

**COMMUNITY ACTION TO END 'EARLY SEX' IN KENYA:
ENDLINE REPORT ON
COMMUNITY-LED CHILD PROTECTION**

Report for the Oak Foundation

Kathleen Kostelny, Ken Ondoro, & Mike Wessells

August 31, 2020

ACKNOWLEDGEMENTS

The authors express their sincere thanks to the community people in Marafa and Deki for their commitment to children's well-being, their collective resilience and self-reliance, and their warm spirit of collaboration and co-learning. Thanks go also to Joatham Mchombo, who served for two years as the community level facilitator.

This action research began as part of the Interagency Learning Initiative on Community Based Child Protection Mechanisms and Child Protection Systems. The technical leadership for the Initiative is provided by the Child Resilience Alliance, known formerly as the Columbia Group for Children in Adversity. The Initiative became inactive in November, 2018 as Save the Children rotated out of its coordinating role, which has yet to be picked up. The research would not have been possible without the collaboration of many agencies and stakeholders. The Initiative gratefully acknowledges the support and engagement of all partners and members of the global reference group: ChildFund, the Child Protection Working Group, Human Science Research Council, IICRD, Oak Foundation, Plan International, REPPSI, Save the Children, Terre des Hommes, TPO Uganda, UNICEF, USAID, War Child Holland, and World Vision. World Vision kindly hosted the facilitator for the first two years of the research. Particular thanks go to the Oak Foundation for its financial support and also for their technical advice and spirit of collaboration. UNICEF, USAID/PEPFAR, and World Vision are also thanked for their support of the previous, ethnographic phase, which laid the foundation for this action research.

The Initiative is indebted to diverse people, agencies, and stakeholders in Kenya. Special thanks go to the residents of the research sites, who gave freely of their time and knowledge. The Initiative also thanks the Government of Kenya for its valuable inputs and support, particularly through Judy Njoki of the Department of Children's Services. Appreciation also goes to the County Children's Officers, the Area Chiefs, Assistant Chiefs, Chairmen, village elders, community health workers, and youth leaders who facilitated the research. The following groups were members of the Kenya Reference Group during the ethnographic phase and gave important inputs into discussions of issues such as areas that were of strategic interest in Kenya: Action Aid International, AMREF, ANPPCAN, APHIA PLUS, CARE, CEFA, ChildFund, Child Line, CLAN, CRADLE, Girl Child Network, IRC, KAACR, Plan International, Save the Children, World Vision, and UNICEF Kenya.

Dr. Kathleen Kostelny served as the lead international researcher and also lead data analyst for this study, and Mr. Ken Ondoro served as the lead national researcher. This report was written by Dr. Mike Wessells, the Principal Investigator, with valuable inputs from Kathleen Kostelny and Ken Ondoro.

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

EXECUTIVE SUMMARY

Community-level child protection has long been a priority in both humanitarian and development settings. Until recently, however, there has been little research using robust methodologies to analyze the effectiveness of community-level child protection interventions. A 2009 global, inter-agency review found a weak evidence base for the effectiveness of Child Welfare Committees, one of the most widely used child protection interventions at that time. The evidence indicated that Child Welfare Committees achieved low levels of community ownership, had modest levels of effectiveness, and were unsustainable. Local people tended to see them as ‘NGO projects’ and depended on the NGOs for continuing them.

Accordingly, an inter-agency meeting decided to develop and test systematically the effectiveness of more community owned processes of child protection that link with formal, government aspects of child protection, and to use the learning from the research to strengthen practice. Overseeing the process was an Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems, coordinated by Save the Children (London). The technical arm of the initiative—the Child Resilience Alliance—agreed to lead the technical aspects of the research and decided to use a participatory action research approach. Kenya and Sierra Leone were selected as the sites for the action research. This report is the final evaluation or endline report on the action research in Kenya.

Action Research Design and Stages

In Kenya, the action research was conducted in Kilifi County in Coast Province in areas populated by Giriama people. The study used a two-arm cluster randomized trial design in Marafa and Bamba—two approximately matched areas. The Marafa location (comprised of two adjoining villages constituting one community) was randomly assigned to the intervention arm while the Bamba location (comprised of two adjoining villages constituting one community) was assigned to the comparison arm. This design enables one to make causal attributions regarding the effectiveness of the intervention.

The initial phase of the action research consisted of rapid ethnography, which examined questions such as who is a child and what are the main harms to children. In both Marafa and Bamba, leading harms to children were lack of food, being out of school, early pregnancy, overwork, drug abuse, poor parenting, and bad behavior by children. Sexual exploitation and abuse of girls was widespread, as girls who were hungry took food from men, who demanded sex in return. Also, girls took rides from ‘boda boda’ (motorbike taxi drivers), who then demanded sex as a form of payment. Teenagers and young people took part in disco matangas, funeral celebrations that raised money to help pay families’ funeral expenses but were sites of mass drinking and sexual abuse of girls by men. Many girls became pregnant, dropped out of school, and more than a few got married at a young age.

Following the ethnographic phase, a baseline survey was used to collect data in both the intervention and comparison villages regarding children’s risks, protective factors, and well-being in July, 2016. Next, the intervention villages in Marafa engaged in a slow, inclusive

process of dialogue to decide which harm or harms to children to address subsequently through a community-led action. Concerned about the pervasiveness of early sex, including girls as young as 8 years, and related issues of sexual exploitation, early pregnancy, early marriage, and school dropout, the communities themselves decided to address early sex. After the villages had selected early sex as the issue to be addressed and had outlined their implementation plan, a second, short baseline survey was used to collect information focused specifically on early sex and related problems such as sexual exploitation, teenage pregnancy, and school dropout.

In Marafa, the intervention communities addressed early sex through their own self-designed and collectively implemented action (2017-2019). The community-led action included: community dialogues about the importance of avoiding engagement in early sex; girls and boys playing football as a means of avoiding idling and engaging in sexual activity; learning life skills, often in discussions associated with football practice or games; encouragement of girls to stay in school; community theater and dialogues to raise awareness of the problems of early sex and how to prevent it; discussions between parents and girls about how to prevent early sex and other problems; and the community successfully petitioning the Chief to ban disco matanga.

Endline Methodology

The endline study, which was conducted October-November, 2019, used a mixture of quantitative and qualitative methods with a target population of children aged 10-17 years in Marafa and Bamba. The survey used the same questions that had been used in the baseline surveys, and was conducted in Giriama by nine trained Kenyan researchers backstopped by experienced Kenyan and international researchers. Survey data were collected using smart phones. Differences between the intervention and comparison communities were analyzed using Analysis of Variance (ANOVA) and nonparametric tests, with statistical significance evaluated at the $p < .05$ level. Particular attention was given to interaction effects, which, if significant, would indicate whether the intervention had a significant effect while taking into account baseline-endline changes in the comparison condition.

Qualitative methods such as in-depth interviews enabled learning from the narratives and lived experiences of the children (10 – 17 years) and caregivers in both Marafa and Bamba. Group discussions with different sub-groups made it possible to contrast the perspectives of groups such as girls and boys or children and adults. The questions explored changes that had occurred in the last two years, and also inquired about the community-led intervention itself. The questions were not asked in a structured or semi-structured manner since the intent was to follow the participants' line of thought and explore topics they thought were important. The qualitative data were collected in Giriama and translated into a verbatim, English, written transcript that included no names or personal identifiers. The data were analyzed using a grounded methodology that helped to identify natural categories consistent patterns. The research ethics had been reviewed and approved by both Pwani University in Kenya and the Institutional Review Board of Randolph-Macon College.

A limitation of the study is that it does not involve a nationally representative sample. Hence, it is important to avoid overgeneralizing the findings.

Key Findings

Girls and boys in Marafa became key actors, decision-makers, and influencers in the community-led action. They were the ones who chose football plus discussions as part of the intervention. Children were key in influencing peers, talking about the importance of staying in school, sending messages about avoiding early sex by means of community theater, and setting positive role models. Another important process result was that the people in Marafa took ownership for the community-led action to address early sex. Relying upon themselves and including a diversity of actors, they saw the community-led action as their own, not as an ‘NGO project’. Natural helpers, who wanted to help children, were key resources and led the conceptualization and implementation of the community-led action, without pay.

Early sex. Turning next to the outcomes for children, early sex decreased significantly in Marafa. Among girls and boys in the age range of 8 – 11 years, the decrease in Marafa was greater than the modest decrease that had occurred in Bamba, where a youth group had been active around issues such as teenage pregnancy. Similarly, early sex was reduced among girls 12-15 years, with the reduction being greater than that which had occurred in Bamba. Concomitantly, the average age at which girls began engaging in sex increased in Marafa from a mean of 12.7 years (baseline) to 14.6 years (endline). In Bamba, the mean age increased from 12.4 years (baseline) to 13.7 years (endline). Both girls and boys in Marafa frequently attributed the reductions in early sex to their involvement in football activities and the accompanying guidance and life skills. Girls commented on the value of developing life skills such as the ability to say ‘No’ to men. In contrast, girls in Bamba reported that the risks of early sex, early pregnancy, and early marriage remained strong.

Teenage pregnancy. The narratives of girls, boys, and adults indicated that teenage pregnancy had decreased significantly in Marafa due to support from parents, life skills such as saying ‘No’, staying in school, positive role modeling, and men’s awareness of how lack of basic necessities such as sanitary towels made girls vulnerable to men. Children and adults agreed that the principal factor in reducing teenage pregnancy in Marafa was that local people had banned together and petitioned the Chief to ban disco matanga. The Chief of Marafa confirmed that ending disco matanga played a role in reducing early pregnancy.

In contrast, people in Bamba reported consistently that early pregnancy was a significant problem and that 8 girls out of 30 from the primary school in Bamba had become pregnant in the school year in which the endline data were collected. Girls frequently became pregnant due to having unmet needs for items such as sanitary towels. Boda boda and even grown men exploited girls for whom they had provided such items. In addition, HIV in children was reportedly a widespread problem in Bamba, though it was not discussed openly.

Improved Parental Care of Children. In Marafa, parents worked together with the advice of a teacher to talk with their children about puberty, sex, and pregnancy. They also learned how to set rules in the home regarding, for example, treating each other with respect, and the importance of monitoring their children and knowing their location and activities. The parents reported that they enjoyed talking with their children and had begun to treat them better. The children, too, said consistently that they enjoyed being able to talk with their parents in ways that they had not

done previously. Parents also showed increased commitment to meeting girls' basic needs as a way of reducing transactional sex. In Bamba, no such activation occurred for parents around caring for their children. Indeed, women complained that the men were disinterested and alcohol abusers.

School Participation. In Marafa, the reduction in idling and early sex, together with changing peer and parental influences on children, led to reduced school dropout from primary school and increased participation and learning in school. The parents attributed increased school participation to the improved parenting and to the community formation of an out of school committee that responded to cases of out of school children. Bamba showed no increase in school participation, and no parents and civic groups working to limit school dropout. Sometimes being out of school led children to engage in activities such as disco matanga that led to high rates of pregnancy.

Spread of the intervention. A positive yet unexpected development was that the children and the parents Marafa helped to spread the community-led intervention to neighboring villages. Football plus discussions, including at tournaments, served as the primary means through which the spread occurred. In discussions, people from the neighboring villages asked whether they could have the community-led intervention in their own villages. Parents, too, reached out to neighboring villages, sharing their learning and accomplishments. In Bamba, there were limited positive supports for children, no dynamic ambassadors, and no spread to neighboring villages.

Linkage with Government services. The action research worked closely with the Department of Children's Services via its Field Office. K. Ondoro was frequently invited by the Office to give inputs on different issues or to give trainings to Government child protection officers in different Counties.

Implications for Action

Collectively, these findings have significant implications for community-level child protection work and efforts to strengthen child protection systems, both in Kenya and internationally. Practitioners, donors, and policy leaders should:

- Make wider use of community-led approaches to child protection, which are effective in reducing early sex, including the sexual exploitation of girls.
- Appreciate that community-led child protection is a natural means of implementing an ecological, relational approach.
- Support community resilience and self-reliance by using community-led approaches, which are locally owned and sustainable.
- Enable children's leadership, going beyond adult driven approaches, unlocking children's agency, and positioning children as agents of change on behalf of their communities.
- Prioritize prevention, using community-led approaches to complement to top-down, responsive work that is an important part of child protection.

INTRODUCTION

The international field of child protection has made significant contributions in prioritizing and responding to significant risks to children such as family separation, sexual exploitation and abuse, mass displacement, dangerous labor, trafficking, HIV and AIDS, and recruitment by armed forces and groups, among others. Yet the field remains limited by having a relatively weak evidence base, making it difficult to discern which interventions are effective and to be accountable to affected people. Fortunately, strides are being taken to strengthen the evidence base (e.g., Hermosilla, Metzler, Savage et al., 2019; Ministry of Labour and Social Protection of Kenya et al. 2019; Rubenstein, Lu, MacFarlane et al., 2020; WHO, 2016). This paper, too, aims to help strengthen the evidence base, particularly regarding community-level child protection.

Community-level child protection has long been a priority in both humanitarian and development settings. Until recently, however, there has been little research using robust methodologies to analyze the effectiveness of community-level child protection interventions. An important first step was a 2009 global, inter-agency review coordinated by Save the Children that examined the effectiveness and sustainability of Child Welfare Committees (CWCs; also called Child Protection Committees), one of the most widely used child protection interventions in humanitarian and development settings. Examining both the grey and published literatures, the review found that the evidence base supporting the use of CWCs was weak and that what evidence was available indicated that CWCs achieved relatively low levels of effectiveness and were unsustainable (Wessells, 2009). The factor that seemed to have the greatest influence on effectiveness and sustainability was community ownership—the sense of local people that they owned and took responsibility for the CWCs and used their own resources, creativity, and motivation to make them effective and sustainable. Unfortunately, the CWCs were observed to have low levels of community ownership, the importance of which has been confirmed in other work (Wessells, 2015). Since the work of the CWCs had been guided by child protection specialists and international NGOs, local people tended to see them as ‘NGO projects’ and depended on the NGOs for continuing them. As a result, when the external funding had ended, the CWCs became inactive or fell apart.

Subsequently, UNICEF Kenya helped to convene an inter-agency reflection process to take stock of what had been learned, the gaps in knowledge and practice, and key steps in strengthening child protection practice at community level and its evidence base. Building on the work of a previous inter-agency learning process that had targeted the importance of community ownership (Benham, 2008), the key priority identified by the multi-day meeting was to test in a systematic manner (using participatory action research) the effectiveness of more community owned processes of child protection that link with formal, government aspects of child protection, and to use the learning from the research to strengthen practice.

Wanting the process to be inter-agency, the participants agreed to form an Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems (hereafter referred to as the ILI). Save the Children (London) agreed to coordinate the action research in two African contexts. The technical arm of the initiative—the Child Resilience Alliance, formerly the Columbia Group for Children in Adversity—agreed to lead the technical

aspects of the research. Following an open invitation process to different UNICEF offices in West Africa and East and Southern Africa, respectively, UNICEF Sierra Leone and UNICEF Kenya expressed keen interest in the action research and were willing to help broker collaboration with government stakeholders. Hence, Kenya and Sierra Leone were selected as the sites for the action research.

In Kenya, the action research was conducted in the communities of Marafa and Bamba in Kilifi County in Coast Province, which is populated by Giriama people. The initial phase of the action research consisted of rapid ethnography, which examined questions such as who is a child and what are the main harms to children. The findings revealed that the leading harms to children were lack of food, being out of school, early pregnancy, overwork, drug abuse, poor parenting, and bad behavior by children (Kostelny, Wessells, & Ondoro, 2014). The study reported that sexual exploitation and abuse of girls was widespread and occurred in ways that illuminated the relations between the harms to children. For example, girls who were hungry took food from men, who demanded sex in return. Also, girls took rides from ‘boda boda’ (motorbike taxi drivers), who then demanded sex as a form of payment. Teenagers and young people took part in disco matangas, funeral celebrations where there was mass drinking and sexual abuse of girls by men. As a result of these factors, many girls became pregnant, dropped out of school, and more than a few got married at a young age.

Recognizing the pervasiveness of ‘early sex’ and the interconnections above, the Marafa communities themselves decided to address early sex following the ethnographic phase. They were highly concerned about girls as young as 8 years old engaging in sex, and also girls getting pregnant as soon as they reached puberty at about age 13. Among Giriama people, this was considerably younger than had traditionally been the age of sexual engagement, which usually occurred around the time of puberty, when a teenage girl’s ‘breasts came out’ and she began to be seen as a woman. The Giriama view of early sex is not the same as the international concept of early sexual debut, which has been defined globally as having sexual intercourse under the age of 15 years (Peltzer, 2010). Additional, related concerns were girls dropping out of school, or exchanging sex for money or goods to help meet basic needs.

With respect to early sex, there is much to be concerned about. As had been observed in the ethnographic study, early sexual debut in African countries is frequently coerced and therefore related to sexual exploitation and abuse. In diverse African contexts, early sexual debut is associated with smoking, alcohol and drug use, weak connections between parents and children, and mental distress (Peltzer, 2010). In addition, the evidence from reproductive health indicates that in African contexts, early sexual debut is associated with teenage pregnancy, multiple sexual partners, early marriage, reduced use of contraception, and increased risk of unintended pregnancy, sexually transmitted infections and HIV, unsafe abortions, and truancy (Doku, 2012; Fatusi & Blum, 2008; Hindin & Fatusi, 2009; Khangeilani, Geoffrey, Thabile et al., 2010).

In Marafa, the intervention communities addressed early sexual debut through their own self-designed and self-implemented action (2017-2019). As shown in Table 1 (see the following page), the community-led action included processes and actions such as: community dialogues about the importance of avoiding engagement in early sex; girls and boys playing football as a means of avoiding idling and sexual activity; learning life skills; encouragement of girls to stay

in school; community theater and dialogues to raise awareness of the problems of early sex and how to prevent it; discussions between parents and girls about how to prevent early sex and

Element	Description
Collective dialogue, awareness raising, and negotiation	In village meetings and sub-groups such as teenage girls, teenage boys, adult women, and adult men, groups discussed the main harms to children, which issue should be addressed, and how to address the issue. Initial discussions focused on out of school children, teenage pregnancy, overwork, early marriage, drug abuse, poor parenting, drug use, and poor decision making by girls.
Collective decision-making, empowerment, and responsibility	The communities made their own decision to address early sex, which they saw as a pathway to key harms such as teenage pregnancy, early marriage, and being out of school. Communities owned the decisions and action process, and they took responsibility for ensuring its success.
Sports plus life skills and leadership	Football activities for both girls and boys were facilitated by trusted, community selected mentors. At practices, girls discussed the importance of avoiding early sex and how they would achieve that. Girls emerged as leaders who modeled good behavior and encouraged other girls to stay in school while avoiding early sex. Football tournaments included youth dramas and discussions facilitated by community mentors that encouraged wider groups of children to abstain from sex and stay in school.
Peer education	Trained peer educators enabled discussions about the consequences of early sex and ways of preventing early sex such as abstaining from sex, avoiding idling by playing football, not using alcohol and bhang, staying in school, and avoiding contexts such as disco matangas.
Life skills	Community mentors for girls and boys facilitated life skills such as critical thinking, decision making, and problem solving. The mentoring took place on weekends and during school holidays, when children were idle and had been at risk of engaging in early sex.
Theater plus discussion	The youth theater group presented dramas on early sex at community gatherings and venues. Discussions about preventing early sex took place separately with groups of girls or boys, respectively, before or after football games and tournaments.
Inclusive engagement	A diverse Implementation Committee (girls, boys, women, and men) facilitated work to prevent early sex. Youth were highly active on this Committee, as they were in the community-led action itself.
Positive parenting	With support from a parenting mentor and also the NGO Kesho Kenya, parents had regular, supportive dialogues with their children about the consequences of early sex, how to solve other problems, and children's activities and relationships outside the household.
Ban on disco matanga	Community members lobbied the Chief to stop the disco matangas where much sexual abuse and early sex occurred. The Chief responded by banning disco matanga. The people complied with this order since the idea had come from themselves.

Table 1. The main components of the community-led action to reduce early sex.

other problems; and the community successfully petitioning the Chief to ban disco matanga, funeral celebrations that raised money to help pay families' funeral expenses but that enabled extensive drinking and sexual activity, including rapes.

Using mixed methods and a design that includes a comparison group, this paper reports the endline findings from the community-led action to reduce early sex in two Marafa villages in Kilifi County in the Coast region of Kenya. The paper focuses on the outcomes for children, which have too seldom been the focus of final evaluations in child protection work. This paper will refer to but will not report in full on the previous stages of research such as the ethnographic stage since those findings are available elsewhere (Kostelny, Ondoro, & Wessells, 2014; Wessells, Kostelny, & Ondoro, 2014).

METHODOLOGY

Design

The action research was conducted in multiple phases, as outlined in Figure 1 (see the following page). In the initial, ethnographic phase, there was rich, qualitative learning in two approximately matched sites in each of three areas: Kilifi County (rural areas of Marafa and Bamba), Mombasa County (urban slums), and Kisii/Nyamira Counties (rural locations). The ethnographic phase strengthened relationship and trust with local people and enabled non-judgmental learning about who is a child, harms to children, what happens when harms to children occur, and whether and how local people used formal child protection mechanisms. At the end of the ethnographic phase, the main findings were fed back to local people in a respectful, non-technical manner. In fact, terms such as 'child protection' and 'child labor' were not used since they were outsider terms. Throughout all the phases of the research, the action research team sought to use the local idioms and terms that reflected the language and views of local people.

Through a consultative, inter-agency process, Kilifi County was selected as the site for the full action research because it was safe, accessible, and had an NGO partner (World Vision Kenya) to help support the work. The selection was followed by a learning process from Marafa and Bamba communities about local views of children's well-being that employed elicitive and ranking methodologies. Together with international indicators, the constructs of well-being that emerged were subsequently used as the basis for survey questions related to children's well-being.

The study used a two-arm cluster randomized trial design, with quantitative and qualitative information collected both at baseline (T1) and endline (T2). The Marafa location (comprised of two adjoining villages constituting one community) was randomly assigned to the intervention arm while the Bamba location (comprised of two adjoining villages constituting one community) was assigned to the comparison arm. This design enables one to make causal attributions regarding the effectiveness of the intervention.

Sites

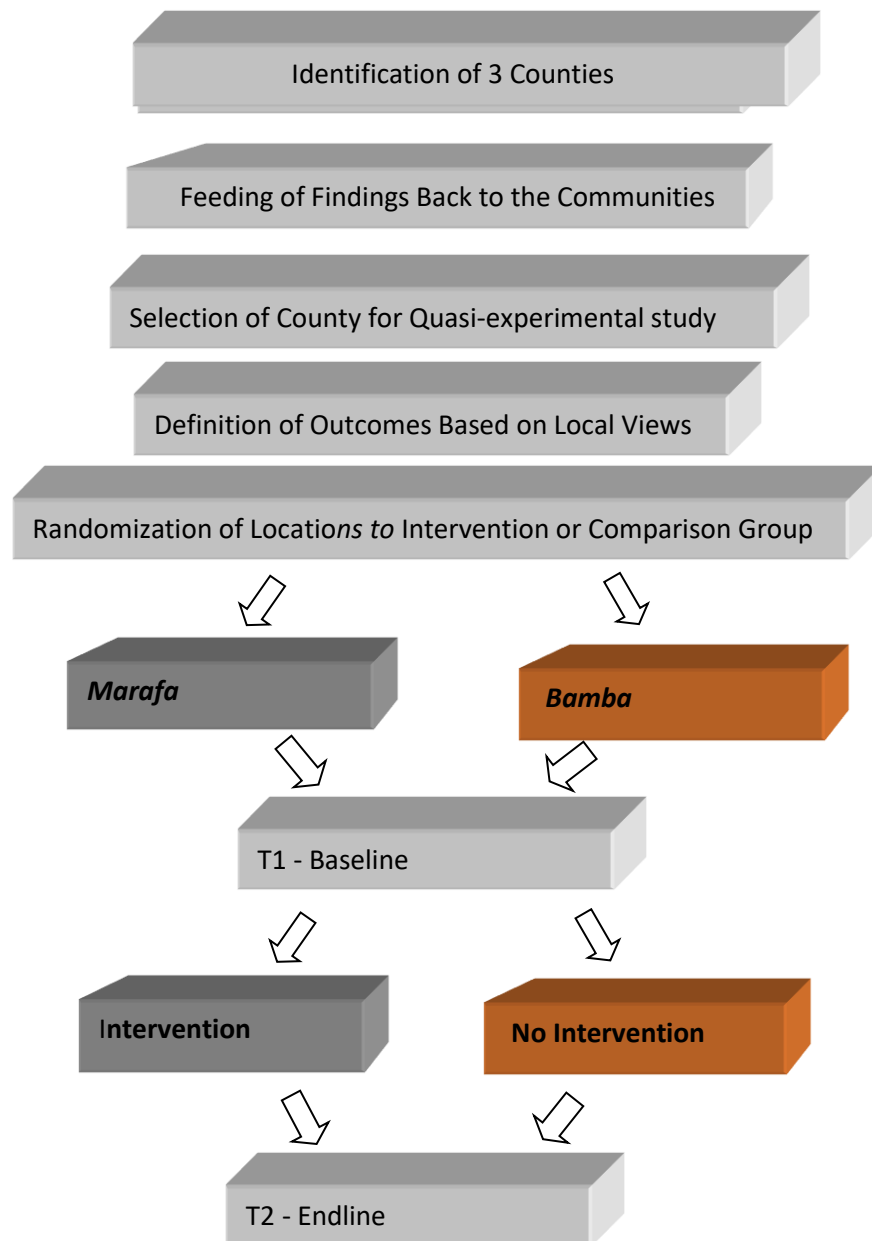


Figure 1. The multi-phase action research design.

The two research sites in Kilifi were Bamba and Marafa. These two sites had been selected on the basis of being approximately comparable in regard to tribe and language (Giriama), SES, education, and extent of child protection issues and services. Within Bamba, the two participating villages were Bimzogha and Kanyumbuni, which had populations of approximately 500 people and 400 people, respectively. Within Marafa, the two participating villages were

Marafa Village and Deki Village, which had populations of approximately 600 and 300 people, respectively. Marafa and Bamba served as the intervention and comparison conditions, respectively.

The endline data collection occurred October-November, 2019 and included a mix of quantitative and qualitative methods.

Quantitative Methods

Study Sample. The target populations for the endline study were children aged 10-17 years and the caregivers of children aged 10-17 in Marafa and Bamba. The sampling frame came from a list of all children in each village developed in consultation with the elders in the village. Simple random sampling was used to obtain the endline sample, which included 494 children.

Survey Instrument. The survey was designed for young people aged 10 to 17 years. The surveys had previously been administered in the baseline study, which was conducted in phases July, 2016 – July, 2017, before the intervention had begun in Marafa. The survey, which drew on a previously used survey in Sierra Leone (Stark, Muldoon, Lilley et al., 2014), was designed to measure perceptions of early sexual debut, social norms around children's sexual behavior, children's well-being as defined in the local context, and connectedness with caregivers. It also measured demographic characteristics such as sex, age, and religion. The survey, which had been field tested prior to the baseline administration, took approximately 30-40 minutes to administer.

The instrument was developed in English and then translated into Giriama by local researchers to ensure that the questions were contextually appropriate and understandable for the participating children. The translation was then checked, with necessary revisions made by researchers from Pwani University. It was checked again during the training by the researchers, who spoke Giriama and were familiar with the local context. Before use in the baseline study, the survey instrument was field tested with 20 children.

Researcher Selection and Training. Nine national researchers were hired to conduct the survey. They were selected according to criteria including fluency in Giriama, prior research experience, high level of motivation, ethical sensitivity, and ability to work as part of a team.

The researchers participated in a 5-day, participatory training workshop conducted in Kilifi by the Lead National Researcher (K. Ondoro), a research supervisor and technical specialist for the phones (H. Fondo), and the international researcher (K. Kostelny). The workshop topics included the study purpose and design, the previous phases of research, the collection of data using smart phones, and how to engage and talk with research participants in a respectful, empathic manner while conducting the survey. With respect to research ethics, the workshop addressed the code of conduct, child safeguarding, mechanisms for reporting concerns or violations, and avoiding raised expectations in the communities. The researchers' skills were developed through role-play sessions with reflection and feedback, and also through peer observation.

Data Collection and Management. Data were collected using smart phones, which permitted real time tracking of the survey process. The data collection was overseen by the lead national researcher, with additional oversight by the technical specialist and international

researcher. The data were uploaded to the server daily, which allowed the supervisors to check progress against sample targets and correct errors when necessary. The data were then exported to Excel for data cleaning, and then to SPSS for analysis. Daily debriefings were held with all the data collectors.

Data Analysis. Statistical analyses were performed using SPSS (Version 26). Descriptive analyses were used to examine the main child protection risks and well-being outcomes identified in the previous phases of the research. Differences between the intervention and comparison communities were analyzed using Analysis of Variance (ANOVA) and nonparametric tests, with statistical significance evaluated at the $p < .05$ level. Particular attention was given to interaction effects, which, if significant, indicated whether the intervention had a significant effect while taking into account baseline-endline changes in the comparison condition. It should be noted that differences between the intervention and comparison group at baseline are not inherently problematic, since analysis of the interaction effects takes these differences into account and examines whether greater changes occurred in the intervention condition than had occurred in the comparison condition.

Qualitative Methods

The purpose of the qualitative methods was to learn from the narratives and lived experiences of the children (10 – 17 years) and caregivers in both Marafa and Bamba. With both qualitative and quantitative data, it became possible to discern convergences. The qualitative methods also made it possible to probe into why participants responded as they did, learn about categories and themes that had not been addressed in the surveys, and establish the respect and trust needed to obtain accurate information on potentially sensitive issues. The inclusion of group discussions with different sub-groups made it possible to contrast the perspectives of groups such as girls and boys or children and adults. Also, in group discussions, the participants sometimes played off each other's ideas, which helped to illuminate key themes and also divergent views of them.

Broadly, the endline study addressed the following questions:

General Questions

- What changes in children 10 – 17 years here have occurred in the past two years?
- What do you think caused those changes?
- Did changes occur in early sex/teen pregnancy/early marriage and why or why not?
- Are children aged 10 – 17 years better or worse off than they had been two years ago? Why?
- Are there new harms to children that have become more concerning in the past two years?

Intervention Specific Questions

- Did you take part in the community action to end early sex? How or why not?
- What changes occurred due to the community action to end early sex?
- Did the community action help girls, boys, or both (or neither)? Please explain.

These questions were not asked in a structured or semi-structured manner since the intent was to follow the participants' line of thought and explore topics they thought were important. Accordingly, the researchers tried to follow the participants' discussion and adjust the questions using contextually appropriate wording and sequencing.

Participants. Key informant interviews (N=15) were conducted with people who knew the situation of children well, including chiefs, village elders, teachers, women and youth leaders, police as well as with teen girls and boys who had been active in the community-led action. (Table 2).

Participant Type	Marafa	Bamba	Total
Chief	1	1	2
Village Elder	2	2	4
Teacher	1	1	2
Women's leader		1	1
Youth leader		1	1
Police	1		1
Teen girls	2		2
Teen boys	2		2
Total	9	6	15

Table 2. Summary of key Informant Interviews.

Additionally, 15 focus group discussions with 182 participants were conducted with subgroups of teen girls, teen boys, women, men, and the Marafa parents' group (see Table 3 on the following page).

Data collection. Data were collected by means of in-depth interviews with particular individuals or group discussions in the local language with particular sub-groups such as girls, boys, women, or men. To increase trust and willingness to speak openly, the gender of the interviewer matched that of the participants whenever possible. The data were collected at a time that was convenient for the participants and in a place where the participants felt comfortable and could speak openly. If the participants granted permission, the interviews and discussions were recorded digitally in order to obtain a verbatim record of what was said. Soon after a particular interview or group discussion the researcher(s) translated the Giriama recording into a verbatim, English, written transcript that included no names or personal identifiers.

Participant Type	Marafa		Bamba		Total	
	No. of Groups	No. of Participants	No. of Groups	No. of Participants	No. of Groups	No. of Participants
Teen Girls	4	46	1	9	5	55
Teen Boys	4	43	2	19	6	62
Women	1	7	2	20	3	27
Men	1	10			1	10
Parents Group	2	28			2	28
Total	12	134	5	48	15	182

Table 3. Summary of focus group discussions.

The in-depth, key informant interviews were conducted one-on-one and lasted approximately one hour. 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. During the interviews, the interviewer took light notes (jottings) while taking care to engage visually with the participant as much as possible while they were narrating.

Group discussions were conducted by a pair of researchers, whose gender usually matched that of the participants. One of the researchers facilitated the 60-90 minute discussions with groups of 8-12 participants, while the second researcher took notes. The group discussions explored the questions identified above, with the facilitator reminding the participants that there were no 'correct' answers, all points of view were welcome, and this was an open exchange of views rather than a debate. The facilitator also worked to create space for the group to raise and explore its own questions. During the discussions, the facilitator reached out and invited each participant to share their views. Also, the facilitator asked probing questions in order to clarify key points or achieve a deeper understanding of the views of particular individuals or the group.

Data Analysis. CRA researchers Ondoro and Kostelny did the main data analysis using a grounded methodology (Charmaz, 2007; Strauss & Corbin, 1990), reading and rereading the entire data set in a holistic manner until natural categories (e.g., types of changes that had occurred as the community action was taken) and consistent patterns (e.g., increasing leadership by girls) emerged.

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

changes in children's well-being that had occurred during the community-led action, or what the participants saw as the likely cause of the changes. If a single participant said that a change was that children went to school more and the cause was X, whereas a large number of participants said that the cause was Y, then Y was selected as the more typical perceived cause of why more children went to school. In addition, the lead researchers (Kostelny, Ondoro, & Wessells) triangulated the qualitative and quantitative data. For example, if the survey data from children indicated that early sex had decreased, the researchers expected to see this expressed in the narrative data as well, together with children's ideas about likely causes of the decrease. If no such corroboration appeared in the narrative data, this sparked analysis of biases that might have been at play in the survey method, the narrative method, or both. Included in this report are only the findings that could not reasonably have been explained as methodological artefacts.

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.

Ethics

The endline study recognized and sought to address the ethical complexities and dilemmas associated with research on children (Alderson & Morrow, 2011; Graham et al., 2013; Schenk & Williamson, 2005). As described above, all the researchers were bound by the UN Code of Conduct and had received training on child safeguarding, with particular emphasis placed on avoiding sexual exploitation of girls.

Parental informed consent and adolescents' assent was obtained through careful procedures that involved explaining well the purpose of the endline study. The participants were free to end their involvement in the survey or the narrative data collection at any time. To protect confidentiality, the records contained no names or personal identifiers. Both the survey questions and the questions asked during the qualitative data collection avoided asking about painful experiences in order to avoid picking people open and leaving them more vulnerable than they had been. Throughout, care was taken not to raise expectations on the potential benefits that participants would gain from the work. The research ethics had been reviewed and approved by Pwani University and the Institutional Review Board of Randolph-Macon College, where M. Wessells is Emeritus Professor.

It is noteworthy that the evaluation design, which includes a comparison group, has sometimes been criticized for denying one group the intervention support that the other group has received. In the present study, this concern is mitigated by the fact that, until the endline study had been completed, the effectiveness of the intervention was unknown. Alongside the generation of this report are steps to extend the community-led process and intervention to the former comparison communities in Bamba, as had been done in the companion action research

in Sierra Leone. This delayed intervention strategy is similar to the waitlist strategy which is often used to address concerns about designs that call for a comparison group.

A further ethical obligation is to feed the findings from the endline study back to the participating communities. Failure to do this would not only be disrespectful but would constitute an extractive approach that is contrary to the spirit of a community-led process and could also make local people feel objectified and exploited. Accordingly, the key findings were fed back to the participating communities in a respectful, accessible manner, with appreciation for their collective accomplishments.

Limitations

Because this research does not involve a nationally representative sample, it is important not to make broad generalizations based on its findings. While site selection was based on areas ‘representative’ of rural areas in Kilifi, caution should be exercised when considering the applicability of study findings to the larger Kenyan context, with its rich diversity. Additionally, like most survey research, this study collected data that relied mainly on self-reports. While useful, they are also subject to social desirability bias which could lead to inaccuracy due to respondents providing answers they think data collectors want to hear. To reduce bias, triangulation of data by different sources (children and adults) was an important means of verification.

KEY FINDINGS AND ANALYSIS

The community-led action led to increases in children’s agency, including significant leadership by girls, and community ownership of the process. In addition, the community-led action had significant outcomes for children, including reduced early sex, reduced teenage pregnancy, increased life skills, increased participation in education, and improved relations between parents and children. Valuable connections between community-led action and Government processes of child protection were also established or strengthened. Each of these is discussed in turn below.

Children’s Agency and Influencing

Far from being participants in adult designed activities and processes, girls and boys in Marafa emerged as key agents and actors in the community-led process. During the initial planning discussions, girls and boys had shared their ideas about how early sex harmed children and identified actions such as football with life skills that would help to keep children in school, reduce idling, and prevent early sexual activity. During the community-led action, some girls and boys became peer educators who actively shared with peers ideas about the importance of abstinence, avoiding pregnancy, and staying in school. The following group discussion¹

¹ Names are avoided as a means of protecting confidentiality. In group discussions, each participant has a unique identifier such as ‘R1’ (for Respondent no. 1), while the interviewer is identified as ‘I’.

illustrates some of the main themes that children presented through talking with peers and also how they offered advice.

R2: Just through talking. The other day we were walking from the market to home and one of my friends started talking about going to disco matanga and getting girls there and I had to advise them that that is not a good idea because first and foremost, we waste time -- instead of reading we go to disco matanga. And secondly, when you sleep with girls you can actually contract HIV/AIDs. And they all listened, in fact, none of them went to disco matanga that night and I was happy. (Group discussion, boys, Marafa)

*I: So how many of you here are peer educators?
(Four hands go up)*

I: Ok. Please share with me how the journey has been?

R5: We have met again several times, especially every time we play football we meet to discuss as peer educators.

I: I would like to know, what do you actually discuss?

R7: As one of our friends has mentioned, we mainly talk about things to do with concentrating in education, and avoiding sexual intercourse at an early age because it will interfere with your life. We usually tell our friends that once you start having sex with a girl, you might end up making that girl pregnant and if you do so, your whole life will change for the worst. You will never be able to go to school, you will have to drop out, will struggle with taking care of the baby, plus so many other bad things that will follow you. So we say “stop engaging in sex, education is good”, and that has been what we talk about throughout.

R4: Yes, basically that. We tell our friends to avoid engaging in sex, alcohol and smoking of bhang and cigarettes and concentrate on education because that is the only way they will succeed in life. (Group discussion, boys, Marafa)

Boys and girls also developed and performed short plays that portrayed different scenarios and sparked discussion and awareness on the harm caused by early sex and what people can do to prevent it. Girls and boys wrote the scripts, acted out the roles, enabled and participated in the group discussions, and took stock of how it had gone so they could make needed adjustments going forward.

It was though football and related discussions, however, that children became most visible and influential with both peers and wider community people. After receiving training on life skills, pregnancy prevention, and the importance of staying in school, girls and boys reached out to peers, bringing them into the process and communicating key messages. Excitement in the communities grew over the football matches that were conducted, with discussion of preventing early sex that followed. Community people commented that the children themselves had become central actors in the community-led action. Over time, the children helped to spread the community-led action by organizing football matches with discussions in other communities, as discussed below.

Role modeling became a prominent source of children's influence. In one case, a girl who had become pregnant and dropped out of school was inspired by the girls' football to change her path and return to school.

R2: Through plays, there is a girl who got pregnant and had dropped out of school, she managed to go back to school and continue with her education—she is now in class six.

I: How did that happen?

R4: She dropped out of school after getting pregnant and she got married. But when she saw the other girls playing, she joined the football team and started playing with them. She also started attending the life skills sessions and after some time, she just said that she is interested in going back to school to continue with her education. Before we knew it, she was back at school in class six and the teachers also welcomed her back. She is now in class six. (Group discussion, girls, Marafa)

Perhaps the most visible case of positive role modeling involved a teenage girl who had been one of the girl football players as part of the community-led action in Marafa. Having avoided early sex and having stayed in school, she went on to become 'famous' by obtaining a prestigious, scarce job with the Kenya prison system. Other children talked about how they wanted to follow a similar path. Here is the message she delivered via a speech she gave at the opening of a football tournament with the theme 'Stop sex, education is good, let's abstain':

My fellow girls and boys, I just want to share with you my life story and to just encourage you that you can also make it to where I have reached. For me, I really thank football because were it not for football that I used to play, I wouldn't be here where I am. To start with, football made me busy, gave me good and supportive friends, and I was able to get a scholarship to study for free at secondary school level. And then when the prisons were recruiting, they identified and recruited me because of my football skills. So I encourage you not to take this opportunity for granted --, you never know where this might take you. But importantly, avoid the issues of engaging in sex early, because once you get pregnant or you make a girl pregnant, life will be very difficult. Things will be hard. You will struggle to take care of the child, and you might end up not achieving your goals. As for me, what helped me is that I surrounded myself with good friends, friends whom we played football with, and we never went to disco matanga or to wedding parties because we knew very well what happened there. So I urge you to take care, avoid engaging in sex at this age, and concentrate on education. (Young woman, Marafa)

Community Ownership

Local people in Marafa took ownership for the community-led action to address early sex. Relying upon themselves, they saw the community-led action as their own, not as an 'NGO project'. People took pride in the fact that they had identified the key harm to children, and they had developed and implemented the community-led action to address it. Although the Kenyan

NGO had done valuable capacity building, natural helpers were the key resources and led the conceptualization and implementation of the community-led action, without pay. For example, a teacher named Mr. Baya worked tirelessly and without pay with parents on how to better support their children in avoiding early sex. Similarly, female and male football coaches and mentors helped girls and boys, respectively, in their football and life skills activities, without monetary compensation. In fact, the natural helpers reported that their motivation was to help children, not to earn money.

Community ownership was visible also in the inclusive participation in the community-led planning and action. In the planning discussions, for example, a community defined priority was to hear the ideas of diverse sub-groups who might be able to speak most openly if they had discussions among themselves. Accordingly, full community discussions were complemented by small group discussions among girls, boys, women, and men, respectively, with the main themes being shared (without identifiers) with the full community. This process enabled girls to speak openly about sensitive issues such as sexual abuse and exploitation, without fear of personal retaliation against them. As a result, community people learned more extensively about children's lived experiences and issues than they likely would have through open community discussions. That inclusivity was an ongoing priority was evident in the steps that communities took to include boys in diverse activities. When the football activities began, for example, most of the participants were girls. Recognizing that addressing problems of early sex required the participation and agency of boys, the community adjusted the football and discussion activities so that there was better balance between the number of boys and girls participating in their gender-specific groups.

Early Sex

Turning next to the outcomes for children, one of the main findings is that early sex decreased in Marafa, especially among younger children—both girls and boys—in the age range of 8 – 11 years. It was early sex during this period that had sparked the strongest community concern during the planning discussions that led to the community-led action. At baseline, nearly half the children in Marafa (45.1%) reported that it was somewhat common or very common for 8 – 11 year old girls to engage in sexual activities, whereas the figure at endline had decreased to 21% (see Figure 2 on the following page). In Bamba (the comparison condition), a reduction also occurred (from 39.7% to 31.5%) though it was smaller in magnitude. These differences in the reduction of early sex among girls were statistically significant ($p < .001$). Narrative data indicated that in Bamba, a youth group had been active in addressing children's engagement in sex and pregnancy, and this likely contributed to the reduction in early sex reported in Bamba.

Sexual activity in 8-11 year old boys underwent a similar reduction (see Figure 3 on the following page), with greater reductions in Marafa than in Bamba. The differences in the reductions that occurred in Marafa and Bamba were statistically significant.

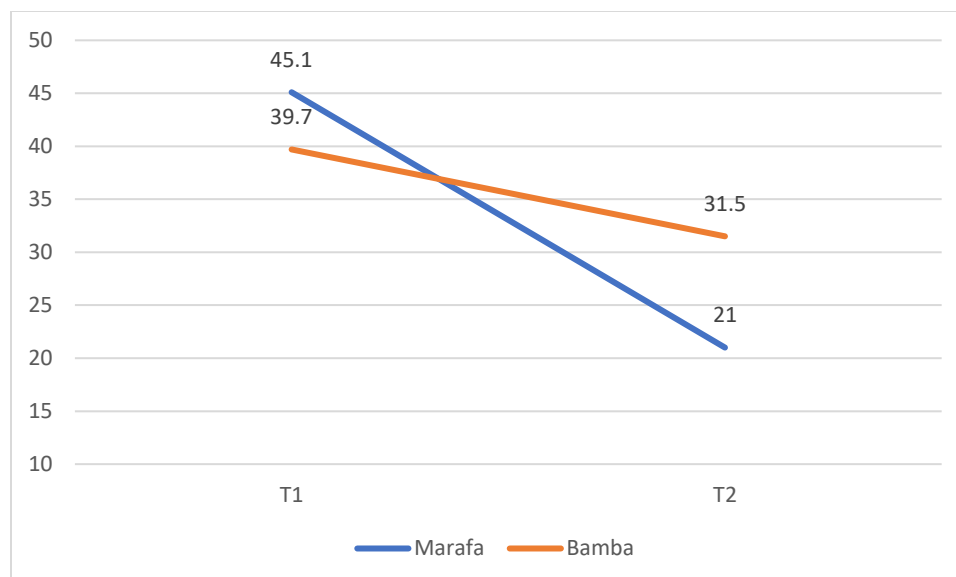


Figure 2. The percentage of children who reported that that sex activity was common among 8 – 11 year old girls in their community. (T1 = Baseline and T2 = Endline)

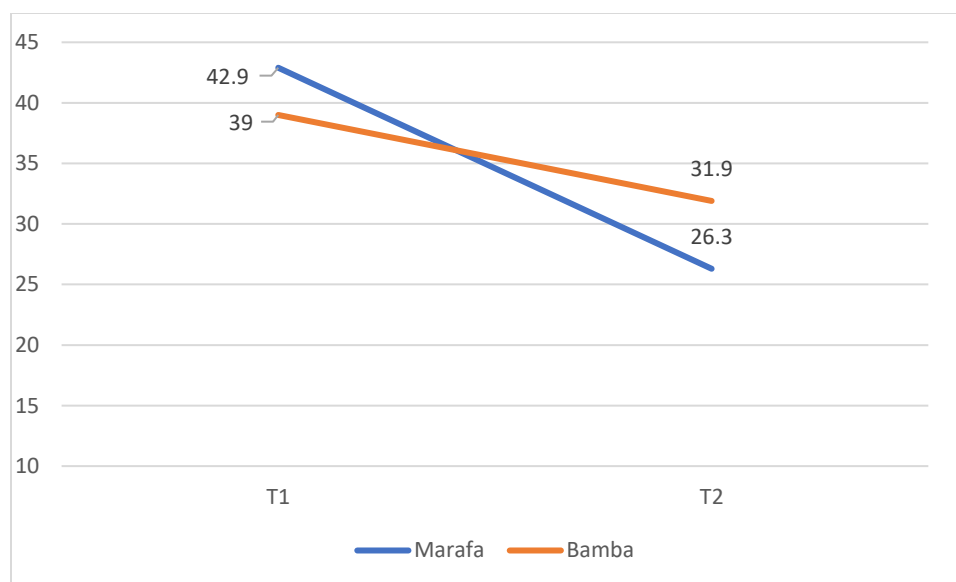


Figure 3. The percentage of children who reported that that sex activity was common among 8 – 11 year old boys in their community. (T1 = Baseline and T2 = Endline)

There was also a reduction in early sex among girls in the age range 12 -15 years. A reduction in early sex was reported in both Bamba and Marafa, though the reduction was much greater in Marafa. In the intervention villages, the percentage of children who reported that it was common for girls 12-15 years to engage in sex was 79.5% at baseline and 48.4% at endline (a 31% decline). In the comparison villages, the percentage was 92.2% at baseline and 78.4% at endline

(a 14% decline). This difference in the magnitude of the reduction was statistically significant ($p < .001$).

Alongside the reductions in early sex among young girls and boys, there was an increase in the average age at which girls and boys began engaging in sex. In Marafa, the estimated age at which most girls began to engage in sex increased from a mean of 12.7 years (baseline) to 14.6 years (endline). In Bamba, the mean age increased from 12.4 years (baseline) to 13.7 years (endline). Although the age of girls' participation in early sex was reported to increase in both communities, the increase in Marafa was statistically greater than that in Bamba ($p < .05$).

Both girls and boys frequently attributed the reductions in early sex to their involvement in football activities and the accompanying guidance and life skills. Girls commented on the value of developing life skills such as the ability to say 'No' to men that were discussed in connection with football practices and tournaments. As one girl reported,

We have really been motivated... We have become very successful just because of football and avoiding the bad groups. We have now learned through the sessions that we have had that it is better to sacrifice now, concentrate on education, and you will definitely be successful. (FGD, girls, Marafa).

Boys from the intervention village also indicated the importance of their participation in football.

When we started playing football, the time I used to spend in the market I would spend in the field playing. And I started having different kind of friends because when we are in the field playing, we talked about issues of education, we are encouraged to concentrate on education, we also talk about issues of sex, and making sure that you don't make a girl pregnant and then your life becomes difficult, and you might end up dropping out of school. (Boy, 15 years, Marafa)

The situation in Bamba was very different from that in Marafa. In Bamba, a youth group reportedly had been working to address early sex and teenage pregnancy, and this likely contributed to the mild decrease in early sex. However, girls reported that the risks of early sex, early pregnancy, and early marriage remained strong.

I: So I think we can start with the challenges girls face in the community.

R1: Early pregnancy.

R2: Early marriage.

R3: Early sex and early relationship.

R10: Disco matanga.

I: How does disco matanga affect girls?

R8: Girls may be raped when they go to disco matanga.

R9: Girls who like going to disco matanga end up getting pregnant because they meet boys there and have sex. (FGD girls, Bamba)

Teenage Pregnancy

Among the most poignant outcomes of the community-led action was a reduction in teenage pregnancy. Local reports and county statistics indicated that pregnancy had been increasing in all the surrounding villages in Marafa during the period in which the action research was conducted. Yet in Marafa, no new pregnancies in the past 12 months had been reported in the intervention villages. One pregnant girl was in Marafa, but she was not from Marafa and had been sent there to live with a relative after she had become pregnant.

The narratives of girls, boys, and adults not only confirmed that teenage pregnancy had reduced in Marafa but also clarified the factors that had contributed to this reduction. Frequently mentioned factors in Marafa were support from parents, life skills such as saying ‘No’, staying in school, and positive role modeling. These were evident in group discussions involving girls:

R4: *We have learned a lot. How to abstain and say No to boys..*

R8: *How to respect our parents.*

R6: *We have been taught to concentrate on education and avoid playing around with the boys.*

R2: *We have interacted with one of the most successful footballers here in Marafa who is now working for the prisons and she has shared with us how she made it and motivated us.*

I: *And has what you have learned helped you?*

Chorus: *Yes.*

I: *How?*

R2: *It prevents us from getting pregnant.*

R9: *We are able to say no to boys.*

R5: *We have learned to respect our parents. (FGD girls, Marafa)*

One girl, whose older sisters had all become pregnant and dropped out of school before the action research, expressed her joy:

R: *I have been very fine. I am doing well and I am happy that I'm completing my primary education, I will proceed to form one next year.*

I: *Wow! That's good news. I hope your parents are happy too.*

R: *Yes my family is happy. I am the only girl in my family who has completed primary school without getting pregnant. The rest of my sisters all got pregnant and dropped out before completing primary school. So my parents are very happy. (Girl, 15 years, Marafa)*

Men talked about how they had gained new awareness of how lack of basic necessities such as sanitary towels made girls vulnerable to men who offered to give girls the towels but in exchange for sex. Speaking as parents, men said they had learned how to better support their daughters, as is evident in this group discussion:

R9: *We also talked about providing basic needs for your children, especially the girl child so that some boys or men out there do not exploit them.*

R10: *You know before, men never wanted to hear anything about sanitary towels, we thought those are women issues until we realized that men should also make sure that their girls have sanitary towels because some men out there take this opportunity to lure them into sleeping with them.*

I: *So what has changed?*

R1: *For me, I have to make sure that my girls have sanitary towels and even though I don't have a job or stable income, I work hard for that. I also talk to my boys about concentrating in education and avoiding girls until they are ready to get married.*

R4: *I think for us men, one of the big changes was just sitting down to talk about our children and families. It has never happened before. It was the first time and it has changed our perspectives about families and raising children. We thought it was the work of women to raise children, and even more specifically, to raise girls, we didn't know that we also have a role to play. But now we are participating fully.*

I: *What do you mean by participating fully?*

R8: *What it means is that most of the men who were attending the sessions are now concerned about both boys and girls, and they know what a girl needs and what a boy needs. They now understand that girls might have some extra needs compared to boys and so we have to make sure that they have those needs met. Otherwise girls can be very vulnerable for exploitation.*

R1: *We are supporting our wives and supporting the whole family. We are working hard.*

R10: *For me, I have a daughter who has just completed class 8 and she's not pregnant. I am happy because very few girls go through primary school without being pregnant. (FGD, men, Marafa)*

Participants also discussed the importance of ending children's idling by means of engaging them through football or theater.

R: *They have had several tournaments here, some of which we have been part of. We have also seen the theatre performances during the tournaments talking about early sex and the need to concentrate in education. People talk positively about it and parents like it.*

I: *What do people say about it?*

R: *People generally believe that it keeps the boys and girls busy and therefore prevents them from doing some of the things they would do when idle.*

I: *Like what?*

R: *You know when the teenagers are idle, what they think about is sex and engaging in drugs, but when they are busy, at least their minds are preoccupied.*

I: *So you think that playing football and theatre has helped?*

R: *Absolutely. If there is something that keep children busy even during holidays and trying to encourage them to abandon bad behavior and concentrate on education, that is a good thing. I believe it has changed the minds and behavior of girls and boys here. (KII, Community health worker, Marafa)*

The ending of disco matanga in Marafa played a key role in reducing teenage pregnancies and also problems of rape and sexual abuse. Of note, the community itself played the key role in lobbying the Chief to end disco matanga.

R: For me, I would say that the biggest change that we have here in Marafa is the burning of disco matanga. Disco matanga was a very big problem to us. All those abuses to children used to take place at disco matanga. So we are very grateful for that.

I: So how did disco matanga stop? What happened?

R: It was the community who championed for it.

I: How did the community do it?

R: It was actually the women who started complaining and agitating for that change. It took a while but we finally got there.

I: How did they do it? Was there a demonstration?

R: Not really. They walked to the office of the chief and the assistant county commissioner and things started to work out. They complained that disco matanga was spoiling their children and requested the area chief and the county commissioner to burn it. The chiefs, assistant chiefs, village elders and the assistant county commissioner supported it, and slowly by slowly it was burned and the chiefs were ordered not to allow any disco matanga in the community.

(KII, Community health worker)

The Chief of Marafa confirmed the role ending disco matanga played in reducing early pregnancy:

R: I think when you look at these two villages Deki and Marafa, this issues of early pregnancy has greatly reduced. This year I have not received any report of a girl who has gotten pregnant in Deki or Marafa village.

I: What about this other villages within your area ?

R: The most affected village is B, there is a primary school ...the pupils were neglected. You find that most of them drop out from school and I think that village has got a lot of work to be done. There are many issues of early marriages coming from that area, especially those who drop out school. I have received several reports of girls who are getting pregnant, issues of abortion, one was almost being pronounced dead. Pregnancy cases are high there. But we are hopeful because disco matanga is burned in the whole Marafa location, not only the two villages so we hope that will help. Yes, and at this moment we get support from the community to stop disco matanga. (KII, Chief, Marafa)

These findings contrast sharply with the situation in Bamba. Local people reported consistently that early pregnancy was a significant problem and that 8 girls out of 30 from the primary school in Bamba had become pregnant in the school year in which the endline data were collected.

Adults reported that girls frequently became pregnant due to having unmet needs for items such as sanitary towels. Boda boda (motorbike transport drivers) and even grown men, including one teacher, were said to exploit girls for whom they had provided such items.

R3: *You know when you don't provide for a girl, then you put their lives in danger because they will go out and do bad things.*

I: *What bad things do they do?*

R7: *They will go looking for boys.*

I: *And then?*

R7: *Boys will make them pregnant. If you fail to buy your girl for example a sanitary towel, they will go out and look for the boda boda people who will make them pregnant.*

R6: *The boda boda people will buy them the sanitary towels and sleep with them and make them pregnant.*

I: *Is it only the boda boda that make them pregnant?*

R1: *Not only the boda boda, even very grown men. You find a married man still doing those bad things impregnating those young girls and that is not a good thing at all. (FGD Women – Bamba)*

I: *I would like to know more about early pregnancies like who makes them pregnant.*

Chorus: *Boda boda.*

I: *Boda boda. So things haven't changed. When we were here some three years ago, we were told it is the bodaboda. So it is still going on?*

R7: *Yes. Because they have a lot of money. So they buy those girls what they want and sleep with them.*

R5: *You know most of the parents are very poor and they can't afford most of the needs of the child. When these children meet these boda boda people, they buy them what they want and sleep with them. (FGD women, Bamba)*

Women in Bamba said that an NGO gave families money as development assistance, but the men used the money on the sexual exploitation of girls.

R4: *There are those (who received money from Give Directly -- \$1,100) who even used the money to start seducing the young girls.*

R6: *Yes you could see them every market day in the market buying things and buying the small girls clothes, very shameless men. (Women FGD, Bamba)*

Some fathers just spend a whole day drinking alcohol and they do nothing. All they know is making women and young girls pregnant in this village (FGD Women – Bamba)

In addition, HIV in children was reportedly a widespread problem in Bamba, though it was not discussed openly.

R: *If you get pregnant its fine but if you get that disease its dangerous.*

I: *What do you mean by if you get that disease?*

R: *I'm talking about HIV.*

I: *Does HIV also affect children here?*

R: *Yes, a lot. But it is only that people here rarely talk about it. People still don't talk about HIV, and even especially when children are involved.*

I: *But this disease that you have talked about, is there anything that is being done about it?*

R: *No, they just die. I have not seen any organization come here to talk about HIV. (KII, Village elder, Bamba)*

Other discussions confirmed that HIV among children was a growing problem, and some participants said that HIV was the top problem their children faced.

Improved Parental Care of Children

Having identified poor parenting as one of the harms to children, the parents in the intervention community invited a school teacher to discuss parenting and learn new parenting skills. The parents noted that in previous generations, parents had talked with their children about puberty, sex, and pregnancy but that this practice had 'fallen off the map' in the current generation of parents. Accordingly, the parents' discussion groups decided to focus on having productive discussions with children and helped parents to develop the skills they needed for positive, informative discussions with their children. Parents also learned how to set rules in the home regarding, for example, treating each other with respect, and the importance of monitoring their children and knowing their location and activities.

As a result, the parents in the intervention communities were more likely to discuss these topics with their children than were parents in the comparison communities. At endline, 61.5% of parents (compared to 39.6% at baseline) in Marafa said they often discussed sex and pregnancy with their children, while in Bamba the percentage had decreased, from 56.0% at baseline to 45.1% at endline (see Figure 4 on the following page). This difference was statistically significant at the $p < .01$ level. The parents who participated noted also that before the parenting sessions, they had not talked with their daughters, but now they enjoyed talking with them and had begun to treat them better.

R13: *So many things, but for me, there is this thing Mr. Baya taught us about having rules and regulations that govern your family and enforcing. These rules are not developed by only one parent, rather both parents and children participate in developing these rules... and one of the things we agreed on is that we should have family time to sit and discuss issues that are affecting us. We also agreed that when our children are leaving the house, they should inform both or one parent where they are going, what they are going to do, who they are going to be with, and what time are they coming back to the house.*

R4: *As for me, I think what I have been able to apply in my house is just talking to my girls. Before we started meeting as parents, I never used to speak to my girls. In fact, I was afraid that if I talk to them about sex, then they will become [cont. next page]*

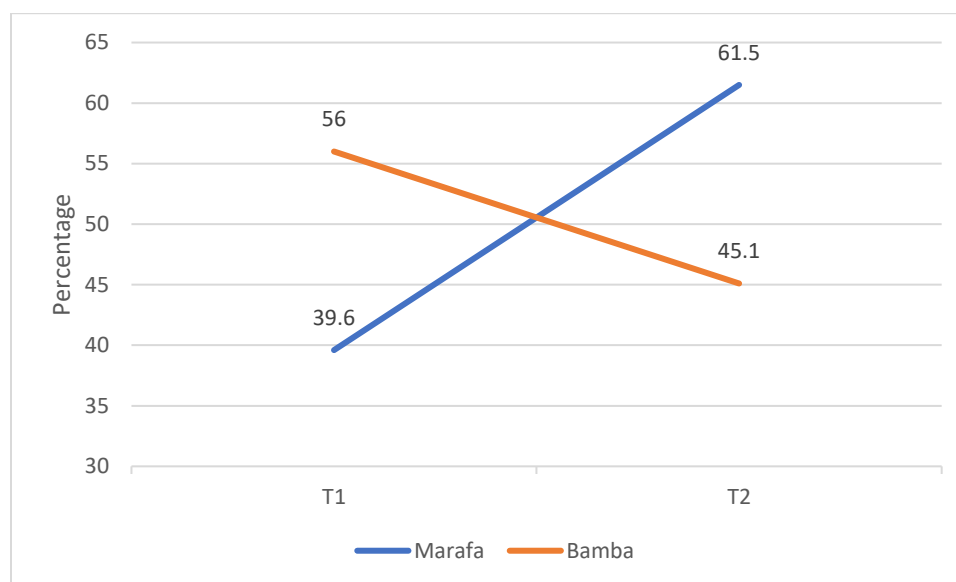


Figure 4. The percentage of parents who reported that they often discussed sex and pregnancy with their children by location at baseline and endline (T1=baseline; T2=endline).

prostitutes. But after we had a session with Mr. Baya and he taught us that we should be able to talk, guide and counsel our children freely, and especially telling them about all the negative things about early sex like pregnancy, diseases and school drop outs, I was really touched and I said to myself that I will not watch my children suffer, I will have to talk to them. So I went back home and called my teenage girls and I started discussing with them about boyfriend and girlfriends, and some of the things they need to be careful about. I was very categorical to them that they should be aware of men who just want to use them for their sexual satisfaction.

R8: For me, I would say that I used to beat my children badly. Yes, and I will repeat again so that everyone can hear, I used to beat my children badly. But after the sessions we had with Mr. Baya and we discussed how beating children will not solve the problem, rather increase the problem, I decided to start creating a relationship with my children. I started talking to them about what they have done wrong, and encouraging them to be better behaved and it has just worked out for me. I can't say that they have completely changed, but they are way better than they used to be before. (FGD parents group, Marafa)

As a result of their participation, parents expressed increased commitment to meeting the basic needs of their girl children. This was important since before the community-led action, it was common for parents to tell girls to look after their daily needs, which often led girls to engage in transactional sex to obtain sanitary pads, food, and other items.

In Bamba, no such activation occurred for parents around caring for their children. Indeed, women complained that the men were disinterested and alcohol abusers.

Some fathers just spend a whole day drinking alcohol and they do nothing. All they know is making women and young girls pregnant in this village (FGD Women – Bamba)

The survey data confirmed that children in Marafa saw their caregivers as more involved in positive interactions with them. There was significantly more change reported in terms of parents knowing where they were, asking about their activities as well as in children approaching caregivers to ask advice and discuss plans for the future (Table 4). Overall, then, children in Marafa experienced increased connection with their parents.

Statement	Marafa			Bamba		
	T1	T2	Change	T1	T2	Change
Caregivers knows where you are when not at home	73.5	78	4.5	68.4	69.6	1.5
Caregivers asks about school, work and friends	44.3	66.7	22.4	46.0	61.7	15.7
Asked caregiver for advice about important decisions	22.4	65.2	42.8	34.2	50.8	16.6
Discussed plans for future with caregiver	24.8	56.9	32.1	26.7	43.3	16.6
Caregiver praised you when you have done something well	43.8	64.7	20.9	51.3	51.7	0.4

Table 3. The percentage of children who agreed or agreed strongly with connection to caregiver statements at baseline and endline by area.

School Participation

The percentage of children attending school in the previous 12 months increased in Marafa from T1 to T2, while it decreased in Bamba (see Figure 5 on the following page). At T1 in Marafa, 81.4% of children had attended at least some school in the prior 12 months, whereas at T2, the percentage had increased to 88.1%. In Bamba, the percentage of children who had attended some school at decreased slightly from T1 (91.3%) to T2 (89.6%). These differences between Marafa and Bamba in school attendance were statistically significant ($p < .01$).

In addition, significantly more children in Marafa were going to school more regularly, as measured by the percentage of children who had not gone to school for one or more days in the previous two weeks (see Figure 6 on the following page). At T1 in Marafa, 38.8% of children

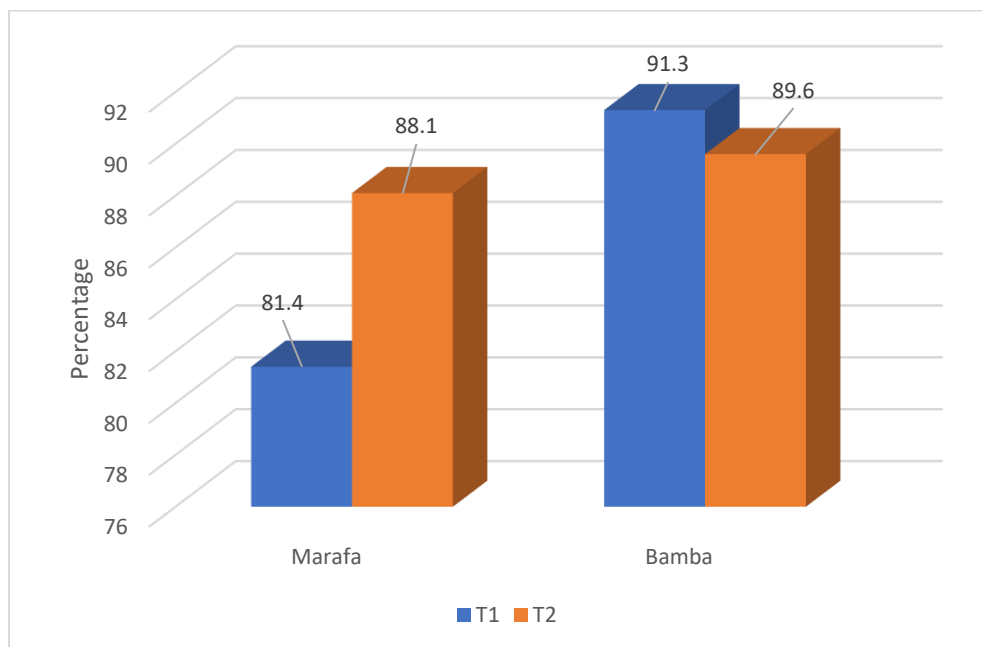


Figure 5. Children in school by location at baseline and endline.

had missed school in the previous two weeks compared to 28% at T2, a decrease of 10.8% of children missing school. Children in Bamba, by contrast, were found to have missed more school – from 27.7% missing school at T1 to 31.1% at T2, an increase of 3.3% of children missing school (see Figure 6). These differences between Marafa and Bamba were also statistically significant ($p < .01$).

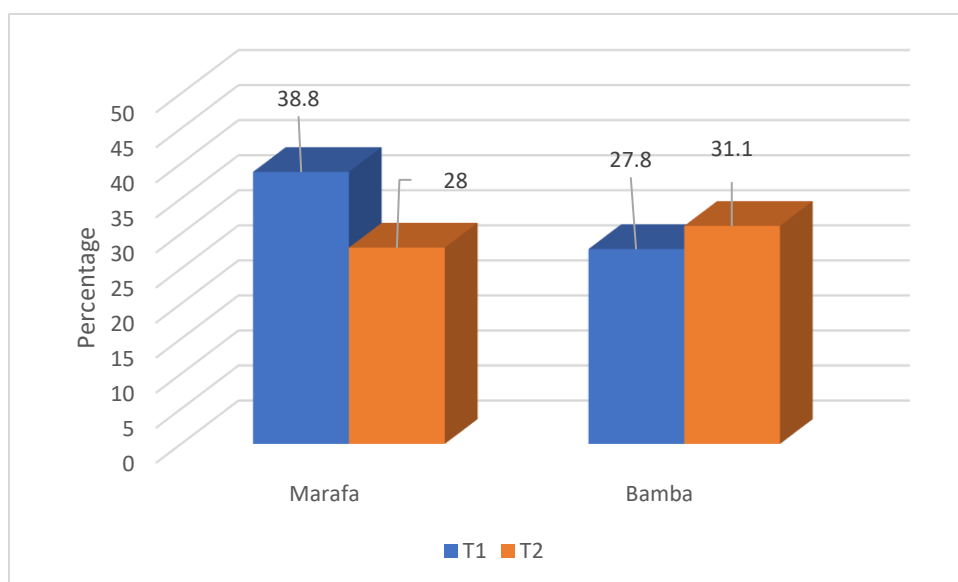


Figure 6. Percentage of children missing school in the previous two weeks by location at baseline and endline.

The Education Officer in Marafa confirmed that children's school attendance had increased, and children were completing primary school, though secondary education participation remained a challenge.

On enrolment, I would say that compared to the last three years, enrollment has significantly improved. I don't think there is a child that the chief know of that is out of school, most of the children are enrolled in school. Most of the children are also completing primary school. The only challenge we have is the transition to secondary school. Only a few children are transitioning to secondary school and it is mostly because the secondary schools are seen as expensive by the parents. In this case most of the parents avoid taking children to secondary schools. (KII, Education officer, Marafa)

The main reasons children missed school, according to children, was because they were sick, followed by parents not able to pay school fees, caring for sick relatives, and working. Of children who missed school, significantly more children in Bamba missed school in the prior 2 weeks because they were sick (47.1% of children in Bamba vs. 27.1% in Marafa). The qualitative data revealed that many children in Bamba were sick because of HIV.

The narrative data clarified also children's motivations for going to school more in Marafa. Children reported that the reduction in idling and early sex, together with changing peer and parental influences on children, led to reduced school dropout and increased participation and learning in school. As one boy said,

...I used to engage in sex. I didn't have a girlfriend but when I go to disco matanga I would have sex. But when we started playing football and having those sessions with (the coach), my mind changed because I feared that I might make a girl pregnant or I might get infected with diseases like HIV. So I stopped. I also never used to concentrate on my studies, I used to spend a lot of time roaming around and idling with friends and I was not even performing well in school. But right now, in second term I was the best student in my class. (Group discussion, teenage boys, Marafa)

The parents attributed increased school participation to the parenting classes (see above) and to the community formation of an out of school committee that responded to cases of out of school children.

R1: Generally, I would say that not so many children are dropping out of school. That used to be the case, but now things have changed a bit.

I: What has caused the change?

R1: Nowadays parents know the importance of taking children to school

R4: I think it is also because of the meetings we've had with Mr. Baya. Mr. Baya has taught us the value of education and urged every parent to take their children to school.

R5: *You know we also formed an out of school committee to look into children - who are out of school and we managed to get most of the children back to school. I don't think there are children who are out of school now. (FGD parents, Marafa)*

R6: *A girl in class six went to visit her aunt during the holidays and when she came back, she was pregnant. After some time, she dropped out of school and went to Malindi, but when Kadudu and teacher heard about the issue, they went and talked to the parent to talk to their girls if she is still interested in going back to school, then she can be allowed to go back to school. So the parents talked to her and she agreed to come back and now she is back in school. (Group discussion, parents, Marafa)*

By contrast, Bamba showed no increase in school participation, and out of school children were at increased risk of teenage pregnancy. Sometimes being out of school led children to engage in activities such as disco matanga that led to high rates of pregnancy:

I: *What are some of those activities?*

R1: *For example, disco matanga really contributes to early pregnancy*

I: *How does it contribute?*

R7: *At disco matanga you won't get mature people, only children and there is where the act happens, you will think that she is at home yet she had sneaked out. (FGD women, Bamba)*

I: *For those girls who get pregnant, are they impregnated by age mates or older men?*

Chorus: *Some are their age mates and some are older than them.*

I: *But mostly by their age mates or older men?*

Chorus: *Age mates. (FGD women, Bamba)*

I: *But now if you look at early pregnancies, has it increased or decreased?*

Chorus: *Increased*

I: *Why do you think early pregnancy is rising?*

R2: *Because as parents, we try to talk to our girls and boys by they don't listen. Children don't respect their parents anymore.*

R4: *Some are very stubborn.*

R5: *Because they go to school and maybe they have reached class six and maybe her mother never went to school, so she looks down on you as the mother as someone who is illiterate and knows nothing.*

I: *For the last 3 years is there any changes with regards to these issues affecting children, how can you tell, how is the progress. What had increased or decreased and what are the reasons?*

R1: *There are cases of abortion which is still the same*

I: *What do you mean the same*

R1: *I mean they have not decreased at all. I suspect they have even gone up right now.*

Chorus: *Yes. Abortion has increased.*

R3: *Early pregnancy still the same. In fact, higher now. . (FGD women – Bamba)*

Spread of the Intervention

A positive yet unexpected development was that the community-led intervention in Marafa spread to neighboring villages. Football plus discussions served as the primary means through which the spread occurred. The children from the intervention villages became highly motivated ambassadors who spread their work by visiting other communities to play football. On one occasion, girls and boys walked nearly 20 kilometers to the neighboring villages to play football.

Organized tournaments also served to spread the intervention. Over two years, the children from the intervention villages, together with their coaches and other natural helpers, organized and conducted 18 tournaments. As noted previously, the football tournaments had themes related to ending early sex. Following the completion of matches, the girls and boys described their work on addressing early sex and emphasized the importance of not idling, avoiding early sex and teenage pregnancy, and staying in school. Open discussions with the people from other villages struck a resonant chord, as those villages, too, had been having problems with early sex and early pregnancy. In some discussions, people from the neighboring villages asked whether they could have the community-led intervention in their own villages, thereby creating opportunities for the horizontal expansion of the community-led work. In fact, several of the neighboring communities formed their own football teams following their participation in a tournament.

In addition, parents from the intervention communities helped to spread the intervention. Consistent with what is now referred to as a social ecological approach (Bronfenbrenner, 1979), the parents recognized that efforts to end early sex through activities in their own communities might be limited since their children interacted with children from other villages that were not deliberately engaged in reducing early sex. This realization led the parents to reach out to neighboring villages, sharing their learning and changes.

R2: We were just thinking of how we can mentor the young parents who were not part of us. How do we ensure that even the young ones who are having children know what we know. We are seriously thinking about that.

R1: And supporting our neighbors as well.

I: What do you mean by supporting our neighbors?

R1: Going to the neighboring villages and also teaching them what we have learned.

I: How do you intend to do that?

R4: You know for men, we know places where we always meet. So we can do it in two ways, we can visit them in their villages, or we can invite them here, either way works for us.

R8: You know some of these things like early pregnancies and early sex are still high there. And children from those villages are friends to our children, they also go to the same school, so there is high likelihood that they might have bad influence on our children which is not a good thing. (FGD men, Marafa)

This spread of the local action by community members themselves indicates that local people see the community-led approach as highly valuable, and it augurs well for sustainability. As

discussed below, this mixture of spontaneous and deliberate horizontal spread planted the seeds for more systematic expansion of the community-led approach using a people-to-people modality.

In Bamba, there was no community-led intervention to address issues such as early sex or teenage pregnancy. With no local animation around these issues, there were limited positive supports for children, no dynamic ambassadors, and no spread to neighboring villages.

Linkage with Government Services

From the early stages of this action research, steps were taken to update and influence the Department of Children's Services via its Field Office, which oversees the child protection work in different counties. The research team met regularly with Judy Njoki, Director of the Field Office, who subsequently became the Deputy Director of the Department of Children's Services. In addition, meetings were held regularly with the inter-agency group of NGOs that advised the Field Office. The meeting shared the latest findings and learning from the action research and also invited discussion of the implications for practice, with the research team emphasizing the importance of community action, the value of listening to children's and local people's perspectives, and the priority of enabling County child protection offices to engage more deeply with communities. An indicator of the success of these efforts was that K. Ondoro was frequently invited by the Office to give inputs on different issues or to give trainings to Government child protection officers in different Counties.

IMPLICATIONS FOR ACTION

Collectively, these findings have significant implications for community-level child protection work and efforts to strengthen child protection systems, both in Kenya and internationally.

1. The community-led approach to child protection is effective in reducing early sex, including the sexual exploitation of girls, and should be used more widely.

The field of child protection has had a relatively weak evidence base, though the development of the INSPIRE (WHO, 2016) methodology is a positive step forward. The 2009 global review observed that in both humanitarian and development contexts, most evaluations of community-based child protection mechanisms had weak designs that did not use robust methods (Wessells, 2009). The use of a quasi-experimental design that included a comparison group, together with the use of mixed methods, enabled this action research to make causal inferences regarding the effectiveness of the community-led intervention.

The key finding is that the community-led action was effective in reducing early sex. The fact that it was particularly effective for younger children (8-11 years) is noteworthy because local people said that over the years, the age at which children had been engaging in early sex had decreased, and girls were being sexually exploited by boys and men (especially boda boda) at young ages. That this intervention helped to protect younger children from the physical, sexual,

educational, and psychosocial risks associated with early sex is significant. The evidence also indicated that the community-led action had reduced teenage pregnancy, improved parental care and connection between children and parents, and increased school participation, all of which are highly important outcomes for children. This evidence is consistent with that from Sierra Leone, where community-led action effectively reduced teenage pregnancy (Wessells, 2015). In light of their effectiveness, community-led approaches warrant inclusion in the basket of evidence-based practices in the field of child protection, with the limitations discussed below.

The intervention also added value by virtue of the excitement it generated among neighboring villages. The spontaneous and horizontal spread processes illustrate how much local people appreciated what the intervention communities had accomplished and how they were interested in doing something similar themselves. This bodes well for both the sustainability of the intervention and the work following the present study to widen the use of community-led approaches.

An important question is why the community-led intervention did not eliminate sex in older children, for example, in the 13 - 14 year range. Most likely, local people viewed girls and boys in this age group as adults. As a result, sex among 13- and 14-year-olds decreased somewhat but was regarded at least partly as normal behavior for young adults that did not need to be addressed per se. This point underscores that community-led approaches are limited in that they entail working with what the community sees as problematic and is ready to address at a particular moment. However, communities evolve over time, and it is possible that as more girls complete primary school and continue on to secondary school, and they and their families see the positive results, communities will decide it is best for young people to delay further their sexual activity and the associated practices of teenage pregnancy and early marriage.

2. Community-led child protection is a natural means of implementing an ecological, relational approach.

An ecological approach to child protection, which is now widely supported (Alliance for Child Protection in Humanitarian Action, 2019), includes coordinated child protection processes at multiple levels such as individual, family, and community levels. In practice, it has proven to be challenging to engender the needed work at multiple levels and to coordinate it in the manner that is required for effectiveness. The focus on individual level changes in beliefs, attitudes, and behavior remains strong, despite the obvious point that early sex is a relational process that would seem to require strong focus on relationships with peers, families, and so on. Community-led approaches help to address this challenge since they are highly relational and engage the whole community, with different sub-groups such as girls, boys, peer groups, parents, and teachers becoming deeply involved in developing and implementing a coordinated, community plan for supporting children.

In the present study, the activities and commitment of people at different levels but working in a coordinated manner toward the achievement of a common goal, was essential for the effectiveness of the community-led intervention. Peers helped to reduce early sex by playing football, learning life skills, spreading messages that supported delaying sexual activity and staying in school, modeling decisions to stay in school and avoid pregnancy and situations such

as those at disco matangas that frequently involved drinking, peer sex, and sexual abuse. At family level, parents actively talked with children about sex, puberty, and pregnancy, and encouraged their children to avoid early sex or pregnancy and to stay in school. At community level, people banded together and influenced the Chief to prohibit disco matanga, the first time this had happened in living memory. At inter-community level, parents and football players reached out to people in other communities, advocating for them to protect children from engaging in early sex. Although the football plus discussion chosen by the children likely had the greatest effect, the positive outcomes for children observed in this study owed also to the interplay of processes at different levels.

In addition, a truly ecological approach is not one that is flown in on an aircraft or brought in by outside actors and imposed on local people. An ecological approach should fit the local context and social ecologies of children. Community-led child protection enables actions that fit the local context because the actions are designed by local people based on their insiders' understanding of the local context and what works to address the self-selected problem. Also, community-led child protection enables communities to themselves choose how to use local resources to address harms to children. As diverse sub-groups within the communities become active, the community-led plans and action come to include supports at different ecological levels.

3. Support community resilience and self-reliance. In community-led approaches, local people are actors, decision makers, and problem solvers who analyze their situation, identify priority issues facing children, implement collective plans to address those issues, take stock periodically of the successes of and challenges in the collective action, and make needed adjustments to improve the impact of their intervention. Through cycles of collective problem-solving and action, communities become more resilient actors who are able to identify and address new challenges to their children's protection and well-being. Because they own the approach and use local resources to solve the problems, they become self-reliant actors who have mobilized themselves to address challenges facing their children. In this approach, outside actors such as NGOs relinquish their mantle of being 'experts' and become facilitators and co-learners who support communities in solving their own problems.

This emphasis on community resilience and self-reliance contrasts sharply with dominant, top-down approaches. In much of Kenya, agencies that use top-down approaches exclusively have helped to create dependency rather than sustainability. Many projects refer to community people as 'beneficiaries', or see local children as victims who need outsiders' urgent support. Most child protection and psychosocial projects implemented using top-down approaches leave little behind, as when the external funding has ended, the project related activities for children tend to fall apart, sometimes immediately. This is not surprising since in top-down approaches, the NGO defines the problem, specifies the needed intervention, leads the implementation of the intervention, and evaluates the results of the intervention. The community is a partner but takes a back seat to the NGO, which is the decision maker and holder of funds on whom the community is reliant. As explained below, this is not to imply that top-down approaches have no value. However, the achievement of sustainability will require greater use of community-led approaches and related approaches that enable ongoing, self-reliant, community level action on behalf of children.

4. Enable children's leadership. Children's participation is a fundamental right and has long been a priority of many NGOs. Meaningful participation by children who are situated in different ways has been challenging to achieve. This is perhaps not surprising since in most societies, adults hold the power and tend to infantilize children. Operationally, it is considerably easier for NGOs to engage with school-going children than with children who are out of school, engaged in work or dangerous activities, or seek to remain invisible out of desire to avoid coming into contact with authorities.

The action research in Kenya, however, indicates how it is possible to enable meaningful, agentic participation by children who are in different circumstances. Because the process began with learning about harms to children, what happens when the harms arise, and the supports for children's well-being, it became important for communities to listen to children's lived experiences and to appreciate the different situations of girls and boys. Since communities themselves said that it was important for each person to have a voice, they reached out to include in the discussions children who were out of school and lived in difficult circumstances. It soon became clear to adults that the children had much to teach them. During the planning phase, the children generated many useful ideas about how to reduce idling and sexual activity. In fact, the idea of the football plus life skills and discussions came from the children.

As a result, children became key leaders in the community-led intervention. Far from being beneficiaries or passive victims, they were actors who took partial responsibility for the problem of early sex and did their part to address it. As the girls and boys played football, developed new life skills, stayed in school, and began reaching out to children and people in neighboring villages, their communities increasingly respected them and appreciated their contributions and leadership. Because it was a whole community approach, the children collaborated respectfully with people such as parents, teachers, and elders, avoiding upsetting the balance of power with adults in the community.

This process repositioned children in highly positive ways. Before the action research, children were often seen as victims of abuse by men or as unruly young people who were engaging in early sex and not helping their families and communities. Through the collective discussions and action, children were re-positioned into agents and leaders who not only helped to improve themselves but who were key agents in helping the community to achieve its self-defined goals. In this manner, children came to be seen as respected helpers and as good community members. The high levels of agentic participation achieved by girls as well as boys likely helped to elevate the status of girls and enabled children to fulfill their participation rights in a deeper manner than is usually seen.

5. Prevention should be prioritized. Effective child protection requires an appropriate mix of responsive and preventive elements. However, child protection in humanitarian and development settings has strongly emphasized response over prevention. This is unfortunate since it is inappropriate and unethical to wait for harms to children to occur and then respond, when the use of effective preventive measures could have prevented the harm from occurring.

That community-led approaches are well suited to tasks of prevention is indicated by the significant reductions in early sex and sexual exploitation that occurred in this action research. Most likely, the reductions owed to the mobilization of the whole community, shifts in peer pressure towards delaying sex and staying in school, and successful community influencing of the Chief to ban disco matanga. Importantly, the changes occurred through internal processes of dialogue, critical reflection, and collective action, which have proven to be important determinants of social change (Child Resilience Alliance, 2018; Cislighi, 2017). When outsiders bring in ideas such as ending disco matanga or stopping early sex, local people may tend to see them as outsider ideas and as impositions and attribute relatively little importance to them. When, as occurred in this action research, the children, parents, and community are all choosing together to end early sex because they see it as harmful, they are more likely to model and, in turn, be influenced by, other people's decisions and actions. In particular, children's sexual activities are more likely to be influenced by the beliefs, attitudes, and norms among peers than by those of adults. If the child protection sector internationally wanted to strengthen prevention, a valuable step would be to achieve a better balance between top-down approaches, in which outsiders stimulate and guide change, and bottom-up approaches, in which insiders stimulate and guide change. Community-led child protection is inherently bottom-up since the power is held by local people, who organize themselves and use their local knowledge and resources to enable social change.

In closing, it is important to note that although community-led approaches are highly valuable, they are not a one stop shop for child protection. Top-down approaches remain valuable in enabling effective response to urgent protection needs. Locally owned, bottom-up approaches such as community-led child protection will help to strengthen prevention and also to fill the current gaps in regard to self-reliance and sustainability. However, highly participatory, bottom-up approaches may not be appropriate in settings such as those in which meetings and group discussions might be seen as forms of political organizing or child recruitment. Similarly, it would be unrealistic to expect community discussions and ownership to occur in settings where people from different ethnic and religious groups are thrown together by desperate circumstances and live in hostility and mutual fear. Ultimately, top-down and bottom-up approaches are complementary elements in the task of developing effective child protection systems.

REFERENCES

Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people*. London: Sage.

Alliance for Child Protection in Humanitarian Action (2019). *Minimum standards for child protection in humanitarian action*. Geneva: Author.

Behnam, N. 2008. *Agencies, Communities, and Children: A Report of the Interagency learning Initiative: Engaging Communities for Children's Well-Being*. Washington, DC: USAID Displaced Children and Orphans Fund. Available online: http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/comaction.html

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. Thousand Oaks, CA: Sage.

Child Resilience Alliance (2018). *Supporting community-led child protection processes: A guide and toolkit for reflective practice*. New York: Author.

Cislaghi, B. (2017). *Human rights and community-led development*. Edinburgh: Edinburgh University Press.

Doku D. (2012). Substance use and risky sexual behaviours among sexually experienced Ghanaian youth. *BMC Public Health* [Internet].

Fatusi, A. O., & Blum, R. W. (2008). Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents. *BMC Public Health*, 8, 136.

Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical research involving children*. Florence: UNICEF Office of Research-Innocenti.

Hermosilla, S., Metzler, J., Savage, K., Musa, M., & Ager, A. (2019). Child friendly spaces impact across five humanitarian settings: a meta-analysis. *BMC Public Health*, 19, 576.

Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *International Perspectives on Sexual and Reproductive Health*, 35(2), 58-62.

Khangeilani, Z. Geoffrey, S., Thabile, K., Thambile, M., Thomas, R., & Ntombizodwa, A. (2010) Age at sexual debut: A determinant of multiple partnership among South African youth. *Australian Journal of Rural Health*, 14(2), 46-54.

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

Ministry of Labour and Social Protection of Kenya, Department of Children's Services (2019). *Violence against children in Kenya: Findings from a national survey, 2019*. Nairobi: Author.

Peltzer K. (2010). Early sexual debut and associated factors among in-school adolescents in eight African countries: Early sexual debut. *Acta Paediatrica*, 99(8):1242–1247.

Rubenstein, B., Lu, L. Z. N., MacFarlane, M., & Stark, L. (2020). Predictors of interpersonal violence in the household in humanitarian settings: A systematic review. *Trauma, Violence, & Abuse*, 21(1), 31-44.

Schenk, K., & Williamson, J. (2005). *Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources*. Washington, DC: Population Council.

Stark, L., Muldoon, K., Lilley, S., King, D., Hotanga, P., Lamin, D., & Wessells, M. (2013). *Change that Counts: Baseline Report for the Evaluation of an Action Research Intervention to Strengthen Community Based Child Protection Mechanisms in Sierra Leone*. London: Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.

UNICEF/Kenya, Division of Violence Prevention, National Center for Injury Prevention and Control, U. S. Centers for Disease Control and Prevention, & Kenya National Bureau of Statistics (2012). *Violence against children in Kenya: Findings from a 2010 national survey. Summary report on the prevalence of sexual, physical and emotional violence*. Nairobi: Author.

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. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect: The International Journal*, 43, 8-21. DOI: <http://dx.doi.org/10.1016/j.chiabu.2015.04.006>

Wessells, M., Kostelny, K., & Ondoro, K. (2014). *A grounded view of community-based child protection mechanisms and their linkages with the wider child protection system in three rural and urban areas in Kenya*. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

WHO (2016). *INSPIRE: Seven strategies for ending violence against children*. Geneva: Author.