

LEARNING ABOUT CHILDREN IN **URBAN SLUMS**

A rapid ethnographic study in two urban slums in Mombasa, Kenya, of community-based child protection mechanisms and their links with the national child protection system

RESULTS OVERVIEW

With increasing numbers of people living in urban areas worldwide, and with large numbers living in urban slums, there is an urgent need to understand children's experiences in slums and how they, their families, and their communities navigate the diverse child protection issues they face. This new research adopted an ethnographic, child participatory approach to learn about the practices and mechanisms that people living in slums use in responding to and preventing violations against children. It asked which pathways of response do people typically use rather than which pathways people are 'supposed' to use. In this respect, it offers a grounded snapshot of the system as it is used.

Conducted in 2012 in two urban slums (Bangladesh and Tudor Moroto) in Mombasa, Kenya, the research examined:

- views of childhood
- different kinds of harm children face

- responses and preventive steps to address harms
- links between non-formal family and community mechanisms and the formal aspects of the national child protection system.

Kenyan researchers lived in the communities and collected data from a wide range of different people using tools such as: participant observation; individual interviews; group discussions that identified the main kinds of harm children suffer and the main pathways of response; group discussions of preventive factors; and body mapping with children (age 5–12 years). To provide a differentiated picture, the research disaggregated responses by age, gender, and socio-economic status. However, it did not use representative sampling, and it did not attempt to measure the incidence rates of different child protection issues.

KEY FINDINGS

1. Children were defined more by their behavior than by their age – local views did not fit the definition of the UN Convention on the Rights of the Child that a child is a person under 18 years.
2. Aside from poverty or health problems, the top rated harms to children were:
 - being out of school
 - sexual exploitation and abuse
 - drug and alcohol abuse
 - early pregnancy.

Drug and alcohol abuse were rated as a much more serious forms of harm to children in one slum than in the other. Also, socio-economic status influenced the relative rankings.
3. Primary causes of children being out of school were:
 - inability to pay school fees
 - family demands that children work
 - parental neglect
 - pregnancy
 - discrimination against non-biological children within the household
 - negative peer influences
 - beatings by teachers.
4. Sexual abuse and exploitation of children was reportedly rampant in both slums, and the perpetrators frequently included people in positions of power and authority, such as teachers and elders. Teenage girls were more likely than any other sub-group to rate this as the top harm to children. Nearly half the households earned money primarily by brewing and selling *chang'aa*, an alcoholic drink often sold from home. Women frequently used their daughters to attract male customers, who became drunk and abused the girls. Sexual abuse also occurred frequently at funerals, disco dances, and video halls. Men frequently gave fried potatoes to girls as young as six years of age as a means of enticing them to have sex. Pre-teenage and teenage girls were sexually active; many traded sex for desired objects or benefits.
5. Early pregnancy was widespread; significant numbers of girls reportedly became pregnant in their early teens. Contributing factors were children regularly watching their parents have sex and then imitating them, parental neglect, and alcohol and drug use. Whatever the causes, early pregnancy served as a gateway to sexual exploitation.
6. Alcohol and drug use were pervasive. Teenagers frequently used *chang'aa*, khat, marijuana, and other drugs. Adults attributed the use of alcohol and drugs to children's disobedience, bad behavior, and bad peer group influences, while teenagers attributed the problems mostly to the stresses of living in the slums.
7. Children aged 5–12 years frequently had different views from teenagers and adults of the main kinds of harm they face. Younger children did not like getting hit, seeing parents fight, or seeing people who had been burned, stabbed, or killed.
8. For the most part, the pathways of response to these and other problems were through the extended family and community groups, such as religious groups, women's groups, and youth groups. For example, if a child was out of school due to inability to pay school fees, the mother or father typically took on additional work and earned the money to pay the child's school fees. Alternatively, the mother borrowed money from a family member or from a women's group savings and loan association. The full report offers detailed mappings of variations in pathways of response and also of the pathways for each of the main kinds of harm to children that participants had identified.
9. Chiefs, elders, police and others were connectors who linked communities with the formal system. The formal child protection system was used in situations such as the rape of a child by someone from outside the child's family. Such an offence was sometimes reported to the police, who arrested the perpetrator, took the child for medical treatment, and conducted an investigation. However, investigated cases seldom led to court



PHOTO: VERONIQUE DURUTTY/GAMMA-RAPHO VIA GETTY IMAGES

Street scene, Mombasa, Kenya

convictions. Nearly two-thirds of the participants said people were unwilling to report such offences to the authorities.

10. Aside from the family, religion emerged as one of the most important preventive factors. For both Christians and Muslims, religion was seen as fundamental in moral education and teaching children good values. Also, Muslim and Christian organizations helped to keep children in school by raising funds to pay school fees. Youth groups were particularly important preventive factors in regard to the use of drugs.

The distinctive features of the slums demand changes in the way in which child protection practitioners work and have significant implications for efforts to strengthen the national child protection system in Kenya. Child protection practitioners will need to work in a holistic manner on issues of sexuality, education, parenting, and livelihoods in a context of strengthening social cohesion through collective planning and action. The full report, which includes specific recommendations, may be obtained at <http://childprotectionforum.org/resources/research/>

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