a national movement to overthrow Varga’s dictatorship and restore constitutional government. Surrounded by more than 75,000 troops, to block the sea and the air, it helped Vargas gain respect in the country, however he didn’t win the people over. On July 17, 1934, he won election and served for another 4 years. He put 50 appointed class representatives. In 1935 the communist party was created, which was known as the Partido Communista Bras (PCB) led by Captain Louis Carlos Prestes.

Vargas was scared of the communists (they got support from the church). Because of communist fear, in 1935, Congress gave him power to National Security Law. That meant that anyone that was against him, went to jail. He sentenced 16 leaders who opposed him. Even though he was supposed to run for one term, he ran again in 1940 (Continuismo). Corruption behavior led by Vargas arose. He created fake crisis situations, including fake documents that said that the intregistas also known as the rebels, will kill leaders allowing him to run more. He was seen as a hypocrite because he was fighting against the paulista (coffee producers). In 1933, he cancelled the elections. The military wanted to open the government. Vargas bribed political leaders with

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82 Ibid., 139-193
83 Ibid., 150
84 Ibid., 142
85 Ibid., 144
86 Smith, Joseph., 171
generous financial appropriations and promotions. In 1938, the palace was attacked and he lost power. He was forced to seek exile and as a result, he ran to Portugal.\textsuperscript{87}

Vargas was a cunning dictator; however, he was honored as a big Hero. Even though the Paulistas resented him, he favored the workers and middle class. He was the first to establish the minimum wage, which was known as the Salarias minimum. He abolished the previous constitution and started a new constitution that led to the new state called Estado Nôvo.\textsuperscript{88}

During the military era (1964-2000), Humberto Castello Branco became the first of five generals to rule Brazil. During his time, there was an economic stabilization. He stabilized the economy by promoting exports more than imported foreign goods to foster the country’s economy. Brazil was able to export cheaply and as a result, there was an increase in prices of commodities. One of the reasons of a stable economy, was that there was a minimum of scrutiny.\textsuperscript{89}

Branco was followed by Artur Costa e Silva. During his time, there was an economic miracle. Costa e Silva ruled during the economic expansion and favored the money supply in the industrial capacity. He emphasized control of prices and also looked at increasing wages. Inflation remained at a low rate and during this time frame, they were considered to have an economic miracle. Exports doubled in value. Brazil was doing well economically. Brazil became a major exporter of coffee, beans and the automobile industry increased.\textsuperscript{90}

\begin{flushright}
\textsuperscript{87} Ibid., 152 \\
\textsuperscript{88} Ibid., 156 \\
\textsuperscript{89} Ibid., 195 \\
\textsuperscript{90} Ibid., 200
\end{flushright}
Emílio Médici ruled in 1969 after the military ruler Silva who suffered a stroke. During Médici time, he led a dictatorial Government. During his presidency, “170 opponents were killed and many were tortured in army and police cells. For many Brazilians, the principal memory of the Medici years was the pervasive fear of being caught up without documents and vanishing during a police sweep.”

After President Médici, Ernesto Geisel, and João Figueiredo lead Brazil in 20 years of military rule that still haunt the nation today “Surrounded by tanks and technocrats, the military brought about the "economic miracle" of the 1970s. However, it did not last. Their pharaonic projects -- from hydroelectric and nuclear power plants to the conquest of the Amazon -- never completely succeeded, and inflation soared. Power was to go peacefully back to civil hands in 1985.” Brazilian’s economy crumbled as a result of Médici, and Guisel’s projects. These evidence shows that Brazil has had a history of political corruption led by corrupt leaders that has been a gap in having stable institutions.

Instability continues to persist today under the rule of President Dilma Rousseff. Rousseff was elected in a runoff on 31 October 2010, and took office as Brazil’s first female president in January 2011. President Dilma corruption scandal on embezzlement of money from Petrobras (Brazil’s semi-public energy company) is exposed on a Yale

article, “Brazil’s President Dilma Rousseff: A Lame Duck with Four Years to Go,”\textsuperscript{93} which states

“The scandal broke out in March 2014, when the Brazilian federal police began investigating a money-laundering scheme within the national energy company. The scheme worked by inflating the cost of Petrobras’ projects and contracts, and then channeling the extra revenue to Petrobras directors, CEOs of private companies, and politicians, of which members of Rousseff’s own Partido dos Trabalhadores (Workers’ Party or PT) were the main benefactors. More than forty high level politicians—including the presidents of both houses of Congress and the chairmen of multiple political parties—are under investigation.”\textsuperscript{94}

The consequences of Petrobras corruption scandal led by politicians in Brazil instigated severe economic repercussion on national economy, leading to huge monetary losses. For instance, On April 23, 2016, “Petrobras published results showing an overall loss of US$7.2 billion, with US$2 billion estimated to be money lost to corrupt individuals.” Petrobras company plays a significant role in Brazil’s economy with annual revenues of about 8 percent of GDP. The consequence of the loss puts more constraints on an already fragile economy.\textsuperscript{95}

\textbf{The power of corruption in Brazil}


\textsuperscript{94} Alvarez, Luis Ferreira. \textit{Brazil’s President Dilma Rousseff: A Lame Duck with Four Years to Go.}

\textsuperscript{95} \textit{Brazil’s President Dilma Rousseff: A Lame Duck with Four Years to Go}
Brazil’s corrupt patterns have continued since President Dilma Rousseff took over, which includes high profile corruption scandals and misuse of public funds. As a result of misuse of funds, bad governance and weak judicial system, wide spread deficiencies afflict health and education system because of corruption. Brazil’s international rankings suggest that corruption in Brazil is not more widespread than in other Latin American countries. Additionally, on Transparency International's Corruption Perception Index 2015, Brazil scores 38 on a scale from 0 (highly corrupt) to 100 (very clean) and ranks as number 76 of 168 countries in the world. It has been calculated that corruption costs the equivalent of between 1.4 % and 2.3 % of Brazil's GDP each year. Dilma Rousseff's almost four years in power have been marked by several corruption affairs, which have forced seven ministers and various high-level officials to resign.

President Rousseff has not tried to defend the country’s ministers accused of corruption. She has not tried to prevent them from leaving the government, but has taken a strong stance against corruption and has promised to continue efforts to clean up the government and public administration, however she has had corruption scandals. The most serious potential implications for the political leader’s scandal has been the 'mensalão' ('big monthly payment') affair, which involves the governing Partido dos Trabalhadores, (PT) also known as Workers’ Party in Portuguese.

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During her presidency, Rousseff’s administration announced in 2012 that it was turning to the private sector to rebuild the country’s outmoded infrastructure. At the beginning of President Rousseff’s second term in 2015, Brazil was in a severe economic crisis, mismanaged institutions and amidst one of the largest corruption scandals in its history. For instance, President Dilma Rousseff was warned that she could face impeachment because of public anger over corruption, inflation and unemployment. Moreover, there was a court audit that was looking into her scandal allegations that showed that “the government illegally bumped social security payments on to state banks to dress up the fiscal balance sheet, which if proven could also lead to impeachment procedures.”

In the past 30 years, Brazil has had many unstable leaders. As a result, Brazil has undergone an institutional instability, political and economic crisis in the public and private sector. As a result, health and education systems continue to be weak, hence affecting children.

Impact of Health in Brazil

Though Brazil has experienced development driven by government reforms and the country’s emerging market, there has been levels of inequality in Brazil, which remain among the highest in the world and large inequalities remain in access to public services such as, health. Brazil is not fulfilling their actions and commitments that they signed up for with children’s rights, which continues to be an issue in the country thus impacting innocent children.

“Brazil is a founding member of the United Nations (UN) and a signatory of the Universal Declaration of Human Rights, which was adopted and proclaimed by General Assembly resolution 217A (III) of December 10, 1948. Article 25(2) of the Universal Declaration enunciates that motherhood and childhood are entitled to special care and assistance and that all children, whether born in or out of wedlock, shall enjoy the same social protection.\(^\text{100}\) This treaty shows that Brazil made a commitment to children’s rights, however because of corruption, these laws are weak. For instance, during the Rio Olympic in Brazil, mothers and children become victims of homelessness. They lost their homes because the stadium had to be build. Moreover, the parents and their children lost access to social services, such as health.

Brazil signed up for The Convention of the Rights of the Child through UNICEF. As seen on the Report of the Federative Republic of Brazil on the attainment goals set at The World Summit for Children on September 2001, it states, “The Convention on the Rights of the Child, which was unanimously adopted by the United Nations General Assembly in 1989, is a comprehensive set of international legal standards meant to protect the well-being of children and adolescents. The Brazilian government signed the Convention on 26 January 1990 and ratified it on 24 September of the same year. The instrument of ratification was deposited by the then President Fernando Collor de

The Brazilian government has been unreliable in their commitments and because of their lack of commitment in protecting the children especially in the slum areas. For instance, a report from The Guardian stated, “Gabriel, a 13-year-old boy who was hit by a bullet while playing marbles after the army moved in to the Complexo da Maré favela complex ahead of the World Cup.” Issues of security also affect children. For instance, children in Brazil are hurt because of police brutality and the government has not taken tight actions. According to Daily Mail News,

There were 416 people killed last year in Rio de Janeiro state, giving it the highest per-capita rate. The study said 50,806 people were killed in all homicides last year, about one every 10 minutes. Nearly 70 per cent were black and more than half were aged 15 to 29. This shows how institutional entities are hurting the rights of children, especially in regards to heath because they are hurting them physically. Healthcare in Brazil is a Constitutional right, which means it is provided by both private and government institutions.

The Health Minister administers national health policy. In Brazil, primary health care remains the responsibility of the federal government, elements of which (such as the operation of hospitals) are overseen by individual states. Public health care is provided to

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104 Ministério do Planejamento website, "Constituição Federal (Artigos 196 a 200)."
all Brazilian permanent residents and foreigners in Brazilian territory through the National Health Care System, known as Unified Health System (USS). USS also called the SUS is also known as, "Sistema Único de Saúde," which is universal and free for everyone, however there are ongoing health issues in the northern part of Brazil. The Northeast region faces the worst health conditions in the country. In the Northern region, poverty is prevalent, thus resulting in children facing poor living conditions and needing medical attention for widespread diseases.

The need for improved health care is an important issue throughout the country. Brazil has a public health care system; however, its coverage is not extensive. For example, according to World Policy Institute, “Thousands of Brazilians who have government—but not private—health coverage waits years for surgery.” This affects all Brazilians including innocent children from low social economic status. Moreover, in the editorial article,” Child health in São Paulo, Brazil: doing things right but with new concerns about anemia and asthma,” the author Paulo Andrade Lotufo argues that those children who come for low social economic status face more health issues than those from high economic status because they lack private health insurance. The article argues, “Over the time span from the first to the second survey, there was a significant reduction in the average hemoglobin concentration (from 11.6 g/dl to 11.0 g/dl), as well as a considerable increase in anemia prevalence (from 35.6% to 46.9%).

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Unfavorable trends were observed in both sexes, all age groups and all income strata. Trends were still less favorable among the poorest families, aggravating the social burden related to child anemia.”107

For the population who use the public health care system, services are limited to basic immunizations and emergency care in the public hospitals or clinics. There are also shortages of doctors, nurses and hospitals in areas of low population, which is a problem in northern regions of Brazil. More densely populated areas including major cities like Sao Paul, Rio de Janeiro, and Salvador have more qualified physicians however they face greater issues of poverty unlike other regions. A journalist in Rio De Janeiro, who reports news and does documentaries in the favelas stated, “There is corruption in Brazil, there are limited health equipment supplies, the hospitals are crowded with less doctors and nurses to take care of the patients. Because the doctors are few, they get frustrated and they are not motivated, which affects the outcome of the patients’ recovery. In addition, in order for any patient to get full attention and health care, they have to be well connected at the hospital. Moreover, the journalist from the favelas also stated that it all comes down to who you know and if a patient does not know anyone, he or she can wait at the public hospital for hours and days.”108

Due to the prevalence of poverty in major cities, providing adequate health care to these people becomes a difficult task. About one-third of Rio de Janeiro’s ten million people live in extreme poverty in city favelas. There are over seven hundred individual favelas in Rio de Janeiro alone that face sanitation issues. I was able to tour one of these

slums in our travels called Mojo Morro do Cantagalo favela. I met the Director for the community in the favelas, who was able to provide a lot of information. Although I was surprised at the friendliness and upbeat attitudes of the people residing there, it was clear that their sanitary and health conditions needed a lot of attention. They have inadequate sewage disposal, which was obvious to me from the poignant odor smelt while passing through the area. According to the Community Director, the majority of people living in favelas drink dirty water, they have poor living conditions and children are malnourished from improper nutrition and widespread diseases. Infant mortality is very common in these areas. The Community Director also stated that it is vital that efforts need to be made to help improve the health and the lives of the millions living in poverty in Brazil.  

An image from favela in Rio de Janeiro, by Charlette Lopez

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Infant mortality is a serious issue in Brazil, especially in favelas and the Northeast region of the country. More than half of infant deaths occur in the Northeast region of Brazil. Several factors contribute to the high infant mortality rates, including diseases, poor health care, poverty and birth-related issues. There are diseases that are common among newborns, especially in impoverished areas where basic necessities are lacking. As seen on World Health Organization Statistical profile, the most reason for the children’s death is children being born premature, congenital abnormalities, birth asphyxia. (Birth asphyxia occurs when a baby doesn't receive enough oxygen before, during or just after birth). There are many reasons that birth asphyxia may occur. Some of the causes are due to decreased oxygen before or during the birth process may include: Inadequate oxygen levels in the mother's blood due to heart or respiratory problems or lowered respirations caused by anesthesia. In addition, low blood pressure in the mother, inadequate relaxation of the uterus during labor that prevents oxygen circulation to the placenta and so on). Neonatal sepsis is also another serious children disease. (Neonatal sepsis is a blood infection that occurs in an infant younger than 90 days old. Early-onset sepsis is seen in the first week of life, which happens after 1 week and before 3 months of age. Neonatal sepsis can be caused by bacteria such as Escherichia coli (E.coli), Listeria, and some strains of streptococcus. Other children diseases such as, herpes virus can also cause a severe infection in a newborn baby), Acute Respiratory infections, injuries, diarrhea, pneumonia, respiratory infections, measles, smallpox, and so on. According to

WHO, over 60% of preterm births occur in Africa and South Asia (Figure 1). The 10 countries with the highest numbers include Brazil, the United States, India and Nigeria, demonstrating that preterm birth is truly a global problem.\(^{113}\)

**Data source:** WHO\(^ {114}\)

All these health issues on WHO data shows that there is lack of availability of medical care for children and more work needs to be done in Brazil.


\(^{114}\) Ibid., 2
It is clear that Brazil needs to make improvements in health care and the high rates of poverty throughout the country, is getting worse. Some social programs have taken actions, such as the Medicines Sans Frontieres\(^\text{115}\) (Doctors without Borders), in efforts to help those in need, Non-Governmental Organizations such as *Terra dos Homens* (NGO that assists homeless children on the streets and they also assist poor families with healthcare and professional development),\(^\text{116}\) and WHO (World Health Organization). In addition, UNICEF organization have worked hard along with other NGOs to make the constitutional rights of children strengthened in Brazil in order to protect children that face poverty, hunger, violence and health issues.\(^\text{117}\) These groups help in ways such as focusing on improving health care for mothers and children, preventing and treating communicable diseases. They also hold campaigns to help inform and sensitize the public on the plight of the homelessness. These organizations have been successful in minor improvements of poverty and health care, however further advancement and funding is essential to make any significant improvements to the country. Health care is a major issue in Brazil today and Brazil has had children violation issues because of their reluctance. For example, according to Committee on the Rights of the Child, they held Brazilian government accountable on issues on children who have no access to health care and psychological assistance. The Committee of the Rights of the Children noted that even though there has been significant reduction changes in child mortality rates, there are still lagging population of children in the rural areas covered by health plans.


52. “The Committee welcomes the State party’s efforts to improve Brazil’s health level, in particular the establishment of the Minimum Healthcare Allocation (PAB) in 1998. The Committee further notes the reduction of the incidence of child mortality as well as the positive changes observed in the child profile and in the HIV/AIDS incidence. Nevertheless, it is concerned of the low percentage of the population who are covered by at least one health plan and at the inequality in access to health services. The Committee is also concerned about health conditions, particularly of children who reside in rural areas, resulting in marked disparities in the quality of health services provided and of the lower socio-economic segments of the population in the North and North-east regions.”

Non-Governmental Organizations such as Doctors without Borders, World Health Organizations, Terra dos Homens, journalists, and community liaison for children who constantly report on Brazil’s issues of children’s rights to UNICEF, and the Committee of the Rights of the children, continue to show the poor living conditions and the serious issues of poverty, sanitation and diseases seen in Brazil.

**Impact of Education in Brazil**

Although Brazil education is compulsory to most primary school to all, there is lack of children’s education. Most of the Primary schools are maintained by the municipalities or the states that they occupy. This means that the elite cities or states have better schools than their poorer counterparts. This as a result, leads to children lacking

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resources and amenities for school, and the children suffer and receive a lower level of education.\textsuperscript{119} This shows that education system in Brazil is flawed.

Childs Rights International Network compiled a report from the UN Working Group on the Right to Development, who reported that children who come from poor communities such as the favelas, do not attend school because of malnutrition, as this makes them unable to develop intellectually and to adjust to the social environment of a school.\textsuperscript{120} Child labor is also an issue in Brazil, which violates CRC, UNDHR, and the country’s constitution. Even though child labor is a violation of children’s rights, there are a lot of children who work under the age of 16 to supplement the family’s income.\textsuperscript{121} A lot of families in the favelas communities also encourage their underage children, to join gang membership and sell drugs. As a result of families desperately trying to earn money, their children end up missing school.\textsuperscript{122}

Because of corruption in Brazil, child labor laws are not enforced, which impacts children’s education. According to International Labor Organization (ILO), they created a program called Achieving Reduction of Child Labor in Supporting of Education (ARISE), to address and identify social and economic factors that encourage small-scale tobacco farmers to employ children in dangerous work. Worst child labor is found in tobacco growing communities.\textsuperscript{123} The Brazilian government, does not try to hold the parents accountable for those violations of labor laws thus showing flawed systems of

\textsuperscript{119} "BRAZIL: Persistent Violations of Children's Rights."
\textsuperscript{120} Ibid., para 12
\textsuperscript{122} Ibid, para 12
government that is supposed to protect children from labor violations that impact their education.

According to Human Rights Watch organization, a researcher Margaret Wurth, reported that children labor laws are violated in Brazil and it is a global issue as U.S sets the same example. Wurth reported about Brazil,

I learned that Matteo, who attends the local high school and hopes to study microelectronics, does help on the farm in the summer, but not nearly as much as his older sister did. He takes water to his parents in the fields. He loads piles of brittle; dried tobacco leaves into a wooden crate to form bales that weigh more than 130 pounds. Every so often, he helps his parents harvest tobacco, picking the thick green leaves by hand and holding them under his arm.124

Children who come from low socioeconomic status are not able to go to school because they cannot afford tuition fees in private schools. As a result, they go to public schools. In public schools, there are not enough teachers who are trained, teachers retire early after 25 years thus limiting numbers of teachers to teach. Children in public school have a high percentage of illiteracy since they are not properly taught.125 For example, according to The Economist article, ‘No longer bottom of the class,’ argues that “But the recent progress merely upgrades Brazil's schools from disastrous to very bad. Two-thirds of 15-year-olds are capable of no more than basic arithmetic. Half cannot draw inferences

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from what they read, or give any scientific explanation for familiar phenomena. In each of reading, mathematics and science only about one child in 100 ranks as a high-performer; in the OECD 9% do. Even private, fee-paying schools are mediocre. Their pupils come from the best-off homes, but they turn out 15-year-olds who do no better than the average child across the OECD.”

Teachers are absent in class and there is mismanagement in the public school systems. The article states, “Teachers can be absent for 40 of the year's 200 school-days without having their pay docked. More than a tenth of spending goes on pupils who are repeating grades: an astonishing 15% of those graduating from secondary school are over 25.” This evidence shows that, there are inappropriate and mismanaged policies in place that allow teachers to take many days off.

\[126\] Ibid., para 6
\[127\] Ibid., para 7
Conclusion: Chapter 7

International Relations (IR) constructivism has led to new and important questions. Questions have been raised about the role of identities, norms, and causal understandings about the nature of national interests, about institutionalization, and about international governance. This has given me the opportunity to look at IR roles of these questions to further my research on Kenya and Brazil. Even though Kenya and Brazil have a different history, economic performance, cultural norms, and systems of government, they provided a useful research opportunity for my empirical puzzle that I was looking for. Using Kenya and Brazil as case studies for evaluating the challenges that states have in terms of keeping their international commitments to develop children’s rights. Conducting this research has allowed me to understand Kenya and Brazil, and what has led to violations of children’s rights within these two states.

Kenya is a developing country and because of its history, it has fragmented political systems. This fragmentation has resulted in the weakening of state institutions for justice, and has ultimately led to corruption. Brazil, which is a developing country, is similarly fragmented in its political systems, resulting in a similar path to corruption. Even though both Kenya and Brazil have signed and ratified international treaties, such as the The Convention on the Rights of the Child, Universal Declaration of Human Rights, and reformed their constitution in an attempt to implement and demand greater reforms on children’s rights issues, corruption surpass those decrees.

The purpose of this paper was trying to seek and to understand why developing states do not implement pro-child policies even after signing international treaties while promoting children’s rights. My hypothesis for this project was that Kenya and Brazil are
not acting on their children’s rights laws because of high levels of state corruption. Therefore, my thesis showed that corruption and weak institutional oversight led to the poor implementation of children’s rights policies. When comparing Kenya and Brazil through the data found in the case studies on health and education, I looked at history and political patterns, the power of corruption that is linked to health and educations systems that are flawed.

Kenya has had only four presidents and Brazil has had more than 30 political leaders, however both countries have had fragmented government systems and there has been high levels of state corruption. According to Corruption Perception Index in 2015, Kenya scored 25 percentiles out of 100 and ranked 138 out of 168. Brazil scored 38 percentiles out of 100 and ranked 76 out of 168. Even though Kenya and Brazil have enough resources to fund health care and education for children, their government has been corrupt. According to data analysis, it stated that both countries have bad governance and weak judicial system that has impacted health and education through corruption. Corruption is evidently seen in Kenya when there was rigging of post-elections in December 2007, which showed the subversion of the electoral process that led to the outbreak of violence following the highly contested presidential election.

The case study of Kenya showed evidence that even though children have the rights that include basic nutrition, shelter, health care, and free and compulsory basic education, children still face lack of those resources. For instance, one of the impacts of health is when children undergo bad practices of FGM or circumcision, which is a violation of health for children. Moreover, FGM sometimes leads to H.I.V when circumcision tools are shared without sterilizing. Evidence of corruption linked to health.
For instance, when FGM is reported, the Kenyan police are often bribed and the practice continues to be unchecked.

Kenya revealed that even though education was free and compulsory, children are not going to school. For instance, the evidence showed that teen pregnancies, early child marriages, and child labor lead children to not go to school. All the three factors, shows violation of children rights, however limited action is taken because of corrupt and fragmented education system in Kenya.

Brazil’s case study revealed that there was low rates of school attendance, As a result of early child marriage and child labor. Moreover, Brazil has a reduction stagnate in education literacy rate because the school does not have trained teachers and a lot of teachers are missing school equivalent to 40 times a year. Corruption is linked to education because the government does not do anything to hold these teachers accountable and they are not putting funds to elevate educational programs for children.

Brazil’s case study revealed that children, who come from low social economic status, face more health issues than those from high economic status because they lack private health insurance. The public insurance available in Brazil is called SUS, which is also known as, "Sistema Único de Saúde." This National Health System is universal and free for everyone; however, the insurance can take long for health coverage. As a result, the slow process hinders children from low social economic status to receiving immediate medical attention.

Evidence that show how corruption is linked to health is seen in that data that showed how public health care system services are only limited to basic immunizations and emergency care in the public hospitals or clinics. As a result, children are affected
because of limited resources, thus leading to low child mortality rate. Additionally, because of lack of insurance, poor families are not able to go to the hospital. As a result, it has led to preterm of death. The data shows that Brazil has the highest number of preterm death (60%), which is a global trend.

Policy and action is necessary in Kenya and Brazil on health and education systems. When implementation and enforcement measures are increased in Kenya and Brazil on health and education, and allow both states’ governments to pass larger affirmative action policy for accountability and responsibility, there would be stronger institutions.

Although corruption is at the root of deficiencies found in the health and education systems in Kenya and Brazil, these deficiencies are not experienced equally by all citizens. This research shows that majority of the country's population, as well as the worst educational and health outcomes, are found in rural areas. Moreover, the people who live in the rural areas of Kenya and northern Brazil lack equal access to healthcare and education because of poverty. Perhaps poverty is the leading force that denies most citizens access to quality health care and educational opportunities. It comes as no surprise that elite communities in Brazil and Kenya have access to quality, private health care and education.
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