

COMMUNITY-BASED CHILD PROTECTION MECHANISMS IN KISII/NYAMIRA AREA:

A RAPID ETHNOGRAPHIC STUDY IN TWO RURAL SITES IN KENYA

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March 4, 2014*

Suggested citation:

Kostelny, K., Wessells, M., & Ondoro, K. (2014). *Community-based child protection mechanisms in Kisii/Nyamira Area: A rapid ethnographic study in two rural sites in Kenya*. 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

In diverse contexts, community-based child protection mechanisms (CBCPMs) are front line efforts to protect children from exploitation, abuse, violence, and neglect and to promote children's well-being. A 2009 global, inter-agency review of the effectiveness of CBCPMs indicated that, among seven factors that influenced the effectiveness of CBCPMs, community ownership was the most important determinant of the CBCPM effectiveness and sustainability. However, most NGO facilitated CBCPMs achieved only low to moderate levels of community ownership, as there was a tendency to establish CBCPMs such as Child Welfare Committees as parallel structures that did not build upon existing community mechanisms.

The purpose of this research was to learn about community-based child protection processes and mechanisms in two mostly rural sites in the Kisii/Nyamira area of Kenya. The research is intended to complement and extend the learning from previous research by the Inter-Agency Learning Initiative in two urban slums of Mombasa, Kenya and in two rural areas of Kilifi. To learn about existing community-based child protection processes and mechanisms, the research used an ethnographic approach in which national researchers who spoke Ekegusii lived and worked in the villages, making participant observations, conducting interviews and group discussions with diverse people, and engaging in activities with children. In particular, the research sought to identify how local people (who were positioned differently according to age, gender, and socio-economic status) understand children and childhood, what they saw as the main harms or risks to children, what 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 child protection system.

This research hopes to contribute to strengthening the national child protection system in Kenya. 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.

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 more formal aspects (hereafter referred to as '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 research was conducted in Kisii/Nyamira area. In each of Kisii County and Nyamira County, there was a site that consisted of two villages. One of the villages was a predominantly low SES village and one was a predominantly high SES village.

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: 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 six Kenyan researchers (three women and three men), who divided into two teams with one team per site. The Team Leader oversaw the data collection, mentored the researchers on an ongoing basis, co-led 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, data analysis and report writing.

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 the 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 at any time. To protect confidentiality, the records contained no names or other personal identifiers. In addition, the names of the particular villages that were included have been masked in this report. 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, and collected data during July and August, 2013. 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. Subsequently, methods such as individual interviews became increasingly prominent.

The interviews and discussions were conducted in Ekegusii language, the language of the Kisii people. Interviews with officials from the government or international NGOs who were not Kisii were conducted either in Kiswahili or English, depending on which language 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.

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 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 sites 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

The participants defined children mostly in terms of their dependency, defined as being under the care of one's parents or as being unable to make decisions or meet their basic needs. Age was also considered, although the age at which a person transitioned to adulthood varied considerably from five years to eighteen years. Other indicators of who was a child included cognitive ability, physical stature, engagement in certain roles such as going to school, and not yet having undergone important cultural transitions to adulthood such as marriage and circumcision.

Overall, children's development was characterized by increasing independence and responsibility. As children grew and developed increased physical and cognitive abilities, they took on more significant roles and increased responsibilities within the household, as parents depended on them to help with the work of the house and the *shamba* (farm). Parents were expected to provide all of the children's basic needs, such as food, shelter, and clothes, and to instill good behavior in children through guidance and discipline (usually in the form of beating).

Birth and the First Three Years of Life. The birth of a child evoked much joy and celebration. The birth of a boy was especially important since boys were highly valued in the culture. To welcome the infant into the world, a small ceremony was conducted in which the community came and took '*echae ya mosamba waye*' (tea for the new born). The father's mother named the child and usually gave the name of a relative who had died recently and was of good character. Following birth, the child's umbilical cord received special handling, which was believed to be necessary in order to prevent the umbilical cord from rotting. After a brief period during which the mother had been secluded, the mother brought the child outside 'to see the world,' which occasioned singing and a party.

Later, at one to two months of age, boys and girls underwent a ritual of '*koginkerwa*' in which the grandmother shaved the child's hair in the presence of immediate family members. A second important ceremony was *ekegeni ki omwana* (child feast), in which the grandmother (on the mother's side) came to greet the child, bringing clothing for her or him. Until approximately five months of age, the child slept with the mother, which enabled breastfeeding. Weaning of the child began at around five months of age, when the child was given solid foods in a thick paste.

In the first year of life, children stayed with their mothers but also received care from their older sisters. By age two years, children touched anything they came across and had developed knowledge about their bodies, including when they had soiled themselves. Boys and girls played with each other, and the girls pretended to cook the soil in the same way that the mother cooked *ugali*. By age three years, children were given small tasks such as bringing a cup of water or a plate to the parents.

Four to Twelve Years. Beginning at age four years, children took on additional responsibilities in helping the family with its chores. At approximately six years of age, children started going to primary school in class one. Although schooling was viewed as important, significant numbers of children were out of school, due primarily to an 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.

After four years, children took on responsibilities that were increasingly gendered. Girls fetched water from with river, swept the house, and washed utensils, while boys cared for the animals. Continuing the gender differentiation process, girls by nine years of age watched over younger siblings, washed utensils and clothes, fetched water and firewood, helped to work in the *shamba* (farm), and assisted their mothers with cooking. By nine years of age, boys had learned 'the duties of a boy' and helped their fathers with digging, picking rubbish in the compound, splitting firewood, fetching water, grazing cattle, and slashing the compound.

For both boys and girls, circumcision was a defining event. Starting at nine years of age, girls were circumcised, usually in secret because circumcision is against Kenyan law and parents did not want to be punished or to risk having their daughter 'rescued' from circumcision. The family called a 'specialist in doing the cut,' who performed the circumcision early in the morning at around 5 a.m. Accompanying the circumcision were traditional celebrations, which were done silently. Following the circumcision and celebration, the girl stayed in the house for one month to heal and received tutelage from an older woman or an elder sister on her roles, responsibilities, and expected behavior. Boys were circumcised between nine and fifteen years of age, with boys of the same age undergoing the ritual together. During the circumcision, a song was sung in order to praise the boy and announce that he had become a man. The celebration afterwards offered 'alcohol in plenty,' especially *chang'aa*, a local brew that many people produced and consumed. Following the circumcision and a period of training in which boys were taught how they should behave as men and also about sexual activities, boys could not sleep at their mothers' house, enter her bedroom, or walk with her.

Thirteen to Fifteen Years. By thirteen to fifteen years of age, girls and boys had mastered most of the skills required of women and men. If the girls and boys attended school, they did chores before and after school. If they were not going to school, they did additional work to help the family earn an income and raised money to cover their own expenses. Girls' breasts had 'started coming out' and they had begun to grow pubic hair and to menstruate. At this time, girls were taught not to engage in sexual acts and to be careful with boys, as this could lead to early pregnancies. Boys generally did not receive such education about sex and early pregnancy. At 15 years of age, students who had finished primary school could take the KCPE (Kenya Certificate for Primary Education) exam. Only a small number of students proceeded to secondary school since many parents could not afford the associated school fees.

Boys were considered to be adults once they had undergone circumcision, whereas girls were considered to be adults once they were eligible for marriage (around 15 years of age) or had given birth.

2. Harms to Children

With the data from the group discussions pooled across both sites, the participants rated as the most serious harm out of school children (26.9%), followed by poor parenting (15.7%; e.g., parents not watching over their children properly, not providing for their children's needs, exposing them to alcohol), early pregnancy (11.5%; the pregnancies were said to result from a mixture of consensual and transactional sex), alcohol and drugs (9.1%), child labor/too much work (8.4%), rape (4.2%), children's bad behavior (3.9%; e.g., deciding not to go to school, stealing, fighting), prostitution (3.5%), video (2.8%), and family planning (2.1%). Other harms, each of which received less than 2% of the vote, were suicide, orphans, poverty, incest, witchcraft, abortion, mobile phones, hindering children from going to church, lack of food, no leisure time for children, and children bitten by jiggers.

When Kisii and Nyamira were compared, a significant difference was that early pregnancy was rated more frequently as the top harm in Kisii than in Nyamira (16.4% vs. 5.5%). Alcohol and drugs were also rated more frequently as the top harm in Kisii than in Nyamira (12.6% vs. 4.7%). However, in Nyamira, poor parenting was rated as the most serious harm more frequently (25% vs. 6% in Kisii). Also, when the top three ranked harms were considered, the issue of alcohol and drugs emerged as first among the rankings of the top three harms (53.5%) for Kisii. In Nyamira, poor parenting nearly equaled children being out of school as the most serious harm.

Age and gender differences. Age and gender differences were evident in the ratings. For example, the ratings for early pregnancy, showed a large gender effect, as early pregnancy was one of the top three concerns only for young women and teenage girls. Young men and teenage boys, by contrast, were more likely to rate out of school children (41.9% and 42.6%, respectively) as the most serious harm than were young women or teenage girls (17.3% and 23.3%, respectively). This pattern may have reflected young males' stronger expectations that they would be able to continue their education and the frustration of those expectations by having had to drop out of school in order to work. An age difference arose in regard to views of whether alcohol and drugs were the most serious harm to children. Alcohol and drugs were far more likely to be rated as the most serious harm by teenage boys (31.9%) and teenage girls (15.6%) than by adult men (0%) or adult women (1.9%). Because alcohol and drug use were widespread among teenagers, they may have been in the best position to know its adverse effects.

Out of school children. Qualitative data indicated that children valued education and that being out of school was frustrating and painful. The primary reason why children were out of school was the inability to pay school fees. However, significant numbers of children were said to have dropped out of school due to negative peer pressure and 'bad behavior' that consisted of children deciding to drop out of school through their own willfulness. That being out of school was a gateway to other harms was evident in the fact that out of school boys frequently got involved in gambling, stealing (often of food, due to hunger), using alcohol, and engaging in

sexual exploitation, whereas out of school girls were vulnerable to sexual exploitation and becoming pregnant.

Although most parents sent their children to school and wanted them to participate in education, some parents made their children work, which left little time for education. Some parents intentionally refused to take children to school so that they could work in farms and transport bricks, bringing money home to the parents. Also, some parents who saw little value in education reportedly used money to buy alcohol rather than using it to send their children to school. Even when children had the means to go to school, some dropped out due to the poor quality of education and the abusive practices of the teachers. 'Bad teachers' reportedly came to school drunk and did little to promote learning.

Sexual abuse and exploitation. Sexual abuse and exploitation included rape, transactional sex, incest, and prostitution. Young children--as young as three years but more commonly over ten years--were reportedly raped by both adults and boys of marrying age (20 years and above), though it was seldom discussed openly due to shame. Girls were reportedly raped more frequently than boys, and the rape of girls frequently occurred as the girls went to fetch water or perform other chores. Girls were also raped in *chang'aa* dens, where their mothers used their daughters to attract customers. In contrast, young boys were targeted by older women who worked as prostitutes.

Transactional sex was a result of parents not meeting girls' needs, and was a common way of children and youth getting food, sanitary pads, mobile phones, and other items they needed or wanted. Children were lured into prostitution as a means of obtaining basic goods, luxury items, or money that their parents were unable to provide. Some participants observed that, via role modeling, mothers who engaged in prostitution taught their daughters to also engage in prostitution. Although some girls became prostitutes through the influence of peers, others decided on their own to engage in prostitution. Mostly girls who engaged in prostitution, though boys, too, got involved with older men and older women who gave them money and material things.

Reports of incest were rare, yet children were said to have had sex with their relatives and to have become pregnant as a result. Since the relatives of the girls were prohibited from marrying them, most of the girls ended up being single parents.

Early pregnancy. Early pregnancy was seen as a product of girls' early engagement in sex with boys due to peer pressure and curiosity. Also, when girls were unable to obtain from their parents the things they wanted or needed, including sanitary towels, they looked for boyfriends who bought them things. Girls were also enticed or 'cheated' by older men who bought them things in exchange for sex, although such men typically ran away after the pregnancy.

Girls who had become pregnant dropped out of school due to shame, and many had abortions in order to avoid shame. Because the abortions were conducted using dangerous methods and outside of health facilities, some girls reportedly died. When abortions were not done and children were born out of wedlock, the children were stigmatized. Typically,

no one paid their school fees, and the girl children who were out of school as a result engaged in prostitution.

Poor parenting. Poor parenting was identified as one of the main harms to children more frequently by teenagers and young women and men than by adults. It was not restricted to biological parents, as the participants said consistently that children who did not live with their biological parents were often discriminated against. Poor parenting involved failures of parents to watch over their children, feed and clothe them properly, take them to the clinic or health post, teach them good behavior, send them to school, motivate and encourage them, give them good advice, and provide a positive role model. It also entailed not being able to provide for children's material needs, a situation that frequently owed to parents spending their money on alcohol rather than on their children.

Alcohol and drug abuse. Alcohol and drug abuse by children was reportedly widespread, although it occurred mainly in the Catholic areas rather than in the Seventh Day Adventist areas where alcohol use was strictly prohibited. Alcohol abuse by parents was identified as a source of mistreatment and abuse of children, and also as an encouragement for children themselves to begin drinking. A large number of households, particularly those of lower SES, produced and sold local brews such as '*amarwa*' or '*chang'aa*.' Children were involved from an early age in the production and sale of these brews. Most participants, particularly adults, said that the problem was that children began drinking the local brews at an early age, often under the negative influence of peers. They also began taking drugs such as stimulants and marijuana (*bhang*), which were available to people who had money to buy them. Whereas adults emphasized the role of peers in getting children involved in drug and alcohol abuse, teenagers observed that drinking was also related to the stresses that children experienced and pointed out that adults had introduced them to drinking.

Child labor and heavy work. 'Child labor' and other phrases such as 'children given too much work' and 'overwork' referred to children who did heavy work that interfered with their education, and work that seemed exploitative, as when children worked very hard and then received no food. Child labor reportedly produced psychosocial distress and problems such as running away from home and stealing.

Suicide. Suicide attempts or threats by children were not uncommon and were frequently associated with deprivation of basic materials that led to hostility toward one's parents or to comparisons with children who were better off that left the deprived children feeling very badly. Suicide was said to be a problem particularly among orphans, whom local people defined as children who had lost one or both of their parents, faced an array of risks. Some children also committed suicide when they were forced by their parents to do something against their will. Children who did not want to go school reportedly committed suicide when their parents forced them to go school.

HIV/AIDS. HIV/AIDS was reported to be widespread and was often associated with *chang'aa* use, which led to unprotected sex with multiple partners. Children contracted HIV from their infected mothers via breastfeeding. HIV also spread by means of children watching the alcohol abuse and mixing at *chang'aa* dens and subsequently imitating the behavior of adults. Children

also contracted HIV through transactional sex and prostitution. The HIV positive girls had to drop out of school and were forced out of the home by parents. Boys who had sex for money with older women, many of whose husbands had died of AIDs, also contracted HIV and were ridiculed and left to die with little or no help. Children who were raped were also at great risk of contracting HIV. Sadly, some children were deliberately targeted and raped by HIV positive people, reportedly so they would not die alone.

Overall, HIV was feared and hidden. This climate of fear set the stage for discrimination against HIV positive children, many of whom were said to be hated and stigmatized, in spite of being able to interact with others. Even if children did not have HIV themselves, they sometimes were strongly affected by living with parents or family members who were HIV positive. In addition to struggling to meet their basic needs, such children experienced heightened stress, which impaired their concentration in school and led eventually to dropping out of school.

Orphans. Orphans, most of whose parents had died of AIDs, faced an array of risks. Typically, orphans were mistreated by relatives and did not attend school since they had no one to pay school fees. They were frequently subjected to abuse and made to work by everyone. Girl orphans were at particular risk since they had no means of meeting their basic needs and were often 'cheated' by men, who left them pregnant at an early age. In order to meet their basic needs, orphans sometimes resorted to stealing items, which led to being caned or arrested by the police.

Children stealing. Children reportedly stole food when they were hungry. Under the influence of 'bad company' (negative peer influences), they also stole other items such as school supplies, and some stole money in order to obtain drugs. Working children stole when they had little work and were unable to earn money. In this manner, children sometimes came into conflict with the law.

Child beating. The beating of children was widespread because beating was regarded as a means of disciplining children and teaching them appropriate behavior. Beatings were given using a variety of items such as cooking sticks, rocks, pieces of rope, and machetes. In some cases, the pain and humiliation felt by the child were so great that the child ran away.

Mobile Phones. Adults identified mobile phones, which were used widely in the rural areas, as a harm to children since children who used the phones did not listen to adults. Also, children used the phones to book dates and other activities that culminated in girls getting pregnant at an early age.

Witchcraft. The belief in witchcraft and in children's participation in witchcraft was widespread, and people frequently attributed everyday bad events to the actions of witches. When children were accused of witchcraft, they were typically chased out of school and ostracized by others.

Religion. Religion was identified by some participants as a source of children's exposure to harms such as early engagement in sexual relations. Typically, this was seen as the product of being around people who were drinking alcohol, which was common in Catholic areas.

Other harms. Other harms that were identified included children fighting, video, and children not working. Children, particularly boys, engaged in fighting occasionally when disputes arose. Also, children who had not been circumcized were often teased and discriminated against, which also led to fighting. Adults identified a local video shop as a harm since boys frequently spent long hours there watching football rather than helping their parents and families. Also, adults complained that a harm to children was that children did not work and spent their time walking around rather than helping their families.

3. Response Pathways

In response to early pregnancy, the dominant pathway of response began with the mother noticing that her daughter was pregnant and informing the father. The parents then sent the girl away from home, telling her to look for the person who had impregnated her and to marry him. If the boy accepted that he was the one who had impregnated her, the girl dropped out of school and married the boy. However, in some cases in which the parents had sent the girl away from home, the girl had an abortion. In other cases, the girl attempted suicide by taking poison, and subsequently died. Alternately, once the parents had learned who had impregnated their daughter, the parents brought the case to the *embarasa*, the sitting of the male elders, who decided which fine (typically a cow and a goat) the boy's family should pay to the girl's family. Following the payment of the fine, the girl stayed at home to care for her baby. In many cases, the girl did not return to school. However, after two years, some girls returned to school due to their grandmother's willingness to care for the child.

A less dominant but nonetheless frequent response to early pregnancy was to have an abortion. In one abortion pathway, the pregnant girl hid the pregnancy from her mother and carried out an abortion on her own. Such self-administered abortions frequently entailed the use of unsafe methods such as taking herbs that had profound and sometimes life threatening effects. If the abortion succeeded and the girl had been going to school, she returned to school following the abortion. However, even successful abortions were followed by the girl experiencing subsequent health complications. If the abortion was not successful, the girl reportedly died. Abortion related pathways sometimes involved consultation with or action by other members of the girl's family, particularly the parents and the grandmother. Often it was the grandmother who took the girl for an abortion.

In response to out of school children, the pathways of response varied according to why the children were out of school. For children who were out of school due their inability to pay school fees, the dominant pathway centered around finding a way to pay the school fees. In the dominant pathway, the mother went to the school and 'pledged' to the headmaster that she would pay the fees later after she had obtained the money. In some cases, the headmaster allowed the child to return to school, but in other cases, the headmaster refused to let the child return until the fees had been paid. In the latter situation, the mother went to the 'merry go round,' a savings and loan scheme organized by local women, and borrowed the money. After the mother had used the money to the pay the school fees, the child was admitted back into school.

In another branch of the same pathway, the mother told the father about the child's situation and asked for money, but the father was an alcoholic (a 'drunkard') and neither cared nor helped

the child, who dropped out of school. Boys who had dropped out of school looked for jobs doing casual labor such as transporting bricks or picking tea, and they frequently got married. In contrast, girls who had dropped out of school got married and went to work as 'house help' (domestic servants).

For children who had decided not to go to school since they preferred to be with peers, the village elder noticed and ordered the child to return to school. In a minority of cases, the child returned to school, though the child usually refused to return to school, leading the elder to report the child to the Chief. The Chief ordered the child to return to school and threatened to arrest him and his parents if he did not return. The child then returned to school out of fear of being arrested or beaten, or else ran away. Alternately, the parent noticed the child not going to school and ordered the child to return to school. Usually, the child refused to return to school, causing conflict between the child and the parent. If this conflict was severe, the child attempted suicide by hanging himself with a rope or taking poison. In some cases, the child was rescued by someone who saw the child, but in other cases the child reportedly died.

For children who were out of school because of their poor performance in school, the parents advised them and encouraged them to go back to school. If the child did not return to school, the parents reported the case to the Chief. Out of fear of being beaten by the Chief, some children returned to school. Otherwise, the Chief beat the child. The usual result was that the child returned to school, but in other cases, the child ran away to town.

There were also cases in which the parents did not send children to school because they were 'uneducated,' did not care, were alcoholics ('drunkards'), or preferred that their children worked. In most such cases, the boy engaged in casual labor such as brick making or became a thief, whereas a girl engaged in prostitution, became pregnant, and got married. In a minority of such cases, the village elders noticed and reported the parents to the Chief. The Chief then called a meeting with the parents and ordered them to take the children to school, threatening to arrest them if they did not. Or, the parents took the child to '*juakali*' (craftsmanship) where boys typically learned mechanics and girls typically learned dressmaking.

4. Views of Young Children

As expressed in the body mappings with children (5-8 years or 9-12 years, respectively), boys and girls of all ages liked good foods, hearing music and prayers, playing games with friends, going to school, and performing chores for the family. Children disliked quarreling, corporal punishment (being beaten, having pepper put in their eyes, having their hands burnt, or sticks put in their ears--all these were forms of punishment), and violence. They also disliked witches, wild animals, thieves or 'bad people,' alcohol, dirty or rotten food, coming into contact with human or animal feces, and being around poison. Children reported that they did not like carrying heavy things or many things, such as big stones, heavy bricks, logs, and heavy water. Nor did they like carrying things 'all the time.'

Age and gender differences were evident as well. Girls reported liking cooking and washing dishes, whereas boys liked tethering cows and catching chickens. Girls liked games with balls and jumping ropes, while boys liked football and climbing trees. With regard to dislikes, older

boys reported not liking having to steal, including stealing from shops and their family. Girls in Kisii reported not liking pregnancy and having a big stomach.

5. SES Differences

High SES participants rated being out of school as the most serious harm to children much more often than did low SES participants (47.9% vs. 16.3%). This finding was surprising since it was the opposite of the findings of previous studies in Mombasa and Kilifi. Possibly, high SES participants placed greater value on education than did low SES participants. Although it was commonplace for children of low SES families to be out of school, this may not have been of great concern to the low SES families, many of which preferred that their children work and help to support the family rather than go to school. Also, low SES participants may have seen this as the 'normal' state of affairs or as a necessity in living in a situation of abject poverty. In contrast, high SES families had the ability to send their children to school and expected that their children would remain in school. Yet they may have worried that their children would drop out of school either because that is what they saw other children doing or because they made 'willful' decisions to drop out.

In contrast, low SES participants were much more likely than were high SES participants (21.1% vs. 5.2%, respectively) to rate poor parenting as the most serious harm to children. This may have occurred because poor parenting was more frequent, more conspicuous, or both, in low SES families. Indeed, there were consistent reports that the fathers of low SES families squandered the family income on alcohol, and low SES families engaged their children in the production and sale of *chang'aa* and other alcoholic brews, thereby setting the stage for early alcohol use and misbehavior by their children. Low SES participants may have seen this as a bad situation that owed to poor parenting. Also, low SES participants were more likely than were high SES participants to rate as the most serious harm items such as alcohol and drugs (11.6 vs. 4.2%), early pregnancy (12.1 vs. 8.3%), child labor (11.1 vs. 3.1%), or children's bad behavior (4.7% vs. 2.1%). Each of these may have been bigger problems for low SES families than for high SES families.

The ratings of the top three harms confirmed and helped to clarify the SES related differences. Confirming the pattern described above, high SES participants were more likely than were low SES participants to rate being out of school as one of top three harms to children (62.1% vs. 39.5%). Also, low SES participants were more likely than were high SES participants to rate child labor as one of the top three harms to children (21.6% vs. 7.3%). On the other hand, low SES and high SES participants gave similar ratings of poor parenting, alcohol and drugs, and early pregnancy.

Low SES participants may have been less likely than were high SES participants to rate out of school children as one of the top three harms since many low SES families wanted their children to work in order to support their families yet saw that work as harmful. This interpretation fits with the finding that child labor was rated as one of the top three harms to children more often by low SES participants than by high SES participants. Children of low SES families were more likely to be engaged in labor and heavy work than were children of high SES families. Although doing that work was the norm among low SES families, those families may have regarded it as

harmful to children, even if the families were powerless to change that situation. In contrast, high SES families could avoid having their children do heavy work and were correspondingly less likely to view child labor as a problem than were low SES participants. The fact that low SES and high SES participants gave similar ratings of poor parenting and alcohol and drugs suggests that even high SES participants were concerned about poor parenting and alcohol and drugs as sources of harm to children even if that harm was not considered the 'most serious' harm.

6. Preventive Factors

A range of factors at the family and community level played important roles in local people's efforts to prevent harms to children. The most typical strategies used for preventing children from being out of school were parents advising their children on the benefits of school, parents and teachers caning and beating children, Chiefs and village elders monitoring children and caning them if they were out of school, fundraising for school fees, and parents engaging teachers in disciplining and monitoring children. In Kisii, the fundraising was usually done by the entire community, whereas in Nyamira it was done primarily by churches. In Kisii, other methods included churches' preaching and counseling and parents monitoring their children, while in Nyamira it included parents taking on work in order to pay school fees. Although parents and community people frequently relied on corporal punishment and control oriented strategies to keep children from dropping out of school, teenagers themselves expressed a preference for the use of 'softer,' incentive based strategies.

With respect to early pregnancy, the most important preventive factors were mothers educating their daughters about pregnancy and how to behave with boys, avoiding 'bad company,' seminars and guidance from the church on abstinence, parents meeting girls' basic needs, village elders disciplining girls for inappropriate behavior, and teachers' guidance, education, and monitoring. In Nyamira, peer counseling by older girls who had gotten pregnant while young was also a frequently used strategy for preventing early pregnancy.

These preventive factors were clearly overstretched since on a regular basis, participant observations were made of children who were out of school and also young girls who were pregnant.

7. The Use and Functionality of the Formal Child Protection System

The Connectors. This research identified the connectors who serve as points of linkage between the community people and the formal child protection system in the local area. The key connectors were the Chiefs, Assistant Chiefs, and village elders (who were seen as arms of the Government), police, District Children's Officers, District Education Officers, Area Advisory Committees, the District Commissioner, and the staff of the Remand Home. These connectors play a potentially important role since they are in a position to strengthen child protection response and prevention.

The Chiefs received reports from diverse citizens, responded directly themselves, and linked with other formal system elements such as the police. They actively responded to problems such as children being out of school by monitoring villages and caning children who were out of school, threatening to arrest the parents of the children who were out of school, or reporting

cases of out of school children to elders, who then reported to the District Education Officer. Chiefs were also active in addressing *chang'aa* brewing by finding *chang'aa*, throwing it away, and calling on police to arrest the brewers of *chang'aa*. The Chiefs also referred cases of early pregnancy and children dropping out of school to the Children's Office, although those cases were usually referred back to the Chiefs.

Village elders worked closely not only with local citizens but with the Chiefs and Assistant Chiefs. The typical chain of command for a case was for people to first report a problem to the village elder, who then reported to the Assistant Chief, who in turn reported to the Chief. For example, the elders monitored the situation in the community and reported cases of children not in school to the Assistant Chief, although nothing was usually done unless the parents reported that their children were out of school. In cases of poor parenting, the village elders traditionally gathered the old men of the village who had an '*embarasa*' and discussed the issue.

The Assistant Chiefs played an intermediate role in the customary reporting chain and often received reports from the village elders. If a village elder had reported a case of a child being out of school because of inability to pay school fees, the Assistant Chief sometimes contributed his own money to pay the fees or tried to find work for the parents so they could earn the money needed to pay the school fees. Assistant Chiefs also used threats to parents as a means of inducing the children to return to school. For more difficult cases, the Assistant Chief made a referral to the Chief, who then referred the matter to the District Children's Officer (DCO).

The police received reports from the Chiefs, and, in cases of child neglect, they made referrals to the Children's Officer. Overall, however, people were reluctant to report to the police, who were said to frequently take bribes.

The District Education Office tracked and followed up on children who were out of school as reported by the Chief. The Education Office called the parents, and if the parents were willing, talked to them about their child's situation and the importance of the child staying in school. If the out of school child had left home in order to find work elsewhere, however, there was little the Education Office could do.

The District Children's Officer (DCO) received reports from the Chiefs and also reached out to the community by urging parents to take their children to school. Ordinary citizens did not usually report directly to the DCO, whom they thought dealt with orphans and vulnerable children if they were even aware of the existence of the District Children's Office.

The Area Advisory Committee (AAC) is a multi-stakeholder body that includes the DCO, leaders of different organizations, and ordinary citizens who address key children's issues. In Kisii town, the AAC held meetings quarterly to discuss issues affecting children such as children living and working on the street. The AAC discussed how those children could most effectively be taken off the street and counseled to return to school. However, most of the citizen participants and also some government officials were not aware of the AAC.

The District Commissioner (DC) worked with the police in cases of the rape of a child. Together, they recorded the statement from the child and then took her to the hospital for examination and treatment. However, most cases were not reported.

The remand home supported children in conflict with the law and children in need of protection such as street children and girls who engaged in prostitution. Although they usually aimed to send children back to their families, problems such as stigma in the community frequently led the children to run away from home again.

Community Health Workers urged parents to report children who were raped, and they also encouraged parents and young people to get tested for HIV/AIDS, which was a widely recognized problem. Unfortunately, many local people did not report issues of rape or HIV through them.

Churches also served as connectors. In Nyamira, the Seventh Day Adventist (SDA) and Lutheran Church addressed issues of children out of school (especially orphans) because of school fees, and children who did not have food. They also conducted fundraising activities in their congregations in order to raise money to pay children's school fees. In Kisii, churches raised funds in order to help orphans with school fees and uniforms as well as food and shelter. They also conducted awareness raising activities in regard to HIV/AIDS.

Harms identified by stakeholders in the formal system. Overall, there was good convergence between the views of workers in the formal system and other citizens with regard to key harms to children. The main harms to children identified by the stakeholders in the formal system were children out of school, early alcohol and drug use, poor parenting, child labor, early pregnancy, orphans, suicide, and various forms of sexual abuse and exploitation, including incest, rape, transactional sex, and prostitution. Workers within the formal system emphasized more than did ordinary citizens that poor parenting caused a number of those problems.

An important area of divergence between workers in the formal system and other citizens was in regard to local culture. In contrast to ordinary citizens, some workers within the formal identified Kisi culture as a harm to children, particularly in regard to issues of incest, relatives not caring for children after the death of the father, and female circumcision. This divergence likely reflected the child protection workers' greater awareness of and commitment to implementing Kenyan law and international child protection standards.

The use and functionality of the formal system. Despite the work of these connectors, the evidence was mixed in regard to whether local people reported child protection issues to authorities. The research identified significant obstacles to the reporting of violations through the formal system and to the functioning of the formal child protection system.

Bribery was primary among the reasons participants gave as to why people frequently did not report cases through the formal child protection system. For example, many participants said that they did not go to the village elders, Assistant Chiefs, or Chiefs because they want 'something small,' that is, a bribe, before they would take any action. There was also evidence that people did not report violations against children to officials such as the District Children's Officer due to

their lack of knowledge about his role and accessibility. Not reporting violations was also common among officials within the formal system itself. For example, teachers were supposed to report children who were out of school to the Chief. However, the Chief reported that teachers reported infrequently or too late to enable effective action.

There were also indications that the formal system did not function according to its design. In one case, a teacher who had reportedly raped a girl bribed the girl's parents into not reporting the rape, and the teacher had also tampered with the evidence of the rape that could have been used to prosecute him. Similarly, Chiefs sometimes reported cases of early pregnancy to the Children's Office, which is mandated to handle such cases, only to have the cases handed back to them.

To test the limits of non-reporting, the participants in group discussions were asked 'When a child is raped, do people report?' Preliminary field testing had indicated that people understood well that such crimes should be reported to the authorities. By design, the question was asked twice, once in regard to a rape that had occurred inside the family and, secondly, in the community. Although the quantitative data were difficult to interpret owing to unforeseen methodological issues, the qualitative data showed that in cases of rape of a child by someone outside the family, people usually reported to the Chief or took the victim to the hospital, thereby reporting through the health system. Alternately, people said the reporting occurred first to the elder, who then reported the violation to the Chief. Depending on the case, the Chiefs responded by turning the perpetrator over to the police, caning the perpetrator, or requiring the perpetrator to pay the victim's hospital bill as compensation.

In animated discussions, participants indicated that people frequently did not report such a case of rape of a child to formal authorities but handled the case through traditional means such as cash compensation by the perpetrator to the family of the victim. Often it was the parents of the victim who initiated the negotiation and compensation process. Also, parents often did not report a rape of a child by someone outside the family because they feared that community members would speak disparagingly of them. If the perpetrator of the rape were a 'big person' such as a teacher, then the case was usually handled by having the teacher give something to the parents of the child who had been raped. Furthermore, non-reporting of the rape of a child occurred in cases in which the local people caught the rapist and killed him.

In a case of child rape by a member of the child's family, the participants indicated that people often did not report to authorities but tried to deal with the situation from within the family. Non-reporting was a means of avoiding family shame and stigma, and it also helped to preserve family relationships. Parents who had limited means of meeting their children's basic needs feared that if they reported, they would no longer receive the financial support that the perpetrator had previously provided to the family. Fear also contributed to non-reporting, since, for example, a mother who reported that the father had raped her daughter might be killed or chased away from home. To avoid such problems, families often used traditional means such as the perpetrator making restitution by paying a cow or money to the child's parent.

Overall, then, there were significant challenges to the use and the functioning of the formal aspects of the child protection system.

Implications and Recommendations

This research identified numerous issues that warrant urgent attention, as they have significant implications for children's protection and well-being as well as on the functionality of the Kenyan national child protection system. The numbered items presented below, which are not necessarily in order of priority, identify the key implications and also the associated recommendations for action.

1. The formal child protection system is significantly underused at the local level and also misused in a variety of ways.

Four key findings indicated a concerning pattern of underutilization and also misuse of the formal system. First, participants reported that people did not usually report to authorities various violations against children. This pattern of widespread non-reporting applied not only to problems such as being out of school but also to criminal offenses such as the rape of a child. Second, numerous obstacles impeded the reporting of violations through the formal system. The dominant obstacle was corruption, as both police and Chiefs reportedly demanded bribes or 'something small' before they would respond to a reported violation. Also, people frequently showed a preference for using traditional means of handling violations such as having the perpetrator pay money or animals to the family of the victim as compensation. Other significant obstacles included the unresponsiveness of the system, issues of shame and stigma, fear of losing the support of influential family or community members, and lack of knowledge about whom to report to.

Third, non-reporting and breaks in the chain of referral were issues even among people who were part of the formal system. For example, teachers who were obliged to report out of school children frequently did not report them in a timely manner, and Chiefs sometimes responded on their own to violations rather than reporting them to police. Fourth, some officials reportedly did not fulfill their responsibilities but handed back to the Chief cases that the Chief had referred and that were beyond the Chief's mandate and training. The resulting confusion, delays, and inaction likely contributed to the underutilization of the formal system and also frustrated people who worked within the formal system.

Recommendations:

(1) The Kenyan Government should prioritize the reduction of corruption within the formal child protection system at local levels.

(2) Child protection practitioners should advocate strongly and consistently for efforts to reduce corruption in the child protection system.

(3) All child protection stakeholders should make it a priority in the child protection system strengthening agenda to increase the appropriate reporting of violations to authorities within the formal child protection system.

(4) All child protection stakeholders should do their part to build the capacity of local and regional child protection actors within the formal system to understand, fulfill, and be accountable for their roles and actions.

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

Poverty was related to the top ranked harms to children such as children being out of school due to their families' inability to pay school fees or the families' preference that their children not go to school and work to bring income to the family. Also, early pregnancy frequently resulted from girls trading sex for items they needed or wanted and that their families were unable to provide.

To address these issues, it will be useful to integrate economic and livelihoods support and child protection work. Historically, these approaches have been independent and have been conducted as separate sectors or silos in the humanitarian arena. Yet there are two powerful reasons for bringing them together in the service of supporting vulnerable children and families. First, child protection work by itself has frequently been unable to address some of the most serious child protection issues because it has not adequately included economic dimensions such as sustainable livelihoods. Without the inclusion of robust economic dimensions, it will not likely be possible to address problems such as out of school children and early pregnancy. Second, existing evidence indicates that the benefits of social protection activities such as cash transfers to vulnerable families seldom reach the most vulnerable children. A promising approach is to integrate the full range of economic supports (including social protection) and livelihoods work with a child protection lens in a manner that insures that 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, insuring that the benefits reach highly vulnerable children. This will likely require team based approaches in which child protection specialists, livelihood strengthening specialists, and economists collaborate in a systematic manner.

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

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

Although 'children' are frequently discussed as if that category were somehow homogeneous, the results of this research underscored the diversity that existed within that category. Gender differences were visible in the fact that girls and women consistently rated early pregnancy as one of the top three harms to children, whereas boys and men did not. SES differences were visible in the fact that high SES participants rated out of school children as the most serious harm to children much more often than did low SES participants. Also, low SES participants were much more likely than were high SES participants to rate poor parenting or alcohol and drugs as the most serious harm to children. Age differences were visible in the fact that teenagers were more likely than other sub-groups to identify child labor as the most serious harm to children. In addition, various forms of child beating and corporal punishment were prominent among the dislikes of the younger children, whereas other sub-groups seldom indicated child beating as a

prominent harm to children. Since children have very diverse perspectives and lived experiences according to age, gender, and SES, it makes sense to avoid taking a 'one size fits all' approach to child protection programming.

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.

4. 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 sexual abuse by teachers.

The protective value of being in school was a consistent finding in this research. Girls who were in school were less likely to have an early pregnancy. Once girls were out of school, they became susceptible to a host of interacting harms such as early pregnancy and abortion. Similarly, boys who were in school were less likely to be involved in stealing, gambling, and using alcohol and drugs.

Although keeping children in school emerged as a preventive factor, it should also be noted that many participants, including children, identified schools as places where children were harmed by beatings, humiliation, and sexual abuse by teachers. For these reasons, work to keep children in school should be coupled with efforts to make schools safe, supportive environments for children, as has been done in UNICEF's Safe Schools initiative.

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.

5. Preventive factors were identifiable yet had limited capacity, appropriateness, and reach.

In this research, preventive factors were visible at diverse levels of children's social ecologies. To prevent early pregnancy, mothers educated their daughters about the problem of early pregnancy and the importance of avoiding 'bad company,' and parents helped to provide for their daughters' basic needs. In church, seminars and sermons educated girls about early pregnancy and urged abstinence from sexual activity outside of marriage. Schools also had monitors who observed children and reported on bad behavior.

Multi-level preventive supports were also active in regard to children being out of school. Families played a key role in preventing children from being out of school by advising children to stay in school and paying school fees. At community level, fund raising efforts helped to raise the money needed to pay children's school fees. However, not all the preventive efforts were appropriate from the standpoint of children's rights. Caning of children who were out of school was practiced widely even though such treatment is widely regarded internationally as contrary to the best interests of the child.

In protecting children and supporting their well-being, it will be valuable to build upon these existing strengths and work simultaneously to change inappropriate prevention strategies such as caning (see item 6 below). It is important to note that the positive preventive factors were under strain and fell far short of being able to meet the existing needs. For example, the poorest families had very limited ability to keep their children in school or to avert their daughters' early pregnancy. The involvement of schools and churches in prevention efforts was generally positive, yet it was insufficient to prevent problems such as early pregnancy. Thus additional support for existing, appropriate prevention strategies is needed.

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, religious organizations, peer leaders, and school based groups in preventing harms to children through the use of appropriate means;***
- (3) Practitioners should make prevention a high priority in programming by building on and strengthening existing preventive factors.***

6. 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 and in Kenyan laws and policies.

Such convergences, however, were overshadowed by numerous, significant divergences or gaps between local and international views. One of the biggest gaps occurred in regard to harsh corporal punishment, which is prohibited under the new Kenyan Constitution (Article 29).

Parents, teachers, elders, police and others said consistently that the 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, although early pregnancy was identified as a harm to children, the main aspect of this problem in local people's views was that the girls were not married. According to international standards, health concerns arose from early pregnancy regardless whether a young girl was married. Also, early marriage (of people under 18 years of age) is prohibited in Kenya under the 2013 Marriage Bill, although the marriage of girls under 18 years of age is regarded locally as an acceptable 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. Indeed, the sexual exploitation of girls did not figure among the top-ranked harms to children. In contrast, both Kenyan national law and international standards take a strong view against the sexual exploitation of girls.

In these and other respects, there is poor alignment between Kenyan law, international child protection standards, and the child protection system that exists on the ground. A significant 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 Kenyan national law and 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.