

EXECUTIVE SUMMARY

COMMUNITY-BASED CHILD PROTECTION MECHANISMS IN KILIFI, KENYA:

A RAPID ETHNOGRAPHIC STUDY IN TWO RURAL SITES

*Kostelny, K., Wessells, M., & Ondoro, K.¹
March 6, 2014*

Suggested citation:

Kostelny, K., Wessells, M., & Ondoro, K. (2014). *Community-based child protection mechanisms in Kilifi, Kenya: A rapid ethnographic study in two rural sites*. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

¹ The authors were agents of the Columbia Group for Children in Adversity during this research.

EXECUTIVE SUMMARY

A 2009 review of community-based child protection mechanisms, which are frontline mechanisms for responding to threats to children's well being, reported that externally facilitated groups such as Child Welfare Committees were often limited in their effectiveness and sustainability. This owed largely to the fact that they were not community owned and driven but were seen as projects of outside agencies. The same review reported that higher levels of effectiveness and sustainability were associated with community-driven groups such as endogenous, faith-based groups who had organized around helping vulnerable children. The report noted that Child Welfare Committees were frequently set up without learning about and building on the existing community mechanisms.

The purpose of this research was to learn about community-based child protection processes and mechanisms in two mostly rural areas of Kilifi, Kenya. The research is intended to complement and extend the learning that came from previous research by the Inter-Agency Learning Initiative in two urban slums of Mombasa, Kenya. By using a mixture of urban and rural sites, the Inter-Agency Learning Initiative, which guides this research, aimed to provide a glimpse of the diversity that exists within Kenya.

The ethnographic approach used in this phase of research aimed to learn about existing community-based child protection processes and mechanisms and how they are actually used and relate to aspects of the more formal (referred to hereafter as 'formal') child protection system in Kenya. In particular, the research sought to identify how local people understand children and childhood, what they saw as the main harms or risks to children, what community-based child protection mechanisms (CBCPMs) existed and how they were used, what protective factors enabled children's positive coping and resilience, and whether and how the CBCPMs linked with elements of the formal, government led aspects of the national child protection system. Recognizing that people in the villages may be positioned in very different ways, the research aimed to disaggregate responses by age, gender, and socio-economic (SES) status.

This research aims to contribute to strengthening the national child protection system in Kenya. The effectiveness of the Kenyan child protection system should be gauged not only by how well the system supports children in urban areas but also in predominantly rural areas where many Kenyans live. By providing new, grounded knowledge about how people actually respond to child protection threats and about existing prevention mechanisms, the research provides a snapshot of the functioning system that Kenyans actually use and that can inform efforts to strengthen the national child protection system in Kenya.

Method

The research used rapid ethnography that focused on child protection and aimed to provide a rich, grounded picture of local beliefs, values, and practices in regards to children, their developing activities and social relations, and the community mechanisms for their protection and well-being. To explore the actual functioning of CBCPMs, people were asked in multiple

contexts what happens when a particular child protection issue arises—whom do people actually go to, who makes the decisions, which actions are taken, which outcomes are achieved, and how do stakeholders who occupy different social positions view the outcomes. People were free to identify any response mechanisms or processes, for example, indigenous processes, NGO committees, or formal aspects of the national child protection system. This was a bottom-up process of mapping the response pathways through which people respond to child protection risks.

Sites

The two research sites in Kilifi were located in Bamba and Marafa. Within Bamba, the two participating villages had populations of approximately 490 people and 400 people, respectively. Within Marafa, the two participating villages had populations of approximately 600 and 300 people, respectively.

Research Design

The research used a mixture of narrative and participant observation methods, making it possible to triangulate different sources of information. The research design included planned contrasts according to the age and gender of the participants. For example, group discussions and in-depth, individual interviews were planned and conducted in a manner that learned systematically from eight subgroups:

- Women: Age 25 years and above
- Young women ('*makamu*' of marrying age): Age 18-25 years
- Teenage girls: Age 13-17 years
- Young girls: Age 5-12 years
- Men: Age 30 years and above
- Young men (typically not married): Age 18-30 years
- Teenage boys: Age 13-17 years
- Young boys: Age 5-12 years

In all activities, deliberate effort was made to learn from these different subgroups. For example, group discussions were conducted separately with different subgroups. This approach enabled participants to speak more openly and reduced the bias that might have occurred had the subgroups been mixed. Within a particular group, care was taken to include diversity. For example, a discussion group among teenage girls might have included a mixture of girls who were in school and girls who were out of school. Care was also taken by the researchers to avoid selecting for inclusion in a particular group only people who were related to a Chief or elder.

An intentional contrast was made in regard to people who had relatively low SES (70% of the population) and high SES (30% of the population). The SES of participants was identified according to multiple indicators such as type of housing materials, house size, location, and types of foods usually consumed. To allow analysis of the effect of SES differences, approximately 60-70% of the group discussions on risks and functional responses had participants of low SES, whereas 30-40% of those discussions had participants of high SES. Variation in SES was also

considered in the selection of participants for in-depth interviews. In other activities, care was taken to observe and listen for any differences according to SES.

Research Team

The research team consisted of a team leader and six Kenyan researchers, who divided into two teams with one team per site. Each team consisted of one woman and two men. The team leader oversaw the data collection, mentored the researchers on an ongoing basis, engaged in the two week training for the national team, and participated in the data analysis. Also part of the research team were two international researchers who led the training, backstopping, and data analysis.

Research Tools

Eight tools were used to collect data from various sub-groups in each site:

(1) *Participant observation*: Researchers observed children in diverse contexts such as schools, markets, homes, and on the streets, and they took detailed field notes, and wrote observational records;

(2) *In-depth interviews*: Individual, flexible, open-ended interviews of approximately 60 minutes were conducted with teenage girls and boys, young women and young men, and older women and men; interviews included probing questions about children and childhood, harms to children, prevention of and response to harms, and when and why various mechanisms are used or not used;

(3) *Timelines*: Participants and researchers developed timelines that marked key events in children's development and identified boys' and girls' roles and responsibilities at different ages;

(4) *Group Discussions of Risks and Response Pathways*: Researchers facilitated discussions with approximately 7-10 participants (90-120 minutes) that identified and ranked in importance what participants saw as the main ('most serious') harms to children other than poverty and health issues. Next, the group outlined the two most typical pathways and mechanisms of response to each of the top two child protection issues, and discussed obstacles to the use of the formal system;

(5) *Group Discussions of Preventive Factors*: Researchers facilitated discussions with groups of approximately 7-10 participants (60-90 minutes), inviting participants to identify and rank order the things that help to prevent a particular harm at home, school, or in the community;

(6) *Children's Body Mappings*: To learn about young children's perspectives, the researchers invited small groups of 8-10 children, 5-8 and 9-12 years of age and grouped by gender, to answer questions such as 'What do the eyes see that they like?' and 'What do the eyes see that they don't like?' Similar questions regarding the ears, mouth, etc. elicited ideas about likes and also about harms to children in general, aside from case specific information;

(7) *Children's Risk and Response Mappings*: In groups of 8-10 boys or girls, children drew a map of the area around which they lived, drew in the places that were safe for children and areas that were unsafe for children, and answered questions about where children went, or who they went to, when they felt unsafe;

(8) *Key Informant Interviews*: In depth interviews were conducted with Chiefs, health workers, police, social workers, religious leaders, and child protection workers to learn their views about

how harms to children were responded to and about the functioning of the formal aspects of the national child protection system.

Research Ethics

All phases of preparation and work included a focus on ethical sensitivity and reflection. The research was reviewed and approved by the Kenya Medical Research Institute (KEMRI) as well as by the National Council for Science and Technology (NCST).

The researchers were governed by Save the Children's Child Safeguarding Policy, adapted for research purposes. Participants were asked not about specific cases or their own situation but about all the children in the area. Informed consent was obtained through careful procedures that did not involve coercion, and people whom the participants knew and trusted helped to explain the purpose of the research, the steps involved, and possible risks or benefits. Children's assent was also obtained together with the consent of their parents. The participants were free to end their involvement in an activity at any time. To protect confidentiality, the records contained no names or other personal identifiers. Throughout, care was taken not to raise expectations that the participants or their family or community would receive material benefits such as money as a result of their participation.

Data Collection and Work Plan

Each team of researchers lived and worked in its respective site for 4 weeks (with the team leader staying on an additional week in each area), and collected data during November and December, 2012. The first week of data collection consisted mostly of participant observations and group discussions in order to build familiarity and trust and to reduce concerns about strangers talking with people individually. Early on, body mappings were also used to collect data from children because they generated much excitement and interest in the community. Subsequently, methods such as individual interviews became increasingly prominent.

The interviews and discussions with community members were conducted mainly in Mijikenda, the language of the tribal group, the Giriama, which comprised the sites studied. Interviews with officials from the government or international NGOs, who were not of the Giriama group, were conducted either in Kiswahili or English, depending on which they were most comfortable with. Systematic records in English were kept for all activities, and verbatim records of interviews and group discussions were made from voice recordings. To protect confidentiality, the voice recordings are kept in an encrypted file on a secure hard drive. The written records were modified to remove names and other individual identifiers. The team leader collected and reviewed the records, made suggestions for improvement, identified gaps, and took steps to fill those gaps. Overall, data were collected from over 1,200 people in the two sites.

Data Analysis

The researchers (Kostelny, Ondoro, and Wessells) did the main data analysis using a grounded methodology, reading the data holistically and inducing consistent categories and patterns, triangulating narrative and observational data throughout. The categories and patterns served as working hypotheses that were then checked by re-reading and further analytic

discussion among the researchers. The analysis also used a method of contrasts to discern differences by gender, age, and SES. In analyzing the group discussions, for example, frequency analyses were used to disaggregate the top-ranked harms to children according to differences in gender, age, and SES. Analysis of narratives, too, used the method of contrasts to identify systematic differences in the perceptions and lived experiences of teenage girls, teenage boys, adult women, and adult men. Consistent with this mixed methods approach, care was taken to obtain the most comprehensive understanding by integrating the insights from both qualitative and quantitative data.

Limitations

The short time frame of this research (6 weeks) limited the depth of what was learned by comparison with the thick descriptions provided by multi-year ethnography. Also, the research has limited generalizability since the areas studied did not comprise a representative national sample. The research did not attempt to measure the actual prevalence of various child protection risks. Instead, it aimed to clarify the perceptions, beliefs, and values that influence people's behavior in regard to children's protection and well-being.

Key Findings

In general, participants reacted positively to the research approach which centered on listening to people's views and learning from them. The findings are summarized by topic area below.

1. Childhood and Child Development

Most of the participants in Marafa and Bamba defined a child as being dependent on their parents for basic needs, physical support and being taught what is right and wrong. Children were seen as people who could not comprehend or do anything by themselves, and who had limited responsibilities. Childhood stopped when one was able to provide for himself or herself the basic needs and was in a position to make judgments and differentiate what is wrong or bad.

Physical stature and age also figured in local views of childhood. Using physique as a criterion, some participants defined children as people who are still small in body size and appearance. Girls who did not have breasts were also considered children. Other criteria for defining childhood were going to school and being unmarried. Those who were still going to school were seen as children regardless of their age. In addition, those who were not married were considered to be children. A minority of participants who had received training on child rights said that a child is a person who is under 18 years of age, whereas others who used a chronological definition cited a wide variety of different ages.

Birth and the First Year of Life. Children were usually born at home. Following the birth of a child, a variety of rituals were performed. For example, for boys, the grandmother covered the child's umbilical cord to ensure that it did not touch his genitals lest he become infertile. For both boys and girls, a *pengu* (charm) was tied to the child to protect him/her from any evil spirits. On

the first day of life, the traditional doctor gave the child traditional medicine made from local plants to protect the child from evil intentions. The father was not allowed to enter the house again or to have sex with other women.

Around the fourth day, the child was given a name during the naming ceremonies by either their fathers, mothers, or grandparents. Between three and seven days after birth, the child was dressed and taken around for everyone to see. To celebrate, a goat or many chickens were slaughtered, and people ate, drank, and danced. Approximately five days later, the mother tied the child on her back with a piece of cloth and took the child to the farm, where she dug the earth in order to introduce the child to real life.

By three months of age, the child had learned to recognize his or her mother, father, and siblings. During the first three months, the child had begun to eat soft foods such as porridge, and by eight months of age, they also ate rice and cassava. By six months of age, the child had learned to sit. Typically, the child had begun crawling (*anabanda vindi* or 'breaks knees') by seven months of age. By twelve months of age, children had begun walking and had also begun talking 'baby talk' and called others by name.

One to Four Years. By two years of age, mothers had stopped breast feeding, and boys and girls had typically begun to play with each other. At around three years of age, children were given small tasks such as fetching utensils, thereby beginning the engagement in household chores that increased as children grew older and larger.

Five to Seven Years. The circumcision of boys, which was an important marker, frequently occurred during this period, although circumcision sometimes occurred at later ages (up to nine years) as well. Boys' circumcision was done on some boys soon after birth, and for other boys at about three years of age. Having given the boy soup to drink, the mother then gave him a cooked chicken that had been prepared for the occasion. It was important that the boy not break the chicken bones as he ate them, as it was believed that the wound from the circumcision would not heal and would continue growing until the head of the penis fell off, causing girls not to love him in the future.

During this period, children were described as starting to 'have brains' and were given more complex tasks such as being sent to the shop to buy things. The gendering of chores was prominent at this phase. Girls learned to do the household chores of fetching water, cleaning the house, pounding maize, washing the dishes, and taking care of younger children. Boys began to help their fathers in the *shamba* with farm work, and they also learned how to graze the cattle. Boys learned these roles from their fathers and older boys, while girls were taught by their mothers.

Around age six, children started lower primary school. More boys than girls were sent to school as some parents prioritized girls' learning of 'wife duties' over education. For recreation, girls played jump rope and boys liked to play football. Starting around eight years of age, the child did not sleep with the parents in the same room.

Eight to Twelve Years. By the ages nine to twelve years, the child had become larger and was seen as knowing right from wrong and being able to take on additional responsibilities. For those

who went to school, both boys and girls performed their chores before and after school. By this time boys were providing a lot of help to their fathers in the *shamba* and with grazing the cattle. Girls had learned all the household tasks, including cooking, cleaning the house, washing the clothes, fetching water, and caring for younger siblings. Girls who did not go to school did household chores all day, such as fetching water and vegetables, cooking food, and cleaning, while boys who did not go to school grazed cattle or dug on the farm. By 12 years, boys were looking for casual jobs in the village to earn money. Gender differences became more pronounced physically during this time, as girls developed breasts and underwent menstruation, and boys developed pubic hair. While boys and girls played together while younger, during this age, 'boys play with boys and girls play with girls.'

Schooling was important during this period and throughout children's development, although girls' education was not as highly valued as was boys, and some parents did not send their girls to school. However, many children were 'chased' from school during this time because of parents inability to pay school fees. Even though Kenya has a Free Primary Education Programme, some schools required pupils to pay 'development money' to be used for school maintenance (including kerosene, water, and salaries for watchmen), exams, and activities such as sports and 'tuition' (mandatory after school tutoring by teachers).

For some girls, by 8 years of age, early marriages were arranged by their fathers, primarily as a way to get a dowry.

Thirteen to Fifteen Years. Between thirteen and fifteen years of age, children in school completed upper primary, usually by age 15. Only a few proceeded to secondary school--a boarding school--as few parents could afford the fees. Children who did not go to school were considered 'grown up' and could be married. Girls cleaned the house, picked vegetables, cooked for the family, gave younger siblings a bath and prepared them for bed, and 'did all the chores.' A girl may also have owned part of a farm where she 'would dig and harvest maize to roast,' and she helped with the main farm as well. During this period, many girls became pregnant. Boys at this age also impregnated girls, and if the boy accepted responsibility and married the girl, the boy then looked for employment to support his family.

Diverse markers indicated a transition from childhood to adulthood. Children were considered adults when they provided for themselves, were physically mature, or could perform the tasks of an adult. Girls who were pregnant or boys who had impregnated girls were also not considered children.

2. Harms to Children

Top-ranked harms. When the data were pooled across both research sites and all groups, lack of food was rated in the group discussions as the most serious harm (17.6% of participants), followed by early pregnancy (17.4%), and out of school (15.7%). Other harms included poverty (6.7%), poor parenting (6.4%), early sex (5.5%) that was transactional since the girls' needs had not been met, and drug and alcohol abuse (5%), among other harms such as orphans, HIV/AIDs, child beating, prostitution by girls, children's bad behavior, overwork, negative peer influences, rape, and witchcraft. It is interesting to note that the top-ranked item by all participants pooled

together--lack of food--was not a child protection issue in the customary sense. Participants consistently identified this harm despite the researchers' efforts to affirm the importance of poverty and unmet basic needs while keeping the focus on harms done by one person against another.

Out of school children was rated as a greater problem in Marafa than in Bamba, whereas poor parenting was rated as a greater problem in Bamba than it was in Marafa. In addition, when the top three harms were considered, the top three harms to children in Bamba were early pregnancy (44.8%; the pregnancies were said to stem from both consensual sex and transactional sex), being out of school (38.8%), and negative influences such as video, mobile phones, and pornography (37.9%), followed by rape, drug abuse, and bad behavior by children, among others. In Marafa, the top three child protection harms to children were out of school (44.7%), early pregnancy (28%), and overwork (18.4%), followed by drug abuse (16.8%), poor parenting (15.1%), and bad behavior by children (11.8%) such as deciding not to go to school, among others. Negative influences and rape were of greater concern in Bamba than in Marafa, whereas problems such as overwork were of greater concern in Marafa than in Bamba.

Age and gender differences. Age and gender differences were visible in regard to all three of the top ranked harms to children. Young women and women were much more likely than young men and men to rate teenage pregnancy as one of the top three harms. In addition, teenage girls were far more likely than members of other sub-groups to identify being out of school as one of the top three harms. Most likely, this reflected the fact that teenage girls had many fewer opportunities to continue their education than did teenage boys, and people saw this as 'normal.' Also, teenage boys were far more likely than were young men or men, and also more likely than teenage girls and young women, to identify poor parenting as one of the top three harms to children.

In the qualitative data on harms to children, the participants attributed the lack of food mainly to poverty, desertification, and infertile soil, which led to crop failure and very poor yield. They viewed hunger as a major detraction from children's health and as a source of other problems such as children stealing other people's food in order to survive. Girls who lacked food traded sex for food and money from boys and men, especially the *boda boda* (motorbike) riders who were believed to have money. As a result, many girls became pregnant and dropped out of school at an early age.

Early pregnancy. With regard to early pregnancy, girls and boys reportedly engaged in sexual intercourse at an early age. Some girls were reported to become pregnant as early as nine years of age, although the more typical age for pregnancy was thirteen years and above. The participants indicated that the primary cause of early pregnancy was sex in exchange for food, money, or material items, including necessities such as sanitary pads. Also, *boda boda* drivers enticed girls with money, later demanding that the debt be paid with sexual favors. In addition, boys or men lied to or 'tricked' girls, treating them kindly until they became pregnant and then rejecting them afterwards. Another cause of early pregnancy was girls sleeping outside their homes in accord with local customs that dictated that girls who had entered puberty were not allowed to sleep in their parents' home (usually they slept at a neighbor's home). Also, adults referred to children being 'addicted to sex' in that they seemed to need to have sex all the time. Going to school also placed girls at risk of becoming pregnant, as teachers reportedly pursued

girls for sex in exchange for school fees and passing marks. Girls reportedly had sex with visitors and people in authority – police, NGO workers, and researchers – who enhanced the girls' status, making them 'famous' in the eyes of their peers.

Early pregnancy had a number of negative consequences. Because the men who had impregnated the girls typically refused to take responsibility for their action, and the girls were stigmatized by their peers, pregnant girls often had abortions using unsafe methods that caused harm and even death. Pregnant girls frequently dropped out of school and were stigmatized. Feeling ashamed, some girls reportedly thought of or actually committed suicide.

Out of school children. Since most children valued education, being out of school was painful for them. Overall, the participants identified poverty as the primary cause of children being out of school. Other causes included lack of school fees, being bewitched, lack of food, early pregnancy, parental irresponsibility, drug abuse, peer pressure, and children dropping out of school due to their own decision. Some parents who thought that girls were meant to learn 'wife roles' did not take their daughters to school. Children who were reported to be undisciplined were also punished by not being taken to school. Physical and verbal abuse by teachers, and humiliation by other children for not having a school uniform were also causes of children not going to school. Children sometimes stopped going to school due to hunger, which made it difficult to learn in school. When parents were unable to pay school fees, some children ran away.

Some children were reportedly out of school due to 'bad behavior.' For example, some boys dropped out of school to look for money to buy mobile phones, which they used to seduce girls. However, most of the causes of children being out of school were attributed to the social environment. For example, parents who did not value education sent their boys to work rather than to school. Moreover, parents who did not value girls' education married their daughters early in order to obtain a dowry in hopes of sending the boy in the family to school. Some girls reportedly wanted to marry their boyfriends at a young age, and girls who became pregnant usually dropped out of school. Children also dropped out of school due to teachers' physical and verbal abuse, or because they lost hope that going to school would lead to a more positive life.

The participants also identified numerous other harms to children, as summarized below.

HIV and AIDS. Children who were born to HIV positive mothers often became HIV positive themselves. HIV was also contracted by boys who had sex with older, infected women, and girls frequently became HIV positive as a result of having had transactional sex with men who were HIV positive.

Orphans (children who had lost at least one parent, usually the father). Children often had become orphans due to the AIDS related death of a parent. Orphans were reportedly treated very badly by their step parents and relatives, who denied them food, did not take them to school, and overworked them.

Heavy work. Significant numbers of children dropped out of school and sought employment in order to support their families. Often they went to nearby towns to work in hotels,

construction, the tea processing plant, or as house help. In the towns, girls who had been promised jobs reportedly were introduced to prostitution. The children who had stayed at home suffered from being given 'too much work' by parents, although some children elected on their own to work in order to help feed their family or to obtain money to buy things.

Forced early marriage. Parents often forced their daughters to marry men against their will in order to obtain dowry money. Parents frequently negotiated and even received dowry without the girl's knowledge, even before the girl had matured physically or completed school. Also, when girls got pregnant, they were usually forced to marry the boys or men who had impregnated them. In return, the parents sought a dowry.

Rape. Girls were reportedly raped at night time ceremonies, discos, while fetching firewood, and even on their way to and from school. The perpetrators, who were said to be diverse, included people from their village, outside their village, and people in power such as teachers and relatives. Girls were also 'taken as wives' by their fathers. It was also reported that people infected with HIV/AIDS deliberately wanted to infect girls in order to 'not die alone.'

Prostitution. Girls entered into prostitution to get money for food and things they needed. As a result of prostitution, girls also ended up pregnant and contracting HIV.

Drugs and alcohol. Use of drugs mainly affected boys and also some girls. Boys smoked bhang and cigarettes and drank '*mnazi*' (palm wine) and were reported to have suffered cognitive impairment due to smoking bhang. Boys said that they had been lured into drug use by 'bad' peer groups as well as by observing their parents.

Witchcraft. Belief in witchcraft and traditional medicine was very strong amongst villagers, especially for people who did not go to a church. People attributed physical and mental ailments to bewitchment, and they used bewitchment (through the work of a witchdoctor) to harm children of whom they were jealous.

Child beating/severe punishment. Children were beaten with canes and sticks--they were 'whipped properly' or 'thoroughly beaten'--as a form of punishment. Even a small child who had not completed the work requested by a parent was likely to have been caned.

3. Response Pathways

In regard to early pregnancy, the most typical pathway of response involved the mother initially noticing that her daughter was pregnant and telling the father. Together, they confronted the girl and asked or forced her through beating to tell who was responsible. Next, the parents took the girl to the boy's house, thereby confronting both the boy and his family. If the boy accepted responsibility for the girl's pregnancy, he was forced to marry the girl. The girl then went to live with the boy's family, and the boy dropped out of school in order to look for casual labor that could provide money to support his new family. After giving birth, the girl usually dropped out of school.

If, however, the boy did not accept responsibility, the girl's parents reported the case to the police, who usually fined the boy's family and allowed the boy to go free. The girl went back home to live with her parents, and, after she had given birth, she may return to school. Yet most girls in such situations dropped out of school soon due to the shame and stigma attached to being an unwed teenage mother. A variation was that the parents of the pregnant girl went to the assistant chief if the boy had refused to take responsibility for the pregnancy. The assistant chief talked to the boy and girl and took a decision about what should happen. The usual outcome was that if the girl had been attending school, she gave birth at home and subsequently went back to school. If the girl was not going to school, then she was given to the boy, who married her.

A second pathway occurred sometimes when the first parents to learn of the pregnancy were the parents of the boy, who had heard from rumors or from the boy himself that their son had impregnated a girl. In this situation, the boy's parents usually rushed to the police and paid them 1,000 KSH, a huge amount of money by local standards, (more than could be earned in a week doing casual labor), as a bribe. Later on, the parents of the girl discovered that their daughter was pregnant and went to the police to report the violation. Having been paid off, the police did not follow up on this issue, and the matter died. A third pathway involved the girl getting an abortion before the pregnancy had been noticed. Because unsafe means of abortion were widely used, the not uncommon result was for the girl to die. If, however, the abortion succeeded, the girl returned to school.

In regard to children being out of school, the main pathway of response related to payment of the school fees -- the 'development money' set by the headmaster and management staff to maintain the school and various activities. These fees were usually collected in small amounts (20-50 KSH) on a frequent basis (in some cases every week). If a child's school fees had not been paid, the teacher 'chased the child from school' leading the mother to approach the teacher and ask that her child continue in class while the parents looked for money. Frequently this entailed the mother looking for extra income through *vipende* (digging in someone's farm) or some other form of casual labor. If the money needed was raised and the school fees paid, then the child was allowed to stay in school. However, if the parents were unable to pay the school fees over an extended period of time, the teacher chased the child away from school.

A different branch of the same pathway arose if the teacher denied the mother's initial request that the child be allowed to continue in school while money was being raised in order to pay the school fees. In that situation, the mother and child (and to a lesser extent the father) looked for casual labor to earn money for school fees. Or, the child was expected to work in the *shamba* (farm) while not in school. In the weeks or months that it took to raise enough money to pay the school fees, out of school children often became demoralized and were unlikely to return to school. Even though the parents sought extra income for school fees, there typically was not enough food, so any extra money earned went to food instead of the school fees.

4. Views of Young Children

The body mappings that children participated in revealed the varied things that children (5-8 and 9-12 years of age) liked and disliked. Both boys and girls of all ages liked good food such as sweets, fruits, and ugali, being clean, playing with friends, hearing good words from their

mothers, teachers, and pastors, watching videos and television, listening to music, and having nice clothes, especially shoes.

Things that children did not like included touching or stepping on feces, eating 'rotten' and 'dirty' food, and being hungry. They also did not like people saying abusive words to them or hearing people quarrelling. They did not like diseases and jiggers (biting insects). Nor did they like witches or witchcraft. They especially disliked being slapped, beaten, pinched, having their ears or hair pulled, being caned on their hands, feet and head, having sticks put in their ears, or having their hands burnt (all as forms of punishment).

The views of children varied according to age. Younger children (5-8 years of age) expressed distinctive dislikes for things such as demons and dangerous animals such as cobras, elephants, monitor lizards, and hippopotamuses, while older children did not like seeing dead people. Some younger boys reported not liking to be told to 'smoke bang' or 'go steal.' Younger girls did not like to fetch firewood or water, while younger boys did not like carrying heavy loads such as stones or charcoal. Some older girls reported liking certain types of work, such as washing and cooking, but not liking other kinds of work such as carrying heavy luggage, picking vegetables, and weeding. Older girls also did not like seeing boys with 'bad manners'. Older boys liked playing football, hunting and chasing wild animals, and did not like seeing people persecuted or tampered with.

5. Effects of Socio-Economic Status (SES)

When the group discussion data were pooled across different sub-groups and ratings of the top three harms were considered, low SES participants were far more likely to rank out of school children as one of the top three harms to children than were high SES participants. In contrast, high SES participants were much more likely to rate early pregnancy and poor parenting as among the top three harms to children than were low SES participants. This same pattern of results appeared also in ratings of which of the various harms to children was regarded as 'most serious.'

That low SES participants were more likely than were high SES participants to rank out of school children as one of the top three harms to children likely reflected the greater difficulty or inability that low SES people had to pay children's school fees, which was the main reason children were out of school. Since high SES participants were able to pay their children's school fees and their children more often went to school, high SES participants were less likely to rate out of school children as one of the top three harms.

For both low and high SES participants, early pregnancy emerged as a significant concern, yet early pregnancy was a stronger concern among the high SES participants than among the low SES participants. Although the cause of this difference is not entirely clear, one possible explanation pertains to differences of power and status. Having better economic circumstances, high SES families may have been able to keep their girls in school and to meet their needs for basic necessities, transportation, and other items. If a girl from a high SES family became pregnant early, it may have been seen as a stain both on herself and her family since the girl and the family had had the means to prevent it. In contrast, low SES families were unable to meet

their daughters' basic needs and therefore to prevent early pregnancy. As a result, early pregnancy in a low SES family may have been seen as unavoidable and therefore as causing less status loss. In addition, early pregnancy may have been seen as a more 'normal' state of affairs among families having low SES.

The largest difference based on SES was in regard to poor parenting, which participants said included parents being drunk or abusive to their children, or parents not wanting their children to go to school. High SES participants were much more likely than low SES participants to rate poor parenting as one of the top three harms to children. These differences may have reflected power and status differentials between high and low SES families. The engagement in poor parenting by high SES families may have caused a greater loss of status than it would have caused among low SES parents since the high SES families had the economic means to protect their children by meeting their basic needs, sending them to school, and teaching them proper values and behavior. Low SES families, on the other hand, might have suffered less status loss since their abject poverty made it impossible to send their children to school on a regular basis and to meet their basic needs in ways that would keep them out of harm's way. For this reason, bad behavior by their children might have been seen as a reflection of their economic circumstances rather than poor parenting per se. Another possibility is that over generations, the cycles of poverty and exposure to multiple sources of distress on low SES families had eroded patterns and skills of effective parenting. Alternatively, high SES participants may have seen low SES participants as having poor parenting skills. Distinguishing between these and other possible interpretations remains a task for future research.

6. Preventive Factors

With respect to early pregnancy, the preventive factors reflected diverse parts of children's social ecologies, such as families, schools, and peer groups. In group discussions, the top ranked preventive factors were responsible parenting and advice (24.5), and family planning (15.5%), including the use of condoms. Other useful preventive factors were: peer education in youth groups or school (8.2%), having pregnancy tests in school (7.3%), girls going to school (6.4%), and children engaging in good behavior (5.0 %), among others.

Responsible parenting involved parents teaching their children good morals and advising them on the consequences of having early sex and of early pregnancy. Parents also used punishment such as beating girls who went to night celebrations and engaged in improper behavior, as a way to control girls and prevent them from engaging in further immoral behavior. Parents also provided girls with basic materials such as food and sanitary pads, thereby decreasing their need to engage in transactional sex as a means of obtaining those items.

Family planning included girls getting birth control 'injections,' 'peels' (patches), and 'pills.' Young girls were taken by their mothers to the hospital and clinic, while older girls went on their own. Condoms were also used, though less frequently. Schools, too, were seen as playing an important role in preventing early pregnancy. The participants said that girls going to school and 'concentrating in school' helped to avoid early pregnancies. Also, the participants reported that some schools conducted life skill lessons, and some conducted pregnancy tests that reportedly deterred girls from becoming pregnant.

Role modeling by older girls, who had made a commitment to abstain from sex until they get married, reportedly influenced some girls. In addition, the joining of youth groups was seen as a method of preventing early pregnancies through peer education and the learning of life skills. Football clubs, especially for girls, kept girls busy and away from boys. Participants also reported that the good behavior of children, such as modest dressing by girls, was instrumental in reducing early pregnancies.

In regard to out of school children, the main preventive factors were parents, communities, and an international NGO. World Vision paying children's school fees, through sponsorship, was by far the most important factor that prevented children from being out of school. It should be noted, however, that World Vision was active in the Bamba site but not in the Marafa site. Parents also played a key role in preventing children from being out of school by, for example, taking young children to school. In order to obtain the money needed to pay school fees, parents sometimes dug in someone else's farm or engaged in other work. For parents whose children were sponsored or who could pay school fees, parents monitored their children's behavior. For example, they checked each night to see whether their children had 'marks' from their teacher in their books that indicated the children had in fact gone to school and done work. Also, parents went to school each week to check the attendance register, thereby insuring that children had gone to school rather than having skipped and engaged in delinquent behavior with peers. Parents were also seen as important in motivating children to stay in school.

The role of communities was visible as well since participants noted that peers often had a positive influence on keeping children in school, as did positive role models. Other community sources of prevention were the Chief punishing parents who kept their children out of school and the police beating children for having skipped school.

The preventive value of the school providing food is also noteworthy as it reminds one of the scarcity of food in the communities and the challenge of learning or having a positive experience in school on an empty stomach.

7. Linkages With the Formal Aspects of the Child Protection System

Numerous linkages between community-based child protection mechanisms and the formal system were evident.

Connectors. Primary among the connectors was the Chief, who was Government appointed and not only received various cases of child protection but also engaged in outreach at the community level. In Bamba, the Chief received reports of early pregnancy from teachers, village elders, and the Assistant Chief, and then addressed the case through other government stakeholders, working with the District Children's Officer (DCO), the District Advisory Council (DAC), and the Location Advisory Council (LAC) as well as the police. Also, the Chief helped with rape cases by advising parents, helping parents to report at the police station, and taking the perpetrator to court if he were found.

The Chief worked as part of a network of community authorities that included the village elder and also the Assistant Chief. In some locations, the Assistant Chief served as the main operating officer in receiving cases pertaining to harms against children. To address the problem of children out of school in order to work, the Assistant Chief convinced children to go to school, and engaged the teacher in making a special register so that he could monitor their attendance. In some cases, the Assistant Chiefs were women who played an active role in preventing early pregnancy. The elder was also a key connector, particularly in linking with parents and the police.

The Area Advisory Council was a multi-stakeholder forum that included government officers such as the DCO and the Chief, as well as key nonformal actors such as religious leaders. The AAC sensitized the community on children's rights and the importance of education, and they also rescued girls who had been married early by their parents. Beneath the AACs was the Location Advisory Council (LACs), a multi-stakeholder forum that operated at the location level and assisted in cases of children out of school, early pregnancy, early marriage, and child labor.

International NGOs were also local connectors who built the capacities of various partners, and received, referred, and helped to manage cases of child abuse. Also, one consortium of NGOs helped to support more than 50,000 orphans in the wider Kilifi/Malindi area. At community level, community-based organizations connected with international NGOs by helping them with advocacy and social monitoring of community projects. Also, community health workers served as connectors between the government health posts and clinics and the local community. In all the villages, religious leaders were highly respected figures who frequently engaged on community child protection issues and liaised with the groups and leaders identified above.

Formal stakeholders' views of harms to children. In general, there was good convergence between the views of Chiefs, Assistant Chiefs, elders, AAC members, and other formal system stakeholders with those of other citizens. The top harms to children identified by formal system stakeholders were out of school children, early pregnancy, poor parenting, sexual abuse, child labor, HIV/AIDS, orphans, early marriage, severe punishment, poverty, and lack of food. These items and views regarding their causes resonated well with those generated by ordinary citizens.

Of interest, some actors within the formal system reported that child rights were harmful to children. They noted that in the past, before child rights had been taught to local people, girls who became pregnant were unable to go to school. They saw this as a deterrent to girls becoming pregnant, and they believed that child rights, which held that even pregnant girls and young mothers had the right to education, tacitly encouraged girls to become pregnant by enabling the girls to give birth and go back to school. Other formal system actors saw child rights as having undermined people's ability to discipline children using methods of corporal punishment.

There were also several points of divergence between the views of stakeholders in the formal system and those of other citizens. Stakeholders in the formal system were more likely to identify incest and maltreatment of children with disabilities as significant harms to children than were ordinary citizens. This difference could have owed to the fact that workers in the formal system were more likely to receive reports of incest and maltreatment of children with

disabilities and hence to know about them than were ordinary citizens. In addition, workers in the formal system were more likely than other citizens were to identify parents as the source of problems such as children not going to school, early pregnancy, and children's engagement in transactional sex. Whereas ordinary citizens did not tend to identify local culture as problematic, workers in the formal system tended to view culture as the source of problem such as early marriage, incest, child labor, and not sending girls to school.

Willingness to report child protection issues through the formal child protection system.

Despite the diverse linkages discussed above and the existence of referral channels to the formal system, there were significant limits on the willingness of people to use the formal system to report clearly statutory violations such as the rape of a child. In the case of rape of a child by a stranger, 76.1% of the participants in a sample of group discussions said that people would report the rape to a government official, whereas 23.9% of the participants said people would not report the rape. In the case of rape of a child by a relative, 67.6% said people would report the offense to a government official, compared to 32.4% who said people would not report. In individual interviews, participants expressed a much lower willingness to report rape by a relative.

The qualitative data revealed reasons why people would not report a case of child rape to government authorities. In the case of rape of a child by a stranger, participants said that it was a waste of time since no action would be taken. Even AAC members said nothing happened when they reported cases to the Chief, Assistant Chief, or Volunteer Children's Officer. In addition, participants reported that nothing would happen because the parents of the girl who had been raped were given money by the family of the perpetrator of the rape. Moreover, the participants feared that reporting a rape of a child might bring themselves under suspicion or evoke revenge by the rapist. A practical obstacle to reporting cases such as rape was the requirement of the parents to submit a P3 form, which cost 1,000 KSH (approximately \$12 to cover hospital costs), which is a large sum by local standards. Adding to that obstacle was the cost of the transportation to the hospital.

In regard to a case of rape of a child by a family member, people were reluctant to report because it was a shame and also a 'family matter' to be resolved by the family. Participants also said people would not report if the relative was a bread winner or provided support to the family. There were also indications that people would report sexual abuse of a child by a father only if everyone, including an opinion leader, knew about it. Even then, reporting was interfered with by practical obstacles such as the distance to reach the officer who received such reports. Overall, people preferred to solve such problems locally rather than go through the formal system. Seeking a local solution frequently entailed payment by the family of the perpetrator to the family of the girl, whereas in others it involved the conduct of a ritual.

Disconnects around child protection. The divergences identified above, coupled with significant unwillingness to report serious harms to children through the formal system, indicated that there was a partial disconnect between the less formal (hereafter referred to as 'nonformal') and the formal aspects of the child protection system. For example, child protection workers (e.g., NGO workers from the region) and child rights proponents were quick to point out that early marriage is a significant harm to girls. In contrast, most local people did not view early marriage as a harm to children. According to one cultural practice (*kadzama*), a man could marry a young girl after having given her father eight bottles of palm wine. The disconnect was visible

also in regard to children with disabilities, who under Kenyan law, the Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child are entitled to the full array of rights that extend to other children. In local practice, however, children with disabilities were frequently hidden away and denied their rights.

An equally serious disconnect existed within the formal system itself, particularly in regard to child rights. Whereas Kenyan laws and policies unequivocally support children's rights, some workers within the formal system engaged in practices such as child beating that violated children rights and even saw child rights as harmful to children. These disconnects or tensions within the formal system itself need to be resolved if the Kenyan child protection system is to achieve its full potential.

Implications and Recommendations

The results of this research paint a picture of children's exposure to diverse harms and limited effectiveness of the current mechanisms of response and prevention. Overall, the picture is one of struggling nonformal and formal systems that at present are not adequate to achieve the protection of children in the predominantly rural areas of Kilifi. The main implications of the research are spelled out below, together with recommendations on how to move forward.

1. Poverty and structural violence were drivers of many of the observed harms to children.

Poverty was a root cause of many of the top-ranked harms to children--lack of food, being out of school, early pregnancy, engaging in exploitative sex, and others. However, the poverty was not evenly distributed, and the weight of the accumulating harms fell most heavily on children who were from relatively low SES households. To address these issues, it will be useful to integrate child protection work with the full range of economic and livelihoods support, which historically have been separate sectors. In particular, it will be useful to deliver economic supports, including social protection, with a child protection lens, thereby insuring that the benefits actually reach the most vulnerable children.

Recommendations:

(1) Child protection practitioners should strengthen child protection practice by systematically integrating the full range of economic and livelihood supports, including social protection, with child protection and insuring that the benefits reach highly vulnerable children. This will likely require team based approaches in which child protection specialists and economists collaborate in a systematic manner.

(2) The Kenyan Government and donors should make available economic and livelihood supports that will be deliberately designed and monitored so as to reach highly vulnerable children.

2. The views of harms to children varied according to gender, SES, and age.

The results of this research illuminated how the category 'children' is far from homogeneous, as the harms and their effects varied by the gender, SES, and age of the children. Gender differences were evident in the high ranking of early pregnancy as a harm to children, and being

out of school was a more frequent problem for girls since many parents favored sending their boys to school. Being out of school was also a greater problem for children from low SES households, which were often unable to pay children's school fees. With regard to age, young children were more likely than were teenagers to express concerns about being pinched or hit, carrying heavy loads, stepping in feces, seeing people smoke bhang, or seeing people quarrel.

Recommendations:

(1) Practitioner assessments of child protection risks, resources, and mechanisms should use child friendly methods in order to include, compare, and contrast the voices and perspectives of girls and boys at different stages of development and from high SES and low SES families;

(2) Practitioners should make girls' and boys' voices and views central in discussions of what are appropriate, desired outcomes of child protection mechanisms and the wider national child protection system;

(3) Practitioners should not use 'one size fits all' programs for children and should tailor interventions in a manner that meets the needs of different subgroups; and

(4) Practitioners should support a process of dialogue and increased understanding between children and adults on issues of child protection and well-being.

3. Being in school was a significant preventive factor in regard to harms such as sexual exploitation and early pregnancy, yet being in school was associated with harms such as beatings and discrimination.

The preventive value of being in school for both girls and boys was a consistent finding in this research. Girls who were in school were less likely to get involved in work as domestic servants, which often led to sexual exploitation. Also, girls who were in school and who focused on getting an education were less likely to have an early pregnancy. Similarly, boys who were in school were less likely to be engaged in heavy or dangerous labor or to work as *boda boda* drivers, who frequently exploited girls and were at risk of sexually transmitted infections, including HIV and AIDS. However, schools were also identified as places where children were harmed by beatings, humiliation and discrimination, and sexual abuse by teachers.

Recommendations:

(1) NGOs and civil society groups should strengthen advocacy efforts with schools and the Kenyan Government to ensure that vulnerable families are exempted from having to pay school related levies for their children;

(2) The Kenyan Government, NGOs, and community groups should provide livelihood supports such as access to social protection for vulnerable families in child friendly ways that improve children's access to schools and health care;

(3) Practitioners should support families in their efforts to keep children in school;

(4) The Kenyan Government should prioritize efforts to strengthen the schools as a protective environment for children, including the use of positive methods of discipline and the provision of sanitary towels for girls.

4. Preventive factors were identifiable yet had limited capacity and reach.

Preventive factors were identified at different levels such as family, peer group, school, wider community, and societal levels. For example, parents played a key role in preventing girls from getting an early pregnancy by teaching good behavior and advising their daughters, and also in keeping their children in school by paying school fees. Peers such as older girls who served as positive role models by not becoming pregnant out of wedlock reportedly helped to reduce early pregnancy. In schools, pregnancy tests helped to encourage girls to avoid early pregnancy, and the provision of food reportedly helped to prevent children from dropping out of school. At community level and beyond, international NGOs were active in preventing children from being out of school by, for example, helping families to pay their children's school fees. In protecting children and supporting their well-being, it will be valuable to build upon these existing strengths. At the same time, however, it is important to note that these preventive factors were under strain and fell far short of being able to meet the existing needs.

Recommendations:

- (1) Practitioners should include in assessments a mapping of preventive factors and other assets for different sub-groups of children;***
- (2) Practitioners should engage and collaborate with parents, youth groups, peer leaders, and school based groups in preventing harms to children;***
- (3) Practitioners should make prevention a high priority in programming by building on and strengthening existing preventive factors.***

5. Local views regarding childhood and harms to children diverged in important respects from the views enshrined in international child rights standards and Kenyan national law.

There was partial overlap between local views of harms to children and those enshrined in international standards such as the African Charter on the Rights and Welfare of the Child and Kenyan national law. For example, local people's views about the importance of children being in school resonated with the right to education that is prominent in the African Charter. Such convergences, however, were overshadowed by a number of very significant gaps or divergences between local and international views. Whereas international child protection standards and also the new Kenyan Constitution (Article 29) prohibit harsh corporal punishment, many local people said that beating of children was necessary for teaching them good behavior. Even people such as Chiefs, elders, police, and teachers who worked within the formal protection system frequently used corporal punishment to discipline children. Similarly, early marriage (under the age of 18 years) is a concern by international standards and is prohibited by the 2013 Marriage Bill in Kenya, yet it was regarded as an acceptable local practice. More broadly, there was a gap in regard to the treatment of girls. Although the sexual exploitation of girls was seen as a harm, there was a tendency locally to see it as an unavoidable part of the lives of girls, particularly those from poor households. In contrast, international standards take a strong view against the sexual exploitation of girls.

In these and other respects, there is poor alignment between Kenyan law and international child protection standards and the child protection system that exists on the ground. A major concern in strengthening the national child protection system is to ensure that child protection laws are actually enforced in an appropriate manner. Existing evidence suggests that better

alignment will not come through top-down approaches such as teaching about child rights but through dialogue oriented approaches that build upon the points of overlap between local views and those expressed in international child rights standards.

Recommendations:

(1) A high priority for the Kenyan Government and practitioners should be to reduce the widespread use of harsh corporal punishment that is evident in both the formal and nonformal domains of child protection;

(2) Practitioners should train parents on positive methods for disciplining children and support local groups in advocating for the use of positive methods;

(3) Practitioners should use respectful, dialogue oriented processes to introduce ideas of child rights and child responsibilities, with engagement of adults as well as children.