

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

## ***A RAPID ETHNOGRAPHIC STUDY IN TWO RURAL SITES IN KENYA***

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The views expressed in this report are those of the researchers and should not be assumed to reflect the views of any partner organization.

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## ABBREVIATIONS

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AAC	Area Advisory Council
ANPPCAN	African Network for Protection and Prevention Against Child Abuse and Neglect
APHIA PLUS	AIDS Population and Health Integrated Assistance Plus
ARV	Antiretroviral drug
CBCPM	Community-based child protection mechanism
CBO	Community-based organization
CLAN	Children's Legal Action Network
CHW	Community health worker
CWC	Child Welfare Committee
DAC	District Advisory Council
DCO	District Children's Officer
DCS	Department of Children's Services
FPE	Free Primary Education
GBV	Gender-based violence
HIV/AIDs	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IICRD	International Institute on Child Rights and Development
ILI	Inter-Agency Learning Initiative
IRC	International Rescue Committee
KAACR	Kenya Alliance for the Advancement of Children's Rights
KCPE	Kenya Certificate of Primary Education
KSH	Kenyan Shillings
LAC	Location Advisory Council
MoU	Memorandum of Understanding
NCCS	National Council for Children's Services
NGO	Nongovernmental Organization
PEPFAR	U. S. President's Emergency Plan for AIDS Relief
REPSSI	The Regional Psychosocial Support Initiative
SDA	Seventh Day Adventist
SES	Socio-economic status
TBA	Traditional birth attendant
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
VCO	Volunteer Children's Officer

## **EXECUTIVE SUMMARY**

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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 Council (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.***

As these findings and recommendations suggest, one of the keys to taking effective steps to strengthen the child protection system in Kenya will be to learn from the lived experiences of children, families, and communities, thereby taking a grounded approach to system strengthening.

## INTRODUCTION

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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.<sup>2</sup> Defined broadly, CBCPMs include all groups or networks at grassroots level that respond to and prevent child protection issues and harms to vulnerable children. These may include family supports (including extended family supports), peer group supports, and community groups such as women's groups, religious groups, and youth groups, as well as traditional or endogenous community processes, government mechanisms, and mechanisms initiated by national and international non-governmental organizations (NGOs). Some of these supports--family and peer group supports, for example, are nonformal since they are not part of the Government led system of child protection. Other supports--such as Chiefs and elders in the Kenyan context--are arms of the formal, Government led system. Which aspects are formal or nonformal vary by context, and to make matters even more complex, particular structures or mechanisms may intermix Government led and civilian led elements, as might occur when a Child Welfare Committee included both civilians and a Chief who was paid by the Government.

A 2009 global, inter-agency review of the effectiveness of CBCPMs reported a number of significant gaps in knowledge and practice pertaining to CBCPMs. It pointed out that the evidence base regarding the effectiveness of CBCPMs was very weak, as few evaluations included robust designs or measures of actual outcomes for children. It also identified seven factors that influenced the effectiveness of CBCPMs. Among these, community ownership was the most important determinant of the CBCPM effectiveness and sustainability. The review noted, however, that most NGO facilitated CBCPMs achieved only low to moderate levels of community ownership. Overall, there was a tendency to establish CBCPMs such as Child Welfare Committees as parallel structures that did not build upon existing community mechanisms. This approach not only resulted in low levels of sustainability but also caused unintended harm by weakening existing supports. The review also found preliminary evidence that CBCPMs could be strengthened by linking them with formal mechanisms such as district-level<sup>3</sup> child protection networks and supports, thereby enabling effective referrals and also capacity building.

### **The Inter-Agency Learning Initiative**

To address these gaps and to boost the effectiveness of CBCPMs in an era of strengthening national child protection systems, the Inter-Agency Learning Initiative embarked on a multi-country program of strengthening CBCPMs via community-driven action to develop effective linkages between existing CBCPMs and formal aspects of the national child protection system (see Annex 1). At present, the research is being conducted in two districts in Sierra Leone<sup>4</sup> and also in Kenya. The initial step is to learn about and document existing CBCPMs in whatever varieties are present and functioning and about how they link or do not link with formal aspects

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<sup>2</sup> Eynon & Lilley (2010); Wessells (2009).

<sup>3</sup> The districts which had existed at the time during which this research was conducted were subsequently disbanded. Under the new system, the geographic units that are most similar to districts are counties.

<sup>4</sup> Wessells (2011); Stark et al. (2012); Stark et al. (2013).

of the national child protection system. Next, a survey instrument will be developed that will measure on a population basis various risk and well-being outcomes for children that reflect a mixture of local views and international child rights standards. Using a quasi-experimental design, the survey instrument will be applied to teenagers (12-17 years of age) in areas that are matched in regard to variables such as socio-economic status, prevalence and varieties of child protection risks, and access to diverse supports such as schools, social workers, police, and health posts. These baseline data will serve as a reference point for gauging the effect of a subsequent community-driven intervention with linkages to the formal child protection system. One of the sites will be selected on a random basis as the intervention condition, with the other site becoming the comparison condition. In Kenya, which has a well developed formal child protection system (see the box on the following page), there are many opportunities for such constructive linkages. The effectiveness of this bottom-up approach to strengthening the child protection system will be evaluated through reapplication of the survey instrument one and two years, respectively, following the baseline data collection.

### **Purpose of This Study**

The purpose of this research was to learn about community-based child protection processes and mechanisms in two mostly rural areas of Kenya--Kisii and Nyamira. 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<sup>5</sup> and in two rural areas of Kilifi.<sup>6</sup> The inclusion of a mixture of urban and rural sites aims to provide a glimpse of the diversity that exists within Kenya. The research focused on diverse sources of vulnerability, including not only those that fit under the traditional child protection rubric but also those related to HIV and AIDS. Kisii-Nyamira area was of interest in part because it has a high rate of HIV and AIDS. The HIV prevalence rate in Kisii Central is estimated at 26.1%, whereas the HIV prevalence rate in the surrounding area is estimated at 14.1%.<sup>7</sup>

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 observation, conducting interviews and group discussions with diverse people, and engaging in activities with children. 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 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, socio-economic status, and, when possible,<sup>8</sup> religious orientation.

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<sup>5</sup> Kostelny et al. (2013a).

<sup>6</sup> Kostelny et al. (2013b).

<sup>7</sup> Standard Digital News (2012).

<sup>8</sup> In the research as a whole, some sites were relatively homogeneous in regard to religious affiliations, making it infeasible or possibly stigmatizing to disaggregate responses by religious affiliation.

This research hopes to contribute to strengthening the national child protection system in Kenya, an overview of which is provided on the following page. 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.

### **The National Child Protection System in Kenya**

Kenya has a robust legal framework for the protection of children, who are defined by the Constitution as people under 18 years of age. The Constitution of Kenya guarantees all children the right to protection from abuse, all forms of violence, harmful traditional practices, neglect, inhuman treatment and punishment, and exploitative or hazardous labor. Kenya is a party to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. These international instruments were domesticated through the Children Act of 2001, which is the foundation for a wide array of child protection supports. Kenya has also ratified the Hague Convention on Inter-Country Adoptions as well as the International Labor Organization Conventions 138 (minimum age) and 182 (worst forms of child labor).

Overseeing children's issues are two key bodies housed within the Ministry of Gender, Children and Social Development. The National Council for Children's Services (NCCS) has the policy mandate for children's issues, and the Department of Children's Services (DCS) is its implementing arm which oversees the delivery of services for children. Together, these two bodies coordinate the work of different Government Ministries (e.g., the Ministry of Local Government, the Ministry of Health, the Ministry of Education, the Ministry of Finance, the Ministry of Planning and National Development), the police and the judiciary, and private sector actors such as national and international NGOs, and faith-based organizations on child protection and welfare. Working with the Kenya National Bureau of Statistics, they also help to oversee the monitoring of children's welfare and the maintenance of records of cases of child rights violations.

Important delivery components of the system exist at District level and at lower levels as well. At District level, a District Children's Office organizes child protection services, facilitates referrals across services, and monitors and promotes children's welfare. At District level, Government trained social workers promote children's welfare. In addition, the NCCS organizes Area Advisory Councils (AACs), which support and monitor children's services, raise awareness on child rights, and develop strategic partnerships in support of children. The membership of the AACs consists of line ministries, NGOs, community-based organizations, faith based organizations, and representatives from the business community. These multi-stakeholder bodies exist not only at District level but also at location and sub-location levels, giving them grassroots reach. At sub-location and village levels, trained Volunteer Children's Officers (VCOs) who respond to violations, make referrals as needed, and help to promote awareness of children's rights. People can contact the VCOs or authorities such as the Chief (who is Government appointed) or the police in order to report violations.

Currently, the Government is highly active in strengthening the national child protection system and has been particularly active in linking its planning and budgeting processes and gaining support from diverse sectors and stakeholders. As stated by Professor Jacqueline Oduol, former Secretary of Children's Affairs, a systems approach aims to protect all children and to unite all actors to protect children through a long-term, coordinated approach that adapts to changing circumstances and problems (Oduol, 2012).

## **METHODOLOGY**

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The research used a methodology of 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. Recognizing the advantages of a mixed methods approach, the research also collected quantitative data regarding participants' ranking of various risks, the pathways of response, and the use of the formal, government led child protection system to respond to criminal violations such as rape.

### **1. Site Selection**

#### **Wider Site Selection**

This research is part of a multi-site research process that includes Mombasa County, Kilifi County, and Kisii/Nyamira Counties. These areas and the sites within them were selected through a highly consultative process with diverse stakeholders who were concerned about vulnerable children. These stakeholders included (1) agency members of an in-country Reference Group coordinated by Save the Children and UNICEF, (2) networks of national and international NGOs working on problems of HIV and AIDS, for example, the APHIA Plus network organized via PEPFAR and USAID/Kenya, and (3) the Kenyan Government, including the Area Advisory Committees (LACs) that intermix government and civil society leaders and are active at local and provincial levels. The site selection was also influenced by the global Reference Group, which wanted to learn about urban as well as rural sites.

The sites were not intended to provide a representative national sample but were viewed as offering strategic value by filling gaps in current understandings of child protection in Kenya. The counties selected were of interest in part due to the nexus of interacting child protection concerns there. Areas on the coast, including Mombasa and Kilifi Counties, have a large child sex tourism industry that is believed to engage approximately ten to fifteen thousand girls,<sup>9</sup> and it also presents other child protection problems such as early marriage,<sup>10</sup> child labor, and child abuse.<sup>11</sup> Kisii and Nyamira Counties, which were formerly all part of Kisii County, were selected because Kisi area has a very high rate of HIV and AIDS--26.1% prevalence in Kisii Central<sup>12</sup>--and offered the opportunity to study an area about which relatively little is known in regard to child protection.

#### **Sites for This Research**

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<sup>9</sup> UNICEF (2006).

<sup>10</sup> International Center for Research on Women (2011).

<sup>11</sup> Onyango (2004), ANPPCAN (2008).

<sup>12</sup> Mahori, N. (2012).



The two research sites were in Kisii and Nyamira Counties. Before the research began, an effort was made to identify published or unpublished works that provided statistics on the sites that had been selected. However, very little useful information was found. Nevertheless, a process of extensive consultation with LAC members, NGOs, and various community leaders indicated that these two sites were broadly typical of areas within Kisii/Nyamira. The key stakeholders judged that the two sites were comparable with regard to size, mode of living, SES, ethnicity, general issues of children's vulnerability, access to resources such as hospitals and schools, and external child protection supports such as NGOs and Government child protection officers.

## 2. Context and Site Descriptions

Within each of these counties, there was a site consisting of two village, the names of which have been masked in order to protect confidentiality. Kisii and Nyamira Counties had been part of Nyanza Province before the recent adoption of the new constitution that created the county system. The counties are composed mainly of the Gusii people, who speak the Ekegusii language.

### Kisii County

In Kisii County, the two adjoining villages that participated in the research were Village A (a predominantly low SES area) and Village B (a predominantly high SES area).

#### *Village A*

Village A, has a population of approximately 2,000 people. Most of the people live in grass thatched houses. Most of the residents are subsistence farmers who grow maize, bananas, kale, and carrots. Although Kisii county is well known for its large scale farming of tea, no tea farming is done in this village. Instead, the residents work picking tea in the large tea farms in a nearby village, thereby doing *vibarua* (casual work). In addition to picking tea, they work at the construction sites, dig in people's farms, and look after other people's cattle. Women also pick tea, and some of them have small scale businesses where they sell kale, bananas and go to Kisii town on market days, to sell their goods. The village is well-known for brewing *chang'aa* (illicit brew). *Chang'aa* brewing is also a major economic activity in the area and a source of income for the majority of the households.

Although land is a coveted asset in Kisii county and is the foundation of most economic activities, people living in this village have very small pieces of land that do not allow them to engage in large scale farming. The area Chief attributes this to people giving birth to many children, many of whom do not go to school. As a result, parents are forced to divide the land into small pieces in order to allow the children to engage in the small scale farming that is necessary for eating and living. Being very poor, many people have sold their pieces of land for purposes of survival, leaving them landless and homeless.

Village A is headed by one village elder who was appointed by the Assistant Chief. The village elder's role is primarily to arbitrate disputes concerning land boundaries and family matters.

Three main religious denominations are present in the area: Catholic, Seventh Day Adventist, and a recently established church called Christ on the Rock. Over 95 percent of the population are Catholics, while the rest are Seventh Day Adventist and Christ on the Rock. The Catholic Church is very active and has sponsored local primary schools. Local people attributed the proliferation of *chang'aa* in this village to the Catholic church, which does not prohibit alcohol consumption as the Seventh Day Adventists do.

For health issues, residents use the local health center.

### ***Village B***

Village B has a population of approximately 2,000 people. Most of the houses are made of bricks and have an electrical connection. The residents have larger pieces of land than do residents of Village A, and most of the residents engage in the commercial farming of tea, sugarcane, and maize, or raise hybrid cattle. Some of the members of the community are also professionals who work in major towns in Kenya.

This village is headed by the clan elder, who is elected by the community members during an *ebaraza* (community meeting) organized by the Chief. The village elder performs an array of roles which include conflict resolution, mainly in regard to boundary disputes, children fighting, and theft. As communication channels between the Assistant Chief and the community members, the elder also has a responsibility of announcing *ebaraza* days to the community members.

This village is predominantly Seventh Day Adventist (SDA). Because of the church does not allow drinking or brewing alcohol, there is absolutely no brewing of *chang'aa* in the village. According to the village elder, the area has developed faster because the absence of *chang'aa* made it possible for parents to take their children to school. As a result, the children have grown up and have become professionals.

The area has a primary and secondary school, both of which receive support from the SDA church. In regard to health issues, the residents use the local health center, which is located approximately 15 kilometers away.

## **Nyamira County**

Nyamira County had been part of the larger Nyanza Province and was part of Kisii District before it was split to form Nyamira County.

The two villages that participated in the research were Village C (a predominantly low SES area) and Village D (a predominantly high SES area).

### ***Village C***

Approximately 2,400 people live in this village. The houses are made of mud and have grass thatched roofs.

This village has one village elder and four assistant village elders. The village elder is elected by the villagers during an *ebaraza* (community meeting) called by the Chief. The main role of the village elder is to help resolve marital conflicts and boundary conflicts.

Most of the men and women do casual work of transporting bricks. Children, too, are extensively involved in brick transport, for which they are paid 50 cents to 1 Kenyan shilling (approximately .6 - 1.2 cents U.S.) depending on the distance. Most of the children either drop out of school, or go to school on an irregular basis in order to transport bricks.

The residents also practice subsistence farming, growing crops such as maize and kale. Some also operate food kiosks at the center, and a few people also grow tea. Most households brew *chang'aa* as a source of income.

More than 70 percent of the people are Catholic. The other 30 percent belong to the Seventh Day Adventist church, or to the newly formed Lutheran church. However, most of the residents do not go to church.

The area has one primary school and one secondary school. Outside the village is a private school, which a few children attend.

For health issues, the residents go to a health center, which is 10 kilometers away, or to a privately owned dispensary. If one were seriously ill, they are referred to the District Hospital.

### ***Village D***

Village D has a population of approximately 2,000 residents. Most the homes have an electrical connection and are made of bricks. The residents engage in commercial farming, especially tea, and brick making.

Most of the residents are predominantly Seventh Day Adventist, although some attend an African traditional church which recently came into the area. The presence of SDA is attributed to the absence of 'chang'aa' brewing and drinking in this village.

There is one secondary school. For health treatment, people go the local health center.

## **3. Study Population and Participants**

The estimated study population consists of the approximately 8,400 people who lived in the four villages in Kisii and Nyamira combined. Participants were recruited with the assistance of community leaders, who helped mobilize groups for discussions and identify key informants. This strategy of working with the community leaders was important in demonstrating respect and also in building trust, which is necessary for the collection of accurate information. To prevent sampling bias that could have arisen from having the community leaders select the participants, care was taken to identify and recruit most of the participants without the involvement or advice of the community leaders. After the researchers had lived in or near the research sites and had worked there for some time, they became trusted and themselves identified participants through their day to day interactions with people, for example, in the market, at church, or walking

through the community. As discussed below, the researchers attempted to engage with diverse people rather than speak only with those who were most convenient to talk with.

## 4. Research Design

### Key Questions

The research was designed to address or answer the key questions listed in the box on the following page. These questions were addressed using a mixture of qualitative and quantitative methods (see section 6 of the methods section below). Following the ethnographic approach, the design included the use of flexible methods such as individual, in-depth interviews that followed respondents' line of thought about various child protection issues facing children (aside from poverty and health issues). During such interviews, the researchers asked probing questions that aimed to go deeper and to learn about the wider array of key questions as suited the informant and the situation. In addition to these narrative methods, the researchers collected observational data through participant observation. This design made it possible to triangulate the observational and narrative data and to identify illuminating divergences between what people said and what they were observed to do.

### Age and Gender

A key feature of the design was to learn from people who occupied different social positions within Kisii and Nyamira. Age<sup>13</sup> and gender were recognized as determinants of harms to children, responses to those harms, and steps taken to prevent such harms from occurring. For this reason, the initial design included specific steps to learn from and to contrast the views of eight sub-groups:

- Women: Age 25 years and above
- Young women (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 sub-groups. For example, group discussions were conducted with members of only one of the subgroups. This approach reduced the problems of unwillingness of people to talk openly in the presence of more powerful others that might have occurred if, for example, teenagers had been placed in a group with adults or if women had been placed in the same group as men. 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.

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<sup>13</sup> The exact age of children was not always known to either the parents or the children themselves.

### **KEY RESEARCH QUESTIONS**

- How do local people understand:
  - What is childhood and children's development?
  - What are girls' and boys' normal activities, roles, and responsibilities?
  - What are the main child protection risks or sources of harm to children, aside from poverty and health problems?
  - What processes or mechanisms are used by families or communities to support children who have been affected by various protection threats? What are the outcomes of those mechanisms, and how satisfactory are the outcomes in the eyes of different stakeholders?
- How do child protection risks vary by gender?
- How do child protection risks and responses vary by social class?
- Whom to girls or boys turn to for help when protection threat X arises?
- What is the influence of religion on children's protection and well-being?
- What are the main preventive factors that enable children's protection and well-being?
- Who are the natural helpers and what networks do they have?
- What are the indigenous, 'traditional' mechanisms of protection and how are they regarded by different groups?
- Apart from indigenous mechanisms, what groups or structures (e.g., Child Welfare Committees or CBCPMs facilitated by NGOs) exist in communities, counties or provinces? How are they perceived by local people? What are their roles, responsibilities, and functionalities?
- How are very sensitive/complex issues addressed ?
- Who has or does not have access to existing protection mechanisms (e.g., do the poorest of the poor or people not related to the Chief have access)?
- What do government and NGO actors see as their main roles and responsibilities in regard to CBCPMs?
- What are the linkages of community mechanisms with the national child protection system? How do communities perceive government mechanisms such as the police or legal system?
- What are the gaps in those linkages?

The same sub-groups identified above were also represented in other methods such as in-depth interviews. Since individual interviews and group discussions are not a preferred or age-appropriate way of learning from young girls and boys, the design included the use of methods such as body mapping and risk mapping that work well with young children.

### **Socioeconomic Status (SES)**

Chronic poverty was widespread, and most residents were poor. In relative terms, however, some people were better off than others. An intentional contrast was made in regard to people who differed according to SES. Operationally, people of low SES were identified according to multiple indicators: grass thatched houses or made with rusty iron sheets, lacking furniture, old

clothes and rags used as bedding, sleeping on the floor, small pieces of land, small scale farming, indigenous cattle, few domesticated animals, pit latrines or polythene made toilets, many houses brewing alcohol in the area, children not wearing shoes, torn clothes, children emaciated, and poor diet (e.g., eating porridge for the lunchtime meal).

People of relatively high SES were also identified according to multiple indicators: houses made of bricks, access to electricity, sofa sets in the house, tapped water, better schools, large tracts of land, high grade cows, no brewing dens, good toilets, large pieces of land, children wearing shoes, well dressed, own cell phone and television, and educated.

By these criteria, approximately 70% of the people living in the sites were judged to be low SES. To allow analysis of the effect of SES differences, approximately 70% of the group discussions on risks and functional responses had participants of low SES, whereas 30% of those discussions had participants of high SES. Variation in SES was also considered in the selection of participants for in-depth interviews in order to avoid having all high- or low SES participants. In other activities, care was taken to observe and listen for any differences according to SES.

## **5. Research Team, Organization, and Capacity Building**

The national research team consisted of the team leader and six Kenyan field researchers (three women and three men), who divided into two teams with one team per area. 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.

The international researchers were from the Columbia Group for Children in Adversity, which had the principal responsibility for the technical aspects of the research. The Columbia Group researchers in this phase included Dr. Kathleen Kostelny, the Lead International Researcher, and Dr. Mike Wessells (Principal Investigator). Dr. Kostelny worked closely with the national research team, backstopping their work, and checking the quality of the data. Overall, the Columbia Group was responsible for developing the ethnographic research design and methodologies, overseeing the collection of quality data, ensuring adherence to ethical standards, analyzing and interpreting the data, and preparing this technical report.

Save the Children and UNICEF/Kenya are important partners in this inter-agency research. Save the Children coordinated the Kenyan Reference Group and, via Sarah Lilley, did extensive work to develop an inclusive, collaborative process. The Reference Group advised on issues such as site selection and research ethics, and various members such as World Vision, which played a key operational role in the Kenya research, and UNICEF/Kenya, which played an important role in engaging with the Kenyan Government.

To prepare the field researchers for their work, an 12-day preparation workshop was conducted in July, 2013 in Kisii immediately before the data collection began. The workshop used a highly participatory methodology that included vignettes, role plays, discussion of ethical

dilemmas, group problem-solving discussions, and field experience in participant observation, group discussions, and in-depth interviews. These activities were guided by an action-reflection methodology wherein group reflection and problem-solving followed each activity. The workshop developed skills for using effectively the tools outlined below, with particular emphasis on how to ask probing questions. Also, the workshop sharpened ethical awareness and ability to manage challenges that frequently arise in the field. The first week of the workshop focused mostly on learning specific tools and developing skills of verbatim or near verbatim documentation. The second week field tested and finalized the Kisii research tools, with attention also to the local dialect.

## 6. Research Tools and Questions

The various research tools are summarized below and are available on request<sup>14</sup> in either English or Ekegusii.

***Participant observation:*** The field researchers lived in their respective research sites over a period of four weeks (with the team leader spending additional time in the sites). Talking with people in homes and in public spaces, they made first-hand observations of children in the context of family, peers, school, work, religious practice, and community life.

***In-depth interviews:*** The field researchers conducted one-on-one interviews of approximately one hour duration in the local languages with diverse teenagers, young adults, and men and women. The interviews aimed to probe the questions outlined above, yet were conducted in a contextual, flexible manner that took into account the participant's gender, their situation and social position, and their interests and willingness to discuss particular topics. The interviews were open-ended in that they were not strictly scripted, and probing questions were used to follow the interests of the participants.

***Timelines:*** Timelines were used to learn about how participants viewed the normal child development process and to identify key developmental milestones (e.g., naming, going to school, and getting married) and what marks the transition from childhood to adulthood. To learn about children's roles and responsibilities at different stages of development, questions were asked about the typical activities and responsibilities of children at different ages and the typical progression of development of children over time. On average, timelines took 40-60 minutes.

***Group Discussions of Risks and Response Pathways:*** These are 90-120 minute, researcher facilitated discussions with approximately 8-12 participants who first identify and rank in importance what participants see as the main harms to children other than poverty and health problems. The main harms were those judged to be 'most serious.' Next, for each of the two main child protection issues, the group outlined the two most typical pathways and mechanisms of response. These were functional in that they were what people typically used, even if that was not intended by child protection workers. In order to learn about the use of the formal, government led system, the discussions ended with questions about rape and the response to a

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<sup>14</sup> Contact Kathleen Kostelny (kkostelny@gmail.com).

case of rape. The discussion participants came from a pre-defined sub-group such as teenage girls, teenage boys, women, and men.

The group discussions were the main source of quantitative data on, for example, the harms to children that were most frequently ranked among the top three. It should be noted that the question asked—‘Which of these harms is most serious?’—could have evoked rankings based on perceptions of the frequency of the harm, the magnitude of the harm, or some combination thereof. The question was asked in this manner because field tests had indicated that it was an effective means of identifying which harms were of greatest day-to-day concern for people. In contrast, questions about frequency and magnitude often failed to identify the harms that were of greatest everyday concern. For example, a harm such as child killing is high in magnitude, yet people might not view it as a primary concern (that is, as ‘less serious’ in the local idiom) because it occurs infrequently. Similarly, a harm such as being out of school might be seen as lower in magnitude than the killing of a child yet might be of greater concern (‘more serious’ in the local idiom) since it occurs frequently or is viewed as a gateway to other harms.

**Group Discussions of Preventive Factors:** These 60-minute, researcher facilitated discussions with groups of approximately 8-10 participants invited participants to identify and rank order the things that help to prevent a particular harm at home, school, or in the community. The participants came from a pre-defined subgroup such as young women, young men, women, and men. At the end of the group discussions, participants were asked whether they would report to authorities a case of child rape by a stranger or a case of child rape by a family member. These questions were designed to help differentiate the responses to different kinds of rape and to shed light on the use of the formal aspects of the national child protection system.

**Body Mappings:** To engage young children and learn about their perspectives, the researchers conducted body mappings (typically for 45-60 minutes) with groups of children 5-8 and 9-12 years of age. Separate groups were conducted for boys and for girls, with approximately ten children in each group. In this method, a child lay on a large sheet of paper while other children used crayons to trace an outline of his or her body. Having colored in the drawn figure and named it, the children were asked questions such as ‘What do the eyes see that they like?’ and ‘What do the eyes see that they don’t like?’ Similar questions were asked regarding ears, mouth, nose, head, heart, stomach, and feet, and hands. Care was taken not to probe what the children say since the intent was to avoid exploring the child’s own, possibly painful experiences.

**Risk Mappings:** This tool was used with groups of children to identify the main protection risks to children and the networks that support them (approximately 45-60 minutes). Separate groups of girls and boys (approximately 10 children per group), 5-8 years and 9-12 years, respectively, were asked to draw a map of their community, including where are places that are safe for children, and where are places that are unsafe or where children are afraid to go. The children were asked which were the safe and the unsafe places for children, and who they went to for help if they felt unsafe or afraid.

**Key Informant Interviews:** Individual, in-depth interviews were conducted with key informants such as Chiefs, elders, religious leaders, etc. in order to learn about their views of child protection threats in the villages; the various mechanisms (e.g., endogenous, Area Advisory



Committees, NGO facilitated mechanisms; government mechanisms) that may or may not be present in their area; and the linkages of community mechanisms with the national child protection system. Like the other tools listed above, these interviews were flexible and open-ended. Guiding the researchers' inquiries, however, were the questions in the box on the following page.

## 7. Research Ethics

The research study was reviewed and approved by the Kenya Medical Research Institute (KEMRI) as well as by the National Council for Science and Technology (NCST).

The research recognized the ethical complexities and dilemmas associated with research on children.<sup>15</sup> The researchers were trained on and agreed to abide by Save the Children's Child Safeguarding policy, the reporting requirement of which was adapted for research purposes. To avoid raising expectations, the researchers presented themselves as researchers who were from the Children's Learning Group. This name was intended to reduce any focus on the Columbia Group for Children in Adversity and to help manage the expectations of material aid that might have arisen had the researchers said they were associated with NGOs. Also, the researchers avoided making promises they could not keep. To avoid causing unintended harm, the questions asked to children and adults were general in nature and neither pertained to nor probed their personal situation. As a safety precaution, however, the researchers had identified nonformal sources of psychosocial support in advance of the data collection.

The challenges of obtaining the informed consent in the field have been well documented.<sup>16</sup> Adding to the challenges was the Kenyan Government's requirement that the participants, most of whom are illiterate, give their consent (or assent for children) in writing. Local informants had cautioned that most people were fearful of written documents and the unknown implications that might follow from signing them. In dialogue with local people in the villages about how to address this problem, the national researchers learned that it would be appropriate to have a trusted local opinion leader such as a community nurse or a youth leader explain to prospective participants the purpose of the research, who the researchers were, why and how they were collecting data, how the data would be used, and what the risks and benefits of participation were. This procedure was followed, with care taken to avoid even subtle forms of coercion.

To protect confidentiality, it was agreed that neither the records nor the research report would contain identifiers of particular individuals. Each researcher maintained the privacy of notebooks and recordings and kept password protected Word files on laptop computers. Also, all the informed consent forms, Word files, and other research records were kept in a safe place during the data collection and were subsequently stored in a locked room at the Save the Children office in Nairobi. Only the researchers have access to the research information. Over the long run, the data will be stored in a locked, secure place at either Save the Children or Columbia University.

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<sup>15</sup> Alderson & Morrow (2011) ; Boyden (2004) ; Graham et al. (2013); Hart & Tyrer (2006) ; Morrow (2009) ; Schenk & Williamson (2005).

<sup>16</sup> Alden et al. (2009); Mackenzie et al. (2009).

## 8. Data Collection and Work Plan

The interviews and discussions were conducted in Ekegusii language, which was the main local language and also the language that most people felt comfortable using. During each interview, the researcher took jottings during the interview and recorded the interview, assuming that the participant had granted permission to record. Soon after the interview, the researcher used the jottings and the tape recording to prepare a compressed verbatim transcript of the interview in English. The group discussions were conducted by two researchers, with one serving as facilitator/interviewer and the other as note-taker. Shortly after the group discussion, the two researchers reviewed the jottings, filled in key points, and used the voice recording to develop the compressed verbatim transcript. Written records were also prepared following daily participant observation activities, and also following activities such as timelines. For body mapping activities, the researchers kept the body maps that the children had drawn, took notes on which items the eyes, the ears, or other body parts liked or disliked, and then prepared a report that included all the responses.

To protect confidentiality, the researchers kept the voice recordings in their possession until they could be stored in a locked file at the Save the Children office, and the written records were modified to remove names and other individual identifiers.

Working in their respective sites, the two teams collected data in August, 2013, with the team leader collecting additional data in September, 2013. To build trust and enable a reasonable depth of learning, the researchers lived and worked in their village area for four weeks. They worked and interacted with their team leader, who oversaw the quality of their work and provided guidance for improvement. The team leaders reviewed the data and forwarded them to the international researchers for review and analysis.

An important part of the plan for data collection during weeks 1 and 2 was to emphasize participant observation, group discussions, timelines, risk mapping and body mapping, with greater emphasis on in-depth interviews in subsequent weeks. This phased approach aimed to build trust, show publicly what the researchers were doing, and reduce suspicions or feelings of exclusion that might have arisen if individual interviews had been conducted initially. Tables 1-5 presented below and on the following two pages summarize the activities conducted by the teams with different subgroups and in the two sites. Although the initial plan had called for equal numbers of group discussions and participants each sub-group, this proved not to be feasible since it was difficult to assemble groups of teenagers, for example. Also, the number of participants in group discussions varied somewhat across groups.

Research Tool	Participant Type	Kisii		Nyamira		Total	
		groups	people	groups	people	groups	people
Body Mapping	Girls 5-8	(n=2)	16	(n=3)	23	(n=5)	39
	Girls 9-12	(n=3)	30	(n=2)	13	(n=5)	43
	Boys 5-8	(n=2)	18	(n=3)	21	(n=5)	39

	Boys 9-12	(n=4)	36	(n=3)	21	(n=7)	57
<b>Total</b>		(n=11)	100	(n=11)	78	(n=22)	<b>178</b>
<b>Risk Mapping</b>	Girls 5-8	(n=1)	10	(n=2)	18	(n=3)	28
	Girls 9-12	(n=2)	19	(n=1)	10	(n=3)	29
	Boys 5-8	(n=4)	36	(n=2)	12	(n=6)	48
	Boys 9-12	(n=4)	39	(n=1)	6	(n=5)	45
<b>Total</b>		(n=11)	104	(n=6)	46	(n=17)	<b>150</b>
<b>Grand Total</b>						(n=39)	<b>328</b>

*Table 1. Summary of the research activities conducted with young children.*

Research Tool	Participant Type	Kisii		Nyamira		Total	
		Groups	People	Groups	People	Groups	People
<b>Harms and Response Pathways</b>	Women	(n=3)	29	(n=3)	24	(n=6)	53
	Young Women	(n=4)	38	(n=3)	24	(n=7)	62
	Teen Girls	(n=3)	26	(n=4)	26	(n=7)	52
	Men	(n=2)	18	(n=1)	6	(n=3)	24
	Young Men	(n=3)	26	(n=3)	26	(n=6)	52
	Teen Boys	(n=3)	27	(n=3)	20	(n=6)	47
<b>Total</b>		(n=18)	164	(n=17)	126	(n=35)	<b>290</b>
<b>Preventive Factors</b>	Women	(n=3)	24	(n=3)	24	(n=6)	48
	Young Women	(n=0)	0	(n=3)	19	(n=3)	19
	Teen Girls	(n=1)	8	(n=3)	20	(n=4)	28
	Men	(n=2)	16	(n=3)	22	(n=5)	38
	Young Men	(n=1)	8	(n=2)	13	(n=3)	21
	Teen Boys	(n=2)	15	(n=2)	13	(n=4)	28
<b>Total</b>		(n=9)	71	(n=16)	111	(n=25)	<b>182</b>

*Table 2. The number of group discussions that were conducted.*

Method	Participants	Kisii		Nyamira		Total	
<b>In-Depth Interviews</b>	Women		9		10		19
	Young Women		7		8		15
	Teen Girls		3		2		5
	Men		7		8		15
	Young Men		5		7		12
	Teen Boys		3		3		6
	<i>Total</i>		34		38		<b>72</b>
<b>Timelines</b>	Women		3		5		8
	Young Women		2		2		4
	Men		4		2		6
	Young Men		2		1		3
	<i>Total</i>		11		10		<b>21</b>
<i>Grand Total</i>							<b>93</b>

*Table 3. The number of in-depth interviews, and timelines that were conducted.*

Number of Participant Observations		
Kisii	Nyamira	Total
58	37	95

*Table 4. The number of participant observations conducted in the two areas.*

<b>Participant Type</b>	<b>Kisii</b>	<b>Nyamira</b>	<b>Total</b>
Village elder	2	2	4
Teacher		1	1
Education Officer		1	1
Children's Officer, Remand Officer, Children's Home Chairman	1	1	2
Community Police	1		1
Police Officer		1	1
Community Health Committee member	1	1	2
Pastor	1		1
Church Deacon/Elder	1	1	2
Chairman of Clan Elders		1	1
Chief		1	1
Assistant Chief	1	1	2
District Officer (DO)		1	1
County Children's Coordinator	1		1
District Children's Officer	1	1	2
Youth Leader	2	3	5
<b>Grand Total</b>	<b>12</b>	<b>16</b>	<b>28</b>

*Table 5. The number of key informant interviews by type of participant.*

## 9. Data Analysis

Two researchers (Kostelny and Ondoro) did the main data analysis using a grounded methodology.<sup>17</sup> In an intensive process that included 60 person days, the two researchers read and reread the entire data set in a holistic manner until natural categories (e.g., types of child protection risks) and consistent patterns (e.g., pathways of response to particular risks) emerged. In addition, SPSS was used to analyze the quantitative data of the main protection harms that were identified in the group discussions on harms and response pathways.

The triangulation of data was a key part of this search for consistent categories and patterns. Verbal data were triangulated by looking for converging statements regarding, for example, the main harms to children, or the most typical pathway of response to a particular harm. If a single participant said that pathway X was what usually happened, whereas a large number of participants said that pathway Y was what usually happened, then pathway Y was selected as the more typical pathway of response for that particular harm. Similarly, narrative and observational data were triangulated whenever possible. For example, frequently heard statements such as 'many children do not go to school' were compared with direct observations. If one directly observed over numerous days and settings that significant numbers of children of school going age were not in school, that convergence boosted the credibility of the statements. Conversely,

<sup>17</sup> Charnaz (2004).

discrepancies between what was said and direct observations decreased confidence in the accuracy of the statements and sparked efforts to understand why the discrepancy occurred. In addition, triangulation was also done by comparing reports by service providers, those working in the formal system, and other partners (e.g., AAC members, NGOs, police) with responses from citizens in the communities.

The common categories and patterns were defined inductively, that is, by observing them at whatever levels they appeared. These categories and patterns were checked through discussion among the researchers, and revisions were made as necessary. The categories and patterns served as working hypotheses that were then checked by re-reading and further analytic discussion among the researchers. To identify narratives that illustrated key categories and patterns, the two researchers identified and then discussed the representativeness of quotes from people in different areas. Moreover, the quantitative analysis of the rankings of the harms and protective factors identified in group discussions made it possible to further triangulate the patterns that had emerged in the in-depth interviews, timelines, and participant observations.

In addition to looking at commonalities and convergences in categories and patterns, 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, young women, young men, and women and 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.

## **10. 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. For example, it was not possible to document the different cosmologies that people in the research areas had or to identify the dynamic interplay between divergent beliefs, practices, and values. Also, the research has limited generalizability since the areas studied did not comprise a representative national sample. Nor did the research include the number and diversity of people with disabilities that might have been reached in a longer study.

This research did not attempt to measure the actual prevalence of various child protection risks. Its premise is that it is important to understand the perspectives, beliefs, and lived experiences of children and adults in regard to child protection issues, responses, and preventive measures. An understanding of the subjective perceptions, beliefs, and meanings that influence people's behavior can illuminate how people view children and child protection issues, how they experience the formal child protection system, what resources and networks they use in responding to child protection issues, and what obstacles limit the use of the formal system. However, the research was not designed to answer the question such as 'How many times did a particular protection risk occur in a specified period of time?' Unless indicated otherwise,

statements in this report such as ‘Many girls became pregnant by age 14’ were based primarily on the participants’ perceptions. Although such statements were triangulated with statements made by other, independent participants in order to decrease the influence of idiosyncratic views, they cannot be taken by themselves as accurate indicators of the actual frequency of the protection risks. Whenever it was possible, such statements were triangulated with direct observations, for example, of young teenage girls who were conspicuously pregnant or who were already mothers near the age of 14 or 15 years. The report indicates when direct observations by researchers corroborated the participants’ reports.

While it is important to keep these limitations in mind, it is also important not to reject out of hand people’s perceptions of the frequency of various risks. As a hypothetical example, even if the risk of a problem such as homicide were objectively low, it is helpful to know that young people worry extensively about getting shot or stabbed. In addition, perceptions of frequency can be indicative of the actual frequencies. For example, in a particular society, people may say ‘most girls are married by the time they have reached 20 years of age.’ Although such statements may not be backed by hard, statistical data, they may in fact be relatively accurate even if they are imperfect and subject to well documented biases.<sup>18</sup>

Much additional research is needed in order to identify empirically the actual incidence rates of various child protection risks and violations. Subsequent phases of the present research project aim to clarify the actual incidence rates.

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<sup>18</sup> Kahneman, D., Slovic, P., & Tversky, A. (1982).

## KEY FINDINGS

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### 1. Childhood and Child Development

#### Who is a Child?

In both Kisii and Nyamira, people defined children mostly in terms of their dependency and age. 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 were highly desired, and some people spoke of children as 'gifts from God.' A person who had many children was blessed. Indeed, a dreaded curse after the birth of the first child was 'May you only have one child.'

#### *Dependency*

Dependency, defined as being under the care of one's parents, was one of the main characteristics of a child. People who could not make decisions and provide for their basic needs such as food, shelter, and clothing were seen as being children. People who depended on parents for advice and guidance were also seen as children. Thus, even people who were well beyond 18 years of age but who were still dependent on parents were considered children.

*The child's life is like that of an egg...she is totally unable to do anything on her own.*  
(Man, timeline, Kisii)

*This is somebody who I give instructions. Even my son is a child.* (Man, in-depth interview, Kisii)

*A child is anyone who can't provide for themselves and depends on their parents for all upkeeps.* (Young woman, group discussion, Kisii)

*Children are young persons who depend on their parents for survival... 'baria bataetenenera' [those who cannot stand on their own].* (Woman, group discussion, Kisii)

*They depend for their parents for food, clothes and shelter. In other words, without parents 'hakuna maisha' [there is no life].* (Young man, group discussion, Kisii)

*Children depend purely on their parents for their day to day life. They depend on parents for basic needs that are food, shelter and clothing... I am a child because I am under my parents. I depend on my parents for direction and instruction.* (Teenage boy, group discussion, Kisii)

*A child is the one who is not independent, still stays with parents.* (Young woman, group discussion, Nyamira)



*I will say that a child is somebody who is still under the care of the parents. Some people even after finishing school continue to be supported by their parents before they get a job. Those are still children because they cannot provide for themselves.* (Young man, in-depth interview, Kisii)

### ***Chronological Age***

Children were also defined in terms of age, though the age at which children transitioned into adulthood varied. Some people saw children as people who were under 18 years of age. Most likely, this view reflected the fact that some villages had conducted sensitizations in which the chief told how according to the Kenyan constitution, people who are under 18 years of age are by law to be regarded as children. Others, however, described children as being very young.

*A child who is young child...a year and below.* (Woman, in-depth interview, Nyamira)

*A child is someone under the age of 5 years.* (Teenage girl, group discussion, Kisii)

*A child is between 4 and 12 years and a parent has responsibility of taking care of the child. Anybody who is above 18 years is a grown up and can make decisions on himself.* (Young man, group Discussion, Kisii)

*A child is any person who has been born and is below the age of ten years.* (Teenage boy, group discussion, Nyamira)

*A small child of 1 to 2 months or even a day.* (Woman, group discussion, Nyamira)

*Those that are below 12 years.* (Teenage girl, group discussion, Nyamira)

*I can say that a child is one who is between 0- 18 years.* (Young woman, group Discussion, Kisii)

*Children are those people who are 18 and below years. Those who we refer to as 'abana' [children].* (Man, group Discussion, Kisii)

*A child is a person from one day to seventeen years. That's even what the constitution says.* (Young man, in-depth interview, Kisii)

*Children are those that we give birth to. They are in most cases under the age of 18 years.* (Woman, in-depth interview, Kisii)

*According to me, a child is a person who is between the age of one year to seventeen years. Once an individual turns eighteen years that person is considered to be an adult.* (Man, in-depth interview, Kisii)

*Under 18 years according to the law.* (Young man, group discussion, Nyamira)

Reflecting the co-mingling of different views of childhood, some participants recognized two different conceptualizations of childhood -- what the constitution declared, and what was locally defined. In such cases, participants defined a child as a person under 18, and they would also define a child in terms of non-chronological characteristics, such as being a gift from God, being dependent on parents, as still going to school, or not knowing right from wrong.

*According to God's plan, a child is a gift from God. But again according to the constitution a child is somebody who is under the age of eighteen years and who has not acquired an ID card. (Young woman, in-depth interview, Kisii)*

*This term child has two main meanings. One, a child is person who is between one year old to eighteen years old. Another meaning is that a child is a person who depends on his or a parents for survival. (Young man, in-depth interview, Kisii)*

*A child is one who is under 18 years and below. One who still depends on the parents for everything. (Man, in-depth interview, Nyamira)*

*I will say a child is one who is under the age of 18 years and is under the parents. He gets the basic needs from the parents like food and clothes. (Teenage girl, in-depth interview, Kisii)*

*A child is a small child, 16, 17, and below 18 and above is an adult. And those that are going to school. (Woman, in-depth interview, Nyamira)*

*This is a person who is below 18 years and is under the care of his/her parents. If one cannot provide for himself then that is a child. (Woman, in-depth interview, Kisii)*

*Any person below the age of 18 years or someone who is not married and is not independent. (Man, in-depth interview, Nyamira)*

*Children are in most cases under the age of 18 years. Those who cannot differentiate between good or bad. (Young woman, in-depth interview, Kisii)*

*A child is a person under the age of 18 years. It may also mean someone whose parents are alive. (Woman, in-depth interview, Kisii)*

*It is a person who is below 18 years and is cared for by the parents. A child doesn't also have a national identification card. (Teenage girl, in-depth interview, Nyamira)*

### ***Low Cognitive Abilities***

Children were also described as people who could not think for themselves and did not yet know the difference between right and wrong.

*A child is one who has no sound mind of thinking for himself. (Teenage boy, group discussion, Nyamira)*

*A child is one cannot determine what is right or wrong. (Teenage boy, group discussion, Nyamira)*

*It is any person who is not mature mentally, someone who cannot reason and make a decision. (Teenage boy, group discussion, Nyamira)*

### ***Physical Characteristics***

Children were also defined in terms of physical characteristics such as large stature.

*Someone who is small, not an adult.* (Adult man, group discussion, Nyamira)

*A young baby like the one am carrying on my back and one who is not indepent. Can be a small child or big.* (Woman, in-depth interview, Nyamira)

### **Behaviors and Roles**

Definitions of who was a child frequently centered around particular behaviors or roles that were characteristic of children. For example, the category 'children' included those who were not able to do expected work or were going to school. The importance of culturally constructed roles was visible in categorizations of people being children so long as they were unmarried, still breast feeding, or not circumcised.

*One who is not able to do his/her work.* (Young man, group discussion, Kisii)

*One who is not married.* (Young woman, group discussion, Nyamira)

*A child is a child until he is an adult when he/she is married and has his own people/kids.* (Woman, group discussion, Nyamira)

*One who is not married because does not have own family.* (Woman, in-depth interview, Nyamira)

*Somebody who is not married, under the care of parents even if is a girl who has given birth and she is not married that is a child here.* (Woman, in-depth interview, Nyamira)

*A child is someone who is not married and has not moved out of the parents' homestead.* (Young men, group discussion, Nyamira)

*Still breast feeding.* (Woman, group discussion Nyamira)

*One going to school.* (Adult women, group discussion, Nyamira)

*According to tradition a child is one who has not been circumcised.* (Teenage boy, group discussion, Nyamira)

*Someone who is not circumcised.* (Teenage boy, in-depth interview, Nyamira)

### **Children's Development**

In many respects, children's development was a journey from dependency on one's parents increasing independence and responsibility. As children grew and developed increased physical and cognitive abilities, they took on increased roles and responsibilities within the household. As children became larger, parents depended on them to help with the work of the house and the *shamba* (farm). Some parents expected children to work in order to bring food home. 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). Also, it was expected that parents should provide a good foundation for their children so that they grew well.

*You know I am a parent with children. A child is a growing person who needs support. As a parent, I need to see that a child is growing well. There should be a good foundation from parents to their children.* (Man, in-depth interview, Kisii)

### ***Birth and the First Year of Life***

Children were born either at home or in the hospital. Women of a higher socio-economic status (SES) tended to give birth in a hospital, while women of lower SES usually gave birth at home. At home, most women give birth by themselves, but if the pregnancy was difficult a 'mkunga' (traditional birth attendant) was called. If the delivery became difficult for the *mkunga*, the woman was taken to the hospital.

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. Women made 'ebiririatu' (ululations) to alert people in the village that a child had been born. Older women brought porridge, millet flour, 'chinsaga' (traditional vegetables), maize meal, and cow's milk for the mother so she could gain milk for the baby. The child was given boiled water before breast feeding had begun.

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). At some ceremonies, alcohol was also drunk by those who 'take alcohol.' Those who did not take alcohol took tea or porridge.

The father's mother named the child and usually gave the name of a relative who had died recently and was of good character. For a boy, if the child's grandfather (on the father's side) had died, the child was given his name, thereby symbolizing that the grandfather had been reborn. If the grandfather were still alive, the boy was given a name of another person on the father's side who had died. If no one from the father's side had died recently, the family considered a name from the mother's side of the family. Also, in some cases, the child was named according to the time of birth, and birth order. If the child had been born at hospital, he or she received a Christian name, but then was also given a traditional name at home.

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. If the child had been born at a hospital, the umbilical cord was tied by a peg and cleaned with antiseptics by the nurses. If the child had been born at home, the umbilical cord was tied by a string and then cleaned with salty water in order to kill germs. Later, a mixture of burnt, herbal powder from banana leaves was applied to the cord daily in order to promote faster healing. For mothers who had given birth at home, nothing was removed from the mother's room for the first three days after the birth, and the mother and child stayed inside (typically until the umbilical cord had broken off). When the umbilical cord had broken off, it was smeared together with the child's waste on the wall of the house, and the mother asked the sky to take care of the child while promising to also care for the child.

On the third day, the leaves that had been used during childbirth were removed and thrown away, and the mother ended the '*okoarama*' (seclusion period) by bringing the child outside 'to see the world.' On that day, the women sang and ululated outside the home as they waited for the mother and child to emerge. Having placed an animal skin on her head (*egesero motwe*), the mother emerged from the house with the baby. A party followed in which brewed local alcohol was shared (*ebusaa*) by the family members and the community.

At one to two months of age, the child (both boys and girls) underwent a ritual of '*koginkerwa*' in which the grandmother shaved the child's hair in the presence of immediate family members. Traditionally, the grandmother was given a present of a blanket and *leso* (piece of cloth that are tied around women's waists, and very important for elder women), whereas the grandfather was given a suit to wear. If the grandmother had deceased, another elder woman from the family or someone from the village was sought and given '*gento geke*' (something small), such as 50, 100, or even 500 Kenyan shillings, depending on what the child's family could afford. In some cases, other women from the area attended the ceremony as well, and *chang'aa* (local brew) was provided for everyone.

A second important ceremony was *ekegeni ki omwana* (child feast), in which the grandmother (on the mother's side) came to greet the child. She brought clothes for the child and was accompanied by her friends who brought *lesos* to exchange with women from the child's home.

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 which were mashed, including *uji* (porridge), *ebiasi* (potatoes), *matoke* (bananas), and *ugali* mixed with milk. Most of the time, the mother carried the baby on her back, tied with a *leso*.

At about six months of age, the child learned to sit upright by being placed in a basin, supported by soft clothes. By eight months of age, the child had begun to crawl, pulling himself or herself on the floor in order to move forwards. The child also began standing by holding onto nearby items such as chairs and tables.

### ***One to Four Years***

In the first year of life, children stayed with their mothers but also received care from their older sisters. Around one year of age, the child began to walk and to utter its first words, such as 'mama' and 'tata' (father) and the names of other people in the household. When children became sick, such as *ekenyamoguko* (scratching himself all over his body) because he had not been breast fed well, the child received a traditional treatment, such as being hidden in the grass for a few days, after which the child reportedly felt better.

Years two and three were a time of intensive learning. By age two years, the child touched anything she came across. Also, the child developed knowledge about her body, and knew when it is 'dirty' (i.e., they had soiled themselves). Boys and girls played with each other, and the girls pretended to cook, cooking 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. Children from the high SES areas were taken to nursery school at this age. Children were taught

correct behavior through discipline -- '*omote ogokubwa ekero ore omoke*' [you bend the tree while still it is young] -- so that children would develop correct behavior.

### ***Five to Eight Years***

Beginning around five years of age, important changes occurred in children's daily activities and their roles and responsibilities. Children's cognitive abilities continued to increase, and they learned to differentiate between what was right and wrong.

An important marker during this period was that at approximately six years of age, children started going to primary school in class one. They were prepared for school by being washed and shown the way by the mother or older sibling. Also, they learned how to carry books and 'copy school ways' by peers. In the evening, they did their homework in addition to their household chores, which increased with age.

Specific gender roles were evident during this stage. Girls were given tasks such as fetching water from the river with *rikurunga/egetono* (a gourd cut at the top into which one could pour water). Girls also swept the house and washed utensils, and in the evening, they sometimes went to the posho mill to grind maize and then bring the flour home in order to prepare *ugali* and *uji*. Boys were given tasks such as 'closing the chickens in their house' at night, or taking the goats for grazing.

### ***Nine to Twelve Years***

The gender differentiation process continued as children aged and girls increasingly performed women's duties and boys increasingly performed men's duties. By nine years of age, girls had mastered their responsibilities in the family. In addition to watching over younger siblings, they washed cooking utensils and clothes, fetched water and firewood, helped to work in the *shamba* (farm), and assisted their mothers with cooking. If they went to school, they did chores before going to school and also when they had returned from school. For recreation, they played with friends.

By nine years of age, boys had learned to emulate their fathers. Boys knew 'the duties of a boy', and helped their fathers with digging in the *shamba*, picking rubbish in the compound, splitting firewood, fetching water, grazing cattle, and slashing the compound. Boys of this age also taught younger siblings their work and harvested maize. For recreation, boys played football and shared stories.

For both boys and girls, circumcision was the most important and defining event during this period. 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 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 included cooking meals with *ugali*, meat, chicken, tea, and *mandazi* (fried dough). In view of the law, however, the celebrations were done 'silently' or sometimes not at all. 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 and responsibilities, how she should behave, and about her life after she left the house. Following this month of healing and tutelage, selected girls took the recently circumcised girl

from her home, washed her, and then took her to sleep outside her home, in keeping with the *ekemira* (tradition).

Boys were circumcised (*mabuta motwo*) between nine and fifteen years of age, with boys of the same age undergoing the ritual together. Usually, the boy's family called relatives and people in the community to come for the event and also for an associated celebration. During the circumcision, the boy's uncles, male cousins, and other boys who were already circumcised, were present to give the boy 'courage and motivation.' However, the father was not allowed to be present. During the circumcision, a song (*oyo oyo oo, oeo, obeire omomura oo*) was sung in order to praise the boy and announce that he had become a man. The ceremony marked the change of social status from childhood to adulthood, and the boy was told that he was now a man. The boy brought a chicken that was slaughtered and eaten by people after the circumcision as a means of celebration. The celebration offered 'alcohol in plenty,' especially *chang'aa*, although millet porridge was provided for people who did not take alcohol.

Following the circumcision, the people sang for the boy and brought him and a special person who was to care for him to the house where he stayed for one month until he had healed. During this time, the boy received training from his father and other males in the family on how he should behave as a man. He was also taught the morals of the family and community, and was advised not to engage in sexual activities with girls as it may lead to pregnancies. After he had healed and went out of the house for the first time, there was a celebration in which the boy wore new clothes. The boy spent the first night at his grandmother's house, as it was seen as very important that he did not spend the first night after healing in his own house. Also, his grandmother bought him new clothes or other gifts. From that time onwards, the child removed himself from the mother, who could no longer wash his clothes, bathe him, or see him naked since he had become an independent person. Recognizing the boundary between them, the boy could not sleep at his mother's house, enter his mother's bedroom, or walk with her .

Another significant ritual during this time period, the boy went to the house of his grandmother's (on his mother's side), who gave him a chicken, symbolizing *moko tari konyenyeru ngoko* (that his father cannot eat chicken from his wife's home). The chicken was brought home, symbolizing the time when the son-in-law will go there and will not eat chicken, as eating chicken from the place where one had married from was traditionally unacceptable.

### ***Thirteen to Fifteen Years***

By this 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. In addition to doing the household chores, girls looked for work fetching firewood, plucking tea, and washing other people's clothes. Boys who were not in school helped with heavy farm work.

Important physical changes occurred during this stage, especially for girls. Girls breasts 'start coming out' and they began to grow pubic hair. Girls also began to menstruate, and mothers educated them on how to handle this. Girls were taught not to engage in sexual acts and to be careful with boys, as this may lead to early pregnancies. After circumcision, girls stayed in their

homes until they were married. It was only in rare situations that they went to live with relatives or the grandmother.

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.

### ***Transition to Adulthood***

As described above, boys were considered adults once they had undergone circumcision, which usually occurred between nine and fifteen years of age. Girls were considered adults once they were eligible for marriage (around 15 years of age) or had given birth while they were still at home.

## **2. Harms to Children**

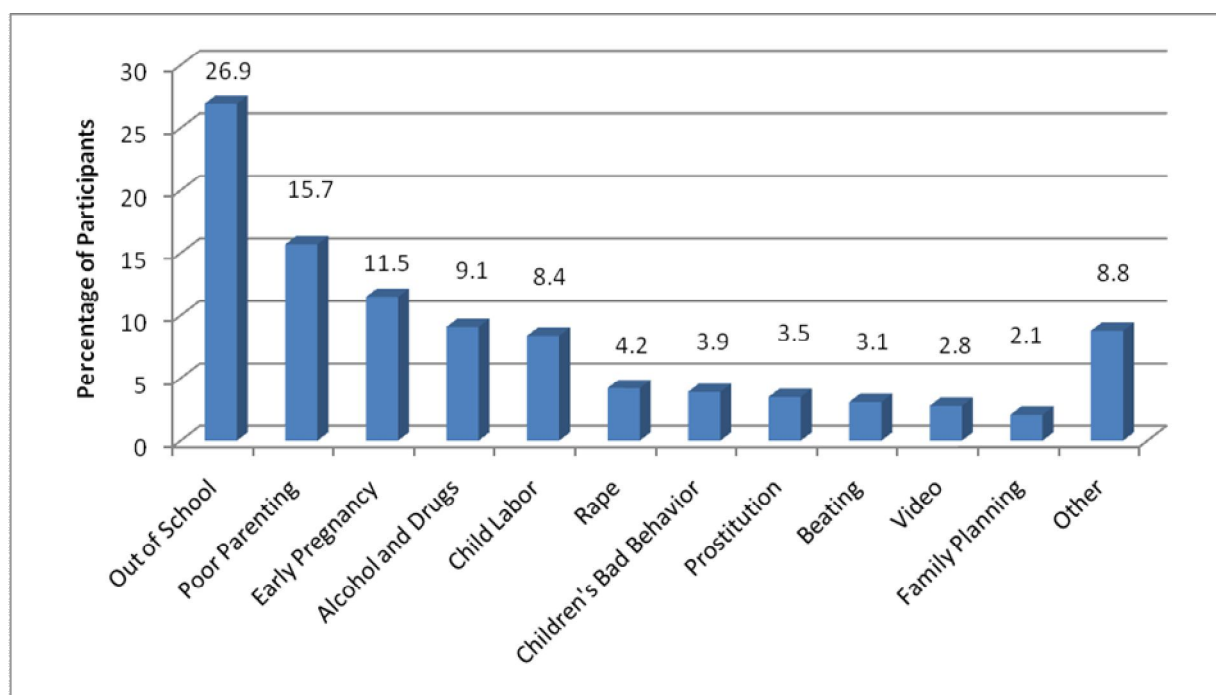
In discussion groups on risks and response pathways, people were asked to identify the harms to children (aside from poverty or health issues) and to identify and rank the three harms that they viewed as being 'most serious.' In selecting the most serious harms to children, participants may have considered the magnitude of the harm, the frequency of the harm, or both. No attempt was made to disentangle frequency and magnitude effects since the emphasis was on learning how concerning particular harms were on a day-to-day basis. Within each group, participants cast individual votes, making it possible to track the number and percentage of participants overall who voted for a particular issue as the most serious harm, the second most serious harm, and the third most serious harm. This section examines what participants ranked as the top harms to children overall and also differences in rankings between the two sites and also across different sub-groups.

### **The Top Ranked Harms to Children**

In naming the most serious harms, participants often used a variety of terms to speak of issues that were related. For purposes of analysis, a decision was taken to combine issues that had a common theme into a single category. The category 'out of school' included children who had dropped out of school, children whose parents could not pay school fees, children whose parents did not send them to school, and children who could not afford to buy a school uniform. 'Bad behavior by children' included stealing, dressing immorally, cursing, idling, and being disrespectful. 'Poor parenting' included irresponsible parents, bad behavior by parents such as drinking too much, quarreling with their children, neglecting their children, and having sex in front of children. 'Poverty' included lack of water, lack of clothes, lack of shelter and children not satisfied because their needs weren't met. 'Overworked' included children who were given heavy work, children sent away to work in another area, and children given too much work at home. 'Negative influences' included video, mobile phones (which were used to access 'pornography'), and disco matangas and night celebrations where children were exposed to and participated in sexual activity. 'Early marriage' included forced marriages for girls so parents could obtain a dowry as well as orphans marrying so their needs could be met. 'Girls needs not met' included lack of gender sensitivity, parents' inability to provide girls basic needs, and lacking sanitary towels.



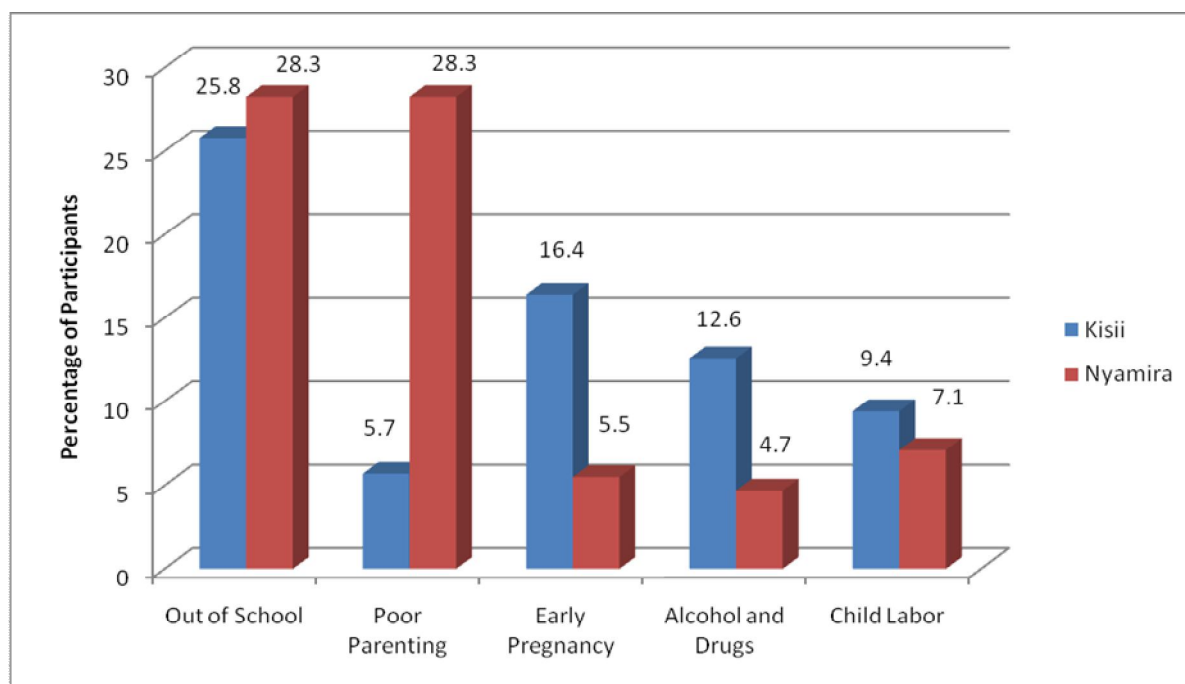
Figure 1 (see below) shows the results of the voting for the most serious harm across both areas. Children out of school was rated the most serious harm (26.9%), although, as discussed later (see pp. 98-100), people of relatively high SES were more likely to rate it as a top concern than were people of lower SES. Children out of school was followed by poor parenting (15.7%), early pregnancy (11.5%), alcohol and drugs (9.1%), child labor/too much work (8.4%), rape (4.2%), children's bad behavior (3.9%), 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.



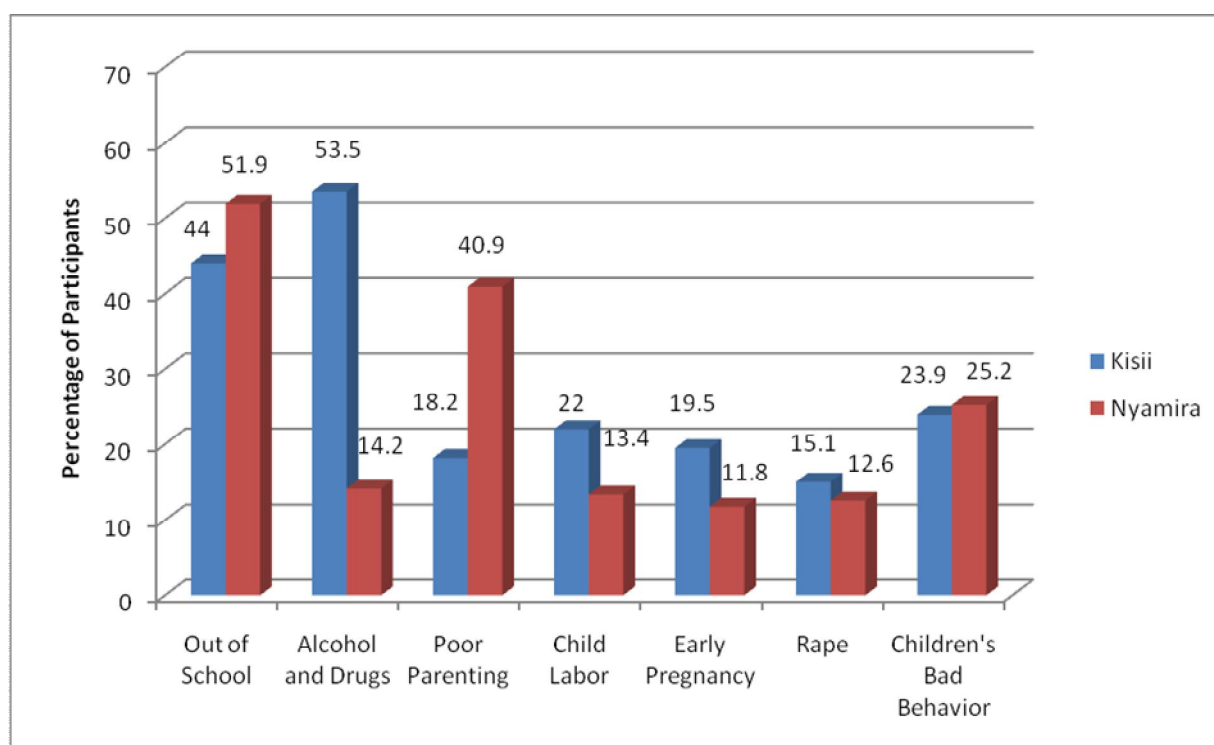
**Figure 1.** *The percentage of participants in all of the group discussions who voted for a particular issue as the most serious harm to children (n=286).*

When Kisii and Nyamira were compared, significant differences emerged (see Figure 2 on the following page). While out of school children was a top harm in both sites, the voting differed in regard to poor parenting, early pregnancy, and drugs and alcohol. 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).

It is also instructive to consider the three rounds of voting that included the second and third ranked harm (see Figure 3 on the page after next). When viewed in this light, the issue of drugs and alcohol emerged as first among the rankings of the top three harms (53.5%) for Kisii. In Nyamira, poor parenting was ranked as nearly equally as serious a problem as children being out



**Figure 2.** A comparison of group discussion participants' ratings of the most serious harm in Kisii and Nyamira (n=286).



**Figure 3.** The issues that were most frequently rated as one of the top three harms to children in each of the areas (n=286).

of school.

### Age and Gender Differences

Which harms to children were rated among the top three varied considerably by age and gender. As shown in Table 6 (see below), out of school children was rated highly by nearly

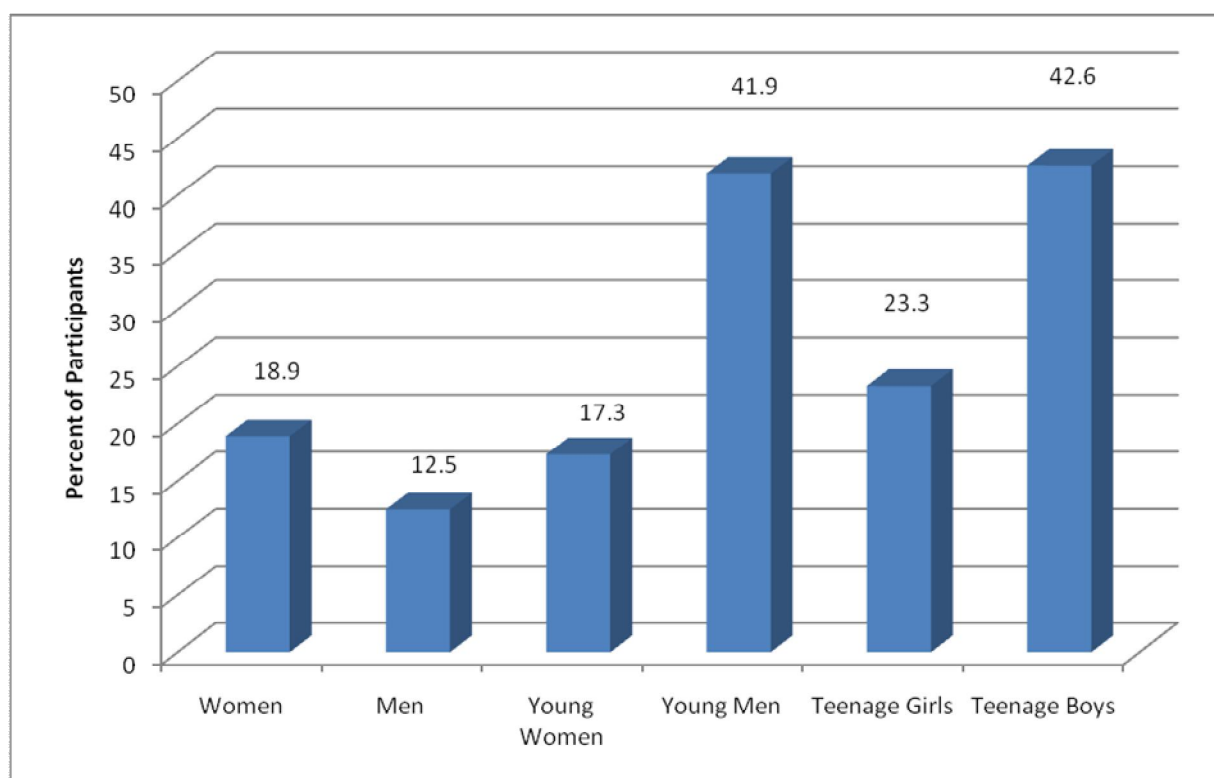
Sub-Group	Harm to Children	% Ranking as One of the Top Three Harms
Women	Out of school	40.6%
	Alcohol & drugs	28.3%
	Poor parenting	26.5%
Men	Out of school	40.6%
	Poor parenting	40.6%
	Alcohol & drugs	31.3%
Young women	Early pregnancy	42.3%
	Out of school	36.5%
	Children's 'bad behavior'	34.6%
Young men	Out of school	61.3%
	Alcohol & drugs	35.5%
	Children's 'bad behavior'	30.6%
Teenage girls	Alcohol & drugs	57.8%
	Out of school	26.7%
	Early pregnancy	24.4%
Teen boys	Poor parenting	59.6%
	Out of school	46.8%
	Alcohol & drugs	40.4%

**Table 6. The percentage of participants in each sub-group who rated particular harms as being among the top three harms to children.**

all the sub-groups. The ratings for early pregnancy, however, showed a large gender effect, as early pregnancy was one of the top three concerns only for young women and teenage girls.

Additional differences by age and gender were visible in the ratings of the 'most serious' harms. Poor parenting was most frequently rated as the most serious harm to children by women (26.4%) and men (28.1%). For young women, however, early pregnancy and child labor tied (at 25%) for the item that was most frequently rated as the most serious harm. For young men, out of school children was most frequently rated (41.9%) as the most serious harm. Teenage girls most frequently rated (23.3%) out of school children as the most serious harm, whereas teenage boys most frequently ranked (31.9%) alcohol and drugs as the most serious harm. Possible accounts for these differences are considered in the following discussions of differences in the sub-group responses to particular issues.

Figure 4 (see below) shows by sub-group the percentage of participants who rated out of school children as the most serious harm. Teenage boys and young men were more likely than

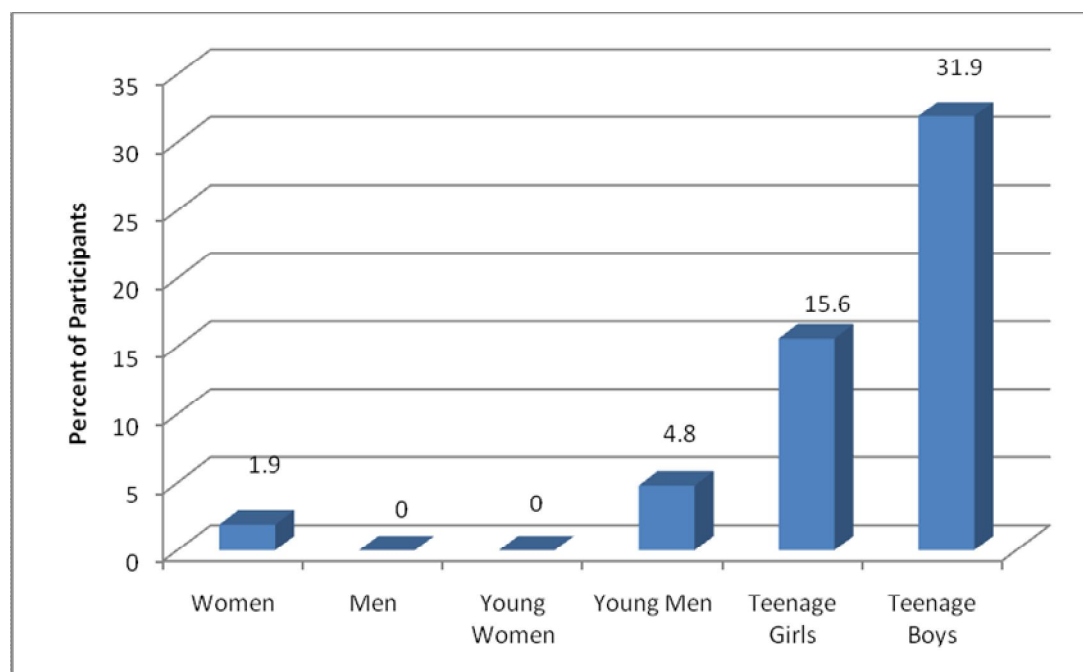


**Figure 4 . The percentage of participants (n=286) by age and gender sub-group that rated children out of school as the most serious harm to children.**

were other sub-groups to rank out of school children as the most serious harm. One account for these differences was that teenage boys and young men strongly desired and expected to participate in education yet were unable to pursue it themselves or had friends who were unable to pursue their education and who felt frustrated and robbed of their future as a result. Teenage girls and young women, on the other hand, may have had less expectation of participating in

education since teenage girls and young women were expected to get married. Since being out of school might have seemed normal for them, they may not have rated it as the most serious harm to children.

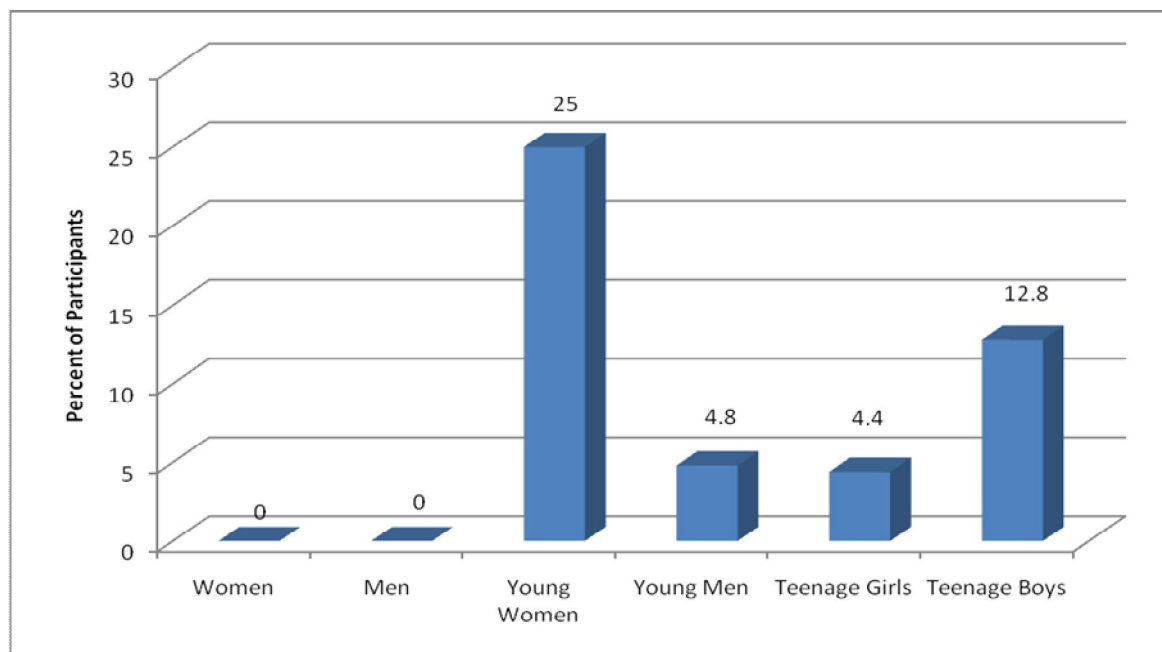
An age effect also occurred with respect to alcohol and drugs (see Figure 5 below). Teenage boys, and, to a lesser extent, teenage girls were more likely than other groups to rate alcohol and drugs as the most serious harm to children. Perhaps this is not surprising since teenagers were often affected by peer influences and were typically involved in and affected by alcohol and drug use and abuse, and they were in the best position to observe and understand fully the range of harmful effects it had. Nevertheless, it was striking that so few adults or young women or men regarded alcohol and drugs as the most serious harm to children. A possible, if worrying account of this difference between the views of teenagers and those of older participants is that for the latter, alcohol and drug use had become normalized and therefore did not seem to be such a big problem or harm to children. Indeed, it was often parents who got their children involved in using alcohol by engaging them in work to produce or sell *chang'aa*.



**Figure 5. The percentage of participants (n=286) by age and gender sub-group that rated alcohol and drugs as the most serious harm to children.**

An age effect also occurred with respect to child labor or heavy work (see Figure 6 on the following page). Young women and, to a lesser extent, teenage boys, were more likely than other sub-groups to identify child labor or work as the most serious harm to children. That heavy work should be of strong concern to teenage boys is not wholly unexpected since they were frequently involved in heavy work, particularly if they were out of school. However, it is less clear why young women showed the greatest concern over child labor or heavy work. Since they themselves usually had multiple children, perhaps they had seen the harmful effects of heavy

work on children, including children having to drop out of school in order to help their families. Unlike older women and men, they may also have had relatively fresh memories of going to school and what it means for children. In contrast, older women and men were further from their

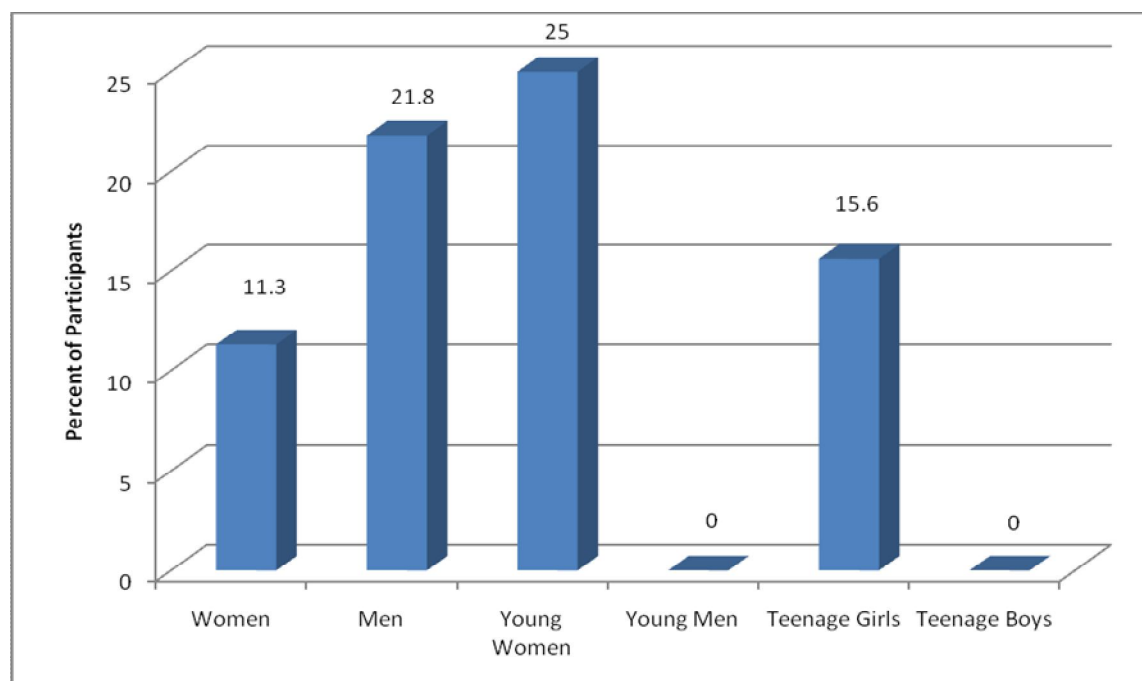


**Figure 6. The percentage of participants (n=286) by age and gender sub-group that rated child labor/heavy work as the most serious harm to children.**

education years and may have been worn down by financial hardships that they now saw child labor as something positive, that is, that benefitted the larger family.

Of interest is that no adults ranked child labor as the most serious harm, while 25% of young women and 12.8% of teenage boys ranked it as the most serious. No young men or teenage boys ranked early pregnancy as the most serious harm, while 25% of young women, 21.8% of men, 11.3% of women, and 15.6% of teenage girls ranked it as most serious. Furthermore, no men, and only 1.9% of women ranked alcohol/drugs as the most serious harm, while it was ranked the most serious by 31.9% of teenage boys and 15.6% of teenage girls.

Gender effects were also prominent. As shown in Figure 7 (see the following page), young women and teenage girls were far more likely than were young men and teenage boys to identify early pregnancy as the most significant harm to children. Most likely, this difference reflected the fact that it was the young women and teenage girls who shouldered the greatest burdens of



**Figure 7. The percentage of participants (n=286) by age and gender sub-group that rated early pregnancy as the most serious harm to children.**

early pregnancy. However, adult men were also very concerned about early pregnancy, possibly because they were concerned about protecting the honor of their families and daughters.

### Qualitative Description of Harms to Children

Below, qualitative descriptions of each of the main harms is offered with an eye toward identifying the key dimensions of the harm and also causal pathways that interconnected different harms.

#### Out of School

In both Kisii and Nyamira, children were out of school due to a diversity of factors. These included chronic poverty and the resulting inability to pay school fees, children feeling humiliated at school, parents encouraging children to work rather than go to school, 'bad behavior' on the part of children (e.g., alcohol and drug use, or stealing), and children who did poorly in school dropping out.

Many participants, particularly adults, indicated that the lack of money to pay school fees was the dominant source of children being out of school.

*Another harm to children is lack of school fees. You find that some families may not afford the school expenses especially in private schools, since they are poor. Therefore, poverty has contributed to parents not being in a position to pay school fees for their children. (Woman, group discussion, Kisii)*

*First, we have a problem of school dropout amongst children in this community. You find that sometimes the parent cannot pay full school fees for the child. The child gets demoralized when the head teacher keeps on calling the names of the children who have not paid the full school fees at the assembly. The child is always ashamed and this may force him/her to drop out of school. (Woman, in-depth interview, Kisii)*

Orphans were particularly vulnerable to being out of school because they had no family to provide school fees.

Children also reportedly 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. The concern about this bad behavior was considerably stronger and more widespread than it had been in the ethnographic research conducted previously by the Interagency Learning Initiative in Mombasa and Kilifi.

*R: First, there is this issue of bad peer pressure among children. One child who does not like schooling may influence the friends to drop out of school. Sometimes parents cannot afford school fees and when children are sent for fees repeatedly, they end up dropping out of school.*

*I: What happens when the children drop out of school?*

*R: The parents may cane the children and force them back to school. Some children may go back to school while others may not go to school even after caning. This is when the parents may take an initiative of sending the children out of their homes or even reporting the matter to the chief and police. (Woman, in-depth interview, Kisii)*

*Children dropping out of school is another harm in this community. The children just get influenced from bad peers and decide to stop schooling. There is also a problem where young children [boys] engage in playing cards in the market place. They therefore get so much interested in the game and may end up dropping out of school. (Woman, group discussion, Kisii)*

*There is also the problem of children dropping out of school. We have some children not going to school and are idling around trying to steal other peoples things. It is a big problem and we request the government to help deal with this thing otherwise these children are going to be burnt [set on fire by villagers]. (Young woman, group discussion, Kisii)*

*Children run away from school -- especially girls -- and go to live with another man. For instance, there is a girl who is almost giving birth as we speak as a result of running away from school. (Woman, in-depth interview, Nyamira)*

*The parents try so much but the children refuse to go to school. (Young woman, group discussion, Nyamira)*



*Children refuse to go to school, they even throw the books into the latrines or kill themselves when you talk to the continuously about school. (Woman, group discussion, Nyamira)*

*R8: School commits children, we know one cares when they are there. When not in school can also decide to take alcohol, do casual work at people's homes. When you try to ask them they threaten to hang themselves, take poison to kill themselves.*

*I: What are the reasons why children do not go to school?*

*R3: Children start taking alcohol and stop going to school, they steal your jembe or panga to sell to get money to buy changaa (Woman, group discussion, Nyamira)*

Overall, then, being out of school was a gateway to a host of harms such as gambling, stealing, using alcohol, and engaging in sexual exploitation.

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.

*I: Why do children drop out of school?*

*R: When the parent is not organized from home or when there is misunderstanding between teacher and student, or child is beaten at school, when child is sick and when the parent tells child to assist him/her at the farm or in carrying bricks. (Woman, group discussion, Nyamira)*

*R: Children here are made to stop school and carry bricks or trees for the factory.*

*I: How is this a problem to the children?*

*R: The children carry heavy loads and they have no time to rest and no time for education. (Young man, in-depth interview, Nyamira)*

*Children not going to school due to a lot of work they are engaged in. This is a problem because when children don't go to school they end up starting to steal, they decide to do heavy work which they are not even able to do, for example, you get a child carrying 20 liters of water jerry can just to get money. They also become thieves at times...even they don't only rely on this job alone. They may be raped since they are idle and one can easily cheat them using money and any other harms my colleagues will say. (Young man, group discussion, Nyamira)*

*The parent is doing own things and not concerned why children do not go to school so the child even starts going to 'kondo' [casual labour], like carrying bricks. (Young woman, group discussion, Nyamira)*

*A very bad problem is when children are stopped by their parents from going to school to work, for example, carrying bricks. (Teenage boy, group discussion, Nyamira)*

Some parents who saw little value in education reportedly used money to buy alcohol rather than using it to send their children to school.

R3: *Some parents use money meant for school to buy alcohol instead of taking children to school.*

R6: *Some parents have not gone to school themselves and they see they are living and have money to buy the things they want, therefore they do not see any sense of taking children to school. Also some parents have lost their senses by taking alcohol, so the child might tell parent, 'mummy, mummy I want to go to school' but the mom is not concerned.*

R1: *Other parents have not gone to school. Therefore they see no importance of education.*

R7: *Other children think /see they are stupid so they stay at home.*

R3: *Parents do not care whether he has eaten or gone to school. The only thing the parent cares about is drinking. Parents go in the morning and come back late in the evening. The parent beats the children and after he is done, he can now sleep. (Teenage boys, group discussion, Nyamira)*

The quality of education was also an issue. Some children felt ashamed and humiliated at school when their 'names were read' in front of other students by the teachers, and subsequently did not return to school because of the shame. Furthermore, the teaching was reported to be so poor that children failed to make the cut for moving on to secondary school.

R: *Education in our schools is down.. Children need to be taught ,and teachers fail in their duties.*

I: *How is this a harm to children ?*

R: *The children do not attain cut off marks so they miss out in secondary school places. (Young man, in-depth interview, Nyamira)*

Children also dropped out of school when they had not done well and were told they were stupid.

*Child not understanding in class. You find that child is always number last and is always repeating. When this happens the child shies away because the child feels that he or she too old for that class. So when the child comes home, he says 'I do not have a pen' and a pen you buy for them. The next time they lose their books and say that school is enough...The child knows that he is stupid and becomes number last all the time. Other parents can abuse them and even tell them to stop going to school and even tell the child that they are wasting the parents' money. (Woman, group discussion, Nyamira)*

Once children were out of school, they were at risk for engaging in negative behaviors, including stealing, idling, and following older women.

*When children drop out of school they start thinking of other bad things like stealing or following elderly women. (Young woman, in-depth interview, Kisii)*

*Boys of this age [around 13-16 years] drop out of school especially when they cannot afford examination fees and because of that they start stealing. Mostly those who steal*

*is because of hunger because when my hotel was broken into they took mandazi, [fermented milk] and left the glasses. They steal food. That is hunger because they ate and threw glasses and tins on the road. (Woman, in-depth interview, Nyamira)*

*You get that a child is not going to school because of lack of fees and the friends are going. It makes her not feel good. And when you don't go to school, parents subject you to a lot of work, like they tell you 'go there carry bricks to this and that' instead of being in school. (Teenage girl, group discussion, Nyamira)*

### **Bad teachers**

'Bad teachers' who came to school drunk was a harm that led to children not learning and that potentially related to children being out of school.

*R: Ok, we have a problem in schools where our children go. Some teachers come to school while they are drunk and then want to teach our children. They are not a good example to the children.*

*I: How is this a harm to children?*

*R: If a teacher comes to class and is drunk the children will not listen to what he is teaching them. So disrespect comes in. If a child does not respect a teacher who spends most of the time with the child, the child will also start to disrespect the parents back at home.*

*I: What happens to the children when the teacher comes to school drunk?*

*R: Last year in the whole of the division the first child in KCPE scored 280 marks [a very low score]. This is because teachers were only taking alcohol and not teaching. (Young man, in-depth interview, Kisii)*

## **Sexual Abuse and Exploitation**

Sexual abuse and exploitation included rape, transactional sex, incest, and prostitution. All of these harms to children were also potential sources of early pregnancy, which is discussed in the following section.

### **Rape**

Young children were reportedly raped by both adults and boys of marrying age (20 years and above). Because of the shame associated with rape, it was not an issue that was discussed openly in the community.

*There is also a problem of rape in this community but people are not willing to discuss it openly 'sini kweli' [is it true]. (Teenage boy, group discussion, Kisii)*

Nevertheless, with extensive encouragement from the researchers, many participants in this research opened up in group discussions and in-depth interviews. They reported that girls as young as three years of age had been raped, though rape happened more frequently to girls who

were ten years or older. Most often, the rape occurred as girls went to fetch water and perform other chores. The participants referred to rape as 'by force' or 'taking a child as your wife.'

*We also have another harm, that of 'ogotibonga' [rape]. This is an issue in our community, although it is not very common. For example, if you send young girls to the market place at night, they may come across drunkards who may abuse them sexually. Sometimes, the parents have also failed to take their children to church. They just focus on education, and the success of the child is measured in terms of academic qualifications. The children end up lacking good societal morals and may later attempt to rape young girls.* (Woman, group discussion, Kisii)

R: *There has been rape on young children. Those who rape them run away, and come back say after one month, and nothing is done to them. The community just looks at them.*

I: *In most cases what age are those who rape children and how old are these children?*

R: *In the case am talking about the child was ranging 3-5 years while the rapist was ranging 10-14.* (Young woman, in-depth interview, Nyamira)

R5: *Maybe you have sent the child to the posho mill or the river. And she meets a boy who disturbs her or a big person 'omotarera' [sticks to her]. When the child comes home crying, you know. You also feel bad.*

I: *What do you mean by 'omotarera'?*

R5: *It is raping.* (Young women, group discussion, Nyamira)

*Maybe a big boy spoils a young girl, 'akomotarera buna omorugi oye' [takes the child as his own wife].* (Woman, group discussion, Nyamira)

*When the child has been raped, the mother washes, wipes the girl and oils her with vaseline oil so that the wound heals. And even the rapist buys the child oil so that she can go and oil herself.* (Woman, group discussion, Nyamira)

R4: *'Ogotibonga' [rape]. We hear that this happen little by little though it is in secret.*

R6: *When its done to a child not her time (not mature) the child is spoilt. Like now there is a child who was raped at the age of two. Until now she is in class 7. She leaks urine throughout. She uses pads since it happened to her. She was taken to hospital. Its like they didn't treat her well.* (Women, group discussion, Nyamira)

The threat of violence was used as a means of getting girls to submit to rape. The violence of the rape itself was evident in the aftermath of health problems.

R1: *Another problem you may get is when I send them to the shop, or somewhere far from home, they get problems, especially girls. They get boys on the way and 'wanamshika kinyama' [they hold her like an animal] and take her by force...the child becomes stressed -- even if food comes to the table she does not eat. The life of this child is spoilt.*

R4: *Mostly boys cheat these girls and gets them away from people and then tell them 'if you do not do as I want, I will kill you.'* (Men, group discussion, Nyamira)

*You can find a girl child, say she has gone to the river, and finds 'abaisi' [abusive word used to refer to uncircumcised men] who will 'bamotarera' [rape]. The girl does not agree. The child comes and tells you that someone did 'bad manners' to me. As a parent you will feel bad and you can take 'egetambokero.' Other children might go to the water place early and hide, when the young girls go the river they pull them towards the trees... You can find big men, even 30 years and above, who rape children of say, 7 years... If the rapist is an older man the child who has been raped will lose control of her urine, also the young child will lose her virginity. Even if the child is taken to hospital she will have no control of her urine. Also child will feel pain and cannot put legs together.* (Woman, in-depth interview, Nyamira)

Girls were also raped in *chang'aa* dens. In some cases, mothers used their daughters to attract customers who would rape them. In other cases young boys would be targeted by older women working as prostitutes.

*There are a lot of things that happen in these chang'aa dens. There are parents who use their girls to serve drunkards chang'aa and you just know drunk men, some of those girls end up engaging in sex with those drunkards. Some children also get raped in the process because drunkards cannot make any reasonable judgment, and they up raping even those young children.* (Key informant interview, Nyamira)

R: *There are also older women, especially those who drink chang'aa, who engage in prostitution, but their target is the younger boys*

I: *Why do they target the younger boys?*

R: *Because the younger boys are easy to get, especially those who drink chang'aa. As long as you have bought them (young boys) alcohol they will just sleep with the women.*

I: *Ok. For the young girls who the drunkards sleep with at homes where they brew chang'aa, how does it happen?*

R: *You know, those who sell alcohol, they don't take their children to school. So what they do is that they let their girls work as waitresses, serving those men who come to drink chang'aa. Those people who drink, once they get drunk, they will not even know that this is a child, they will start to touch her and some even give them money to entice them so that they can sleep with them.* (Key informant interview, Nyamira)

### ***Sleeping with Men for Food or Money (Transactional Sex)***

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.

*Those who have money give them twenty shillings and take them to the hotels at the center and buy them tea, after that they go and sleep with them. Girls are also confused with mobile phones. They love the mobile phones so much and as long as they get someone who can buy them a phone, they will have sex with them in exchange for a*

*mobile phone. So there are those who buy them those Vodafones worth one thousand five hundred shillings [\$18] and then sleep with them. (Key informant interview, Nyamira)*

*When children are not well taken care of by parents, when girls are offered even five shillings by men, they accept it and then they sleep with them... Some of them don't provide food for their children and therefore it is the children themselves who have to look for a way of surviving, and sometimes girls go to the extent of sleeping with men to get money for food. (Key informant interview, Nyamira)*

### ***Incest***

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.

*[The biggest problem is] children getting children [from incest]...: They become single parents at an early age, and even if you want to follow the boy who has put her pregnant, you get a cousin, or a boy of the next family from yours. This becomes a problem to a girl and even a parent, because you can not force a cousin to the girl to take responsibility. They are same children [they are like a brother and sister] you only assume. (Woman, group discussion, Nyamira)*

### ***Prostitution***

Children were lured into prostitution as a means of obtaining basic goods, luxury items, or money that their parents were unable to provide. Although some girls became prostitutes through the influence of peers, others decided on their own to engage in prostitution.

*It is because 'bakwerigeria' [fending for themselves]. You get parents not providing for their children, and girls set themselves and start looking for men, and after getting a baby is when they realize the difficulty and pain of getting a child without anything to give or care for them. (Woman, in-depth interview, Nyamira)*

*The first harm is 'obotomani' [prostitution]. This is where a girl child may be forced to engage in 'obotomani' if she is not provided with basic needs or other luxuries. She therefore engages in sex with men in order to get some money. Sometimes, the girls are influenced to engage in 'obotomani' by their bad friends. (Woman, group discussion, Kisii)*

*'Watoto kuingia kwa biashara ya mwili' [children doing the business of the body] is the main harm. Some children, especially those in secondary schools, when they don't have money, they sell their bodies so that they can get money. (Key informant interview, Nyamira)*

R1: *For the girl child, 'obotomani' is the main harm. As parents we are not happy with this. Our girls have started to engage in sex while very young and this is really a big problem.*

R4: *These girls are lured to have sex with men with an intention of getting money. When a parent is not able to provide for the child, the child will start to look for means of getting money to buy whatever she wants. In the process, men take advantage of the girl and start having sex with her in return for money.*

R8: *As a parent I will not be happy to see my daughter doing this, but I think it is because of this.*

R7: *It is not easy to know when this is happening; they don't do this at the village. They will go to town where nobody knows them. (Men, group discussion, Kisii)*

Some participants observed that, via role modeling, mothers who engaged in prostitution also taught their daughters to engage in prostitution. In this way, prostitution became an intergenerational way of earning money.

*Prostitution...you get a mother is a prostitute and she has girls so this make children to copy and start doing the same. (Teenage girl, group discussion, Nyamira)*

Some mothers used their young daughters as prostitutes at *chang'aa* dens.

*Some of the youth are idle, and they engage in this chang'aa drinking and then they start engaging in prostitution..You know where they sell chang'aa, those women have young girls so the boys and men who go to drink there sleep with them. (Key informant interview, Nyamira)*

Although it was mostly girls who engaged in prostitution, boys, too, got involved with older men and older women who gave them money and material things.

*There is also a problem of prostitution among children. What is funny here is that young boys practice this with much older men for exchange of money. (Woman, in-depth interview, Kisii)*

R: *There is also a problem where young boys are looking for older women to have sexual relationship with.*

I: *Why do the young boys engage in sexual acts with older women?*

R: *It is because older women give them a lot of money and other goodies in exchange for sex... In most cases, they are divorcees or widows. They therefore have freedom of sleeping around with young boys. (Woman, in-depth interview, Kisii)*

## **Early Pregnancy**

The participants rated girls becoming pregnant at an early age as one of the most common and concerning harms to children. Girls reportedly engaged in early sex with boys due to peer pressure and curiosity, and they frequently became pregnant as a result. In addition, as discussed above, 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. Alternately, girls were enticed or 'cheated' by older men who bought them things in exchange for sex. Such men typically ran away after the pregnancy, although some stayed and married the girl.

*Early pregnancies amongst girls is also a common harm in our village...When young girls are not getting what they want from their parents, they end up being cheated by men outside there who buy them what they want in exchange for sex. This has resulted in many girls being pregnant while still young. (Woman, group discussion, Kisii)*

*There is also the problem of early pregnancies amongst young girls. You find that the same peer pressure may affect the girls and they engage in early sexual encounters with boys for curiosity purposes. They end up getting pregnancies. Again, when the parents don't provide some things for their daughters, they may find someone else out there [men] to provide for them and in turn, give out sex for this. They end up getting pregnant. (Woman, in-depth interview, Kisii)*

*There is also a very big problem of young girls getting pregnancies. We have had so many cases where girls engage in sex with men and later they get pregnant and drop out of school. They fear staying at home because of shame and therefore get married. You know these are very young girls who don't even know how to cook and we don't expect them to become somebody's wife...We have spoilt men in this village. Old men who ought to be fathers of these girls are the ones moving around with the girls. They cheat them with money and after they are pregnant they run away. (Young woman, in-depth interview, Kisii)*

*Young girls are getting pregnant with old men. They entice them with money and give them 'oborito' [pregnancy]. After, they drop them and remind them that they have families to take care of... (Man, in-depth interview, Kisii)*

*Early pregnancy [is a problem]. It makes them drop out of school, especially girls. It leads to poor performance because the pregnant girl is shy and ashamed to go to school because she is pregnant. (Teenage girl, group discussion, Nyamira)*

*R5: A girl may want expensive body oil like 'Nice and Lovely' [a brand of body oil]. She goes to look for boyfriends to buy it for her... she doesnt know she may become pregnant... She is cheated with hundred shillings and comes like this [she does a sign showing pregnancy].*

*R4: When she goes to look for boyfriends she doesn't know that she will get pregnant,she will bring you a child...You abuse her and she even loses her friends. This may make her kill herself by taking many tablets. (Young women, group discussion, Nyamira)*

*R6: There are boys and men even old men who cheat young girls who are not old enough for 'those things.' They talk to the girls and they cheat them into sleeping with them and the girls get pregnant. The children can even be 13 years.*



R2: *Children under the age of 18 years would want to adorn themselves with better clothes and shoes that are in fashion and since the parents are not able to buy these clothes and shoes for the child, the child is easily cheated by men who have money*

R7: *The small child gets pregnant and how does she even take care of a newborn?*

(Young women, group discussion, Nyamira)

Girls who had become pregnant dropped out of school due to shame. Still children themselves, they were not prepared for taking care of a child and engaged in harmful practices such as not taking care of their children's needs, and locking their children in the house when they went out.

*Older men who have their own families cheat younger girls and defeat their minds and end up giving this child 'mzigo' [pregnancy] and the child gets stressed...The child leaves school, the child is burdened. You find that the parent is burdened because the child leaves and her future is not guaranteed. You find that the child will stay at home. The child becomes bad and thinks if men are talking to me like this then I am a big person, and the child starts bragging and there would be misunderstanding between parent and child...Now the child will stay at home and take care of a baby she is not well prepared for. (Woman, in-depth interview, Nyamira)*

*You will find that during school holidays and weekends a girl child can lie to a parent and tell her that she is going to visit an aunt, then she goes to a boy's house, stays for say two days, then goes to aunt's place on the third day so that even when asked at home they can say they went at aunt's...The child can get sick or pregnant. (Woman, in-depth interview, Nyamira)*

*Many children get children when they are still young...As young as 12 years and say in class 7...You find out that the newborns are given to the parents to take care of because their mothers do not even know how to take care of them because they are very young. They are also not stable and cannot take care of themselves. (Woman, in-depth interview, Nyamira)*

*You also find this--girls who give birth to children while still at home, lock up their children in the house all the time...They are around 2-5 years. (Young woman, in-depth interview, Nyamira)*

*Children here are mistreated. For example, girls who give birth while still at home have their children mistreated by their brothers. The brothers wait for the children when they come from school and start sending them on errands, like washing clothes, fetching water and even sweeping their houses. Such children might not be given food because when they come back they find food is already finished. (Young woman, in-depth interview, Nyamira)*

*Some of these children are cheated by men [who take advantage of their situation] and give them money for sex. They end up becoming pregnant and the burden continues. (Teenage girl, group discussion, Kisii)*

## ***Abortion***

A harm associated with early pregnancy was girls seeking abortions, with serious consequences, including death. Faced with the prospect of shame and having no means of caring for a child, girls who had early pregnancies often underwent abortions. Some girls sought abortions on their own, whereas others were taken by their mothers to private hospitals or to witch doctors. Sometimes the men who had impregnated them told them to have abortions and gave them money for it. Girls reportedly died during the procedure or from subsequent complications.

*These are very young girls who are still in school. They try abortion, some succeed, some die and others develop very serious complications... (Man, in-depth interview, Kisii)*

*The way abortion is done is not good, others use 'emete' [herbs]...For example, a certain woman who wanted to abort was given some herbs to drink. After that she died on her way back home. That is how girls are cheated... they take herbs and on their way from there they die on the paths and are found dead the next day. (Woman, group discussion, Nyamira)*

*The mother takes her daughter secretly to hospital to do the abortion at an agreed figure without the husband knowing. This is because if the husband knows, he might send all of them away from his house. (Man, in-depth interview, Kisii)*

*The issue of young girls getting pregnant is normally dealt with by women and different people deal with them differently. There are those women who take their children to 'waganga' [witchdoctor] so that they can remove the pregnancy. The witchdoctors give them some herbs after being paid. (Key informant interview, Nyamira)*

*But some mothers also advise their girls to go for abortion. They take them to the hospitals and there are doctors there who don't care, they just do the abortion. Some are taken to these private hospitals... Some of the girls go back to school after that. But you know, the problem is that they will now take pregnancy to be just a small thing and they end up getting pregnant again even before they finish school and go for abortion again. Some girls have, however, been unlucky and they end up dying in the process... They are just buried and that's the end of it. Of course their parents can't say that they died while trying to do an abortion, they just say that she was sick. That is why so many girls don't learn from other girls who die because of abortion, people don't speak about them openly. (Key informant interview, Nyamira)*

Other times, the man who had impregnated the girl gave her money to do the abortion.

*When they get pregnant, some of these old men tell them to go and do abortion. They give them money and tell them to go for abortion...Most of them go to town to the private hospitals and do abortion there. After that they just come back home and*

*continue with their activities. Those who are unfortunate end up dying, and we have had so many cases of girls dying because of abortion. (Key informant interview, Nyamira)*

### **Girls Looking for Boyfriends**

A harm that was closely related to early pregnancy but that participants mentioned separately was girls looking for boyfriends, which often ended up with the girls becoming pregnant.

*Girls looking for boyfriends [is a harm]. The girl sees other girls having good body lotion and because the mother can not afford to buy for her she decides to get someone who can buy for her. They get boyfriends, and without knowing, they get sick [HIV] or pregnant. (Woman, group discussion, Nyamira)*

*You know when a girl gets to adolescent stage, things get very difficult and the girl must test and test. For example, a school girl child tells the mother that she is going to the market to buy socks for school and as a neighbor you see her on a motorbike going with another boy and they are going to another lodging and you come tell the mother where you have seen her. In this case the child gets angry that you told on her. Things like this are there and you tell the parent and the parent tells you, did you also not pass through that? But you find that this girl must harvest what will either be pregnancy or sickness, so the parent regrets. (Young woman, group discussion, Nyamira)*

When parents saw their young daughter looking around for boyfriends, the parents often responded by beating the girl or counseling, that is, advising them.

*R3: If a child is looking around for boys and you tell the child to take it slow and they refuse, you might beat him or her.*

*R2: Even when you beat the the children they may not hear. It is good to talk and counsel them. (Young women, group discussion, Nyamira)*

The success of these methods, however, seemed limited since early pregnancy was a widespread problem.

### **Children Born Out of Wedlock**

A related problem was that girls frequently became pregnant out of wedlock and gave birth to children who had no identified fathers. Children born out of wedlock were stigmatized and called names such as 'bastard.' Typically, no one paid their school fees, and the girl children who were out of school as a result engaged in prostitution.

*A child, like now a girl, may get pregnant. The child is born out of wedlock. This is a problem since this child does not have a father. When the girl will get married and go with this child to that home they are called bad names like 'ekerentane' [bastard]. This is a problem ... since there's nobody to care for them, they start stealing. They do not go to school because no one will pay their school fees. For the girls, they start*

*prostitution, and if the parents are not tough, the girl will continue to do prostitution.*  
(Man, group discussion, Nyamira)

## **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. Poor parenting was a diverse category that included numerous ways in which parents did not treat their children well or actively abused them physically or psychologically. Although most of the discussion focused on biological parents, the participants said consistently that children who did not live with their biological parents were often discriminated against. Thus, poor parenting may be part of a wider problem of poor care by caretakers of children.

An important part of poor parenting was the failure of parents to fulfill their expected role as caretakers. In general, parents were expected 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.

*There are some parents who are very careless. They do not take care of their children. You find that the children are not fed well, the children can only take ugali and kales and they suffer. The parents are careless and do not take the children to school or wash them or even wash their clothes. Such children can end up being thieves.* (Man, in-depth interview, Nyamira)

R5: *Children not taken care of well by their parents.*

R5: *...Like failing to feed him/her properly lack of clothing this is a problem or a child may need some money and he is not given.*

R3: *Because she/he sees another well cared for and sees he/she is not cared for.*

R4: *May see another child who speaks well with parents, shares with his/her parents, but for him/her there is nothing of the same. A boy may turn to the mother because father does not talk with him.* (Men, group discussion, Nyamira)

*There are women who get children without family planning. These parents do not take good care of their children. You find that they leave very young children of -- say a child who is crawling -- at the house with no one to care for them. The women themselves pass by their friend's and even eat there without caring for the toddler... When the child is left crawling in the house the child suffers, the only thing the child does is cry and crawl and cannot even find something to eat. When the child defeacates it can even eat its own feces because there is no one to take care of the child and the child is not able to find food.* (Young woman, group discussion, Nyamira)

R7: *Parents do not motivate their children. When you try something out, mother will tell you 'you have done nothing, silly.'*

R2: *Parents are not being role models. Instead of parents correcting the children when they do something wrong, they do not care. It's very difficult for a mother to say 'you have done wrong.'*

R6: *The child can go to the shamba get vegetables and cook. When this is done the parent can say, 'now what is this you have done?' This demotivates you. Next time, when you see something getting spoilt as a child you can say 'even if I assist or not, it's useless,' so you leave it.*

R1: *The child loses hope in trying to do something that can help the child in surviving. For example a child can decide to plant vegetables so that he can sell and earn some money and buy a pen but the parent does not support him. So the child will say 'even if I do this the parents will not support me.'*

R2: *When you fail examination in school, and say improve the following term, maybe by ten marks, the parent does not acknowledge that you have improved. The parent only quarrels and does not notice the improvement or give you support for future improvement. (Teenage boys, group discussion, Nyamira)*

R7: *Wastage of resources by father...A child can ask the mother, 'mother from the tree that you sold, please buy me a cloth,' and mother will say that it was not her who sold the tree but the dad and that she did not have money.*

R6: *Also, you find that the family depends on tea plantation say for everything and the dad rents out the tea to others for say 5 years. You see, this would not help and would deny the children an education. (Teenage boys, group discussion, Nyamira)*

*When children are not given good care by the parents. You find that the children are not given enough food...Most of those not given good care are orphans and others is because of poverty...The children do not get parental love, do not get good clothes, they do not even feel good and hunger. (Man, in-depth interview, Nyamira)*

*Lack of advice...it brings quarrels as a result the child may decide to run away to be 'echokora' [a street child]. (Teenage boy, group discussion, Nyamira)*

R: *Parents have failed in their duties and they now want the children to do these duties for them. They overwork the children. When children come from school in the evening they are told to go fetch water, go to the farm, look for cows, fetch water, and they do not even get time to do their homework which lowers their performance at school.*

I: *How are parents failing in their duties a problem to children?*

R: *The child can have an assignment which needs to be done and since the child is given a lot of work h/she cannot do the assignment because at night, paraffin might not be there. Hence, the child needs freedom to do schoolwork before its dark. (Young man, in-depth interview, Nyamira)*

*There are children here that have never been taken for clinic since they were born. The children can get many diseases. For example, there were children here who were never taken for postnatal clinics. Members of the community came and took them to the dispensary, where they were treated, and since one can see change in their health to the better... It's because of lack of knowledge and not knowing. (Man, in-depth interview, Nyamira)*

*Lack of proper caring from the parents. You get the parent does not care well for the child and the child gives up and sees that her/his parents do not care for him/her. This makes the child to engage himself in illegal practices like prostitution for girls and boys begin to steal. (Teenage girl, in-depth interview, Nyamira)*

Poor parenting also entailed not being able to provide for children's material needs.

*Children get angry when as a parent you cannot provide. There are things like clothes that are called fashions. You find that the children would want to be bought the shoes and clothes. Also, the children go to church and they might be needed to bring some money for trips. When you tell the child that you cannot provide, he feels bad. (Young woman, group discussion, Nyamira)*

Parents' inability to meet children's material needs was said to be linked with alcohol abuse, as parents spent their money on alcohol rather than on their children. The alcohol abuse took a heavy toll on children's mental health.

*R3: Drinking parents .... Makes them not to provide basic needs like paraffin which children use to light lanterns and revise or do homework. No peace at home, food.*

*R5: You get yourself missing school items like books and pens because they use all the money in taking alcohol. They don't care about their children. As a result the children get stressed and run away from home. In return, they decide to do bad things like committing suicide, become house girls or house maids, going to bars for prostitution if they are girls or get married while they are young.*

*I: Suicide how?*

*R4: They use 'dawa ya kuosha ngombe' [an herbicide used to remove ticks from the cows]. (Teenage boys, group discussion, Nyamira)*

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.

*R4: You find there are some parents who take alcohol you find they are mistreating their children by using them in making alcohol. These children lack time to go to school.*

*R1: It makes children to take alcohol and stop going to school. (Teenage girls, group discussion, Nyamira)*

*R1: When parents drink alcohol in front of their children....: Parents use money to drink alcohol instead of taking child to school.*

*R5: When parents go to work and get money they go and drink and when drunk they come and beat mother and children and children become unhappy.*

*R7: When parents take alcohol, they waste resources and children cannot get food to eat.*

*R2: When they take alcohol and come home some of them makes a lot of noise which is unfavourable for the children to study and the children cannot do their work well as the children whose parents are not drunk.*

*R7: The children get a negative attitude when parents drink alcohol.*

R6: *There are some fathers who work and give money to the mother to buy food and mother will use to take alcohol. Also a child say a boy can start taking alcohol and say 'if father takes alcohol why not me'? (Teenage boys, group discussion, Nyamira)*

The participants identified family conflict as a theater in which poor parenting occurred. In some cases, conflicts arose because parents misunderstood their children and behaved in ways that made their children feel discouraged, frustrated, or angry. Parental abuse of alcohol reportedly fuelled the fighting between parents and children.

*When a parent does not understand a child. You will find out that a child asks a parent for money to go for a school tour and since the parent did not go to school she does not know how important the tour is, the parent does not give child the money...You will find out that the child will not go for the tour along with other children. The child will get discouraged and will stop going to school the following day. (Women, group discussion, Nyamira)*

*When a child wants things as soon as they ask for them. For example, when a child has been sent for money by a teacher and you find that at that time because of hunger and other problems you do not have the money, so you tell the child that when you get the money you will give it to him or her. But the child you wants the money on the spot. And as a parent you beat the child and tell him or her that 'otherwise I did not go to school' and that the child is disturbing you. The child does not ask for the money as soon as they are told, instead the child waits till the last minute. The child also will talk back and tell you 'I even did not tell you to give birth to me.' The child does not sit for the exams and gets affected mentally and drops out of school and joins bad groups and while in such groups you cannot be able to control the child. (Woman, group discussion, Nyamira)*

*Fighting between children or parents...When this happens, children if it is between the children, the beaten one cries. And if it is parents fighting amongst themselves, it becomes a big problem to children, and this happens to the parents who drink alcohol. (Woman, in-depth interview, Nyamira)*

In some cases, poor parenting involved parents mismanaging conflict with their children by cursing and humiliating their children.

*Children especially girls do not obey parents. Girls go to church and come late but when parents try to tell them to come early, they don't. As a result, parents may curse this girls by abusing them 'taga ombogane' ['may you not rest, but move around and round' (This curse is believed to be capable of making a girl not marry in life).] (Teenage boy, group discussion, Nyamira)*

R2: *Verbal abuse of children.*

R1: *Mothers abuse their children like 'rirogi' [a spoilt woman who who has many men], 'ember' [grave] or 'rikembi' [prostitute]...The child gets stressed.*

R4: *The child thinks too much about the abuse and can even question the truth of the abuse.* (Teenage girls, group discussion, Nyamira)

R6: *When children are abused verbally.*

R1: *If a child is playing in the mud and you abuse or talk to them badly by saying 'egasagane eke karwo oo' [an abusive word used to refer to an uncircumcised girl] or 'omoisi oyo' [an abusive word used when referring to an uncircumcised boy] they might start crying and feel bad.* (Women, group discussion, Nyamira)

*Harassment.. 'gotogonyera' [parents shout at the children] after performing bad in school. They don't ask them to explain why they performed bad and when children try to explain they are not given time.* (Teenage girl, group discussion, Nyamira)

*'Matusi' [abuses] to children by parents like 'ekerecha eke' [devil] 'ebunde eye' [you are like a donkey]... a child feels bad ...they take themselves like donkeys.* (Young woman, in-depth interview, Nyamira)

Placing excessive restrictions on children was also viewed as a form of poor parenting.

R4: *Not wanting children to visit their friends in the neighborhood.*

I: *Why?*

R4: *It depends on the character. Many parents have differences. Others don't like neighbors' children soiling their houses which gives them hard time to wash and clean. Other children have bad character which they will influence neighbors' children. Other parents have no privacy and children copy their way of life for example, children playing father-mother game [father-mother game implies making love].* (Young women, group discussion, Nyamira)

R2: *If parents denies them freedom or do not listen to them.*

I: *How do they get annoyed when not given freedom.*

R2: *When the children is not given their freedom, the children do not show but in their mind they feel bad, the child may not quarrel you but will see you as a bad person*

R6: *As a child grows, there are things she/he learns if a parent beats a child may give her/him permanent injury and may not forgive the parent in his/her life time.* (Men, group discussion, Nyamira)

## **Child Labor and Children Given Heavy Work**

The fact that many participants used the term 'child labor' suggested that they had been sensitized or had received training on children's rights. However, other phrases such as 'children given too much work,' 'children given heavy work,' and 'overwork' were also used. In general, these terms referred to children who did heavy work, work that interfered with their education, and work that seemed exploitative, as when children worked very hard and then received no food. Children from poor families were frequently given to well off, 'educated' families for whom worked as house helps, not going to school. In some cases, relatives reportedly lied by telling children that they would be sent to school and then making the children work for them.



Overall, teenagers and young adults, as well as young children (see pages 95-97) more frequently identified child labor and children working as a harm than did adults.

*There is the problem of child labor. Children from poor family backgrounds are doing very hard work in well off families for pay. These children are very young and are supposed to be in school but because of poverty and they need to feed, they get themselves doing these odd jobs to get money and buy food. (Young woman, group discussion, Kisii)*

R1: *Some parents give out their children to work in other families, children do 'kibarua' [casual jobs] for them to have money.*

R2: *This family does not take you as one of their own or as a child they trouble you. Send you to the river while others are like eating. When you come back there is no food for you. (Teenage boys, group discussion, Nyamira)*

R6: *A child may go and do a lot of work until he or she has no time to play.*

R2: *Yes. A child does a lot of work until he/she has no leisure time. (Teenage boys, group discussion, Nyamira)*

*This child does everything--wash clothes, urtensils, and may even lack food to eat. She must take care of everything , she does everything and she may come from school and fail to get what to eat. (Teenage girl, group discussion, Nyamira)*

R6: *Children made to do a lot of work [is a key harm].*

R1: *A child might be told to go to the farm all day.*

R5: *Even after coming from the farm in the evening, the child is told to go to the river and bring water, fetch firewood also go to a centre two kilometres away to buy paraffin, cooking fat or even chicken feed. The child continues feeling bad. They even make the child to fail in exams.*

R6: *...If the child does not do as told he or she is beaten using the dry wood. (Teenage girls, group discussion, Nyamira)*

The participants also spoke of how child labor and children working produced psychosocial distress and problems such as running away from home and stealing.

R3: *Children are mistreated and not given their rights such that they are not taken to school, they are not bought clothes. They are the ones who work. The only thing the parent does is sit and command.*

R6: *Other children are taken to people's homes [people who are educated] to work there, the work they do they are not paid and they are given very little food.*

R5: *The child works while the bosses child goes to school, you are not even bought school clothes.*

R2: *Psychological effects can make the child run from home and stop going to school so they can go and find a living. (Teenage boys, group discussion, Nyamira)*

*There are many children who are suffering. People lie to them when they give them work, telling them that they will pay them after work only to give them food and say that*

*its enough. So the children go to their homes with nothing to give their siblings. You find that these children will start stealing and when they are caught they are beaten badly and stay at home for say one month or so and the problem continues. (Young man, in-depth interview, Nyamira)*

## **Alcohol and Drug Abuse**

Drug and alcohol abuse 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. A large number of households, particularly those of lower SES, produced and sold local brews such as 'amarwa' or 'chang'aa,' which was reportedly stronger in Kisii than in other parts of Kenya. 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. In some cases, this early drinking was attributed to the negative influence of peers. However, participants also reported that in poor families that brewed alcohol and could not afford three meals each day, young children were sometimes fed an alcoholic porridge that left them high or drunk. Also, hungry children who might have cried all night were given *chang'aa* in order to quiet them and help them to sleep. *Chang'aa* was also given to school going children who had received no food at home during their lunch break. Some participants reported that the resulting drunkenness of the children made them stubborn, impaired their learning and performance on exams, and led them to drop out of school. Children also began taking drugs such as stimulants and marijuana (*bhang*), which were available to people who had money to buy them.

*Another harm is drug abuse, such as 'amarwa' [alcohol], 'kuber' [a stimulant], and bhang among young children. Some children are influenced by bad peer pressure and they engage in drinking 'amarwa' as well as bhang and 'kuber.' This affects their performance in school and other extra-curriculum activities in schools, hence may contribute to school drop outs. It also brings about the issues of unruliness at their homes. 'Amarwa' plus other drugs such as 'kuber' are sold in the market places. The children look for money by doing some labor work and buy the drugs. (Teenage girl, group discussion, Kisii)*

*R5: We have a problem of young children taking alcohol. You get that the parents don't take alcohol but the children are taking it. I think they are taught by their friends because there is no way a child can wake up one morning and start taking alcohol without learning from somebody.*

*R4: They learn it from school. You know most of the time they are in school and then will copy this habit from their friends who take it. (Young men, group discussion, Kisii)*

*Many children use drugs like 'kuber' and alcohol...These drugs are all over, provided they have money they can get them. I don't know specifically where they get them but I know it is in this village. We have people well known who grow bhang. (Young woman, group discussion, Kisii)*

*There is also a problem of alcohol in this community. Although in this community we do not produce or make 'chang'aa', some people go out of this village to a neighboring village and get their alcohol from that village. (Teenage boy, group discussion, Kisii)*

*There are many [harms] but I will start by that of young children who are taking alcohol. When I am passing on the road I meet with young boys singing. These ones are drunk. Imagine a boy of around fifteen years singing on the road 'mbono ngocha' [it is now I am coming] to his home. The parents of this boy are not taking alcohol. You know it becomes a big challenge for the parents in trying to make this boy change...Mostly it is boys. I have come across many but if there are girls I have not seen them. These boys I think they are influenced by their friends in school because like the ones I have met never used to drink before they went to high school, they came for the holidays and started drinking meaning they learnt this habit in school. (Man, in-depth interview, Kisii)*

*There is also the problem of 'amarwa' - alcohol, amongst young boys and girls...This is because of bad peer pressure. Young children especially those who have dropped out of school just influence each other and go to the neighboring village to drink alcohol from there...It is very automatic that they will not be focused in life. Even if the parent wanted to take them to technical school, they may not be willing to go. For those who drink 'amarwa' while still schooling, they may drop out of school. (Young woman, in-depth interview, Kisii)*

Whereas adults emphasized the role of peers in getting children involved in drug and alcohol abuse, children observed that drinking was also related to the stresses that children experienced.

*There is this problem of alcohol drinking amongst young children in our community. These children get influenced by their peers and they start drinking alcohol. Sometimes, the children are stressed when the parents can't provide certain things that they want. This forces them to indulge in alcohol drinking. (Teenage girl, in-depth interview, Kisii)*

In addition, numerous participants noted that it was adults who got children involved in alcohol and drug use. For example, many adults brewed *chang'aa* at home, and as their children assisted their parents, the children, too, began drinking. Children's engagement in making or selling *chang'aa* were at risk not only of drinking but of sexual abuse and dropping out of school.

*The main problem in this community is alcohol and drugs that many children take and use these days. Alcohol is a problem even on the side of parents because some parents take too much alcohol until they fail to take care of their children. (Woman, in-depth interview, Kisii)*

*We have children who drink changaa. Their parents brew changaa and that is why they drink...They become drunk and lose a sense of direction. They also stop going to school and start assisting their parents to make changaa. There is one girl who was raped at her home by a person who had come to drink changaa...This person was drunk and pulled her to the shamba and raped her. (Teenage boy, in-depth interview, Kisii)*

The participants also pointed out that adults in general were responsible for children's use of alcohol and drugs. Parents gave their young children *chang'aa* so they would be quiet and sleep, and also gave *chang'aa* as food because of poverty. In addition, children copied the behavior of parents and other adults who used alcohol and drugs.

*Boys start copying adult ways like taking alcohol and drug abuse.. Changaa, bhang and cigarettes . This makes the boys destroy their life because of drugs. (Man, group discussion, Nyamira)*

*Bhang has increased all of a sudden.Young boys of class 7-8 start taking drugs.They are influenced by those who are big -- 20 to 40-- those who drop out of school.You know they say that when you take bhang it's when you can read...The child takes bhang they start getting hostile and cannot be controlled.You will find these young boys bying alcohol for older women who they later sleep with . At other times the women buy drinks for them. (Man, in-depth interview, Nyamira)*

*Children are forced to take alcohol while still young so that they sleep....In most cases these are children to widows or those girls who give birth while still at home.You find that these mothers most of the time engage in casual sex and give the child alcohol so the child can sleep while she does her thing.You find that when the child wakes up in the morning he or she is given more alcohol,at lunch time and even at night....The children are not free and get used to the alcohol while still young and they cannot stop.The child does not eat,they get weak. (Young woman, in-depth interview, Nyamira)*

*There is this problem of alcohol. People in the community buy these children alcohol. Also there is another man who works in the city as a civil servant,he comes for leave here and buys these children alcohol. After that he goes to the children's farm and starts uprooting plants. (Young man, in-depth interview, Nyamira)*

R: *So many children have also been spoilt by chang'aa. These women even feed their children on chang'aa.*

I: *How do they feed them on chang'aa?*

R: *Most of them are very poor and when children come home for lunch from school and there is no food, their mothers give them chang'aa to drink and tell them to go back to school. Again in the evening, if the mother has no money to buy food, she will give the children chang'aa and after they are drunk they will just sleep comfortably without disturbing her...Chang'aa is now used like food here. (Key informant interview, Nyamria)*

However children began drinking or using drugs, this behavior typically led to the children dropping out of school.

## **Suicide**

The mental health issues associated with the harms discussed above was evident in reports

that suicide was a harm to children. Suicide attempts or threats 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. However, some children committed suicide when they forced by their parents to do something against their will such as go to school when they did not want to. In such cases, the frequency of which is not known, children reportedly threw their books into the pit latrine and then killed themselves by taking poison.<sup>19</sup>

*R8: Another common harm in this community is suicide attempts by young boys. This is influenced by disagreements between parents and children, especially boys.*

*I: Why does suicide attempts happen amongst children in your community?*

*R7: When the parents cannot provide the basic or luxury needs for their children, the children may not understand that the parents are not in a position to provide and may end up thinking or even believing that their parents hate/dislike them. This may result to suicide attempts.*

*R4: The other day, my next neighbor could not provide the paraffin for the chimney lamp for her son. The son, who is a form four candidate, demanded that the mother buys him paraffin so that he could wake up very early the following morning and do private studies before going to school. The mother tried to explain that she did not have any money to buy the paraffin. The son started shouting 'nagochi imbuya ninkwa inkotigere ense eye' [it is better for me to die so that I leave you with this world]. The son rushed to the shop, bought rat and rat poison and drunk. The mother screamed and neighbors came and rushed the son to the hospital. Fortunately the son did not die though, he is not so strong yet to be back to school. (Women, group discussion, Kisii)*

*Children trying to commit suicide. There is a boy in this next homestead who wanted to commit suicide when his mother was not able to raise money to buy paraffin. The boy is in form four and they were having exams, so he had to study for the exams and when he had asked his mum to buy paraffin the mum told him that she did not have the money. He took some poison that was in the house, but fortunately the neighbors with the help of his siblings were able to save him. (Young man, group discussion, Kisii)*

*Here in the village, we have issues of children lacking basic needs like food, shoes and new fashions of clothes. Children are not happy when they lack these things because when they look at their friends and notice that they have, they will start troubling their parents forcing them to buy them these things. So the level of satisfaction to children is not all that good and this tempts children to do bad things. (Young woman, in-depth interview, Kisii)*

*Suicidal attempts amongst children. You realize that, sometimes, a parent cannot afford the basic things that the child wants. For example, boys may want to be bought phones just to be equal with the other boys from well to do families in this community. Since the parent cannot afford to buy the phone, the child threatens to commit suicide. The same*

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<sup>19</sup> Numerous participants reported that such a horrible event had occurred in the area recently, although there are no reliable statistics on the frequency of child suicide in the areas under study. The recent occurrence of a child suicide may have temporarily increased the salience of this harm to children.

*applies to girls especially when they want to be bought nice dresses. (Young woman, in-depth interview, Kisii)*

## **HIV/AIDS**

HIV/AIDS was reported to be widespread. HIV was associated with *chang'aa* use, which led to unprotected sex with multiple partners.

*We have very many people who get infected with HIV but they don't come out to talk about it. I would say this chang'aa has contributed to this because after people have drunk chang'aa they just sleep around carelessly (Key informant interview, Nyamira)*

*But the other problem we have here is these women who brew chang'aa and the drunkards. They don't care, they just sleep around and they have infected many people with this disease called HIV. (Key informant interview, Nyamira)*

Children contracted HIV in numerous ways. Young children contracted HIV from their infected mothers who had breastfed them. HIV also spread by means of children watching the alcohol abuse and mixing at *chang'aa* dens and subsequently imitating the behavior of adults.

*You know alcohol also brings prostitution because when you talk to them they ask 'why do you think HIV came? It came for us.' As a parent, you remain worried looking at them and wondering if they are ok or sick [infected with HIV]. In the chang'aa dens, the girls and boys mix, and when they are drunk, they can do anything. (Women, group discussion, Nyamira)*

*You know when someone is drunk they do not think straight. You will find that children in these houses [changa dens] will see what is done to their mother and start doing it also. This is how HIV spreads fast. (Man, in-depth interview, Nyamira)*

In addition, children contracted HIV through transactional sex and prostitution. Girls who engaged in transactional sex and prostitution were especially vulnerable to contracting HIV. The girls then 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.

*R: Prostitution is more so with young girls as compared to boys. This is due to the fact that most parents cannot afford the basic needs of their daughters hence the girls give out sex for money in order to cater for their needs.*

*I: At what age do the children engage in prostitution?*

*R: As young as 10 years....Young girls can become pregnant or even acquire sexually transmitted diseases such as HIV/AIDS.*

*I: Then what happens once they contract such diseases?*

*R: They are now left alone to wait for their death. Others are enrolled in counseling departments by the community health workers. (Young woman, in-depth interview, Kisii)*

R: *The boys may end up contracting sexually transmitted diseases ...AIDS, especially when they don't know what could have killed the husband to the widow. For the widows or divorcees, they are subjected to 'ebarasa'- local meetings, held by elders of the community, where they are warned severely.*

I: *What happens to the boys once they have contracted diseases?*

R: *They suffer and eventually die poor.*

I: *Are the boys who contract HIV/AIDS discriminated from social activities?*

R: *Yes, sometimes they are called names. They are also laughed at in the village.*  
(Woman, in-depth interview, Kisii)

Sadly, some children were deliberately targeted and raped by HIV positive people, reportedly so they would not die alone.

R: *There was one person who was killed down here by the villagers, he was cut with a machete. He was just waiting for women and girls who are passing by then he rapes them. He even raped his own mother.*

I: *Why was he doing that?*

R: *Because he was HIV positive and he didn't want to die alone, he wanted to die with other people as well. But the problem is that he went as far as targeting children.*

I: *Why do some people who are HIV positive target children?*

R: *Because children are easy to get and they also don't want to die alone. They want to die with other people.* (Key informant interview, Nyamira)

Children also died from AIDs.

*Some of the children die. In fact, we recently buried one. But those who have come out are helped by the community health workers. But those who understand things, especially the youth, use condoms. But those youth--those who drink alcohol-- don't care. They are the ones who sleep with those older women who brew chang'aa, and that is the biggest problem we have around here, chang'aa!* (Key informant interview, Nyamira)

*There are children who engage in sex early and it affects them. There are young girls who are getting pregnant, and if you are unlucky not to only get pregnant, you can also get HIV. I felt so sad just recently seeing a young child of 12 years die of HIV. It was so sad.* (Key informant interview, Nyamira)

Although some people were tested for HIV and later tried to teach others about how to prevent the spread of the disease, it was still very feared and hidden.

R: *People still fear HIV and they don't want to get tested and know their status. They think if they get tested they will die tomorrow...*

I: *On this issue of HIV, how is it here in the village?*

R: *It is there, but very silent, people don't want to talk about it and there are very few people who are coming out. I would say people are also still ignorant of the disease and*

*this is evident by the fact that even when we distribute condoms to people, no wants to take and use them. In fact, if we call a meeting to distribute condoms, they don't come at all. But we also have the success stories...There are a few people who have come out in public to accept that they are HIV positive. These are the people who teach others about HIV and they also share their stories and advise people to come out and know their status. But for the youth, they don't care, they always think that 'hiyo ugonjwa ilikujia bianadamu, sio mbwa' [that disease came for the human beings, not dogs]. (Key informant interview)*

This climate of fear set the stage for discrimination against children who were HIV positive. Some people reported that HIV positive children were not discriminated against.

*Other children play with them and they also have friends. We do not tell the children that those children are sick or their parents died because they were sick. (Young woman, group discussion, Nyamira)*

However, others in the community said HIV positive children were hated and stigmatized, in spite of being able to interact with others.

*R2: The villagers look at this [HIV positive child] as if she/he is not a person. The disease brings some hatred. The people form opinions towards the children. The orphans -- especially those who are known to have been born with the disease -- are hated and are told 'your parents died of HIV'.*

*R5: These children can play together, only they are hated. (Teenage boys, group discussion, Nyamira)*

*Children who are affected by HIV/AIDS are discriminated. Parents tell their kids not to play with them, and because of this, the child is stressed. (Young woman, group discussion, Kisii)*

*Sometimes other youths don't want to spend time with them. Their dating life may be affected as no one will want anything to do with them. (Teenage girl, group discussion, Kisii)*

*R7: The girls [who prostitute] may end up dropping out of school and becoming pregnant. They may also end up contracting HIV/AIDS and this is the end to them.*

*R8: They will die soon. The men will also know that they are infected by the dangerous virus and will therefore not want anything to do with them.*

*I: How do the men know that the girl is infected by the virus?*

*R8: If one person knows, the information is spread to the whole community like fire.*

*R9: The girl is discriminated..the child is sometimes forced out of the home by their parents to go and stay with some relatives far away or asked to go and get married. Some parents will let her stay and die at home.*

*R10: Yes, because even if she joins others in events, she is always backbitten and always talked about in the informal meetings. This discourages her to attend the*



*meetings and therefore she is so stressed by the disease.* (Young women, group discussion, Kisii)

The disease created suspicion among people since it was not known who was infected and who was not.

*Nowadays you cannot tell who is sick and who is not, and when one knows that he or she is sick, then they blame each other.* (Woman, group discussion, Nyamira)

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.

*When parents get infected with HIV also, children start facing many problems. They start worrying that their parents are sick and they can't even concentrate in school, and ultimately, they end up failing in their exams and might even drop out of school.* (Woman, in-depth interview, Kisii)

## **Orphans**

Orphans were defined locally as children who had lost one or both of their parents. People reported that there were many orphans as a result of the death of children's parents due to HIV/AIDs, although there were other causes as well.

Regardless how children became orphans, orphans faced an array of risks. Typically, they were mistreated by relatives and did not attend school since they had no one to pay school fees. Uncles stole their land, and they were frequently subjected to abuse and given heavy work by relatives. Those whose relatives would not take them in, lived in child headed households with the older children supporting the younger ones.

*Children are abandoned due to lack of support from their families. You find that children who are total orphans are left on their own and no family member even thinks of supporting them. They are left to survive on their own. All these are happening because the supportive family structure that used to be there before is no longer there. Nowadays it is everyone for himself or herself. HIV/AIDS have also crushed most of the families. We have some homes where AIDS has swept the entire family, including the guardians, leaving children to survive on their own.* (Key informant interview, Kisii)

R: *Let me tell you if you just walk around this village, you will find so many young children who are taking care of their younger children because their parents died and left them alone.*

I: *What do people do here when parents die and children are left alone?*

R: *Some children are taken by their relatives, like their aunts, but if one of the child is a bit elderly, he or she is left to care of their younger children. During the funeral, the relatives lie that they will support those children but after the burial, they don't do it.*

*Those children are just left alone to suffer. Some years back, relatives used to support those children whose parents have died but nowadays things have changed because life has become difficult and things are also very expensive, many people are poor. So they will say that if I can't support my own children, how can I add other children?*

*I: At what age are these children who are left to care of their younger siblings?*

*R: Some are as young as 12 years old. They are the ones who go out to work and make sure that there is food on the table, (Young man, key informant interview, Nyamira)*

*There are children whose parents die and they are left as orphans and that's a problem because young children are left to take care of themselves, and in this village, the number of orphans are now going up because most of the people are dying of HIV. (Key informant interview, Nyamira)*

*Those children whose parents have died of AIDs are discriminated. Other children run away from them and don't want to mix with them. They are not supported by anybody (Teenage boy, group discussion, Kisii)*

*AIDs is real. Children whose parents die of this disease have a lot of problems. People, especially their uncles, encroach on their land. (Woman, group discussion, Kisii)*

*R5: You find an orphan lives with a stepmother and the stepmother mistreats the child. The father does not care for them he only care for the other children.*

*R6: The child is treated as a house girl/houseboy and the child does not go to school, has no clothes and does all the work, the child can even run from home. (Teenage boys, group discussion, Nyamira)*

*You get that this child has no parent and is living with a neighbor so she or he is overworked, there is no time for her or him to go to school but those whose parents are there they are well taken care of, they are reading. The orphan child is shouted at by the neighbors and at school; there is poor performance as the child has no time. (Young man, group discussion, Nyamira)*

*R5: You find when child stays at other people's they are made to do work you would think it's a donkey. Even the child of the house delegates duties to the child who has come to stay with them ...always beaten.*

*R3: The child is not given enough food*

*R2: The child is hated and can be sent when people are eating and only eat left overs*

*I: Why are children living at other people's houses?*

*R5: If real parents of the child died or if the at the child's own home there is no nothing and they are many children.*

*R1: The child is beaten if a child of the house steals..not given enough food. (Teenage girls, group discussion, Nyamira)*

*Orphans are mistreated by their guardians, beaten, graze cows take care of children. (Young man, group discussion, Nyamira)*

*Lack of food and mistreatment of orphans [is the main harm]... You get that this child has no parent and is living with a neighbor so she or he is overworked, there is no time for her or him to go to school. But those whose parents are there--they are well taken care of, they are reading. The child is shouted at and at school; there is poor performance as the child has no time. (Young man, group discussion, Nyamira)*

*There are young children who do not have parents and are not going to school. They are loitering all over doing odd jobs for people to give them food...It is because they don't have parents to take them to school so they cannot pay the fees. There is one of them we did class 8 with and he went to form one for only one term. He did not go the second term. He is nowadays doing 'chikonda' [contracts] to get money and buy food for his younger siblings. (Teenage boy, in-depth interview, Kisii)*

*I don't know whether this can be a harm to children but I want to talk of those parents who mistreat children. You will get that a man was married, then the wife died and he remarried. This woman starts to mistreat those children who were left. It is happening and I have myself seen it happen. It is sad that a person can do that.*

*(Young woman, group discussion, Kisii)*

Although some church groups, Good Samaritans, and teachers tried to help orphans, it was reported that many orphans suffered extensively yet received no help,

*The children suffer a lot. No one helps them especially if there is no uncle or aunt.*

*(Woman, group discussion, Nyamira)*

*We are sometimes asked to write their names but no one has ever come to help them. Things only happen in that other village. (Woman, group discussion, Nyamira)*

*I have a total of 35 orphans...Some children who come from the poor families do not have uniforms, they come to school with very torn clothes, almost walking naked. As teachers, we always contribute some money and buy for them uniforms. We also give some orphans food, like maize flour. So we don't have any support from outside, we just try to deal with them on our own. (Teacher, Nyamira)*

Having no means of meeting their basic needs, girl orphans were at heightened risk of being 'cheated' by men and becoming pregnant at an early age.

*R9: The first harm is orphans. You find that, when parents die, the children who are left behind might be so young that they rely on relatives and good Samaritans to take care of them. If the relatives are not good people, or if they are not in a position to take care of these children, the children suffer a lot. They may not go to school, lack food and even shelter.*

*R3: Most orphans don't have anyone to take care of them, especially if relatives don't have anything.*

*R4: The orphans end up dropping out of school since there is no one to pay their school fees. Sometimes, you find very young children engaging in child labor so as to provide meals for the other siblings. Some of these children are cheated by men [who take*

advantage of their situation] and gives them money for sex. They [girls] end up becoming pregnant and the burden continues.

I: What happens when someone impregnates an orphan?

R8: Nothing. No one will accept that he is the one who impregnated her. Since the orphan has no relative to defend her, she just suffers the consequence alone while she gets no justice at all.

R3: Sometimes, the orphans may engage in stealing things like bananas from people's farms so as to get food.

I: What happens when they are found stealing?

They are thoroughly caned by the owner and sometimes may be taken to police. The police do a little slapping and beatings and he/she is warned not to repeat stealing. He/she is then released back home. (Teenage girls, group discussion, Kisii)

*Nothing happens when someone impregnates an orphan. No one will accept that he is the one who impregnated her. Since the orphan has no relative to defend her, she just suffers the consequence alone while she gets no justice at all. (Teenage girl, group discussion, Kisii)*

Also, orphans were driven by their circumstances to steal items in order to meet their basic needs. Such stealing had negative consequences such as being caned or arrested by the police, and yet no one came to aid of the orphans.

*We have a problem of children whose parents have died 'chintakana' [orphans]. These children drop out of school or others are not going to school completely. They start stealing from people and I think the government should look for a way of helping these children. Mostly what happens is that they cannot be able to pay for their school fees when their parents are not there and the fact that they are sent away from school every now and again, they decide not to continue...When they start stealing, they are beaten. There is a child who was caught stealing and imagine he was an orphan, the way he was beaten was bad. He may not survive. They are also arrested by the police and taken to jail. (Young man, in-depth interview, Kisii)*

*You find that orphans are written names so that they can be assisted, but when the help comes, the children are not given the help they need. We hear that these things are given but we never see them. In other places, these children are helped but not here... Orphan children have no one to support them and they need to go to school and get an education. When promised, these things are not delivered--they still remain with these problems. (Young women, group discussion, Nyamira)*

The combination of exposure to multiple hardships and lack of supports created so much distress that suicide was reported to be a problem among orphans.

R2: Verbal abuse from parents or relatives make children feel not wanted and very unhappy.

R6: *To add on what my colleagues has said, verbal abuse has led to many children committing suicide. For example, recently in this village a parent abused a child as 'ekerentane' [one who came with the mother- meaning his father is not the biological father]. You see all through the boy did not know that the person he has been referring to as 'tata' [father] was not his biological father; thus he decided to commit suicide.* (Teenage boys, group discussion, Kisii)

## **Children Stealing**

Children reportedly stole food when they were hungry. 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.

*Children steal, both boys and girls. When boys are being shaved they can take away the shaving cream because of bad desire.* (Young woman, group discussion, Nyamira)

*Maybe a child loses a book and you abuse him and they even steal from others at school. They steal things like books, pens and rulers. Children stealing from others.* (Woman, group discussion, Nyamira)

*Children steal. Children steal other people's things because they are given little food. The parent does not that the child has gone stealing. When the parent hears about it he feels very angry....The child is not used to it, he is forced to.* (Teenage girl, group discussion, Nyamira)

R4: *Stealing, you get a child needs money very fast so they steal people's items to sell and get money... They will get money and buy this drugs we have said and enjoy themselves.*

R6: *The law will follow him and he becomes a problem to his family.*

R5: *After caught by the law he regrets but may not help himself but only regrets 'if i had gone to school like John i would have not been here where I am today'* (Men, group discussion, Nyamira)

R5: *Stealing. You get a parent let say the father is a thief and the child copy.*

R1: *You get the parent has been arrested or the houses are burnt and the child will suffer.* (Teenage girls, group discussion, Nyamira)

## **Beating**

The beating of children was widespread since it 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.

*Beating children as discipline..Young mothers like me use anything to beat them. In the process, they hurt the children badly. Even older children complain about this beatings because they use things like throwing stones, 'omogango' [cooking stick] and many other things. (Young woman, in-depth interview, Nyamira)*

*R4: Beating of children.For instance when the child tries to hold a plate and is beaten because she did not the plate well and she says 'A plate made you beat me?'*

*R3: The child is beaten till you pity them. Can be beaten with cooking stick, dry wood, rope,stone if you are far, machete, bite the child till removes meat.*

*R3: When beaten, the child can run away from home to aunt's place if they are close. And the child can even kill themselves by either a rope,sweater,thread,clothes.*

*R4: The child can even run to the streets. (Teenage girls, group discussion, Nyamira)*

## **Mobile Phones**

Mobile phones were used widely in the rural areas studied in this research. Adults tended to identify mobile phones as a harm to children since children who used the phones did not listen to adults and used the phones to book dates and other activities that culminated in girls getting pregnant at an early age.

*R4: The phone--because the phone is used to know how one is getting on. But for children, there are things which are in the phone and they deny to listen to anything even when they are in church they do not listen. I do not know what is inside.*

*R2: This phone makes things fast but again for children in school they are not allowed, but they end up cheating. One asked me to use my phone, then I heard what they were talking was booking a date and then I questioned her, 'are you talking to your parent'? They use that phone and get cheated to leave school and get married early in a short while she starts to suffer. (Men, group discussion, Nyamira)*

## **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.

*R3: Witchcraft. You may get the parent is a witch and the child learns from the mother. And if the child was in a boarding school, she may be caught and be chased away... The child may get out of the dormitory and go to practice witching and while in the act of witching she may be caught. This child when chased away from school even if she goes to ask for admission in another school she cannot be admitted because the principal will be asked by the other school and will say.*

*R1: Some are caught cutting nails, hair, and may be chased away from school. (Teenage girls, group discussion, Nyamira)*

## **Bad Company**

As discussed above, participants attributed children's 'bad behavior' to the influence of other children ('bad boys'), who modeled or encouraged activities such as stealing.

*R: You might find that a child has started keeping bad company and starts walking with this bad boys who has bad behavior. Ffor instance, you tell your child that 'someone's child is spoilt' and he does not listen, then as a parent you feel bad. The children who are in say class 7,8 might come together and start stealing chicken.*

*R: How are these chidren spoilt?*

*I: When they walk with say children who are thieves and something gets lost somewhere, then people will come and ask first at your house. (Woman, in-depth interview, Nyamira)*

## **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.

*R: You will find out that areas that are covered by the SDA church there are less bad things. But in places where Catholics came first, there are cases of thugs, bad behaviour and immorality as a result of alcohol presence. If alcohol is sold there you will find 'omong'ina okoirwa gochia ' [women having sex]. The child will see this and take hers there [will herself have sexual relations] and the child sees this as common since parents are doing it.*

*I: How has religion contributed to the wellbeing of some areas and not others?*

*R: As I see it, where the religion came in things are different. Like where SDA came there are less bad things. But where Catholic was more predominant, there is lots of drinking, presence of thugs, and even immorality. (Man, in-depth interview, Nyamira)*

## **Children Fighting**

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.

*R: Fighting which is caused by cultural passage of rites like when they have not been circumcised at the same age they don't relate equally.*

*I: How is fighting a problem now?*

*R: They injure one another and at times a parent may be required to pay some money to cater for medical expenses in case his child had injured the neighbor's child. This makes the parent feel bitter. (Young man, in-depth interview, Nyamira)*

## **Video**

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.

R9: *There is this video at the centre that has always boys. Instead of staying at home to study during weekends, you will get them there watching movies and football. I want the chief and the police to close that thing. We cannot allow somebody to make money from our children by destroying them.*

I: *What time do they go there?*

R9: *During weekends you cannot get a child at home to send anywhere, they go after coming from the 'shamba' [garden] and will come very late in the evening.*

I: *What has the Chief and the police done in regard to this?*

ALL: *Nothing.* (Young men, group discussion, Kisii)

### **Children Not Working**

Adults complained that a harm to children was that children did not work and spent their time walking around rather than helping their families.

R7: *Another problem I have seen here though I have not raised my children to that age is that children in our children do not like going to the shamba, They want us to go and work for them so they find food there ready for them. You cannot tell them to assist you in plucking tea or even plant maize you find that they wake up in the morning, bathe and go out, not school, they are going only walking around. And when we get the money we buy food and even soap for all of us. Their job is just walking.*

I: *Children not working is it a problem here?*

R4: *Yes, because even when they refuse to work and we deny them food, they also feel bad.* (Young women, group discussion, Nyamira)

*Not getting work to do. This is especially so for school dropouts. When this happens the child starts stealing, this is a problem for both girls and boys.* (Woman, group discussion, Nyamira)

The denial of food that is mentioned above was a form of punishment that parents used frequently as a means of disciplining their children.

## **3. Response Pathways**

The pathways of response presented in this section are not what is 'supposed' to happen but rather the actual pathways through which people responded to the two main child protection harms to children: early pregnancy and children being out of school.

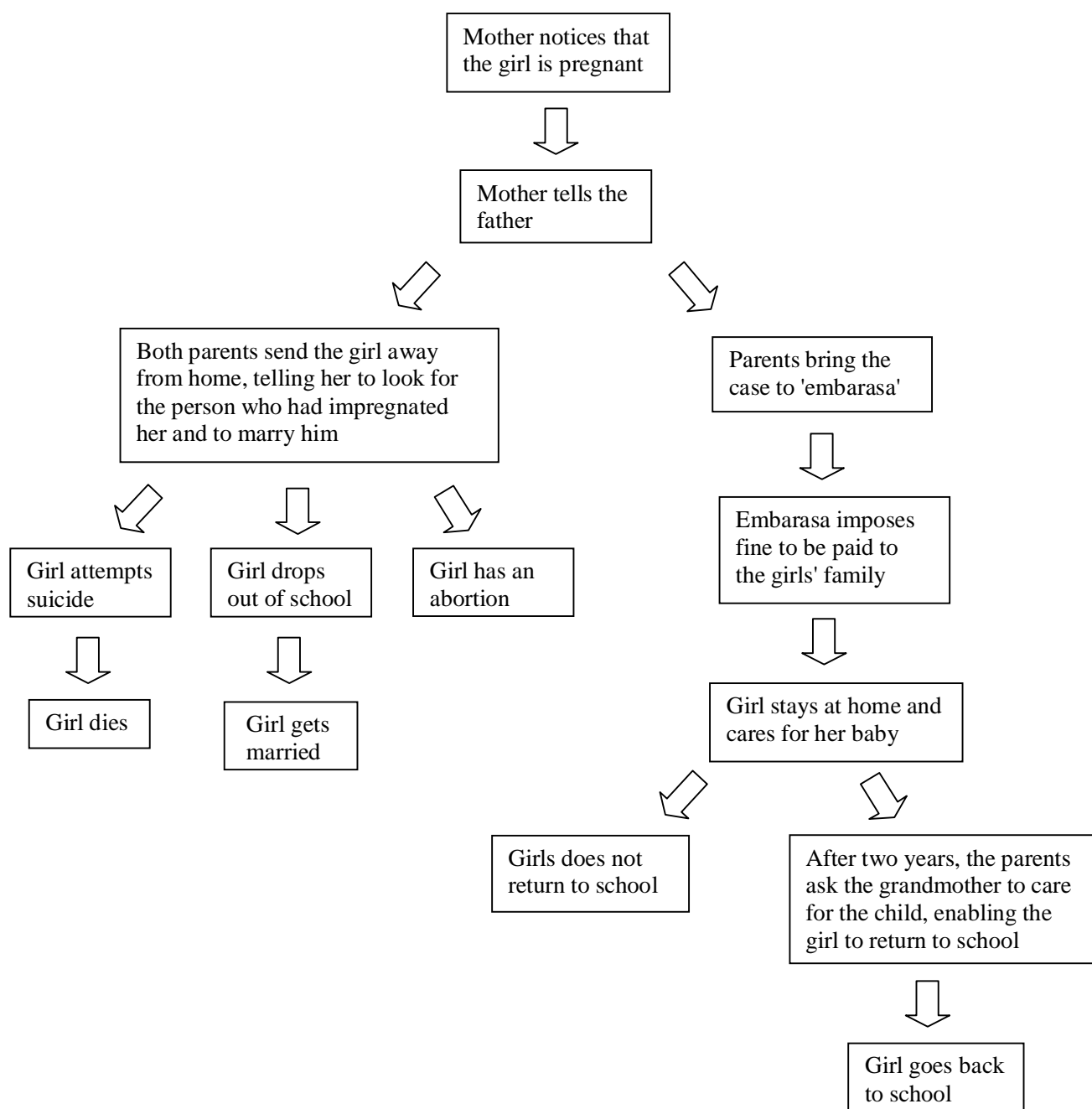
### **Pathways for Early Pregnancy**

In response to early pregnancy, there were two main pathways of response, one of which centered around marriage and family compromise and one of which centered around abortion. The former pathway, which sometimes also involved abortion but not as a first line response, is discussed first below.



### *Marriage and Family Compromise Responses*

The dominant pathway of response to early pregnancy began with the mother noticing that her daughter was pregnant and informing the father (see Figure 8 below). The parents then



**Figure 8.** *The dominant pathway of response to early pregnancy.*

sent the girl away from home, telling her to look for the person who impregnated her and 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. It was beyond the scope of this research to determine the actual frequency with which such suicide related deaths occurred.

In the other branch of the non-abortion response pathways, which was used if parents knew who had impregnated their daughter, the parents brought the case to the *embarasa*, the sitting of the male elders, who decided which fine should be paid to the girl's family by the boy's family. Typically, the fine consisted of a cow and a goat, and the girl's family was satisfied with that compensation. Subsequently, 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.

### ***Abortion Responses***

A frequent response to having an early pregnancy was to have an abortion. In one abortion pathway (see Figure 9 on the following page), 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. In other cases, mothers took their daughters to a witchdoctor for special herbs to abort the fetus. If the abortion was successful and the girl had been going to school, she returned to school following the abortion. However, even if the abortion had been successful, the girl might have experienced health complications subsequently. If the abortion was not successful, the girl reportedly died. It was not clear from this research how often self-abortions led to the girl's death.

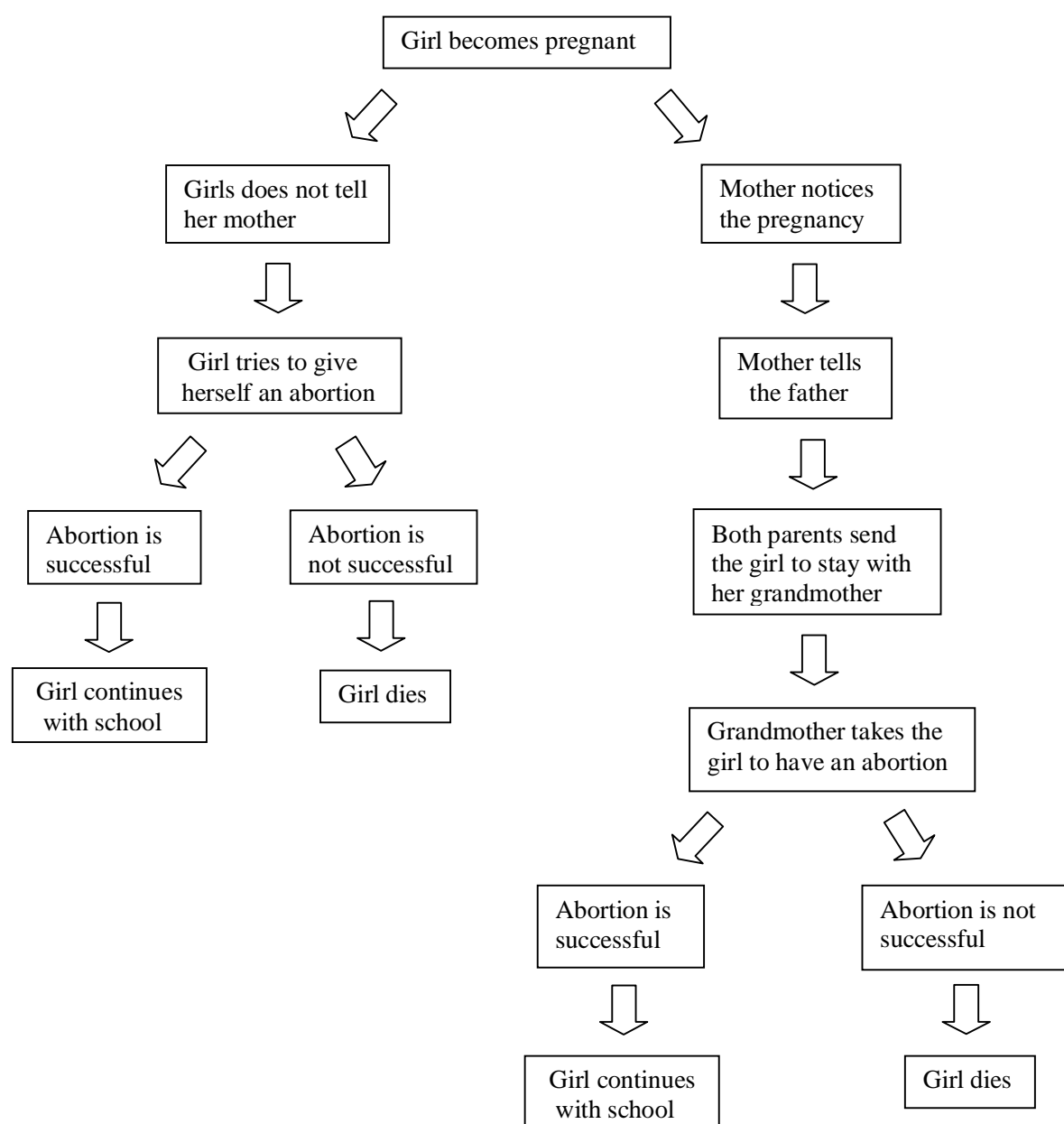
Abortion related pathways sometimes involved consultation with or action by other members of the girl's family. If the mother noticed the pregnancy and informed the father, both parents took the girl to stay with her grandmother, who then took the girl for an abortion. If the abortion was successful, the family was happy because 'there was no shame,' and the girl returned home and went to school. However, problems sometimes arose during the abortion procedure, and the girl was rushed to the hospital. In some cases, her life was saved, but other times the girl died as a result of the abortion.

### **Pathways for Out of School Children**

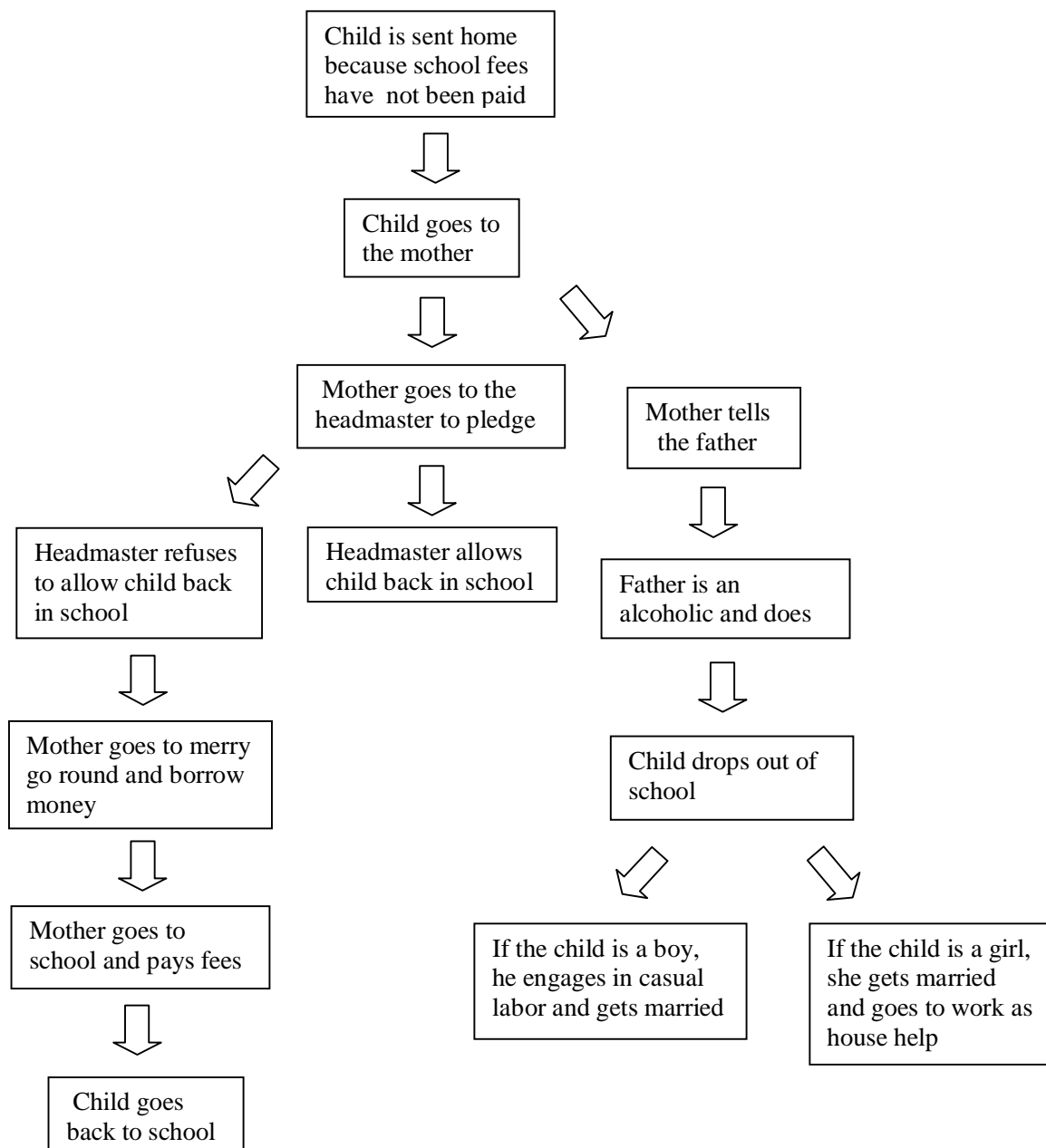
The pathways of response to children being out of school varied according to why the children were out of school due to inability to pay school fees, children's decision not to go to school, or poor performance in school. Below, the pathways of response for each of these situations are presented.

### *Unable to Pay School Fees*

Since most children were out of school because their parents were unable to pay their school fees, the dominant pathway centered around finding a way to pay the school fees. As Figure 10 (see the following page) indicates, after the child had been sent home because the fees had not



**Figure 9. The abortion centered pathway of response to early pregnancy.**



**Figure 10.** The pathway of response to children being out of school due to inability to pay school fees.

been paid, the child went to the mother. The mother then went to the school and 'pledged' to the headmaster that she will 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 scheme organized by local women, and borrowed the money. After the mother had taken the money to the school and had paid the 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. In most cases, the father was 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).

### ***Children Who Had Decided Not to Go to School***

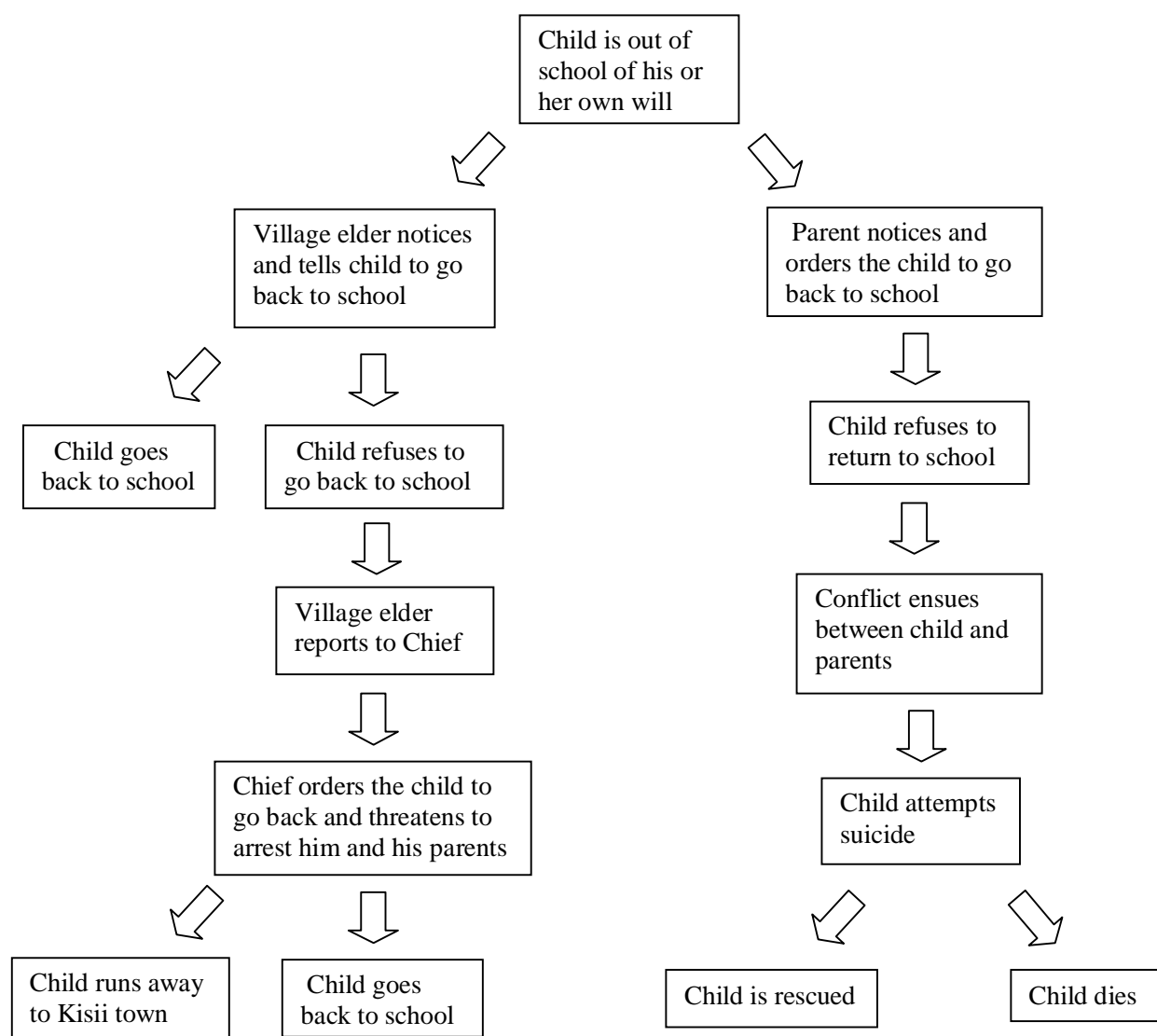
Some children had decided on their own accord not to go to school and preferred to be with peers. In this situation, the village elder noticed that the child was out of school, and ordered the child to return to school (see Figure 11 on the following page). In a minority of cases, the child returned to school. More typically, the child 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.

In another branch of the same pathway, the parent noticed the child not going to school and ordered the child to return to school. If, as happened frequently, the child refused to return to school, conflict developed 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.

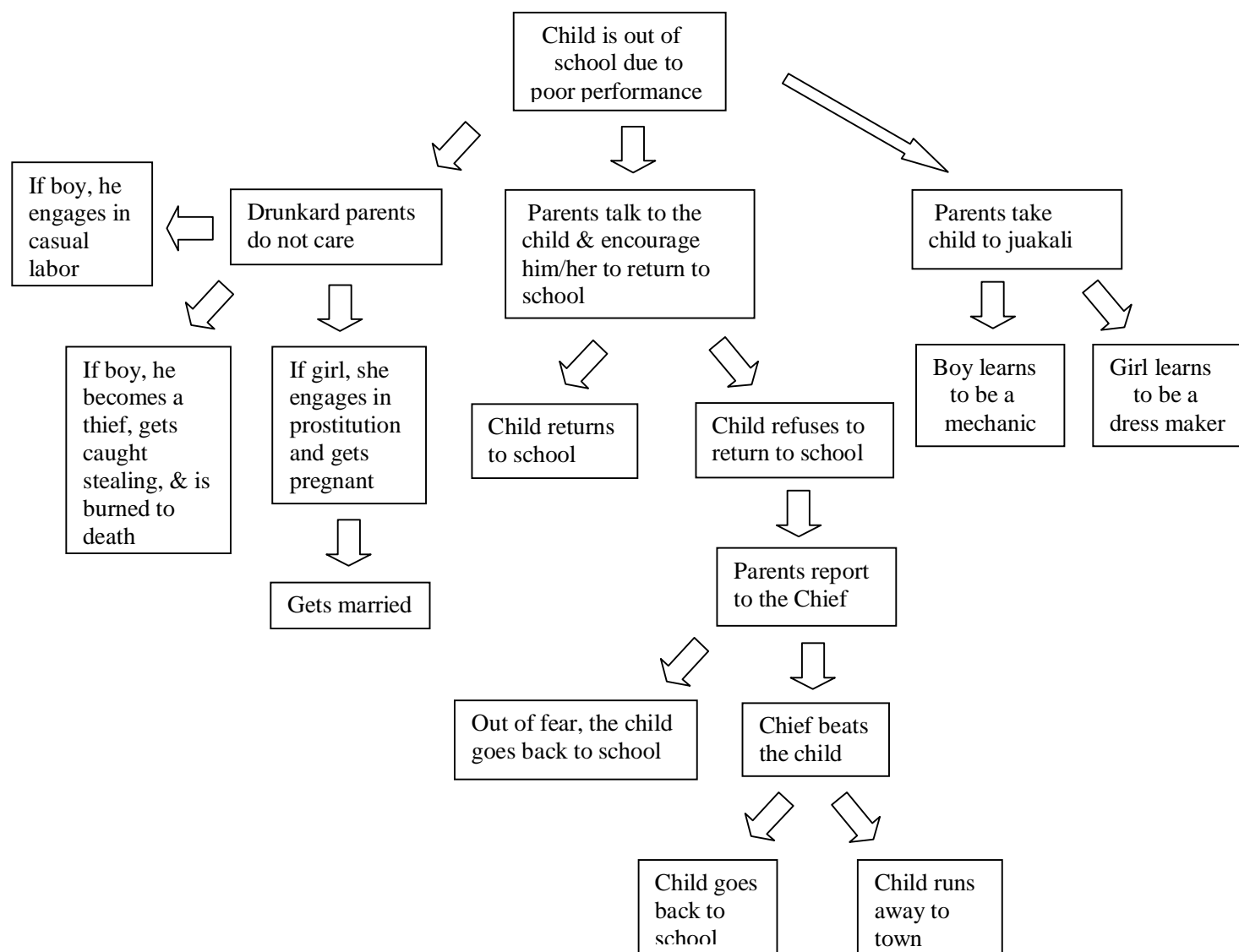
For children who were out of school because of their poor performance in school, the parents advised them and encouraged them to go back to school (see Figure 12 on the page following next). If the child did not return to school, the parents reported the case to the Chief. Out of fear of being beaten by the chief, the child returned to school in some cases. In cases in which the child did not immediately return to school, 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 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.

In still another branch of this pathway, the parents took the child to 'juakali' (craftsmanship) where boys typically learned mechanics and girls typically learned dressmaking.



**Figure 11.** *The pathway of response to children having decided on their own to be out of school.*



**Figure12. The pathway of response to children out of school due to poor performance.**

#### 4. Views of Young Children

The body mappings that young children participated in provided a distinct picture of the likes and the dislikes of children between the ages of 5-8 years and 9-12 years, respectively. The main dislikes of children in the two age groups are shown in Tables 7 and 8 (see the following two pages).

Boys and girls of all ages liked good food such as mandazi, chapati, ugali, roasted meat, bread, sweets, and fruits. They also liked hearing music, especially gospel music, preaching from pastors, and hearing prayers, as well as playing games with friends, going to school, writing, and carrying books. Among the likes was performing chores for the family such as carrying water, bricks, vegetables, cows feet, batteries, and firewood. They also liked carrying tea to the tea selling center, and carrying maize to the posho mill for grinding. Girls in particular liked cooking, sweeping the floor, washing dishes, and digging in the garden.

The dislikes that children identified helped to illuminate the perceived harms to children. Quarreling, corporal punishment, and violence were prominent among the dislikes of children in both age groups, regardless of gender. For example, children said that their ears did not like hearing quarreling or screaming. They disliked having their heads 'knocked,' their hands burnt, their ears pinched or their eyes poked or peppered. They disliked being beaten or having sharp things put into their ears. Nor did they like fighting, stealing, smelling dead animals or dead people. Their dislike of witches was pervasive and underscored the local importance of sorcery and the spiritual world. They also disliked wild animals, thieves or 'bad people,' alcohol, and being around poison. Other things they disliked included items that were simultaneously mundane yet important--eating rotten or dirty food, coming into contact with animal and human feces, being around smoking. With respect to heavy work, 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.



Body Part	Girls 5-8 years		Boys 5-8 years	
	Kisii	Nyamira	Kisii	Nyamira
<b>Eyes</b>	-thieves -witches -feces -accidents -blindness	-thieves -hyenas, snakes -bad people -people loitering	-alcohol -feces -dead things -blood -lions	-pepper in eyes -seeing rotten things -poked in eyes -small insects in eyes -smoke in eyes
<b>Ears</b>	-quarrelling -bad news -screaming -crying -sharp things in ears	-quarrelling -abuses -talk of bad things -rotten words -hearing you are sent for cigarettes -hearing you are sent to fetch water	-hearing abuses -crying -screaming -noise -being pinched	-hearing abuses -sticks put in ears -puss in ears -dirt in ears
<b>Nose</b>	-smell dead dogs -smell toilet -rotten things	-bhang -feces -dead person -dead rats -dead dogs	-feces -dead things -rotting rats -bad food -dead cows	-toilet -flies entering nose -feces -rotten things
<b>Mouth</b>	-rotten food -feces -burned -eating dirty things -pepper	-bad food -poisoned food -local brew -cigarettes -bitter things -local brew	-bad meat -food with poison -alcohol -bhang -local brew -poison	-rotten food -flies -dust -mucus -poison
<b>Head</b>	-carrying heavy things -being knocked -ringworm -wounds	-carrying dogs -carrying trees -bad people hit -peeling skin -blood coming out	-carrying timber -carrying sharp objects	-carrying heavy things -to be stoned -bleeding
<b>Hands</b>	-being burnt -touching fire -being cut -being dirty -jiggers	-being burnt -being dirty -touching feces -taking jerry cans to river -touching cigarettes	-being burnt -beating -touching feces -touching dirty things -being bitten	-carrying bricks -carrying big stones -carrying trees -touching cow dung
<b>Feet</b>	-being burnt -walking bare feet -jiggers -bitten by snakes -pierced by thorns	-walking barefoot -cut on iron sheet -cut by panga -stepping on feces -pierced by thorns	-being hurt -stepping on feces -stepping on bad things like snakes -scales on feet	-burnt by fire -burnt by oil -being hit -stepping on broken bottles

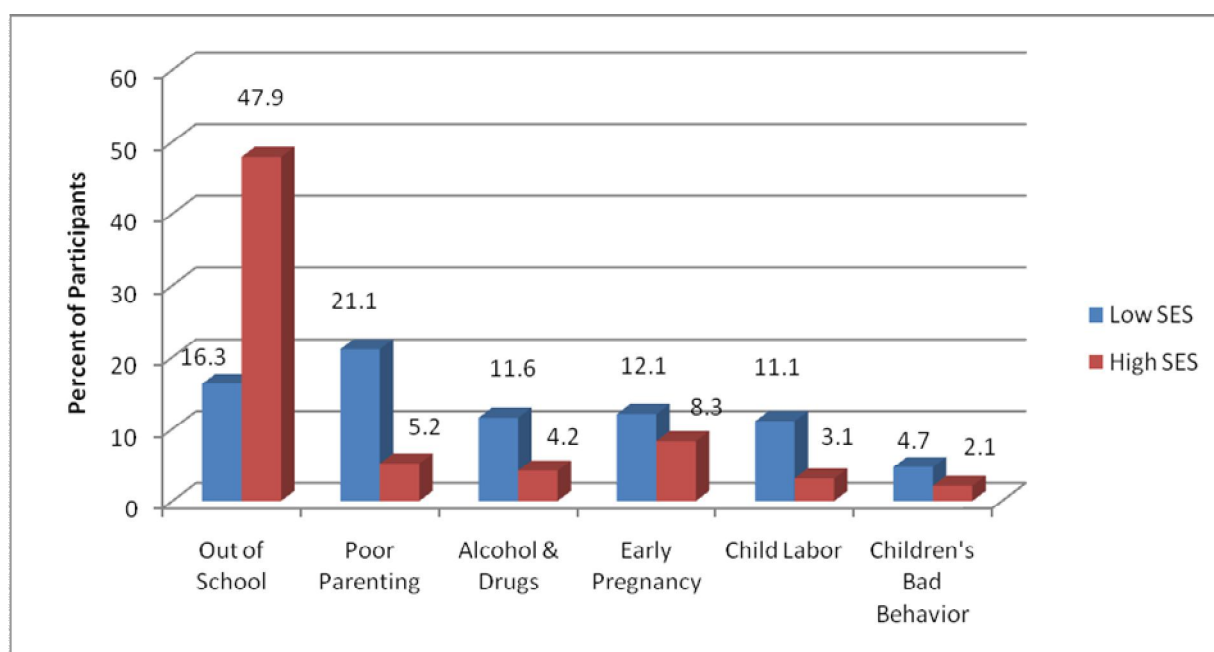
*Table 7. The things that the body mappings indicated young children (5-8 years) disliked.*

Body Part	Girls 9-12 years		Boys 9-12 years	
	Kisii	Nyamira	Kisii	Nyamira
<b>Eyes</b>	-police man -feces -thieves -witches -children crying	-seeing someone beaten -thieves -witches -wild animals	-thieves -fighting -burning someone -beating someone -witches -feces	-stealing -children being beaten -witches -snakes -bad things
<b>Ears</b>	-quarrelling -children crying -shouting -inserting objects	-hearing someone has been beaten -abusive words -bad words	-quarrelling -screaming -hearing ambulance carrying dead person -maize put in ears	-abuse -bad words -putting sticks in ears -dogs running after you
<b>Nose</b>	-dead dogs -smoke from cigarettes -toilet -rotten things	-dirty toilet -dead rats -bad things -people who don't bathe	-dead things -rotten things -feces -mortuary -dog feces	-dead dogs, cows, donkeys -dead person -being hit -fingers in nose
<b>Mouth</b>	-drinking chang'aa -burns -abuses -eating rotten food -smoking	-rotten food -feces -rotten vegetables -dirty things	-poisoned food -alcohol -being burnt -abuse -feces	-poison -abusive words -drinking blood -bhang -hitting teeth
<b>Head</b>	-being knocked -beaten by cane -wounds -ringworm -lice	-carrying heavy things -carrying stolen things -hit with fist	-carrying heavy things -being knocked -being cut -ring worms -lice	-carrying heavy loads -carrying things all the time -carrying bricks -carrying heavy water -being slapped, hit
<b>Hands</b>	-being burnt -cut by knife -being caned -jiggers -touch dirty things	-being burnt -stealing -hitting someone -carrying many things -touch dirty things	-being burnt -touching dead things -feces -being cut -jiggers	-stealing from shop -stealing money -carrying stolen things -hiding stolen things -fighting
<b>Feet</b>	-being burnt -bare feet -bruises -thorns -jiggers -cracked feet	-running to steal -going to steal mother's money -stepping on rotten things -bare feet -stepping on rotten things -jiggers	-being burnt -walking barefoot -stepping on feces -jiggers -stepping on bad things like snakes -pierced by thorns	-running to steal -stepping on iron sheets -hit with bricks -not wearing shoes -hit with logs -pierced by thorns -hit with stone

*Table 8. The things that the body mappings indicated older children (9-12 years) disliked.*

## 5. Effects of Socio-Economic Status

SES differences were analyzed mainly using the rankings obtained from group discussions, which were triangulated with the qualitative data from individual interviews. When the group discussion data were pooled across different sub-groups and ratings of the top harm was considered (see Figure 13 below), a striking difference was that 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%). In contrast, low SES participants were much more likely than



**Figure 13.** The percentage of participants in group discussions (n=286) that voted for a particular issue as the top harm by SES.

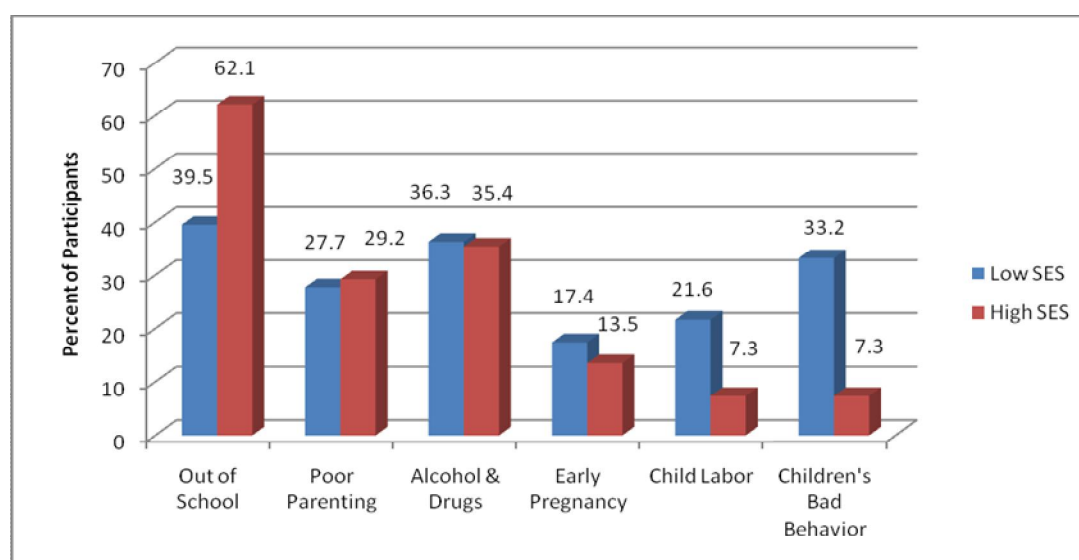
were high SES participants to rate poor parenting as the most serious harm to children (21.1% vs. 5.2%). Also, low SES participants were more likely than were high SES participants to rate as the most serious harm issues such as alcohol and drugs (11.6% vs. 4.2%), early pregnancy (12.1% vs. 8.3%), child labor (11.1 vs. 3.1%), or children's bad behavior (4.7% vs. 2.1%).

It was surprising to find that high SES participants were more likely than were low SES participants to rate being out of school as the most serious harm to children, as this is the opposite of the results that had been obtained in previous phases of this research in Mombasa and Kilifi. There, it was low SES participants who were more likely to rate being out of school as a top harm to children. This was attributed to the fact that they were more likely to have children who were out of school due to their inability to pay school fees.

One explanation, suggested by the Team Leader (Ken Ondoro) who oversaw the researchers and collected extensive data himself, is that the 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 children work and help to support the family rather than go to school. Also, since many low SES families had children who were out of school, low SES participants tended to see this as the 'normal' state of affairs or as a necessity in their situation of abject poverty. In contrast, high SES families who had more options owing to their greater wealth wanted their own children to stay in school, and yet were concerned that their children might drop out of school either because that is what they saw other children doing or because they made 'willful' decisions to drop out.

The different ratings in regard to poor parenting also warrant attention. That low SES participants were more likely than were high SES participants to rate poor parenting as the most serious harm to children 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, thereby undermining their children's opportunities for education. In addition, it was the low SES families that engaged their children in the production and sale of *chang'aa* and other alcoholic brews, thereby setting the stage for early alcohol use by their children. This interpretation might seem counter to the finding that low SES participants were more likely than were high SES participants to rate alcohol and drug abuse as the most serious harm to children. However, it is possible that although the low SES participants were aware of the harm done to their children by alcohol and drugs, they felt powerless to change that situation. Further research is needed to assess the validity of these and other possible accounts.

When the top three harms were considered (see Figure 14 below), two large differences



**Figure 14.** The percentage of participants in group discussions ( $n=286$ ) that voted for a particular issue as one of the top three harms by SES.

between high and low SES participants were conspicuous. High SES participants were more likely than were low SES participants to rate out of school children 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.

These findings are consistent with the tentative explanations offered above. In particular, low SES participants were less likely 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. 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 a harm to children that they were powerless to prevent. In contrast, high SES families could avoid having their children work and may therefore have been less concerned about child labor than were low SES participants.

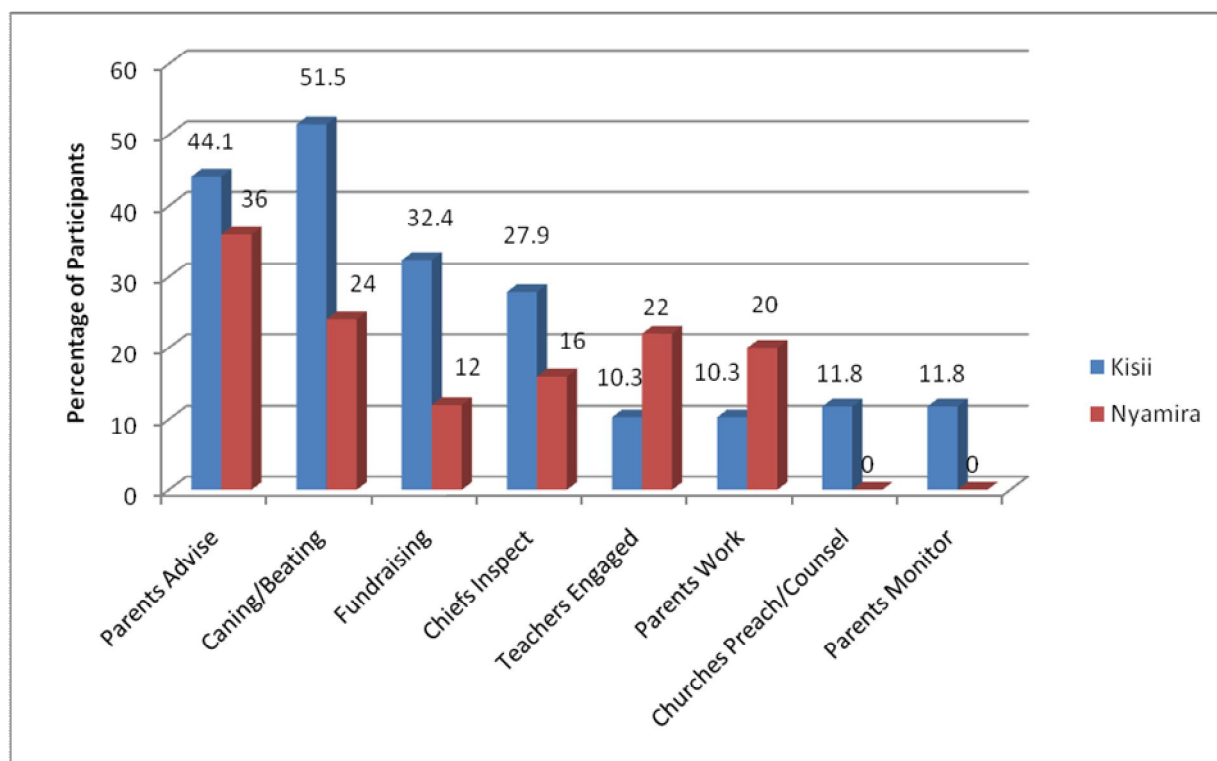
The fact that low SES and high SES participants gave similar ratings of poor parenting and alcohol and drugs adds clarity to the results discussed above showing differences when only the most serious harm was considered. Together, these findings suggest that even high SES participants were concerned about poor parenting and alcohol and drugs as sources of harm to children. Since, however, the children from low SES families were more likely to be exposed to those harms than were children from high SES families, the low SES families had a greater tendency to rank them as the 'most serious,' whereas high SES participants were more likely to rank them as the number two or three harm to children.

## 6. Preventive Factors

In group discussions on preventive factors, the participants identified what they saw as the main means of prevention for the top ranked harms that had already been identified in the research. Below, the results are presented for the two top-ranked child protection issues--out of school children and early pregnancy--with the data pooled across both sites.

### Out of School Children

A range of factors at the family and community level played important roles in local people's efforts to prevent harms to children. Seventeen group discussions with 118 participants (9 groups, n=68 participants in Kisii; 8 groups, n=50 participants in Nyamira) focused on preventive factors for children out of school. In both Kisii and Nyamira (see Figure 15 on the following page), 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, fundraising for school fees, and parents engaging teachers in disciplining and monitoring children. In Kisii, other methods included the church's preaching and counseling and parents monitoring their children, while in Nyamira it included parents taking on work in order to pay school fees.



**Figure15.** The percentage of participants who rated particular strategies as one of the top three strategies for preventing children from being out of school (n=68 Kisii; n=50 Nyamira)

The qualitative data helped to illuminate the various prevention strategies, as described below.

### ***Advice by Parents***

Parents advising their children on the benefits of staying in school and not associating with bad peers was the most used strategy overall.

*Another measure that we have in place is for parents advising their children. For example, if a child is getting influenced by bad peers, it is the role of the parents to tell the children whom they should walk and play with. They furthermore warn them from staying and associating with children who have bad manners. (Women, group discussion, Kisii)*

However, advising was frequently backed up by strategies of corporal punishment.

### ***Caning and Beating Children***

Caning children was used widely by parents, teachers, the village elders, and Chiefs as a fear based control strategy designed to keep children in school. Caning children who willfully missed classes was seen as a preventive measure to insure they did not miss future classes and drop out

of school completely. As soon as a child showed that he did not want to go to school or was truant, the parents typically caned the child and also engaged the help of the teacher, who was asked to cane the child at school in the presence of their peers. Central to this strategy were the views that children would go to school in order to avoid the pain of being caned and the humiliation of being caned in front of their peers.

*R2: The parents use a long stick to cane the child. The child may be asked to lie down and is given a number of beatings. If the child is rude or refuses to lie down, the parents may help each other in holding the child and he is caned in a systematic order.*

*R6: The parents may drag the child to school and ask the teachers to help in caning the child too. This makes the child humble and accepts to go back to school.*

*R7: Other students in school may see the way this child is caned by teachers and parents. This makes the child ashamed of himself and pledges never to repeat not going to school. (Women, group discussion, Kisii)*

*If you leave a child who is not going to school just like that without caning him, he will overpower you. Immediately when you see a child doesn't want to go to school, take a step of using a cane. It will scare the children and they will therefore go to school. (Young man, group discussion, Kisii).*

*If a child misbehaves and is not going to school, beating the child works well because he knows the moment he does not go to school, more canes are waiting for him. So this prevents the child from dropping out of school. (Teenage boy, group discussion, Kisii)*

*Children who drop out of school are beaten by their parents, and they take them to the teachers for beating. If my parent gets that I am out of school without permission, I know he will beat me thoroughly. Beating will prevent children from dropping out of school. (Teenage boy, group discussion, Kisii)*

### ***Fundraising***

Recognizing that children frequently stopped going to school because they were unable to pay school fees, the community sometimes raised money to help the children go to school. Community fundraising was done primarily for children who had completed primary school and achieved excellent scores on exams and were positioned to go on to a national school, as the community believed that such talented children will benefit the community in the future. However, fundraising was usually not done for children who had not completed primary school or who were not excellent students.

*Some miss to go to school not because they wish to, but may be because they lack school fees. For children like these, we do a fundraising to get them school fees. These people will be the 'etaya' [light] of the community in the future. (Young man, group discussion, Kisii)*

*It is a challenge. We have had cases of this nature where the community intervenes to assist these children if the child has done well in school and wants to go to university*

*and his parents cannot pay his fees. These are very bright children and we cannot sit down and watch them suffer while we are there.* (Young man, group discussion, Kisii)

In Kisii, the fundraising was typically organized by the family and involved the wider community, whereas in Nyamira, the fundraising was usually organized by the church.

### ***Monitoring and Action by the Chief***

Chiefs and village elders also monitored children who were not going to school, and took action to ensure that such children went back to school.

*R6: The Chiefs have a surveillance system which includes the village elders. The village elders may report to the Chief that a child from a certain house is not going to school. At times the Chief sees children loitering around the village.*

*R5: The Chief first of all approaches the parents to investigate why their child is not going to school. If it is an issue of school fees, the Chief asks parents to make pledges and promise when they can make the payments.* (Women, group discussion, Kisii)

In cases where the child was not going to school because of 'bad behavior' (i.e., the child did not want to go to school), the Chief caned the child in order to force the child back to school.

*R5: The Chief is very strict. If he gets you loitering on the road with a school uniform, he puts you down and canes you and I know everybody fears him. Nobody wants to be caned by him.*

*R2: He uses a whip and they normally cane with the village elders in the presence of your parents.* (Teenage boys, group discussion, Kisii)

### ***Other Strategies***

When parents were unable to pay school fees, they sometimes negotiated for teachers to accept pledges of future payment or to accept maize or firewood rather than money as fees. In Nyamira, parents sometimes took on work in order to pay school fees. In particular, mothers did casual jobs such as carrying bricks and planting and selling vegetables in order to pay their children's school fees.

Monitoring and encouragement by teachers and the church also played a role in preventing children from being out of school. Some teachers advised and encourage students to stay in school. In Kisii, the church was important in preaching and counseling about importance of staying in school. Also important was parental monitoring of their children by checking the dates and assignments in their children's books at night in order to verify that the children had gone to school.

### ***Teenagers' Preferences***

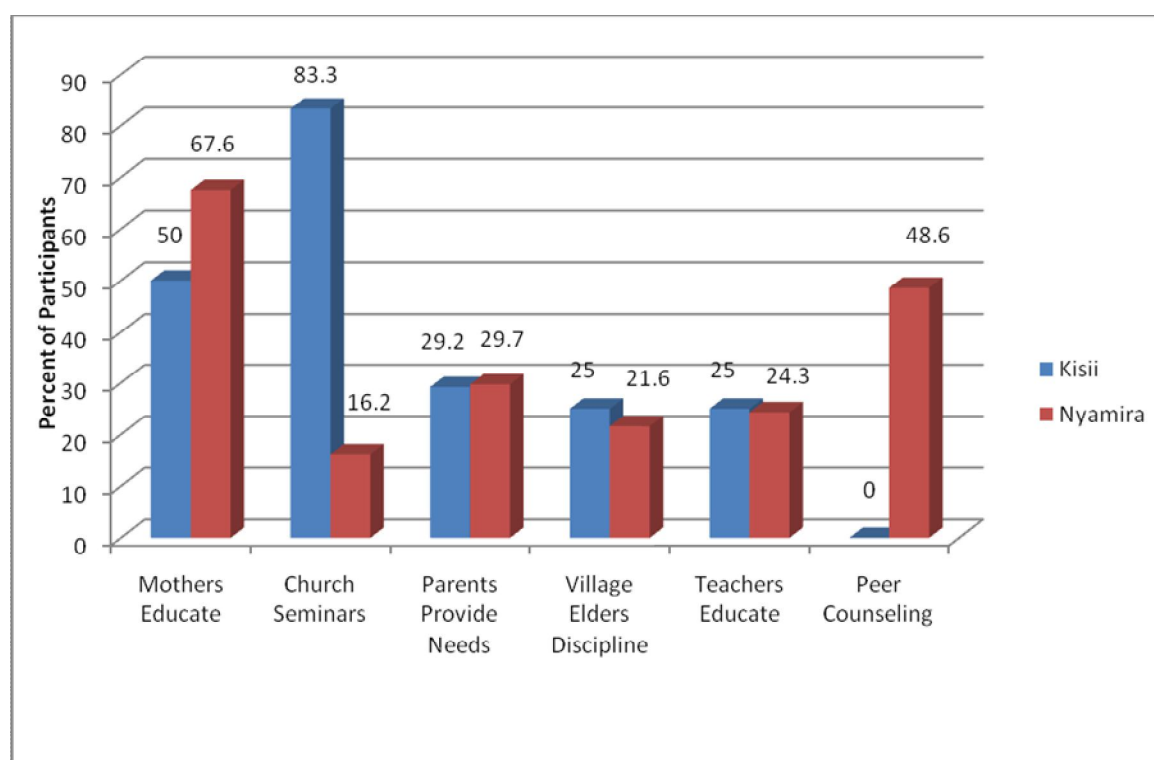
Although parents and community people frequently relied on corporal punishment and control oriented strategies to keep children from dropping out of school, teenagers themselves expressed



a preference for the use of 'softer,' incentive based strategies. Some teenage boys reported that an effective strategy was for parents to give the child a present to stay in school, or to give a child less work so that he had time to do homework, which promoted good performance in school and reduced the desire to drop out. Teenage girls emphasized that an effective prevention strategy was for parents to provide for basic needs such as food and suitable clothes, thereby avoiding a situation in which the children felt ashamed in front of their peers.

### Early Pregnancy/'Children Having Children'

With respect to early pregnancy, which participants frequently referred to as 'children having children,' eight group discussions (n=3 groups, n=24 participants in Kisii; n=5 groups, n=37 participants in Nyamira) explored various preventive factors. As shown in Figure 16 (see below), the most important preventive factors were mothers educating their daughters about pregnancy, 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 was also a frequently used strategy for preventing early pregnancy.



**Figure 16.** The percentage of participants who reported a particular strategy as being one of the top three strategies for preventing early pregnancy (n=68 Kisii; n=50 Nyamira)

The qualitative data helped to illuminate the various prevention strategies, as described below.

### ***Education by Mothers***

Mothers educated their girls on how to behave and associate with boys once they started their menses. Girls were advised that if they 'joke' (sleep around and have sex) with boys, they will become pregnant and get diseases. Mothers also warned their daughters against associating with 'bad peer groups' and children who have 'bad manners.' In addition, mothers provided education about menstruation.

*R1: It is the mother who knows exactly what the girl child experiences, especially during 'korora erangi' [seeing the color, menstruation]. The mother tells the girl not to have sexual encounters with men as she might become pregnant at any time. This kind of information helps the girl to know how to handle herself when boys are around.*

*R7: Some girls are cheated by men through being enticed by money and other goodies. The mother therefore educates the girls against such traps. By the time the girls comes around such men, she is aware of what to do as well as knowing the men's intention. (Women, group discussion, Kisii)*

*The mother sits and talks with child. She tells child that it is difficult nowadays and that the child should be careful and protect themselves even from diseases. (Young woman, group discussion, Nyamira)*

### ***Church Seminars and Counseling***

Churches, too, educated girls by conducting seminars on issues relating to early pregnancy. Religious teachings and guidance and counseling also admonished against young people having sexual relationships before marriage. Also, the religions stressed the importance of girls being virgins until they are married.

*In churches, there are seminars that are held and they teach young men, youth and choir members. A facilitator who is well versed in this issue is looked for, and he comes and teaches the children. The seminars are called 'campley.' It takes children during holidays. The children are put under the care of mature adults who teach them on various issues like circumcision and early pregnancies. (Young man, group discussion, Nyamira)*

*Another measure that is in place is religion. It advises the girls and boys against engaging in sexual intercourse before marriage. Anyone who engages in this is seen as a sinner and may be isolated by his/her peers in church and even in many other social gatherings. (Teenage girl, group discussion, Kisii)*

*Children are taken to churches where they are taught about Jesus, what age to get married, and that they should be patient and wait for that age. (Man, group discussion, Nyamira)*

*The girls are enrolled in seminars by the church to educate them on issues relating to early pregnancies. For example, the SDA church in our community has done this.*  
(Woman, group discussion, Kisii)

### ***Parents Provision For Girls' Basic Needs***

When girls basic needs were not met, they were at risk of being 'cheated' by men or looking for boyfriends who would provide them with things they needed or desired. A useful prevention strategy, then, was for parents to meet their daughters' basic needs, which sometimes required that the parent do additional work. In fact, teenage girls reported that providing sanitary towels, and making sure they are fed well, prevented them from 'being deceived with money from men.'

*The parents play an important role in making sure that they provide the basic needs to what their daughters require. They may buy for them things like sanitary towels, body oil, face creams and so on. These are some of the things that if a girl lacks, she will start having a boyfriend so as to provide her, and consequently may lead to pregnancies.* (Teenage girl, group discussion, Kisii)

### ***Discipline by Village Elders and Community Police***

Participants reported that village elders monitored and disciplined young girls and boys found engaging in sexual encounters. Young people reported that either being beaten or knowing that they would be beaten for engaging in sexual activity before marriage diminished the likelihood of children engaging in sexual activity. In Kisii, community police also monitored the actions of young people. If the community police found a boy and girl misbehaving (having sexual relations), they reported it to the parents or even whipped the boy and girl.

*We also have the community policing who are very keen in everything that happens in the community. If they find girls and boys misbehaving, these matters are reported to their parents or the community heads. Sometimes, they can quarrel or even whip the children if they have made mistakes.* (Teenage girl, group discussion, Kisii)

### ***Monitoring and Guidance by Teachers***

Teachers not only educated girls against early sexual encounters but also monitored their activities. Schools had prefects who 'spied' on children and reported bad behavior. If a teacher had been informed that a girl was having a sexual relationship, the teacher caned her and sent for her parents.

*Madam teachers in our schools, especially our primary school, have helped us a lot. These teachers talk to the young girls about what makes a child get pregnant and how to prevent themselves from early pregnancy.* (Young man, group discussion, Nyamira)

*If the teacher knows that a girl is involved in relationships with boys, this girl is disciplined through canings and may even be sent home to bring parents. This helps*

*girls to avoid relationships with boys while still schooling. (Teenage girl, group discussion, Kisii)*

In Nyamira, people reported a preventive strategy in which girls were sent to boarding school where they were taught by female teachers about the dangers of early pregnancy and warned them 'not to give birth while still children.'

*Girls are the ones who get children, so they are taken to boarding school and madam teachers teach them and warn them not to give birth while still children. (Man, group discussion, Nyamira)*

### ***Other Strategies***

Among other strategies that were used, peer education was provided in Nyamira by older girls who had gotten pregnant while young, and had subsequently dropped out of school. The more experienced girls advised the younger girls on the many difficulties they would have if they became pregnant.

*Experience is the best teacher, and since the ones teaching them have experience, then the ones being talked to will be afraid to have such an experience. Therefore they will follow what they are told and will fear getting children or having bad friends. (Men, group discussion, Nyamira)*

In addition, parents sometimes used the strategy of keeping their daughters very busy by giving them extensive work in order to prevent them from loitering in the village and getting in trouble with boys.

*Mother commits child with work. She may tell child to prepare garden for planting vegetables, prepare lunch, and even do their homework. This ensures that child does not loiter in the village. (Young woman, group discussion, Nyamira)*

Although many participants said that they were not free to interfere in their neighbors' child rearing practices, some said that another prevention strategy was for parents in the community to inform other parents whose children were engaging in inappropriate behavior that they should advise their children to change their bad ways.

*Children who do not hear will get two certificates after school...a school certificate and a child. (Young man, group discussion, Nyamira)*

Corporal punishment was also used to prevent early pregnancy. In particular, parents or elders caned girls who 'joked around' with boys or wore mini-skirts that were regarded as provocative.

Although family planning was also used, it was highly secret since particular churches regarded it as possibly encouraging immoral behavior among young people.

*Some mothers take their children for family planning. This is kept a secret from the dad, neighbors, and other siblings. (Young woman, group discussion, Nyamira)*

The limits of the preventive factors discussed in this section were conspicuous 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**

This research identified the connectors who serve as points of linkage between the community people and the formal child protection system in Kenya. These connectors play a potentially important role since they are in a position to strengthen child protection response and prevention. In addition, a national child protection system would likely suffer serious challenges of misalignment and incongruence if there were a paucity of appropriate connectors across the formal and nonformal aspects of the national system. If few or no linkages existed, there would be few channels through which cases involving violations against children—including statutory violations—would enter the formal system that was intended to handle such cases.

A method of contrasts was used to obtain a picture of whether and under what circumstances local people went to the connectors for help in regard to responding to or preventing harms to children. This method is useful since if one were to look only through the perspective of a Chief, for example, one might obtain a different picture regarding whether and when people went to the Chief for support than might have been obtained by asking the same questions of a broad cross-section of people, as was done using the various methods that were featured in this study. This method of contrasts also made it possible to discern why people were reluctant to use a particular aspect of the formal system.

### **The Connectors**

The formal aspects of the child protection system included government officials such as Chiefs, Assistant chiefs, village elders, police, District Children's Officers, District Education Officers, Area Advisory Committees, the District Commissioner, and the staff of the Remand Home. These served as connectors with the nonformal aspects of the system, receiving reports of violations against children either directly or indirectly. Connectors such as Chiefs also worked with local people, educating them about various child protection issues and encouraging them to report violations. Also part of the formal child protection system were civil society actors. Primary among the latter were churches, in much the same manner as NGOs were part of the formal child protection system in other parts of Kenya (no NGOs operated in the present research sites), and Community Health Workers. The role and use of each of these connectors is presented below.

#### ***Chiefs***

Chiefs, who were Government officials, were key connectors since they received reports from diverse citizens, responded directly themselves, and linked with other formal system elements

such as the police. As discussed above, the Chiefs 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. With regard to *chang'aa*, the chief's 'poured' *chang'aa* (pour it out on the ground, thereby throwing it away), and called 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***

Village elders, too, were important connectors who 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.

*I: And what do people do when children drop out of school?*

*R: As the village elders, we have reported these matters to the assistant chief, but the assistant chief says that it is parents who should report when a child doesn't want to go school because those are their children. So he always waits for the parents to report. Unfortunately, there is no parent who reports to him. Sometimes, the Chief feels that if he arrests the parent of a child, it is the child who will suffer because he will be left alone so he just ignores them. (Key informant interview, Nyamira)*

In cases of poor parenting, the village elders traditionally gathered the old men of the village and discussed the issue, a process known as '*embarasa*.' However, participants reported that at present, they are overwhelmed by the parents actions and do not know how to respond, and so they report cases to the Chief. Typically, the Chief summoned the parents and warned them or, in serious cases, reported them to the police for arrest.

### ***Assistant Chiefs***

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 to the District Children's Officer (DCO).

*I call the parent or the guardian and when the parents are too poor to afford paying fees or if the child is an orphan, I chip in with my own money and pay for the child. Or if I don't have money, I will go to school and talk to the head teacher on the way*

*forward. If the child is not going to school as a result of negligence by the parents, I call the parent and threaten him or her that I will take her to jail if he or she doesn't take the child to school. Some take their children to school, but some are difficult, so I take them to the Chief... The Chief will refer them to the DCO. (Key informant interview, Kisii)*

### ***Police***

As discussed above, the Chiefs sometimes referred cases to the police. In cases of child neglect, the police in turn made referrals to the Children's Officer. Overall, however, people were reluctant to report to the police, who were said to frequently take bribes. For example, the police were supposed to arrest *chang'aa* brewers, but it was reported that police took bribes from them. As a result, the brewers were arrested in morning but by evening were back doing business.

### ***District Education Officer***

The District Education Officer tracked and followed up on children who were out of school. The participants indicated, however, that they reported violations not to the Education Officer directly but to the Chief, who in turn reported to the Education Officer, as described above. The Education Office then 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.

*I: Do people also report to your office?*

*R: No. They report most of the cases to the Chief, like school dropout and maybe when parents do not take their children to school. So it is the Chief who always reports to us some of the cases involving children dropping out of school and then we report to the higher office.*

*I: Which is the higher office?*

*R: To the District Education Officer.*

*I: And then what does the District Education Officer do?*

*R: He can call the parents of the child and talk to him, and if the child dropped out by himself and disappeared to go and work somewhere else then there is nothing we can do about it. (Key informant interview, Nyamira)*

### ***District Children's Officer***

As discussed above, Chiefs did make referrals to the DCO. Although the child protection system had, by design, enabled ordinary citizens to report directly to the DCO, few participants understood the role of the DCO. Most people thought that the DCO dealt mainly with orphans, possibly because there was a Government program on 'orphans and vulnerable children' (OVC) that had been registering the orphans in the villages. Some participants, however, were not even aware of the existence of the District Children's Office.

In order to play a more active role with community members, the DCOs reached out to the community by urging parents to take their children to school. In some cases, some parents who were not able to pay school fees went to the children's officers to seek assistance in getting school fees.

### ***Area Advisory Council (AAC)***

The Area Advisory Council 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 was active and held meetings quarterly to discuss issues affecting children. During the period in which the research was conducted, the main issue under discussion by the AAC was 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. The AAC in Kisii also discussed children's homes that were mistreating children and did not abide by the Government's requirements.

Most of the community members as well as some government officials were not aware of the AAC.

I: *Are you aware of the AAC?*

R: *What is that?*

I: *A committee that deals with children*

R: *I don't know of such a committee. I have never heard of it.* (Key informant interview, Kisii)

I: *Are you aware of the AAC?*

R: *I don't know what you mean.* (Key informant interview, Nyamira)

Needless to say, these officials did not report to the AACs since they did not even know of their existence.

### ***District Commissioner***

In cases of rape, the District Commissioner (DC) worked with the police officer in charge of a police station. 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.

*Just last week, a teacher was caught with a form one girl and the matter was almost turning into a mob justice. When I was called to go and sort out the issue, when I got there, I found that the teacher had already eloped. Imagine this was a technical school teacher just here in Nyamira having an affair with a form one girl! That is still a very small child who can't even reason...* (Key informant interview)

### ***Remand Home Staff***



The remand home supported children in conflict with the law and children in need of protection such as street children and girls who engage 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.

*First and foremost we provide security. We also provide them with basic needs like food, shelter and clothing. Apart from the basic needs, we do a lot of counseling to them. Because of the offences that they have made, we try and find out what is it that led them into doing whatever they did. We also allow them to play, and we encourage them to play because they are still children and we also do repatriation, especially to children who had ran away from their home.*

*Some of the challenges we face when we take these children back to the community is that they are stigmatized and most of them end up running away back to the streets. Like there is a boy here who was brought back after we took him and when I asked him why he is back here, he said that when he went back home, people were calling him 'chokora' [street boy] and he decided to go back to the streets. We also have a challenge of repeated offenders. These are children who are even taken to the rehabs but still in one way or the other, they end up coming back here. But the major reason they come back here is because the community members do not see the change in them, they stigmatize them. (Key informant interview, Nyanza).*

### **Community Health Workers**

HIV and AIDS were known to pose a highly significant risk in Nyanza area. In the research sites, the community health workers (CHWs) urged parents to report children who were raped, and they also encouraged parents and young people to get tested for HIV/AIDS. Unfortunately, many local people did not report issues of rape or HIV through them.

*R: We urge children to report when such things happen to them because most of them also get infected by HIV in the process [of getting raped]. This is because most of the people who rape these children are people who are HIV positive... The CHC [Community Health Committee] is made of CHWs who go door to door and check on the health status of the families. Each CHW is assigned between 60 to 100 households. So when they go round, they talk to parents as well as their children on the importance of reporting in case something like that happens to children.*

*I: And do they report now?*

*R: No. they still don't report. (Key informant interview, in-depth interview, Kisii)*

### **Churches**

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 worked to raise awareness about HIV and encouraged people to be tested and to avoid infecting others.

*When children lack food, we collect food as the church and donate it to them. Or if the parents are alive, we can help the parent in looking for the casual work like plucking tea or transporting bricks and then he can make some money and buy food for his children. On the issue of orphans, we always try to make a contribution for them through 'harambee' [fundraising] in church and then the money raised is paid for the orphan in school. (Key informant interview, Nyamira)*

*We do fundraising to raise money for their school fees so that they stay in school. We also provide them with a place to stay food and school uniforms. Our church is also on the forefront in fight against HIV/AIDS... I preach it myself in church. I talk about AIDS in church and encourage those who are already positive to live positively and stop infecting other people. I also encourage those who have not gone for HIV tests to do so that they are able to know their status. We have places where chang'aa is brewed and those are the places you find that there is high HIV prevalence rates. So what we do is that we go to those places and preach to them and encourage them to come to church. (Key informant interview, Kisii)*

### **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.

#### ***Out of School***

The formal system stakeholders viewed children out of school as a serious problem and attributed it either to the inability to pay school fees or to parents' ignorance and poor parenting. Many children who were out of school reportedly engaged in child labor.

*Children are suffering here, but there is no one who is reporting these things. As I said earlier, children are dropping out of school because the parents claim that they cannot afford to pay some of the money that is needed in school. Some also claim that they can't buy uniforms for their children, which I just find to be an excuse. If you are really dedicated that you want to take your children to school, you will go an extra mile to do it. But some of them leave children to drop out of school and then they start using them to make money, they are sent to work but the it is the mother or the father who gets the money. Look around, you will see many children plucking tea when other children are going to school. (Key informant, Nyamira)*

*There is money that is needed in school, like the exams fee which is just 50 shillings, but you find that most of the people are poor and they can't afford to pay that money, do you find children dropping out of school and they start working either in tea farms, or transporting bricks, but the parents are just fine with that. (Key informant, Nyamira)*

### **Early Pregnancy**

*Early pregnancy is another big problem that we have, but which rarely comes into the limelight. To start with, teachers are very notorious in impregnating young girls in school. In one school in one of the villages, there is a head teacher who impregnated three young innocent girls-- imagine! But the problem is, no parent reported the matter. (Key informant, Nyamira)*

### **Alcohol and Drug Abuse**

*The biggest problem we have in this village is chang'aa. I think it is only this village where you find 'mama mlevi na baba mlevi' [a mother drunkard and a father drunkard]. You know if the mother and the father are drinking, the child also learns from their parents and they drink as normal, in fact, they take it as food. ... I think the other thing is because the people there are also very poor and they brew chang'aa in order to make money out of it. In this village, when people wake up in the morning, they just think of alcohol, nothing else. Even young boys, you will find them in the morning very drunk... Again, this issue of chang'aa, you know when these children start tasting chang'aa, they get addicted and once you are addicted, you try to look for money to buy chang'aa every now and then and that is why some of them decide to drop out of school and concentrate in looking for that money. (Key informant, Nyamira)*

### **Poor Parenting**

Poor parenting was reported to be the cause of other harms such as children out of school, early pregnancy, child labor, and alcohol and drug use.

*Teenage pregnancies and school drop outs are very high in this district and most of it is because of the parents. Parents don't care about the children at all and they don't care whether children are going to school or not. (Key informant, Nyamira)*

*Parents are not informed. Most of them didn't go to school and they don't understand the rights of children, because we even have parents here who burn their children's books so that they don't go to school because they claim that they can't afford to pay their children's fees. To them, children going to school is not a big issue. Some parents are not even serious with the life of their children, they don't take their children to school when they are sick. Alcohol is another big problem here. Parents and children drink chang'aa here. Children have dropped out of school and parents get drunk to the extent that they forget about their responsibilities. (Key informant interview, Kisii)*

*Parents are not taking care of their children properly, they shout at their children, they abuse them and these make children have a negative attitude. In addition to this, they overwork children. In many homes, you find that fathers are not taking their responsibilities by providing for their families so the small children start looking for work in order to provide for themselves. (Key informant interview, Kisii)*

### ***Sexual Abuse and Exploitation***

A variety of types of sexual abuse were reported and identified as important harms to children. These included transactional sex, casual sex at night crusades and funerals, prostitution, rape, and incest.

The following narratives illustrated the problem of transactional sex.

*For the girls, they start sleeping with men who have money so that they can buy them those good clothes. (Key informant interview, Kisii)*

*Young boys also start sleeping with old women who do business here at the trading center. Those women give them money and provide them with so many things that their parents do not provide for them at home. Let me tell you, this issue of young boys being exploited by older women is very rampant here. Last week, I went to rescue a young boy who is 14 years old from an old woman's house. The boy had left his home and went to stay with this woman as husband and wife because this woman was giving him money and buy him good things. The same had dropped out of school and the woman didn't care at all... If you look at the women who are doing business here at the center, most of them have these small boys as their boyfriends. (Key informant interview, Kisii)*

Casual sex at events such as funerals was reportedly common.

*We also have women whose husbands die of HIV and instead of concentrating in looking after the children, they look for these young energized boys and sleep around with them. Most of these things happen in funerals. As much as we tell our pupils not to go to the funerals, they still find their way there because their parents don't care. At night, if you go around the tents at the funerals, you will definitely find an old man having sex with a young girl, and you wonder, what is the problem? These women also get young boys from there. (Key informant interview, Nyamira)*

Incest was seldom discussed openly, yet it was known by the workers in the formal system.

*We have a disease here called incest...We have girls here who have been impregnated by their own biological father. The matter is so bad here. These girls are being raped by their relatives, like cousins, uncles, brothers and even their own biological fathers. (Key informant interview, Nyamira)*

*Just recently, we have received two rape cases where a father raped his daughter and the child is now admitted in the hospital. In another case, a child was raped by*

*her uncle, and believe it or not, all those cases are not taken seriously at all by the community members. The father who raped the girl disappeared and the mother does not even care to follow it the matter. (Key informant interview, Nyamira)*

Prostitution was reportedly a way of life for many girls.

*Most of these young girls you find in the streets have come from the rural areas and some of them have children. Because they don't have formal education and they therefore cannot get employed, the easier way to make money is to come to the street and do prostitution. Another issue that has contributed to child prostitution is the single mothers. Most single mothers are unable to take care of their children and they most of the times leave their children to take care of themselves [through prostitution]. (Key informant interview, Kisii)*

### **Child Labor**

Child labor was related to poverty, poor parenting, children being orphaned, as well as alcohol and drug use.

*They pick tea, others are made to fetch water and sell kales at the shopping center. They don't even have time to play as children and when you try to talk to the parents about it they say 'hii ni maisha yangu, shughulika na yako' [this is my life, take care of yours]. These parents do not buy their children books to go school, clothes and some even go to the extent of not providing food and this is why we have so many cases of stealing in this community. When children lack food, especially the teenage boys who depend on these casual jobs, when they fail to get work, they resort to stealing people's things. So every day I receive reports from the community that my chicken has been stolen, my bananas has been stolen and so many other things. (Key informant interview, Kisii)*

*There are issues of child labor. As a result of poverty, sometimes families are not able to put food on the table so what they do is that they work together with kids in picking tea, ploughing, weeding, and harvesting in people's farms. One bad issue of the issue of bricks. Here, bricks are made down the river and kids are most of the time involved in transporting bricks. They carry the bricks uphill up to the road where vehicles can pick them. (Key informant interview, Nyamira)*

**R:** *When a child is sent out of school, it is always the happiness of parents. Here, most people make bricks, so you find that the parents would tell the child to go and transport bricks so that he or she can bring money home*

**I:** *At what age can these children start transporting bricks?*

**R:** *They start at the age of between six to ten years. So as the child continues, he or she realizes that there is money in transporting bricks. The child will definitely stop going to school and concentrate in making money. And if his parents are drunkards, they will start telling the child 'When you come home in the evening please buy me chang'aa for ten shillings.' So the child also as he buys this chang'aa to take to the parents, he gets*

*starts drinking and gets addicted to it. The biggest problem in [X] village is chang'aa.*  
(Key informant interview, Nyamira).

## **Orphans**

Orphans were also identified as a serious issue by workers in the formal system, who noted that orphans received no help from the government.

*Here, we have a problem because I think we have been sidelined by the government when it comes to this money that is meant to support the orphans. In other places, orphans have been able to receive money from the government and they use the money to pay for their fees. Here, we don't get any support for the orphans...* (Key informant, Nyamira)

## **Suicide**

Workers in the formal system also identified suicide as a problem, which reportedly stemmed from bad parent-child relationships.

R: *There is also a very bad relationship between the parents and the children that is always leading to children committing suicide, some parents also commit suicide.*

I: *Why do they commit suicide?*

R: *The main reason is that some parents may tell their children to do something that they want and when they are forced to do it, they commit suicide. Like when a parent tells a child to go to school and the child does not want to go to school, the child commit suicide because the parent is forcing him or her to go to school and he or she doesn't want to go to school. When children also repeat classes so much and they can't proceed to the next class, some drop out of school and when they are forced to go back, they commit suicide...When parents refuse to give them permission to go to the disco and party, some of them commit suicide.*

I: *And what kind of suicide do they commit?*

R: *Some take poison. Others hang themselves.*

I: *What is the prevalence rate suicide?*

R: *In our sub-location, we have an average of four cases of suicide every year. Like last year, one child hanged himself, and three drank poison.*

I: *And what do people do when children commit suicide?*

R: *Nothing, what can you do? Even this year, two children drank poison but they were lucky to be rushed to the hospital before they died.*

I: *Where do they get the poison?*

R: *They use different kind of poison, for example, the one that is used to kill rats called 'rat and rat', some of them use drugs used to spray in the farms*

I: *At what age do these children commit suicide?*

R: *Most of them are always under the age of 14.* (Key informant interview, Kisii)

## **Culture**

An important area of divergence between workers in the formal system and other citizens was in regard to local culture. Citizens who were not part of the formal child protection system did not identify local culture as a harm to children. In contrast, some workers within the formal system 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.

*Kisii culture is a harm to children. When the father passes away and leaves the wife and children behind, most of the times you find that children are sent away from home by their father's relatives. This really affects children because some of them go to the streets and become street children and completely stop going to school. Fathers also defile their children and this has become a problem around here.* (Key informant interview, Kisii)

[Lowering his voice]: *On radios, they always advertise and say that girls should not be circumcised, but here, they are still being circumcised in secrecy... They bring a doctor to do it at home... They bring doctors from the hospital. Those doctors, like everybody else, just need money, so you just pay them and then they do it for you... I might be the only one who will tell you about this because people don't normally talk about it. The girls are circumcised around 8 years old. When these girls are circumcised, the parents lie that they have taken them to visit their relatives, but if do an investigation, you will find that the girls are locked inside the house.* (Key informant interview, Nyamira)

### **Problems of Not Reporting or Following Up Appropriately Through the Formal System**

This research has indicated that the evidence is mixed in regard to whether local people reported child protection issues to authorities. To be sure, the participants sometimes reported issues such as out of school children through the formal child protection system. The usual channel was to local authorities such as the Chief, the Assistant Chief, or the village elder, possibly because these people were nearby, trusted, and known to be authorities who handled harm s against children.

A major finding of this research, however, is that people from ordinary parents to Chiefs frequently did not report cases through the formal child protection system. Bribery was the main reason that community members gave for not reporting through the formal 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.

*Some village elders are corrupt and demand 'gento geki' [something small] to take action... We don't report to them when these things happen [children not going to school].* (Young man, group discussion, Kisii)

*I will blame the Chiefs and the police for the continued presence of chang'aa in this location. They have ganged up with the brewers by taking bribes as our young boys continue to get destroyed. The brewers have made agreements with the police and chiefs on how much money they collect from them at the end of every month. ...I am*

*told the village elders also get a share of this. This chang'aa is even brewed at their homes because they know that the Chief cannot arrest them. (Young man, group discussion, Kisii)*

*I: What do you do about this chang'aa issue?*

*R: If it has defeated the government, will I now be the one to solve it? It's is difficult my son, very difficult. (Key informant interview, Nyamira)*

In regard to police, the fear of mistreatment also served as a deterrent against reporting.

*What can you do to the police? If you try to joke with them, 'watakumaliza' [they will finish you]. (Young men, group discussion, Kisii)*

Police, on the other hand, reported that people did not report child abuse harms because the harm stemmed from the lack of proper care by the parents or because the parents did not know that the police could help. Another reasons given was that not all police stations had a gender and children's desk.

*R: If we find children transporting bricks we just tell them to go back to school. Again, the challenge that we have is that most of these issues are not reported to us. People don't report issues concerning children to us.*

*I: Why are they not reporting to you?*

*R: I think parents just don't care about the children, or some of them don't know that we can also help them...*

*I: Do you have a children's department in the police?*

*R: We have something that is not clearly defined. We have the children's and gender desk and usually, there is an officer in charge of that desk. But in the police, the children's and gender desk is not in the books. It is not an official establishment of the police and it is mostly found at the customer care desk. That is why you will see in some police stations there is the children's and gender desk, while in some stations they are not there. That is because it is not a formal establishment within the police (Key informant interview, Nyamira)*

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 are also children who are dropping out of school but the problem is the teachers. Teachers are supposed to report to us whenever a child drops out of school but you find that they don't do that. They sometimes report after ten children have dropped out and disappeared and by that time, there is nothing that you can do. (Key informant interview, Nyamira)*

In addition, the District Commissioner said that people seldom reported, and when they did report, it was too late to do anything about it.



*The starting point in this community is that most of the things are going on in the community down there and most of the things are concealed. Those matters don't get to us and I am very happy that you have come up with this research at this time because it will also help us understand some of the things that go on in the community because people rarely report these things. We just come to hear about some of these things very late when it is too late to do anything. (Key informant interview, Nyamira)*

*They are supposed to report to the assistant chief, but they don't report. Even if you go to the Assistant Chief or the Chief now, you will find that there are no reports concerning children. When I tell the Chief to look into the matter, he says that 'If parents don't care about their children, what do I do?' That is why we even have a problem of insecurity here because these children after dropping out of school and some of them have no work to do, they get into thieving and mugging people. It's a big problem. (Key informant, Nyamira)*

The inability of officers to respond effectively following such late notification about cases could have eroded people's confidence that if they reported, something would be done. In turn, this lack of confidence in the system may have reduced people's willingness to use it.

There were also indications that the unwillingness to report violations against children opened the door to internal tampering with documents or reports that that might have been used as evidence in prosecuting a case against an offender.

*Myself and the OCS (Police officer in charge of a station) took the girl to the police to record the statement and then took her to the hospital. The funny thing is that the parents of this girl did not want to report to the matter to the police at all, and more surprisingly, no eye witnesses were also ready to report and record statement to the police. We were left with the child alone, it's like she didn't have parents at all. We took the child to the hospital for examination. Little did we know that the teacher had gone to the hospital to write a report that the child had not been subjected to sex. When the reports were out, we all got surprised! The test results indicated that the child had not been subjected to any sexual intercourse at all, while the girl herself said with her mouth that it happened. The problem is that the doctor's report is final, we couldn't challenge it and there was nothing we could do about it.*

*When we called the parents, they said that they have already solved the matter amongst themselves together with the teacher. The parents of the girl took the incident as an opportunity to make money. The teacher went and paid them 20,000 shillings and they were very happy. I personally threatened to arrest them but they didn't even bother about it, they were not even scared. ... What could we do? Nothing. The mother came and took her child and she was not even sad in any way, she was happy. To her, she had made money and that it what mattered to her. That is why I say that so many things happen down there in the villages but they don't report at all. (Key informant interview, Nyamira)*

In this case, the inability to prosecute based on the physician's report, coupled with bribery and the family's preference for material compensation, impeded the effectiveness of the formal system.

Officials within the formal system also pointed out that even if cases had been referred, for example, to the Children's Office, the cases were often handed back, even though the local official such as the Chief lacked the knowledge and training needed to deal effectively with those cases.

*R: Most parents do not report to us because they are afraid that we might arrest them. But some do report the issue of early pregnancies and children who have dropped out of school.*

*I: What do you do when they report to you that a child is pregnant?*

*R: My friend, dealing with these cases is not easy. What we normally do is that we refer these cases to the children's office in Nyamira. The bigger challenge we face is that we refer most of these cases to the children's office, even the issues of children dropping out of school, but the children's office always send these cases back to us, they don't help us at all. You know children's office is the one mandated by the law to deal with children's issues and if they can't do it, what about people like us who have never been to any training on children's issues? We just let the cases go like that because we don't know what to do with them. We also need those trainings and seminars to enlighten us on some of these issues because the Chief's office is a very chaotic office; we have all issues reported here. We deal with everything, issues to do with education, health, law, human rights, girls who are getting pregnant, everything, and we don't have the proper knowledge and training in these areas, so it becomes difficult. (Key informant interview, Nyamira)*

This situation highlights the existence of uncertainties within the formal system about roles and responsibilities and who ought to handle particular kinds of cases. Potentially, this situation may have corroded Chiefs' willingness to report violations, and it could also have produced delayed responses or inappropriate responses that further reduced people's confidence in the formal system.

Also, actors within the formal system sometimes wanted to respond but were unable to do so because they were unable to address the key problem of poverty..

*R: We also have very young children who do sex with old men. At the centre, there are small girls who are doing this and they are known. They don't go to school, they are doing this for money.*

*I: What has been done to ensure that this is stopped?*

*R: What can be done? That is their choice, when the chief wanted to intervene they said that is how they get their daily bread. You see now here the Chief is tied and there is nothing he can do. And you cannot go telling somebody to stop doing it because she will tell you to mind your business. (Teenage boy, in-depth interview, Kisii)*

In this type of case, the Chief very likely felt frustrated since they had no ability to address the children's poverty.

It was also reported that women do not attend the barazas, where key child protection messages have been discussed.

*When we have the Chief's 'baraza' [community meeting], there are people who come from the hospitals to educate people about HIV. The problem is that most women do not attend those barazas.* (Key informant interview, Nyamira)

There were also indications that lack of knowledge contributed to people not reporting through the formal system. Ordinary parents and villagers demonstrated limited knowledge about the existence and functions of the formal system. For example, few people knew of the existence of the Children's Officer much less their role.

Overall, these findings indicate that there are multiple, significant obstacles to the use of the formal system. Problems such as lack of knowledge, bribery, lack of clarity about roles and responsibilities, and the unwillingness of teachers and other officials to report cases or make referrals impeded the use of the formal system. In this respect, there were weak linkages between the formal system and aspects of the nonformal system. Efforts to reduce or eliminate these obstacles should be a vital part of efforts to strengthen the national child protection system in Kenya.

### **Willingness to Report the Rape of Children Through the Formal System**

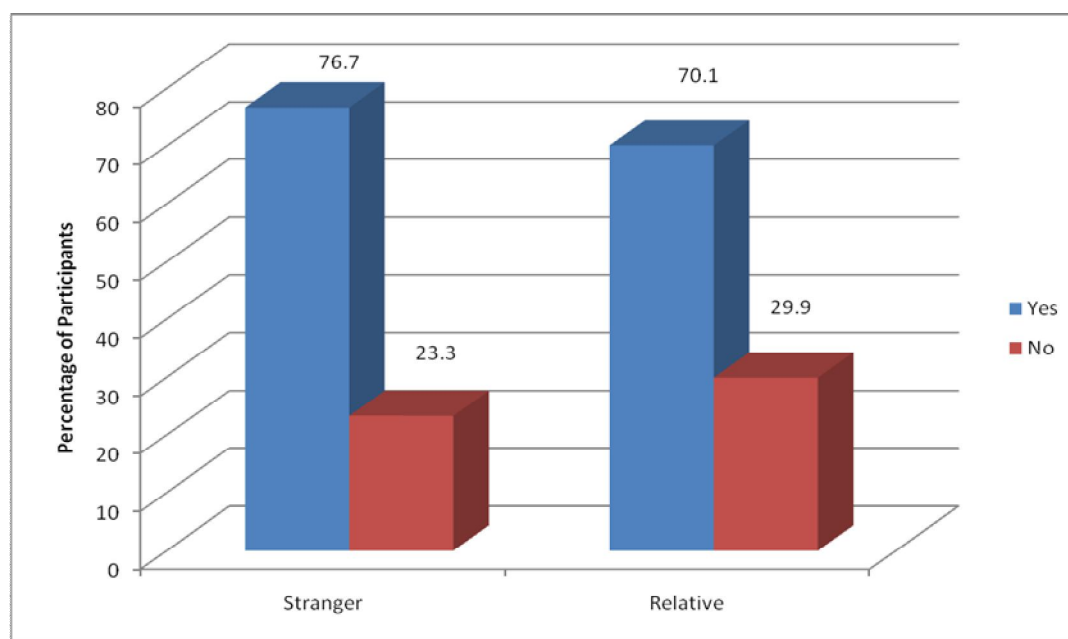
Conceivably, the problems of non-reporting discussed above may have applied only to non-criminal or lesser violations against children. A more stringent assay of participants' use of the formal system was to ask a question about whether people usually report a case of rape of a child, which was clearly a statutory violation that by law should have been reported through the formal system. This research asked such a question at the end of group discussions. The wording of the question was 'When a child is raped, do people report?' since preliminary field testing had indicated that people understood well that such crimes are to be reported to the authorities. By design, the question was to be asked twice, once in regard to a rape that had occurred inside the family and, secondly, in the community. Each participant voted a 'yes' or 'no' answer, and any group discussions that occurred around this question were recorded. Thus, this was a mixed methods approach that combined quantitative and narrative data.

#### ***Quantitative Findings***

Methodological problems, however, made the quantitative data difficult to interpret. The researchers in Kisii mistakenly deviated from the scripted questions and asked the question 'When rape of a child occurs, do people report it to the police?' Unfortunately, this question blurred whether the respondents were thinking of rape of a child in the family or outside the family. Although 12.7% of the participants (n=55) said people reported the rape, whereas 87.3% said that people did not report it, this very high level of non-reporting is likely biased due to the researchers' failure to indicate the context of the rape. Possibly, the participants would have been

more willing to report the rape had it been stated clearly that the rape of a child had occurred outside the family or in the community.

In Nyamira, the researchers adhered to the research protocol and asked the two separate questions, and the results are shown in Figure 16 (see below). The respondents indicated that in



**Figure 16. Percentage of participants in group discussions in Nyamira who indicated community willingness to report a case of child rape outside the family (n=103) or by relatives (n=97).**

either case--rape of a child within or outside the family--nearly three quarters of the participants indicated that people reported the rape of a child. It made little difference whether the rape had occurred in the family or outside, as in stranger rape. However, this lack of difference contradicted the qualitative findings presented below, and it also ran counter to the findings of the previous ethnographic studies in Mombasa and Kilifi<sup>20</sup> that had shown greater willingness to report rape of a child that had occurred outside the family.

This lack of difference, however, may have been the product of a bias that had been introduced unintentionally by the presence of a particular researcher. It turned out that one of the researchers who had been present in all of the group discussions had formerly been a Children's Officer. The participants knew well that rape is a criminal offence no matter who the perpetrator is, and they also knew that he had worked hard in the community to educate people about such crimes and how to respond to them. As a result, the participants may have tried to please him by demonstrating the 'correct' response of saying that people reported cases such as the rape of a child inside the family. Alternately, his presence may have heightened the salience of the legally

<sup>20</sup> Kostelny et al. (2013a), (2013b).

defined response of reporting to the authorities, regardless of the context of the rape. Either way, the bias likely created a skewed picture of what people usually did in response to cases of rape of a child that had occurred inside the child's family.

Fortunately, the qualitative data provided greater clarity of interpretation.

### *Qualitative Data*

**Rape by someone outside the family.** The participants were mixed in regard to whether people usually report a case of rape of a child through the formal system. When reporting did occur, 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 village elder, who then reported the violation to the Chief. The Chiefs' responses varied according to the situation and included responses such as turning the perpetrator over to the police, caning the perpetrator, or requiring the perpetrator to pay the victim's hospital bill as compensation.

*Rape is reported and the rapist is caned by the chief, and left to go. He gives 'kitu kidogo' [something small]. (Young woman, group discussion, Kisii)*

*R3: Report to the Chief and he will look for the person who did that and take him to the police.*

*R4: But he writes you a letter first to take the child to hospital.*

*I: What do police do when the person has been taken there?*

*R7: From police, you never know what they do.*

*I: What does the child do?*

*R4: A 12 year old cannot say or report. They keep quiet. (Women, group discussion, Nyamira)*

Also, some participants said that the Chief in some cases had been given a bribe or helped to reach an agreement with the victim's family. In either of these situations, the case was not reported to the police and typically did not go higher. Some people said that the family reported the perpetrator to the police to insure that they would get compensation. Once the compensation had been paid, the perpetrator was released.

In animated discussions, participants indicated that people frequently do not report such a case of rape of a child to formal authorities but handle the case through traditional means or through 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.

*The issue is not reported to the external authorities. It is dealt with by internal organs such as the traditional men who sit down in 'embarasa' [local gathering] and demand the offender to take the offended to hospital and settle bills. The offender may also pay the offended family some money to clear up the issue. (Woman, group discussion, Kisii)*

*R7: I am a Christian and I want to tell you the truth. We like 'gokenkerana' [cover up]. When rape has happened, you will hear people say 'toigwane' [let us agree] and they solve such a big issue in a very local way.*

*R8: Some parents who are poor will take 'gento geke' [something small] like 10,000 shillings, use 2,000 to treat the child, and the rest of the money to cater for other family needs. (Men, group discussion, Nyamira)*

*When a child is raped and goes to report, the parents go and talk to the person and are given cash. (Young man, group discussion, Nyamira)*

*They do ekemira [traditional cleansing] which removes the evil from the person. It is called 'ogosonsora' [a way of cleansing by appeasing the gods]. (Teenage boy, group discussion, Kisii)*

*People do not report. They fear that the girl will be stigmatized. They rather solve it locally by making the rapist pay something for the medical and some cash for fine. (Teenage boy, group discussion, Kisii)*

*I: What happens when an older boy makes a child his wife?*

*R7: The child is taken to hospital so that she is treated.*

*I: What else is done?*

*R5: We come together and the rapist talks with the child's parents and neighbors. If the rapist is found to have done a big mistake, then he is taken to jail, taken by the government. When the mistake is not so big, the rapist is forgiven and goes home. He is made to pay hospital bills for this child. (Women, group discussion, Nyamira)*

The latter narrative suggests that reporting through the formal system occurred primarily when the rape was judged to be severe.

In some cases, money was given directly to the child rather than to the family. This seemed to be a means through which the rapist silenced the child, who in any case was afraid to report.

*R2: You get that the child fears. The child is not free to say what has happened until the rapist is caught.*

*R1: These rapists use money. They pay the child and this makes the child to keep quiet, never to report. This becomes a habit and then later becomes sweet. 'Omomeni boke tanya komena rimo' [one who tastes honey cannot taste only once]. When he will be caught, that is when the child will start saying 'This is not the first time, but I was afraid to report.' (Adult men, group discussion, Nyamira)*

Not reporting the rape to authorities, however, was also related to peer influences and parental fears of the parents that if they reported, community members would speak disparagingly of them.

*R5: Like two years ago there was a girl who was raped, but the parents denied...never wanted to take the person to be taken to police. The girl was about 12 years and the*

*man was about 70 years....You see, this is an old man. If he is jailed, he may die, and people will say we have killed him.*

*R6: Poverty..you get the rapist has money, and pays the parents of the child to silence the matter. They are paid about 20,000 - 50,000 Kenyan shillings.*

*R2: I would say here our reasoning is different. We as Kisiis have the tendency of undermining one another...so when one is caught, the people begin to talk ill of the parents of the child, and this discourages one from reporting. [Young men, group discussion, Nyamira]*

Different cases of rape were solved differently. Sometimes the perpetrator was forgiven, while other times he was jailed.

*R5: We report the person. When we know the person, we take the child to the hospital and report the person.*

*R4: It is reported to the village elder who in turn reports to the Chief. This child is taken to hospital and treated. If the rapist disappears by bad luck, you stop pursuing the case.*

*R7: In other cases the rapist is caught and an agreement is reached that either he pays the hospital bills or he is forgiven. Also, you just cannot run to the Chief. The first thing you do is take the child to hospital before the germs spread, and later come to the chief. The person can be told to pay the hospital bill and asked not to repeat such an act again. Or the child uses the report from hospital to take the person to jail. This only happens when the person is still found and has not run away. (Young women, group discussion, Nyamira)*

There were also reports that local people sometimes caught the rapist and beat him., In some cases, the rapist was burned or killed..

*When the report is being made, the person has been beaten slightly before being arrested. It is agreed that nobody should rape, everybody is expected to go to his age mates. (Teenage boys, group discussion, Nyamira).*

*I: What does community do?*

*R4: If reached at that time can be thoroughly beaten.*

*R6: Baraza is called and people are told.*

*R8: Can be burnt if reached. (Women, group discussion, Nyamira)*

However, if the perpetrator were a 'big person,' then they were treated differently.

*I: When rape happens with a person who is known to the victim like an uncle, brother or father do you report to relevant authorities like the police?*

*R9: We do not have rape. But if it is 'omonto omonene' [big person] like a teacher, the teacher gives something like a goat to the girl's parents. In old days it's not normal for someone like that to do it. Maybe it's the devil. The old ones go to 'genda ngo oboturi' [witch doctor] and the child is checked. The witch doctor may ask for a red goat or*

*chicken for this process. But if it's known, sometimes it's reported. If not known, not reported.*

R3: *We at times beat him.*

I: *What is done when it's an outsider?*

R2: *Will be killed, because why can't he spoil children at his village, not here?*

R4: *'Bagosabusi' [killing]...can burn him. If it's a known person and he repeatedly does this, we will kill him. (Men, group discussion, Nyamira)*

R: *You can take the person to 'ekegambero'. If it is a big person then he will be arrested, but if it is a young child then he is threatened.*

I: *What is 'ekegambero'?*

R: *This is a sitting where people sit and negotiate and even talk about this issue. It is done at 'Rinyaundi' (where the chief is located) in the presence of the Chief and village elders. If no agreement is reached then the person is taken to Nyamira [court].*

I: *What do you mean by a small child?*

R: *This small size say 6 or 7 years and below you can threaten them and go tell their parents. You find that some of these children might be sick and then infect the others.*

I: *What do you mean by those that are big children?*

R: *You can find others that are big men even 30 years and above who rape children of say 7 years.*

R: *If rapist is an older man the child who has been raped, you will find that the child will lose control of her urine, also the young child will lose her virginity even if the child is taken to hospital she will have no control of her urine, also child will feel pain and cannot put legs together. (Adult woman, in-depth interview, Nyamira)*

**Rape by a Family Member.** In regard to rape of a child by a member of the child's family, the participants indicated that people often do not report to authorities but try to deal with the situation from within the family. In part this is a means of avoiding shame and the stigma or dishonor that would befall the family if the violation had been reported.

*They don't report to the police, they do it traditionally. My grandmother told me they bring a goat and eat meat..By that, they talk and solve it in the family. (Teenage boy, group discussion, Nyamira)*

R6: *Where dad has raped [it is not reported] because mother has no authority. She cannot report because she can be beaten or chased away that 'you are spoiling my name'.*

R5: *It is a shame telling people about your husband and child. (Adult women, group discussion, Nyamira)*

Rather than report to authorities, families often handled such situations by asking the perpetrator to pay a fine.

*'Titogweiter' [We cannot kill for ourselves]. What we do is that we call a meeting and see how to solve the issue before it is known because if it is known, it will spoil the name*



*of the family. The uncle will be asked to pay some fine, maybe an animal. (Young man, group discussion, Nyamira)*

Non-reporting was prevalent also because reporting might damage the fabric of family relationships. The participants said that people were reluctant to report family members to authorities since that could damage relationships within the family. Similarly, 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.

*R2: It is usually covered because it is home.*

*R1: Fear that one can be beaten by the rapist and spoil 'oboiri' [relationship].*

*R3: If the person is poor, then it will not be reported because the person who has raped the child is influential.*

*R4: The rapist can go and report before you and say that you are lying and your only intent is to spoil the name of the rapist. (Young women, group discussion, Nyamira)*

*R2: One fears to be caught because the rapist goes behind and gives the parents of the child cash. The parent feels good because he is poor and gets money or is given a cow.*

*R7: We do not report in order not to spoil the girls' name, because people will never forget such an incident. She can even be mocked in school because of what happened to her.*

*R4: If it is a dad who has raped a child, the mother can say 'who will provide for us if I report him and he is arrested?' Also if the husband is jailed, the wife can be chased away by the husband's brothers for locking him in jail. (Young men, group discussion, Nyamira).*

Fear also contributed to non-reporting, since, for example, if a mother reported that the father had raped her daughter, the mother might be killed or sent away.

*R4: Because of fear. For example, a mother gets the daughter with the father. She fears that if she reports, she may be sent away or be killed.*

*R3: People like keeping it a secret so as to keep their relationship [the family continuing to stay together]. (Young men, group discussion, Nyamira)*

Rather than report, families often used traditional means of handling the issue. These means typically involved the perpetrator making restitution by paying a cow to the child's parent.

*R6: Conditions of the family are that they first ask for forgiveness...it is evil. Others have been doing this. They decide to do this traditionally and pay a cow to the child's parent. The child is treated at a private clinic and the culprit to care for the bill.*

*R1: There is shame and they use money to seal.*

*R6: Women fear to be chased away by their husbands. The neighbors know that these things happen, but cannot report. They say 'Nere bweriera' [He has eaten his own]. (Adult men, group discussion, Nyamira)*

Workers in the formal system also reported that matters of incest were handled by families and seldom came to their attention.

*On the matter concerning the uncle, we went there and found when the uncle had already been told to pay a fine of 10,000 shillings and the matter also reached us late and there was nothing we could do. The starting point in this community is that most of the things are going on in the community down there, and most of the things are concealed...Those matters don't get to us. (Key informant interview, Nyamira)*

It is safe to say, then, that significant obstacles reduced people's willingness to report even a clear criminal violation against children through the formal system. Addressing these obstacles is an important part of the wider task of strengthening the national child protection system in Kenya.

## IMPLICATIONS AND RECOMMENDATIONS

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This research has 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. In considering these implications and recommendations, it is useful to keep in mind that although this research provided a snapshot of the Kisii-Nyamira area, it was not a national study with a representative national sample.

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

Four key findings presented above 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 or early pregnancy that were seen locally as very concerning harms to children 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. The widespread demand for bribes was a misuse of the system, and, although it reportedly deterred many people from reporting to authorities, it likely had a greater deterrent effect on relatively poor people who were unable to pay the bribes. 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, issues arose of officials reportedly not fulfilling their responsibilities within the formal system and of handing back to the Chief cases that the Chief had referred and that were within the official's scope of responsibility. 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 that participants identified in this research. Significant numbers of children were out of school due to their families' inability to pay school fees. Also, some families were so poor that they preferred that their children not go to school and help with the family farming or engage in work that would contribute to family income. Children sometimes did poorly in school because they had had no food to eat and were unable to concentrate. Similarly, early pregnancy frequently resulted from girls trading sex for items they needed or wanted and that their families were unable to provide.

Although at one level most of the participants in this research could be described as living in poverty, there were identifiable differences in regard to the level of poverty. Approximately 30% of the residents in the villages included in this research were relatively well off in terms of socio-economic status. In this respect, it is useful to think not only about poverty alone but about the wealth gap that made the children of some families much more susceptible to problems such as going hungry, being out of school, or engaging in exploitative sex.

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.<sup>21</sup> 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.***

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<sup>21</sup> Child Protection Livelihoods and Strengthening Task Force (2013).

***(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 showed the diversity that existed within that category. The 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.

The views of which harms to children were most serious also varied by SES. For example, high SES participants rated out of school children as the most serious harm to children much more often than did low SES participants (47.9% vs. 16.3%). In contrast, low SES participants were much more likely than were high SES participants to rate poor parenting as the most serious harm to children (21.1% vs. 5.2%) or to rate alcohol and drugs (11.6 vs. 4.2%) as the most serious harm.

Age effects were also conspicuous. For example, teenagers were more likely than other sub-groups to identify child labor as the most serious harm to children. Similarly, adults were more likely than young adults or teenagers to view poor parenting as the most serious harm to children. Also, teenage boys, and, to a lesser extent, teenage girls were more likely than other groups to rate alcohol and drugs 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. Clearly, there is no monolithic 'child.' 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 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.**

Ecological approaches to children's protection and well-being feature the importance of factors at different levels such as family, peer group, school, wider community, and societal levels. In this research, preventive factors were visible at diverse levels. For example, 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 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 school and the Church 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 a number of very significant gaps or divergences 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 and values, whereas this practice contravened international child protection standards. 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 and Kenyan laws and policies, 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 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. 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 and 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 national laws and international child rights standards.<sup>22</sup>

***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.***

As these findings and recommendations suggest, one of the keys to taking effective steps to strengthen the child protection system in Kenya will be to learn from the lived experiences of children, families, and communities, thereby taking a grounded approach to system strengthening.

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<sup>22</sup> Wessells (2009). For an example of dialogue oriented approach, see Wessells (2011), p. 106.



## REFERENCES

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- Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people*. London: Sage.
- Ahmed, S., Al Hebshi, S., & Nylund, B. V. (2009). *Sudan: An in-depth analysis of the social dynamics of abandonment of FGM/C*. Innocenti Centre Working Paper 2009-08. Florence: UNICEF.
- Allden, K., Jones, L., Weissbecker, I., Wessells, M., Bolton, P., Betancourt, T., Hijazi, Z., Galappati, A., Yamout, R., Patel, P. Sumathipala, A. (2009). Mental health and psychosocial support in crisis and conflict: Report of the Mental Health Working Group—Humanitarian Action Summit. *Prehospital and Disaster Medicine*, vol. 24(supplement 2).
- ANPPCAN (2008). *Violence against children in Kenya*. Nairobi: ANPPCAN.
- Boyden, J. (2004). Anthropology under fire: Ethics, researchers and children in war. In J. Boyden & J. de Berry (Eds.), *Children and youth on the front line* (pp. 237-258). New York: Berghahn.
- Charmaz, K. (2004). Grounded theory. In S. Nagy Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research* (pp. 496-521). New York: Oxford University Press.
- Child Frontiers (2010). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper*. Bangkok: Author.
- Child Protection Livelihoods and Strengthening Task Force (2013). *Children and economic strengthening programs: Maximizing benefits and minimizing harm*. New York: Child Protection in Crisis Network for Research, Learning, & Action.
- Child Protection Working Group (CPWG)(2012). *Minimum standards for child protection in humanitarian action*. Geneva: Author.
- Dagne, H. G.(2009). *Ethiopia: A comparative analysis of the social dynamics of the abandonment of harmful practices in four locations*. Innocenti Centre Working Paper 2009-07. Florence, Italy: UNICEF.
- Dankoff, J. (2012). *Strengthening child protection systems in sub-Saharan Africa: A progress report based on country matrices*. Dakar: Author.
- Davis, R., McCaffery, J., & Conticini, A. (2012). *Strengthening child protection systems in sub-Saharan Africa: A working paper*. Dakar: Inter-agency Group on Child Protection Systems in sub-Saharan Africa.

Eynon, A., & Lilley, S. (2010). *Strengthening national child protection systems in emergencies through community-based mechanisms: A discussion paper*. London: Save the Children UK.

Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical research involving children*. Florence: UNICEF Office of Research-Innocenti.

Hart, J., & Tyrer, B. (2006). *Research with children living in situations of armed conflict: Concepts, ethics and methods*. Refugee Studies Centre Working Paper No. 30. Oxford University: Queen Elizabeth House.

International Center for Research on Women (2011). *Dialogue and action project: Mid-term report*. Unpublished report prepared for Catholic Relief Services, Coast Interfaith Council of Clerics, the Catholic Diocese of Malindi, and the GHR Foundation.

James, A. (2007). Giving voice to children's voices: Practices and problems, pitfalls and potentials. *American Anthropologist*, 109, 261-273.

Jewkes, R., Morrell, R., Sikweyiya, Y., Dunkle, K., & Penn-Kekana, L. (2012). Transactional relationships and sex with a woman in prostitution: prevalence and patterns in a representative sample of South African men. *BMC Public Health*, doi 10.1186/1471-2458-12-325.

Kahneman, D., Slovic, P., & Tversky, A. (1982). *Judgment under uncertainty: Heuristics and biases*. Cambridge: Cambridge University Press.

Kostelny, K., Wessells, M., Chabeda-Barthe, J., & Ondoro, K. (2013a). *Learning about children in urban slums: A rapid ethnographic study in two urban slums in Mombasa of community-based child protection mechanisms and their linkage with the Kenyan national child protection system*. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Kostelny, K., Wessells, M., & Ondoro, K. (2013b). *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.

Mackenzie, C., McDowell, C., & Pittaway, E. (2007). Beyond 'Do No Harm': The challenge of constructing ethical relationships in refugee research. *Journal of Refugee Studies Advance Access*, <http://jrs.oxfordjournals.org/cgi/content/full/fem008v1?ck=nck>

Mahori, N. (2012). *HIV prevalence in Kisii region worrying*. Nairobi: Standard News.

Morrow, V. (2009). *The ethics of social research with children and families in Young Lives: Practical experiences*. Oxford: Young Lives Research Project.

National Council for Children's Services (2010). *Summary of the outcome mapping and assessing Kenya's national child protection system: Strengths, weaknesses, recommendations*. Nairobi: NCCS.

National Council for Children's Services (2011). *The framework for the national child protection system in Kenya*. Nairobi: NCCS.

Oduol, J. (2012). Establishing a functional child protection system in Kenya. Invited address at the *Conference on Child Protection Systems Strengthening in Sub-Saharan Africa* conducted in Dakar May 7-9.

O'Kane, C., & Moore, K. (2012). *Lessons for protection: A comparative analysis of community-based child protection mechanisms supported by Plan in Asia*. Bangkok: Plan International Asia Regional Office.

Onyango, P. (2004). *A study of commercial sex exploitation of children in Kenya*. ANPPCAN Regional Office.

Schenk, K., & Williamson, J. (2005). *Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources*. Washington, DC: Population Council.

Standard Digital News (2012). HIV prevalence in Kisii region worrying. Downloaded from <http://37.188.98.230/?articleID=2000057592>

Tafere, Y. (2012). *Children's experiences and perceptions of poverty in Ethiopia: Working Paper 85*. London: Young Lives.

UNHCR (2009). *UNHCR policy on refugee protection and solutions in urban areas*. Geneva: Author.

UNICEF (2006). *The extent and effect of sex tourism and sexual exploitation of children on the Kenyan coast*. Nairobi: Author.

UNICEF, & Republic of Kenya (2011). *Report on knowledge, attitudes and practices (KAP) baseline assessment on child protection issues in 7 districts in Kenya*. Nairobi: UNICEF/Kenya.

Wessells, M. (2009). *What are we learning about protecting children? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children.

Wessells, M. (2011). *An ethnographic study of community-based child protection mechanisms and their linkage with the national child protection system of Sierra Leone*. London: Columbia Group and the Inter-Agency Learning Initiative on Community-Based Child Protection Mechanisms and National Child Protection Systems.

Wessells, M., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies*, 7(31), 211-22.