

LEARNING ABOUT CHILDREN IN URBAN SLUMS:

A RAPID ETHNOGRAPHIC STUDY IN TWO URBAN SLUMS IN MOMBASA OF COMMUNITY-BASED CHILD PROTECTION MECHANISMS AND THEIR LINKAGE WITH THE KENYAN NATIONAL CHILD PROTECTION SYSTEM

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

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ABBREVIATIONS

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

EXECUTIVE SUMMARY

The majority of the world's population now lives in urban areas, which are home to most of the world's poor people. At particular risk in urban areas are people—over half of whom are believed to be children—who live in urban slums. Life in urban slums is frequently characterized by lack of access to basic necessities, weak infrastructure and inadequate services, insecurity, overcrowding, low levels of social cohesion, and exposure to multiple, interacting risks such as family separation, living and working on the streets, sexual exploitation and abuse, HIV and AIDS, and violence. Despite these risks, relatively little is known about child protection in urban slums. A high priority is to learn not only about the diverse sources of vulnerability but also about the processes, practices and mechanisms that people living in slums use in responding to and preventing violations against children.

The purpose of this research is to learn about community-based child protection processes and mechanisms in two urban slums in Mombasa, Kenya. The research focused on diverse sources of vulnerability such as those related to HIV and AIDS as well as the issues that fit under the traditional child protection rubric. In particular, the research seeks to identify how local people understand children and childhood, what they see as the main harms or risks to children, what community based child protection mechanisms (CBCPMs) exist and how they are used, what protective factors enable children's positive coping and resilience, and whether and how the CBCPMs link with elements of the formal, government led aspects of the national child protection system. Recognizing that people in urban slums may be positioned in very different ways, the research aimed to disaggregate responses by age, gender, socio-economic status, and, to a lesser extent, religious orientation.

This research is part of a wider, inter-agency learning initiative that aims to contribute to strengthening the national child protection system in Kenya. The effectiveness of the Kenyan child protection system may be gauged not only by how well the system supports most children but also by how well it supports highly marginalized children who live in dangerous, toxic environments that often receive little attention. Urban slums rank high among such environments. In this respect, the research aims to contribute new, grounded knowledge about how people actually respond to child protection threats and existing prevention mechanisms that will be useful in strengthening the national child protection system in Kenya.

The purpose of this research was to learn about community-based child protection mechanisms, whether endogenous or exogenous, in two urban slums in Mombasa, Kenya. It studied local views on questions such as who is a child, what are the main harms to children, how do people respond when harms to children occur, how do people prevent various harms, and how do views on these questions vary according to age, gender, religious orientation, and socio-economic status (SES). With an eye toward identifying working connections and also gaps, it asked what are the linkages between CBCPMs and the formal, government led aspects of the national child protection system.

Method

The research used rapid ethnography that focused on child protection and aimed to provide a rich, grounded picture of local beliefs, values, and practices in regards to children, their developing activities and social relations, and the community mechanisms for their protection and well-being. To explore the actual functioning of CBCPMs, people were asked in multiple contexts what happens when a particular child protection issue arises—whom do people actually go to, who makes the decisions, which actions are taken, which outcomes are achieved, and how do stakeholders who occupy different social positions view the outcomes. People were free to identify any response mechanisms or processes, for example, indigenous processes, NGO committees, or formal aspects of the national child protection system. This was a bottom-up process of mapping the functional pathways through which people respond to child protection risks.

Sites

Through a highly consultative process, Mombasa was selected because it is part of the Coast Province that presents diverse child protection risks, including child sex tourism. The emphasis on urban slums reflected the global Reference Group's interest in learning more about how people protect children in urban settings. Also, people living in slums (technically 'informal settlements') suffer extensive poverty and deprivations, and their children face a wide array of risks. The two sites for the research were Giriama and Msikitini. The Giriama area was part of the wider Bangladesh slum, whereas the Msikitini area was part of the Tudor Moroto slum. The two areas were judged to be similar in size, mode of living, SES, ethnicity, issues of children's vulnerability, and access to services and supports.

Study Population and Participants

The study population was the approximately 8,000 residents of Giriama and Msikitini. Although a smaller subset of this population took part in activities such as individual interviews or group discussions, large numbers of people were included in participant observations. In order to build trust in areas in which people were suspicious of outsiders, participants were recruited with the assistance of youth and community leaders, who helped mobilize groups for discussions and identify key informants.

Research Design

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

- Women: Age 25 years and above
- Young women ('makamu' of marrying age): Age 18-25 years
- Teenage girls: Age 13-17 years
- Young girls: Age 5-12 years

- Men: Age 30 years and above
- Young men (typically not married): Age 18-30 years
- Teenage boys: Age 13-17 years
- Young boys: Age 5-12 years

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

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

Research Team

The research team consisted of five Kenyan researchers, who divided into two teams with one team per slum area. Each team consisted of one woman and one man, with a third woman dividing her time between the two slum areas. Each team had a Team Leader (female and male, respectively) who oversaw the data collection, mentored the researchers on an ongoing basis, and also advised on the data analysis. One Team Leader was also the Lead National Researcher, who was an experienced ethnographer. Also part of the research team were two international researchers who conducted a two-week training for the national team, backstopped the Team Leaders, and led the data analysis.

Research Tools

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

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

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

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

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

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

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

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

(8) *Key Informant Interviews*: In depth interviews were conducted with Chiefs, health workers, police, social workers, religious leaders, and child protection workers to learn their views about how harms to children were responded to and about the functioning of the formal aspects of the national child protection system.

Research Ethics

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

The researchers were governed by Save the Children's Child Safeguarding Policy, adapted for research purposes. Participants were asked not about specific cases or their own situation but about all the children in the area. Informed consent was obtained through careful procedures that did not involve subtle forms of coercion, and people whom the participants knew and trusted helped to explain the purpose of the research, the steps involved, and possible risks or benefits. Children's assent was also obtained together with the consent of their parents. To protect confidentiality, the records contained no names or other personal identifiers. Throughout, care was taken not to raise expectations.

Data Collection and Work Plan

Each team of researchers lived and worked in its respective slum area for 4 weeks, and collected data mainly in July and August, 2012. The first week of data collection consisted mostly of participant observations and group discussions in order to build familiarity and trust and to reduce concerns about strangers talking with people individually. Early on, body mappings were also used to collect data from children because they generated much excitement

and interest. Subsequently, methods such as individual interviews became increasingly prominent.

The interviews and discussions were conducted mainly in Kiswahili. Systematic records in English were kept for all activities, and verbatim records of interviews and group discussions were made from tape recordings. To protect confidentiality, the audio tapes were kept in the researchers' possession and were subsequently kept in a locked cabinet at the Save the Children office. The written records were modified to remove names and other individual identifiers. The Team Leaders collected and reviewed the records, made suggestions for improvement, identified gaps, and took steps to fill those gaps. Overall, data were collected from over 1,100 people in the two slums.

Data Analysis

Two international researchers (Kostelny and Wessells) did the main data analysis using a grounded methodology that included checks with the Team Leaders. The international researchers read the data holistically and induced consistent categories and patterns, triangulating narrative and observational data throughout. The categories and patterns served as working hypotheses that were then checked by re-reading and further analytic discussion among the researchers. The analysis also used a method of contrasts to discern differences by gender, age, and SES. In analyzing the group discussions, for example, frequency analyses were used to disaggregate the top-ranked harms to children according to differences in gender, age, and SES. Analysis of narratives, too, used the method of contrasts to identify systematic differences in the perceptions and lived experiences of teenage girls, teenage boys, adult women, and adult men. Consistent with this mixed methods approach, care was taken to obtain the most comprehensive understanding by integrating the insights from both qualitative and quantitative data.

Limitations

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

Key Findings

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

Childhood and Child Development

Most people defined children by their behavior and abilities rather than by their chronological age. Children were seen as people who were dependent, had few responsibilities, had limited cognitive abilities, or had child-like behavior. Children's development involved the reciprocal

relationship between children and parents, and children became increasingly involved with family chores and work as they grew older, achieved increased physical stature, and underwent biological changes. Children were expected to obey their parents, who used a mixture of advising and beatings to instill discipline, good behavior and values.

Upon the birth of a child, families gave thanks, and a common practice was for a midwife or a witchdoctor to tie a string soaked in the mother's blood around the child waist or wrist in order to protect the child from bad luck and from harm. Families also conducted naming rituals that varied for Muslims and Christians. By six months of age, most children had received vaccinations, yet only children from high SES families were taken regularly to clinics for weighing and check-ups. From one to four years, children either accompanied their mothers in their daily activities, were left in the care of older siblings, or sometimes were locked in the house for protection. They increasingly performed small tasks such as helping the mother wash clothes or cooking utensils. At age three, children of Christian families went to 'baby school,' whereas children in Muslim families went to the madrasa to learn the Quran and how to be good Muslims.

Between five and eight years, children took on a wider array of responsibilities that were increasingly gendered. Girls and boys helped to fetch water and were sent by their parents to buy things from kiosks and shops. By seven years, the age at which most children started going to school, girls were expected to wash dishes and clothes, fetch water, go to the market, and help their mothers cook. Their play featured pretend cooking and other household tasks. Boys swept the home and looked for firewood, and some began picking scrap (plastic and metal), appropriate volumes of which were turned in for small amounts of money. For recreation, boys played football, marbles and 'karata' (cards). Children sometimes disobeyed parents by sneaking to video halls, which were frequent sites of sexual activity, including sexual abuse.

The years between ages nine and twelve featured increasing physical and gender differentiation. Girls attended school and did extensive housework, whereas boys attended school and did casual jobs such as fetching water, boiling 'chang'aa' (a local alcoholic brew), hauling sand for construction, and picking scrap. Girls' breast enlargement and the onset of menses, which many people viewed as marking the transition to adulthood, attracted boys' and men's attention. Many children became sexually active in this period, practicing what they had seen their parents doing.

Between thirteen and fifteen years of age, girls and boys showed increased physical maturation, developed new competencies, and entered puberty if they had not done so already. Girls helped parents in small businesses such as selling 'viazi' (fried potatoes), operating a kiosk, or doing domestic work for wealthier people. By age 14 years, many girls were pregnant and had dropped out of school. Only a subset of boys and even fewer girls attended secondary school due to the high cost of school fees, though children from high SES families were often sent to private boarding schools. For recreation, girls and boys went to the beach or attended 'disco matangas' (fundraising discos for funeral expenses) where there was much alcohol, drugs and sexual activity. In general, girls and boys were considered to be adults according to physical changes associated with puberty, sexual activity, and marriage. At all ages, children's lives were saturated with adversities.

Harms to Children

As indicated by frequency data from the group discussions, participants rated children out of school (28.7%) as the most serious harm to children, followed by sexual abuse and exploitation (20.1%), drug and alcohol abuse (16.2%), and early pregnancy (7.8%). Other items identified as the most serious harm to children were child beating (3.9%), heavy work (3.6%), peers influencing bad behavior (3.3%), karata (a gambling card game, 3.0%), parental neglect (3.0%), and orphans (1.8%). However, there were differences in the rankings between slums. In Giriama, drug and alcohol abuse (24.6%) and children out of school (24%) tied for the most serious harm, followed by sexual abuse and exploitation (16%), and early pregnancy (6.3%). Participants in Msikitini ranked children out of school as the most serious harm (34%), followed by sexual abuse and exploitation (24.5%), early pregnancy (9.4%), and drug and alcohol abuse (6.9%). As described below, views about which harms were most serious varied considerably according to the participants' gender and age.

Out of school children. Participant observations indicated regularly that during school hours children were seen idling, working, and playing. Inability to pay school fees was reportedly one of the main sources of out of school children. Also, some parents required their children to work and earn money rather than go to school. Parents and teachers often cited as a problem parental neglect, in which parents did not monitor their children's behavior, with the result that they misbehaved and dropped out of school. Girls became pregnant, while boys joined groups to play karata. Frequently, step-parents gave preferential treatment to their own biological children and required their non-biological children in the household to work. Parents in rural areas often sent their children to live with a relative in the slum with the expectation that the children would be cared for and would go to school. Yet relatives or guardians frequently refused to send the children to school, demanding instead that they work outside the home and earn money, whereas they required their biological children only to do household chores. In addition, some children dropped out of school due to beatings by teachers. A minority of out of school children did not want to go to school and preferred earning money or associating with peers who encouraged drinking, gambling, and not going to school.

In the group discussions, adult men and women, and also young women, considered out of school children one of the top three harms more often than did teenage boys, young men, and teenage girls. One likely source of these differences in ratings is that adults saw children's participation in school as a source of protection and maintenance of good behavior among their children. Also, for teenage girls and boys, concern about education was trumped by other concerns such as sexual abuse and exploitation (for girls) or drugs and alcohol abuse (for boys). Considering the beatings and abuse that took place in schools, teenagers may have seen earning money as a more attractive alternative than attending school.

Sexual abuse and exploitation. Sexual abuse and exploitation of children was reportedly rampant in both slums, and the perpetrators frequently included people in positions of power and authority such as teachers and elders. Rape reportedly occurred frequently, most often in households by relatives and people known to the girl survivors. Among Christians, girls were reported to be most often the victims of rape, whereas among Muslims, boys were more often reported to be the victims. Sexual abuse of girls as young as six years was widespread and was

often associated with their mothers' home-based sale of chang'aa, which was one of the main sources of income for women. Women often used their daughters to attract male customers, who became drunk and abused the girls. Sexual abuse also occurred frequently at disco matangas, disco dances, and video halls. Sexual exploitation was pervasive, as men gave young girls food, especially fried potatoes, as a means of enticing them to have sex with them. Girls frequently traded sex for food, money, mobile phones, payment of school fees, and necessities such as sanitary pads. In a practice called 'jig jig,' boys often had sex with older, single women in exchange for paid work or a place to live. Particularly among teenagers, transactional sex was widespread. Due to the scale of the sexual abuse and exploitation and also the high frequency of unprotected consensual sex, HIV and AIDS were reportedly widespread, yet survivors were badly stigmatized.

Views regarding the seriousness of sexual abuse and exploitation were strongly gendered. Women (51.5%), young women (66.7%), and teenage girls (79.2%) rated sexual abuse and exploitation as one of the top three harms to children with much greater frequency than did men (25.5%), young men (28.6%), or teenage boys (23.4%). The very high ratings that teenage girls gave to this issue likely reflects the fact that they and younger girls were the primary targets of sexual abuse and exploitation.

Early pregnancy. Significant numbers of girls reportedly became pregnant in their early teens, and it was not uncommon for girls to become pregnant before they had finished primary school or had their first menstruation. Although birth control was not used widely, some mothers in Msikitini had taken their daughters by age nine years to a clinic for birth control implants ('family planning'). Participants attributed the prevalence of consensual sex among children to causes such as children regularly watching their parents have sex and then imitating them, parental neglect, and alcohol and drug use. Whatever the causes, early pregnancy led girls to drop out of school due to shame, inability to concentrate, or their need to obtain money to support their children. Also, early pregnancy served as a gateway to sexual exploitation. For example, girls who had become pregnant as the result of consensual sex often entered into transactional sex as a means of getting food or money for their children.

There were large gender differences in views regarding the seriousness of the problem of early pregnancy. Women (35%), young women (26.7%), and teenage girls (29.2%) were much more likely to rank early pregnancy as one of the top three harms to children than were men (1.8%), young men (8.6%), or teenage boys (10.9%).

Alcohol and drugs. Chang'aa, khat, marijuana, and other drugs were widely available and used frequently by teenage boys and girls and in some cases by younger children. Although not all teenagers used drugs, boys and girls were frequently involved in the production, transport, and sale of chang'aa, and many of them drank it as well. Adults attributed problems such as children's drinking chang'aa and smoking marijuana to children's disobedience, bad behavior, and association with a bad peer group. Teenagers, however, mostly attributed the problems to the stresses of living in the slums, and young boys emphasized the role that their fathers had played in using alcohol.

Young men, teenage boys, and young women were much more likely to rate drug and alcohol abuse as one of the top three harms to children than were older men, teenage girls, or women. These differences may have occurred because young men and teenage boys were likely to abuse drugs and alcohol and hence were particularly aware of the bad effects of drug and alcohol abuse. Young women were often married to young men who abused alcohol or drugs and may therefore have had greater awareness of the harmful impact of alcohol and drug abuse. In contrast, adult women and men may have been farther removed from the problem or less aware of its dimensions.

Other harms. Among a wide array of problems, children and adults also identified as problems children's engagement in heavy labor, neglect by parents or guardians, witchcraft, and child beating. Direct observations of beatings indicated that harsh and severe beatings occurred frequently and were meted out by parents, elders, teachers, and police. Although sexual exploitation was widespread and child sex tourism was viewed by child protection actors as a problem in Coast Province, few children were reported to engage in child sex tourism due to the distance to beaches, the children's inability to speak English, and efforts by the girls who were already involved with tourists to keep others out.

Response Pathways

Overall, the most frequently used pathways of response to harms to children were through the family and community groups such as religious groups, women's groups, and youth groups. Also used in regard to particular harms were elements of the formal child protection system such as the Chiefs (who were government selected and paid), elders (who had been appointed and were seen as arms of the government), and the police.

Response to out of school children. When children were out of school due to parents' and caretakers' inability to pay school fees, the dominant response involved the mother talking with the teacher and promising to pay the school fees. If the teacher refused to accept the mother's promise, the mother went to the Head Teacher, who usually allowed the child back into school for a short period of time until the fee could be paid. However, if the Head Teacher also refused the child's return, then the mother or the father looked for additional work and earned the money needed to pay the school fees (sometimes children were out of school for months, and even a whole school year). Alternately, the mother borrowed money from a family member or from the 'Merry Go Round,' a rotating loan via a savings and loan association that a local women's group had organized. In most cases, the children returned to school after their parents had paid the school fees. However, some children who had been out of school for a long time preferred to earn money rather than return to school, and some had fallen in with a 'bad' peer group and lost interest in school.

When children were out of school because they did not want to go to school, the typical response was to beat the children. Usually, parents initially beat the child 'thoroughly.' If the child refused to return to school, the parents went to an elder, who also beat the child or had done so on their own initiative. If the child still refused to go to school, the elder referred the child to the police or the Chief. The police, too, beat the child, usually with little success in getting the

child to return to school. In contrast, the chief referred the case to the Children's Department, which arranged for the child to go to an 'approved' (vocational) school.

Response to sexual abuse and exploitation. Typically, the mother, a teacher or a community member discovered that a child had been raped (as evidenced, for example, by the child's crying and torn clothes immediately following the incident). They asked the child who the perpetrator was, then they informed the village elder, who notified the police. When the police arrived, they arrested the perpetrator, and then took the child victim to the hospital for treatment, collection of evidence, and the completion of an official report (P3 form). In some cases, the perpetrators reportedly bribed the police, who then dropped the case. Sometimes the case was dropped because the perpetrator gave money to the victim's family. If the police investigated, the case was prosecuted, and the court delivered a verdict of 'guilty,' the perpetrator was sentenced to prison. However, the courts frequently dropped cases because members of the victim's family were unwilling to testify, because court personnel following the case had been transferred to a different area, or because someone in the court system had received a bribe in return for not hearing the case. Also, cases sometimes got lost in the bureaucracy and were not prosecuted because the courts were overburdened.

In cases of child rape by a stranger who was caught in the act, one mode of response was violent community action in which a mob formed, caught the perpetrator, and burned him to death by putting a tire filled with petrol over his head and lighting it. Numerous such incidents were reported by participants. In a less violent alternative, a community member called a village elder before the mob had formed, and the elder called the police. However, the perpetrator sometimes fled before the police had arrived.

When the rape occurred within a family, the incident was seldom reported to authorities. For example, if an uncle had raped a child in the family, the family members often kept the matter to themselves, viewing it as a family matter. If the rapist provided money to the family, little was said or done since the family wanted to continue getting money. In some cases, the victim's parents took steps to change living or sleeping arrangements (for example, by sending the girl 'up country') to reduce the chance that an uncle would abuse the girl again. These steps reflected the family's desire to preserve harmony and avoid shame and dishonor. In some cases, such as one in which a father had raped a child, the family went to traditional herbalists, who had the rapist drink 'manyasi' (palm wine) which was also sprayed on the girl to keep bad spirits away. Also, the family sometimes addressed rape by a father by calling in community elders, who slaughtered a sheep for purposes of spiritual cleansing.

Response to early pregnancy. The response to early pregnancy was usually through the family. Having learned about the pregnancy, the mother either sent the girl upcountry or, more typically, asked the pregnant girl who was responsible for the pregnancy. After the girl had identified who had impregnated her, the mother decided to tell either the girl's father or grandmother. If the mother worried that the father would become very angry, she hid the news from the father and told only the grandmother. Depending on whom the mother had told, the girl's father or grandmother went to the family of the boy or man who had been identified and asked the boy or man to accept responsibility. If the boy or man accepted responsibility, he agreed to marry the girl and provide for her and her child. Typically, the girl dropped out of

school at that point and gave birth subsequently to her child. If, however, the boy or man denied responsibility for the pregnancy, then the girl stayed at home and gave birth. Boys and men frequently disavowed responsibility.

In cases in which the pregnant girl did not know who the father was, then she typically gave birth to the child. Afterwards, the girl often had to engage in prostitution as a means of earning money to support her baby. A less frequent response to early pregnancy involved the pregnant girl running away from home and staying with a cousin or friend, who gave her shelter and food and took her to the midwife.

Abortion was also a frequent response to early pregnancy. Usually, the pregnant girl told her mother or a friend about the pregnancy, and they advised getting an abortion. Particularly in cases in which the girl did not know who the father was, and the mother suspected the pregnancy resulted from sexual abuse or exploitation, the mother advised her to get an abortion. Sometimes the girl told no one and decided herself to get an abortion. Abortions seldom occurred at a hospital or clinic. Pregnant girls usually purchased and took over the counter pills that were designed to treat other conditions but that caused the death of the fetus. Some girls went to witch doctors, whereas others went to herbalists for traditional medicines that induced abortion. Still others inserted a metal rod into their uterus or went to people who did so. Participants reported that many girls had died as a result of these dangerous approaches. If a girl had a successful abortion, she typically did not tell the man who was the likely father, particularly if she wanted to continue seeing him and receiving money. In most cases, the aborted fetuses were disposed of in the ocean or even in the garbage.

Response to alcohol or drug use. When children had begun using drugs or abusing alcohol, the child's parents usually told the village elder, who then used a cane to beat the child 'senseless,' which often resulted in the child running away from home. Less often, the parents beat the substance abusing child themselves. If the child continued using drugs even after the beating, the parents took the child to the Chief or the police. The Chief beat the child, but if the child continued using drugs, the Chief talked with the Children's Officer. If the Children's Officer recommended it, the Chief sent the child to an 'approved' school located outside the community. If, however, the parents took the child to the police, they beat the child, but the child usually continued using drugs. A more effective parental response involved taking the child to a youth group, an endogenous group that had arisen in response to issues such as substance abuse. The youth group used counseling, peer influence, and peer support strategies to urge the young person away from drug use and negative peer groups. Despite these pathways, the most frequent community response to drug use was excluding the child from community activities and shunning him or her.

Views of Young Children

The body mappings revealed a diverse array of things that young children (5-8 and 9-12 years of age) either liked or disliked. Children 5-8 years of age did not like smelling and touching feces, eating 'rotten' and 'dirty' food, hearing abuses and being shouted at, and hearing people fighting. They also reported not liking being hit on the head, hands, and feet. In contrast, older children aged 9-12 years reported not liking alcohol and drugs; seeing people who had been

beaten, burned, stabbed, or killed; and hard work such as picking scrap, washing the house, fetching firewood, and washing clothes. Children's dislikes also varied by location. Young children from Msikitini did not like the ocean, which was used as a public toilet and contained many feces. Older children from Giriama reported disliking children being raped.

Effects of Socio-Economic Status

SES had a strong effect on ratings of the most serious harms to children. Low SES participants were more than twice as likely to rank out of school children as the most serious harm than were high SES participants (35.7% versus 15.5%, respectively). This difference likely reflected the fact that low SES participants had the greatest difficulty paying school fees and therefore were more likely to suffer the problem wherein their children were out of school. However, high SES participants were more likely to rate drug and alcohol abuse as the most serious harm than were low SES participants (21.8% versus 13.4%, respectively). This difference may have reflected the normalization of drug and alcohol abuse among low SES participants or the concern by high SES participants that drug and alcohol abuse would cause loss of status and educational attainment.

Also, when ratings of the top three harms were considered, high SES participants rated sexual abuse and exploitation (45.5%) most frequently as a serious harm to children, followed by drug and alcohol abuse (35.5%), out of school children (31.8%), and early pregnancy (14.3%). In contrast, low SES participants rated out of school children (53.1%) most frequently as a serious harm to children followed by sexual abuse and exploitation (36.2%), drug and alcohol abuse (29.9%), and early pregnancy (19.6%). The higher ratings of sexual abuse and exploitation by high SES participants than by low SES participants may have stemmed from low SES participants' views that such problems were normal or inevitable. In contrast, high SES participants may have seen sexual abuse and exploitation as preventable and therefore as a greater source of status loss. It seems clear that SES needs to be taken into account in analyses of children's protection and well-being in slums, and also in efforts to strengthen national child protection systems.

Preventive Factors

Families were usually important sources of prevention since they taught children how to behave and helped them go to school and avoid getting in trouble. Also, family members watched over children and kept them from getting hurt or from engaging in activities such as taking drugs or drinking alcohol. Members of the extended family, too, provided guidance and support.

Religion emerged as one of the most important preventive factors. For both Christians and Muslims, religion was seen as fundamental in moral education and teaching children good values. Also, Muslim and Christian organizations helped to keep children in school by raising funds to pay school fees or identifying people or organizations that would sponsor children's education. In addition, religious leaders and organizations played a role in preventing sexual exploitation and prostitution. For example, they warned children about taking 'viazi' offered by

men and developed livelihood opportunities for women who had become involved in prostitution.

Preventive factors in regard to out of school children included accessing economic assistance such as loans (e.g., through the Merry Go Round) or payment of school fees by religious groups, guidance and counseling by youth groups, advice by elders, parental responses such as motivating their children to stay in school or encouraging teachers to allow students to stay in school, and the provision of entertainment and sports programs in school. In Giriama, the Government provision of uniforms via the Chief was important in enabling children to stay in school. The preventive factors varied according to SES, with people of low SES attaching greater importance to economic factors such as parents doing extra work to pay school fees or obtaining loans via the Merry Go Round.

Participants struggled to identify preventive factors in regard to sexual abuse and exploitation. Although participants spoke of how parents told their daughters not to go to the video hall or to avoid disco matangas, they often noted that these efforts were largely ineffective.

The top-ranked preventive factor in regard to early pregnancy was the youth group's provision of education on safe sex and their distribution of condoms. However, high SES groups were more likely to cite this as the top factor than were low SES groups. The second ranked preventive factor was called 'family planning,' which included birth control methods such as obtaining a Norplant implant. Parental advice was also important, although this factor was identified more often by high SES groups than by low SES groups. Additional preventive factors involved parents threatening to beat children if they engaged in sexual activity, and disallowing their children to go to disco matangas.

In regard to alcohol and drugs, the top ranked preventive factor was education by youth groups. Other preventive factors were advice from community elders or teachers to avoid these problems and use of the strategy of keeping children busy in school.

Linkage With Formal Aspects of the National Child Protection System

A strong national child protection system requires effective linkages across levels, enabling effective communication, support, referrals, and alignment across the nonformal and formal aspects of the system. This research indicated that in the urban slums, functioning linkages existed through diverse people, offices, and bodies that served as connectors.

At grassroots level, an important connector was the Volunteer Children's Officer (VCO), a civic minded, respected person who worked closely with the District Children's Officer (DCO) and was part of the Area Advisory Council (AAC). Having received reports of cases such as serious child beating, the VCOs reported the cases to the Chief or directly to the Police, as well as the DCO. The VCOs supported prevention by educating people about various harms to children and how to prevent them. They also offered guidance and counseling to community members, helped trace lost children, and helped ensure care for abandoned children.

Perhaps the main connector was the Chief, who had been selected by the Government and was a Government employee. In responding to problems such as children being out of school children or using drugs, people often went to the Chief. The Chief was seen not only as the main local leader but also as a connector with other Government services such as the police or the District Children's Officer (DCO). In responding to harms to children, people also went to Elders, whom local people saw as arms of the Government. Elders sometimes acted on their own initiative in responding to issues such as out of school children who did not want to be in school.

People sometimes called in police to respond to criminal offences such as severe child beating or the rape of a child by a stranger. Children's officers, who had a desk at some police stations, had specific training on children's issues and rights, and worked closely with the VCO. Significant numbers of participants (though a minority) said that in cases of criminal offences against children, many people would report the offences to the police. However, the police talked about how their jobs were made difficult by parents' refusal to have the police take on a case or to testify if the case were taken to court.

An important connector and resource was the District Children's Officer (DCO), who was a government officer in charge of children's issues for the entire district and who has received specialized training on how to work with children in a safe, legal, and ethical manner. They ensured that children who had been abandoned received protection and care, traced and located the families of lost children, and worked with the police in responding to serious cases of child abuse such as child rape. The DCO also coordinated the AAC, which was a multi-stakeholder forum that had diverse membership across the nonformal and formal subsystems. The AAC helped to coordinate the work of international NGOs with different parts of the child protection system, and it also helped to educate various actors in regard to key issues and strategies for addressing them. Overall, the effectiveness of these connectors seemed to depend on the extent to which people perceived them as trustworthy, energetic, knowledgeable, and fair.

Despite the good intent and motivation of workers in the formal system, the evidence was mixed in regard to people's willingness to report even clearly criminal cases such as child rape to government officials. Whether the perpetrator was a stranger or a member of the child's family, approximately one-third of the participants said that people in their community would be willing to report the case to government officials. Yet nearly two-thirds of participants said that people would not report such cases. The willingness to report was even lower in regard to cases involving the rape of a child by a family member.

The participants identified numerous reasons why they would not report harms to children through the formal system. These included wanting to avoid bribery or corruption, coming under suspicion, risking the wrath of other community members, or wasting time with no results. Significant cultural or social obstacles were also identified. Participants said frequently they would not report rape of a child by a family member because such a problem is a 'family affair' or reporting would cause family discord and loss of dignity. Also, the family member might be the bread winner, the loss of whose support would cause significant harm to the family.

Implications and Recommendations

Considered as a whole, the findings of this research indicate that the urban slums comprise highly toxic environments for children that are characterized by high intensity risks, rich interactions between the different risks, the early age of exposure to the risks, the paucity of family and community based supports and preventive factors, and weak linkages with formal aspects of the national child protection system.

The severe poverty, overcrowding, and lack of access to necessities such as sufficient food and housing in the slums created a negative climate for children's protection and well-being. Family supports in the slums were visibly weak, as young parents, including single mothers who themselves were the offspring of very young mothers, often did not provide adequate monitoring and supervision of their children. The slums were also unusual in that they had social norms that enabled sexual activity and child work at very early ages, leading some mothers to have their daughters receive contraceptive implants at nine years of age. There was also a norm of boys picking scrap as a means of helping to support their families. The pressures for early sexual activity and work outside the home competed with education. The provision of livelihoods supports alone will likely not be sufficient to address these problems, as efforts are also needed to support effective parenting and to change the social norms regarding sexual activity.

The slums were notable also for their lack of social cohesion and the spirit of having to 'go it alone.' In essence, the social order had been fragmented by the intense competition for scarce resources associated with the chronic poverty and deprivation that characterized life in the urban slums. Low social cohesion in the urban slums poses significant challenges for community mobilization and community ownership, which are of great importance in child protection practice. Working in the slums will require practitioners to develop new modalities for strengthening collective planning and action as a means of building social cohesion.

These distinctive features of life in the slums demand changes in the way in which child protection practitioners work and have significant implications for efforts to strengthen the national child protection system in Kenya. Broadly, child protection practitioners will need to work in a holistic manner on issues of sexuality, education, parenting, and livelihoods in a context of strengthening social cohesion processes of collective planning and action. Specific recommendations are presented below together with supporting commentary.

1. Sexual abuse and exploitation were widespread and require immediate action.

Regardless of age, gender, or SES, the reports of participants were replete with issues of sexual abuse and exploitation. Of particular concern was the sexual abuse of girls, which was reportedly widespread and occurred when the girls were as young as six years. Especially for low SES families, child sexual abuse was frequently associated with the sale of chang'aa, as customers who came to a woman's home to buy the alcoholic drink became drunk and abused the woman's young daughter. In addition, girls were used to lure customers into their mothers' homes. Out in the community, girls were offered food and other items by men, who then expected sexual favors or abused the girls. Many girls were abused in contexts of drinking and partying, such as disco matangas. Regardless of SES, girls engaged in transactional sex as a

means of meeting basic needs and also for obtaining items they could not buy otherwise. As a result of sexual abuse and exploitation, many girls became pregnant, became HIV positive, or both. Pregnancy led to school dropout, and led girls who were unable to feed their children to engage in sex work. To address these problems will likely require a holistic approach and efforts to change the social norms of early sexual activity and alcohol use.

Much of the sexual abuse and exploitation reportedly occurred within the household, where uncles, stepfathers, or fathers forced young girls to have sex or used power and money in forms such as paying school fees to coerce girls into having sex. Additional research is needed in order to learn how to address sexual abuse and exploitation within the family, which for the most part has not been central in NGO facilitated child protection efforts. Because of the sensitive nature of these issues, it will be useful to take a slow, quiet approach of learning from trusted local informants, encouraging parents to help other parents, and supporting an internally guided process of social change such as that which has been used in addressing other sensitive issues such as female genital mutilation.

Recommendations:

(1) Child protection practitioners and stakeholders should urgently attend to problems of sexual abuse and exploitation in association with discos, disco matangas, the sale of chang'aa in the home, and drug and alcohol abuse; and

(2) Child protection practitioners' and stakeholders' efforts should focus on preventing sexual abuse and exploitation in the family through strengthening parenting skills and family care of children. Because few good practices are available in this area, it should be a high priority to take a collaborative learning approach in which different stakeholders document particular strategies and their effectiveness and share the results in order to strengthen collective practice.

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

The findings of this research confirmed the importance of not viewing 'children' as a homogeneous category but as including different subgroups whose views differ substantially according to their gender, age, and social position. For example, teenage girls were much more likely than were teenage boys to rank sexual abuse and exploitation as a top harm to children, whereas teenage boys were more likely than were teenage girls to rank drug and alcohol abuse as a top harm. Also, participants from low SES families, which frequently were unable to pay school fees, were much more likely to rate being out of school as the top ranked harm than were participants from high SES families. Children from high SES families had access to a greater diversity of preventive factors than did children from low SES families.

Children's views frequently diverged from those of adults. For example, adults viewed beatings as necessary for teaching children obedience and good behavior and values, whereas children 5-12 years of age regarded them as sources of fear and upsetness. Whereas adults tended to denigrate disco matanga and drug and alcohol abuses as problems and bad behavior, teenage girls and boys saw disco matanga as a means of having fun, and they regarded drug and alcohol use as a way of dealing with stress. Also visible were differences between 5-12-year-old children

and teenagers. In the body mappings, 5-12-year-old children identified problems such as seeing dead bodies, fighting, and feces, whereas teenagers seldom mentioned these as problems even though they, too, had been exposed to them.

Recommendations:

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

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

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

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

3. Being out of school served as a gateway to exposure to additional risks, whereas being in school was a significant preventive factor.

The harms that participants identified as most serious interacted extensively in ways that are known to cause increased harm to children. For example, being pregnant led to dropping out of school, and after the child was born, economic hardships often led the young mother to engage in exploitative sex. The prevention of early pregnancy, then, could be a useful strategy for reducing the overall burden of harm. In this respect, the study was useful in identifying on a preliminary basis, causal pathways among different harms and strategies for navigating the nexus of harms and preventive factors in a manner that protects children's well-being.

The most impactful causal pathways had to do with children being out of school, which emerged as a gateway to other harms. Out of school girls were at increased risk of sexual abuse and exploitation, the early pregnancy that would keep them out of school on a long-term basis, and drug and alcohol abuse. Out of school boys were at increased risk of drug and alcohol abuse, falling under negative peer influence that could keep them out of school on a long-term basis, and engagement in heavy labor. These accumulating risks had the greatest effect on children from low SES families, who were not in a good position to pay school fees. In supporting the children from low SES families, practitioner agencies will likely need to give more attention to livelihood supports than they have done in the past.

Fortunately, the spiral of increasing harms to children due to being out of school seemed preventable. Being in school was one of the top-ranked preventive factors, and parents, elders, religious groups, women's groups, and government actors were important in keeping children in school. Although these assets were straining under their burden, and need to be supported, they could provide the foundation for the wider efforts that are needed to protect children who live in the slums, many of whom are out of school. These efforts need to be complemented by steps to

make schools protective environments for children, as teachers' harsh beating of children sometimes caused students to drop out of school.

Recommendations:

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

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

(3) Practitioners should build on existing assets for preventing children from being out of school and encouraging children to stay in school. These should include the nonformal aspects of the child protection system such as parents, religious groups, and women's groups.

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

4. Important preventive factors such as religion existed in the slums, even for the poorest people.

Far from being passive victims, children who lived in the slums sought to cope with multiple sources of adversity and showed considerable resilience. Their ability to cope with and to navigate complex environments probably owed to the effects of various preventive factors that served to reduce children's exposure to overwhelming risks. Being in school was a key preventive factor, yet there were many others.

Religion was one of the most important preventive factors. Both Muslim and Christian leaders helped to teach children moral values and positive behavior. They and their religious constituents frequently worked to prevent specific problems such as children being out of school by raising money to help pay school fees. Preventive supports were also provided by women's groups, which organized economic supports via the savings and loan associations. Particularly in regard to issues such as drug and alcohol abuse, the youth group that worked in the Giriama area supported prevention through activities such as counseling and peer influence. By identifying and building on these assets, one can avoid the limits of a deficits approach and take steps to protect children and prevent serious harms before they happen.

Recommendations:

(1) Practitioners should include in assessments a mapping of preventive factors and other assets for different sub-groups of children, recognizing that the preventive factors may not be conspicuous in urban slums;

(2) Practitioners should engage and collaborate with religious leaders, women's groups, and youth groups in the slums in preventing harms to children;

(3) Practitioners should make prevention a high priority in programming by building on and strengthening existing preventive factors.

5. Significant gaps existed between international child rights standards and local views of children and harms to children.

On issues such as education, there was partial overlap between local views of harms to children and those enshrined in international child rights standards. These convergences, however, were overshadowed by significant gaps or divergences between local and international views. Although some participants defined children as people under 18 years of age, an equal number of participants defined children in terms of dependence on parents (which indicated a child) or being sexually active (which indicated an adult). A large gap occurred also in regard to harsh corporal punishment, which was widely used despite the prohibitions against it in child rights standards. Perhaps the most significant gap observed was in regard to the treatment of girls, the sexual abuse of whom was widespread and normalized.

In these and other respects, there is poor alignment between international child protection standards and the child protection system that exists on the ground. The actual child protection practices included a mixture of appropriate local practices and also practices that were illegal (e.g., burning rapists) and harmful (e.g., marrying girls at an early age to avoid pregnancy out of wedlock). Existing evidence suggests that better alignment will not come through top-down approaches of teaching about child rights, but through dialogue oriented approaches that build upon the points of overlap between local views and those of international child rights standards.

Recommendations:

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

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

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

6. In addressing harms to children, people relied extensively on endogenous, nonformal mechanisms of child protection that need additional support.

In the slums, the prevention of and response to harms to children occurred through a mixture of civil society and Government mechanisms, processes, and actors. For example, in responding to children who were out of school because they did not want to be there, civil society actors such as parents and Government actors such as elders responded. People were more likely to use formal mechanisms such as the police when the child protection issue was a criminal offense. In responding to issues such as teenage pregnancy that was not the product of rape, people used family mechanisms rather than going to formal authorities.

Although the slums were notable for the paucity of traditional or endogenous mechanisms of the kind that are prominent throughout rural areas of sub-Saharan Africa, people relied extensively on nonformal, endogenous mechanisms in addressing child protection issues.

Families and communities were usually the frontline responders and primary sources of prevention. Government actors such as the Chief or the police were often brought in only if the family and nonformal community mechanisms had failed or were struggling to address a particular issue.

However, the endogenous mechanisms struggled conspicuously under the burden of the multiple, profound risks to children and could not meet all the needs that existed. Unable to keep up with the demand for help in paying school fees were the endogenous mechanisms such as those pertaining to religion, women's groups, and youth groups. Important roles for practitioners are to expand the scale of the endogenous supports and to strengthen the linkages with the private sector as well as with the formal aspects of the system. The strengthening of linkages should be done in a manner that stimulates community ownership and that promotes social cohesion. This approach would enable bottom-up systems strengthening, which complements top-down approaches. In selecting and developing linkages, careful attention should be given to achieving an appropriate division of labor across the formal and nonformal aspects of the national child protection system.

Recommendations:

(1) Practitioners should identify and support the endogenous child protection mechanisms in the slums as a means of preventing harms to children and supporting children's well-being;

(2) Practitioners should strengthen appropriate linkages between CBCPMs in the slums and other parts of the national child protection system, including formal aspects of the system through community-driven action.

7. Significant social and cultural obstacles impeded the use of the government led aspects of the national child protection system.

Although people did use the formal aspects of the child protection system to respond to issues such as rape of a child by a stranger, and, to a lesser extent, issues such as children out of school, people's willingness to use the formal aspects of the child protection system was limited by numerous obstacles. One of those was the weakness of the formal system itself. For example, people frequently viewed the police as corrupt and thought that reported cases would get stalled in an overburdened court system. Families also wanted some material gain, which they were more likely to obtain through inter-family compromises than through court action.

In addition, there were significant social and cultural obstacles to the use of the formal system. For example, social norms and cultural taboos mitigated against reporting sexual abuse by a family member to the police. Such problems were viewed as family matters, and people who went public with such issues reportedly were isolated. Evidence from areas such as ending harmful traditional practices indicates that such limiting social and cultural views are unlikely to change through the use of top-down approaches. More appropriate and effective are slow, patient approaches to changing social norms through dialogue, the empowerment and resourcing of internal change agents, and the development and spread of alternatives that do not harm children.

Recommendations:

(1) The Kenyan Government should strengthen the accountability and effectiveness of the formal aspects of the national child protection system. One means of doing this could be to have the AACs monitor the effectiveness of the formal system elements that are accessible to people in the slums and report the results to NGO partners, who could then advocate with Government partners for improvements in the formal aspects of the system;

(2) Practitioners should use a patient, internally guided process of changing social norms to address the cultural and social obstacles to the use of the formal aspects of the national child protection system.

Collaborative steps to implement these recommendations would not only benefit Kenyan children but also help to develop new modalities of practice that would enable the child protection sector to support more effectively children in urban slums worldwide.

INTRODUCTION

Background

Worldwide, there is an increasing trend toward urbanization, a phenomenon that is highly conspicuous in developing countries and in war- and disaster-affected areas.² The majority of the world's population now lives in urban areas, which have become home to most of the world's poor people. Frequently, urban areas have slums, which most governments regard as illegal settlements. Urban slums may include long-term residents and also migrants—typically the rural poor—who come to the city in hopes of improving the economic circumstances of themselves and their children.

Urban slums warrant special concern because over 900 million people worldwide are estimated to live in urban slums. Slum dwellers frequently lack access to clean water, adequate sanitation, sufficient living space, and security in tenure. In Africa, children living in urban slums have higher under-five mortality rates from preventable diseases than do children who are not living in slums.³ Also, people who live in urban slums experience high levels of poverty and have reduced access to the services and the rule of law that other urban populations enjoy.⁴ A study by the African Population and Health Research Center found that in some Kenyan slums, more than half of children of school going age did not have access to the free education benefits that were available to children not living in slums.⁵

Despite the global urbanization trend, relatively little is known about child protection in urban areas.⁶ Practitioners recognize that urban areas frequently present multiple, interacting risks to children such as family separation, living and working on the streets, sexual exploitation and abuse, HIV and AIDS, violence, being out of school, trafficking, being in conflict with the law, child labor, neglect, substance abuse, and recruitment into armed forces and groups, among others. Less is known, however, about the processes, practices, and mechanisms for responding to and preventing the harm caused by these issues. If little is known about child protection in urban areas, even less is known about child protection in slum areas, which have been invisible to most people.

A significant question in urban slum areas is which mechanisms or processes at community level do people use to protect children, who are defined under international law as people under 18 years of age. Globally, community-based child protection mechanisms (CBCPMs) are front line efforts to protect children from exploitation, abuse, violence, and neglect and to promote children's well-being.⁷ CBCPMs are defined broadly to include all groups or networks at

² WHO & UN-Habitat (2010).

³ African Population and Health Research Center (2002).

⁴ UN Millennium Project (2005).

⁵ African Population and Health Research Center (2002).

⁶ UNHCR (2009) ; UNICEF (2012).

⁷ Eynon & Lilley(2010); Wessells (2009).

grassroots level that respond to and prevent child protection issues and harms to vulnerable children. These may include family supports, peer group supports, and community groups such as women's groups, religious groups, and youth groups, as well as traditional community processes, government mechanisms, and mechanisms initiated by national and international non-governmental organizations (NGOs).

An Ethnographic Approach

Ethnographic research in rural Sierra Leone conducted as part of a wider Inter-agency Learning Initiative (see Annex 1 for an overview) has shown that for the most part, people in villages use endogenous processes and mechanisms via the extended family and the traditional chiefs to respond to child protection issues.⁸ In urban settings, it is an open question whether such endogenous processes and mechanisms exist or are used, and in what circumstances. In some urban areas, where neighbors may differ significantly by national identity, ethnicity, language, and religious orientation, people who live in a particular area may not regard themselves as a community having common values, culture, and social identity. Much remains to be learned about how people in urban settings address child protection issues, where ideas from different cultural systems intermix daily and where traditional mechanisms may have eroded or morphed significantly. How do people in the slums regard children and are there groups, processes or mechanisms that people use to protect children? Furthermore, are those processes and mechanisms endogenous or facilitated by external agencies such as NGOs? When and to what extent do people engage with the formal, government led aspects of the national child protection system? Ethnography is an appropriate method and approach for learning about such questions since it aims to learn in an open manner, without excessive influence of one's presuppositions, and with attention to the maxim 'We don't know what we don't know.'

The purpose of this research was to learn about community-based child protection processes and mechanisms in two urban slums in Mombasa, Kenya. The research focused on diverse sources of vulnerability such as those related to HIV and AIDS as well as the issues that fit under the traditional child protection rubric. In particular, the research sought to identify how local people understand children and childhood, what they saw as the main harms or risks to children, what CBCPMs existed and how they were used, what protective factors enabled children's positive coping and resilience, and whether and how the CBCPMs linked with elements of the formal, government led aspects of the national child protection system. Recognizing that people in urban slums may be positioned in very different ways, the research aimed to disaggregate responses by age, gender, socio-economic status, and, to a lesser extent, religious orientation.

This research hopes to contribute to strengthening the national child protection system in Kenya. The box on the following page provides a snapshot of this system,⁹ with an emphasis on the actors at different levels who are intended to respond to child protection violations. A particularly interesting feature of the system is the Area Advisory Councils (AACs), which include representatives at the local level from the formal, government led aspects of the system and civil society actors. This creative approach may help to link and align various stakeholders in

⁸ Wessells (2011).

⁹ For a more detailed overview, see National Council for Children's Services (2010, 2011), Oduol (2012), and Dankoff (2012).

The National Child Protection System in Kenya

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

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

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

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

the formal and nonformal parts of the system, thereby avoiding the disconnect between formal and endogenous mechanisms seen in areas such as West and Central Africa.¹⁰

The focus of this research on urban slums is timely because urban slums are among the most neglected areas in any country. The effectiveness of the Kenyan child protection system should be gauged not only by how well the system supports most children but also by how well it supports highly marginalized, invisible children who live in dangerous, toxic environments. Urban slums rank high among such environments. In this respect, the research aims to contribute new, grounded knowledge about how people actually respond to child protection threats and existing prevention mechanisms that will be useful in strengthening the national child protection system in Kenya.

¹⁰ Child Frontiers (2011).

METHODOLOGY

The research used a methodology of rapid ethnography that focused on child protection and aimed to provide a rich, grounded picture of local beliefs, values, and practices in regards to children, their developing activities and social relations, and the community mechanisms for their protection and well-being. Recognizing the advantages of a mixed methods approach, the research also collected quantitative data regarding participants' ranking of various risks, the pathways of response, and the use of the formal, government led child protection system to respond to criminal violations such as rape.

1. Site Selection

Wider Site Selection

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

The sites were not intended to provide a representative national sample but were viewed as offering strategic value by filling gaps in current understandings of child protection in Kenya. Coast Province was of interest in part due to the nexus of interacting child protection concerns there. Coast Province has a large child sex tourism industry that is believed to engage approximately ten to fifteen thousand girls,¹¹ and it also presents other child protection problems such as early marriage,¹² child labor, and child abuse.¹³ Within Coast Province, Mombasa is a site of child sex tourism and other problems, and it has numerous slum areas, some of which have been studied extensively but some of which have received little attention. Kilifi was selected in part because of its proximity to Mombasa and because there was interest in learning whether and how Kilifi serves as a 'feeder' for children's entry into sex tourism in Mombasa. Nyanza was selected because it has a very high rate of HIV and AIDS and offered the opportunity to study an area (Kisii) about which relatively little is known in regard to child protection.

Sites for This Research

¹¹ UNICEF (2006).

¹² International Center for Research on Women (2011).

¹³ Onyango (2004), ANPPCAN (2008).

Two urban slums—Giriama and Msikitini¹⁴—in Mombasa were selected as the sites for this research. A review of available statistical information on the urban slums in Mombasa turned up very little information. These slums, which were part of the wider Bangladesh and Tudor Moroto slums, respectively, were selected because local stakeholders viewed them as typical of urban slums in the area. The two areas were judged to be comparable with regard to size, mode of living, SES, ethnicity, issues of children's vulnerability, access to resources such as hospitals and schools, and external child protection supports such as NGOs and Government Social Workers.

2. Context and Site Descriptions

Giriama

The Giriama area is part of the wider Bangladesh slum, or informal settlement. To understand the Giriama context, it is necessary to first sketch the context of Bangladesh.

The Bangladesh Context

Bangladesh (commonly referred to Bangla by its residents), is the largest slum, or informal settlement, in Mombasa. It is located 5.5 miles west of Mombasa, in Chagamwe district. It has a population of 20,174 people who live in 2,882 households, with an average of 7 people per household.¹⁵ Children and youth (0-18 years) comprise approximately 70% of the population. The mean household income for Bangladesh is less than \$2 U.S. per day.

Bangladesh, which was first settled in 1950, comprises an area of approximately 23 acres. The residents of Bangladesh migrated primarily from rural areas upcountry and other parts of Coast Province, seeking economic opportunities in the Mombasa area. When they arrived, however, they found few of the hoped for opportunities, rented a simple home in the slums, and most people never found the economic means needed to leave the area.

The seven villages in Bangladesh include Central (the center of economic and social activity), Kachimbeni (located next to the railroad reserve), Majengo (an area developed by the residents), Majengo Mapya (settled by people who were evicted from Kachimbeni village by the Kenya Power and Lighting company), Mkupe (which means 'give me in exchange of something' in Kiswahili), Nairobi area (the first area to have a power connection within Bangladesh and thus similar to the capital city, Nairobi), and Giriama (settled by the Giriama people). The ethnic tribes living in Bangladesh include Luos and Luyhas, who comprise approximately 80% of the population and mostly live in the Nairobi area, while Kambas, Kikuyus, Taita, Kisii and Giriama comprise the other 20%.

The official leaders of Bangladesh are government appointees. An Area Chief oversees a large geographic area with multiple sub-locations, with an Assistant Chief heading the sub-location of Birikani, where Bangladesh is located. The Assistant Chief appoints three to four elders (men and women) to assist with various functions in each village. The village elders elect

¹⁴ According to the Government definition, these are informal settlements.

¹⁵ Pamoja Trust (2012).

a Chairman who oversees Bangladesh and who reports to the Assistant Chief. Youth are also appointed as village elders and play the role of ‘runners’ who literally run to deliver messages to the other village elders, or to the Chief or Assistant Chief. The village elders consider themselves as ‘government officers’ on the ground. The Chairman chairs all the meetings (‘barazas’) in Bangladesh, and receives reports from the village elders. There are no tribal leaders.

There is one public primary school and 18 private primary schools in Bangladesh. The public school, St. Mary’s, is overcrowded. Some parents who can afford the additional school fees send their children to the private schools, which are generally viewed as offering better education, though they lack basic materials such as books and furniture. There is no secondary school, public or private, in Bangladesh. There are four secondary schools (three public/government and one private) located approximately 1 kilometer away in neighboring estates, which children from Bangladesh can attend. According to one of the primary school teachers in Bangladesh, only 40% of the children who complete primary school proceed to secondary school due to the high admission fee and the continuing school fees demanded in secondary school. Of the children who start secondary school, most drop out before completing school because of their inability to pay school fees.

There is no government health facility in Bangladesh. The closest health facility is in Mikindani (six kilometers away) where most of the community members seek health services. Inside Bangladesh, a dispensary run by the Catholic Church provides antiretroviral drugs, medications for tuberculosis. Also, there are two private clinics. Community health workers (CHWs) visit households to address basic health issues, provide mosquito nets, monitor vaccinations, and make referrals to hospitals as needed. Each CHW is responsible for 20 households. The CHWs are part of a government program, which receives support from AphiaPlus.

Most of the households in Bangladesh are headed by widows and single mothers. Health workers reported that a high prevalence rate of HIV/AIDS in the area led to the death of many people, especially men, leaving children behind to be taken care of by their mothers. Though some women engage in small scale businesses such as selling vegetables, making and selling ‘viazi’ (deep fried potatoes), and brewing and selling chang’aa (illicit alcoholic brew), many find it difficult to provide for their families.

Overview of Giriama

Giriama, popularly known as ‘Giriamani’ by the locals, is one of the seven villages in Bangladesh. Giriama is a relatively quiet and less populated area (approximately 3,000 people) compared to the other parts of Bangladesh, especially the Central and Nairobi areas. Giriama is located in the lower part of Bangladesh and is occupied primarily by the people of Giriama lineage, from the Mijikenda tribe. Other tribes in Giriama include Luhyas, Kambas, Taita and Luos. Most of the people understand and speak Kiswahili.

Governance. There are three village elders—two men and one woman—in Giriama. One of the men, who is the eldest in the area, is from the Giriama ethnic group and was amongst the first

people to settle in the area. The other male village elder is Luyha, and the woman village elder is Giriama. All the village elders work also as community health workers.

The village elders are seen as part of ‘the government,’ and their role is, as stated by one of the village elders:

to maintain peace and pass the information from the government, to the people. We go to the assistant chief and bring information to the people, and we also pass the information from the community to the assistant chief. We have to inform the assistant chief and she has to give a go ahead -- they are like the ‘government on the ground’ and often make sure that children go to school and follow up on children who are not going to school. They also resolve conflicts and disputes, within and outside the families.

Economic activities. Giriama is one of the poorer areas of Bangladesh. The people of Giriama feel that they have been neglected for a very long time, and that most development projects only reach the central areas of Bangladesh, or ‘huko juu’ (‘up there’). In Giriama, approximately 70% of the population has a very low standard of living, while approximately 30% of the population (including those who have lands and are engaged in some type of business) have a somewhat higher standard of living. Most of the people in Bangladesh can afford two meals per day—usually breakfast and supper—while some households struggle to afford only one meal per day. People mostly eat ‘ugali’ (cooked maize flour) and ‘sukuma wiki’ (kales), both of which are considered to be food for the poor because they are the cheapest foods available.

Most men do ‘vibarua’ (work as casual laborers) at nearby construction sites (‘Godowns’) and at the Export Processing Zone (EPZ). Some residents, especially those who first settled the area, own lands on the lower part of Giriama, next to the ocean, where they farm for both subsistence and commercial purposes. They help to supply Bangladesh with vegetables such as maize, kales, sugar cane, and traditional vegetables. Most of the women in Giriama are housewives, although some sell fish and ‘viazi’ in the evening in the Central area market, whereas others brew and sell chang’aa in their homes. Giriama area has only a single shop, as the people of Giriama conduct their economic activities in the ‘soko’ (market) in the Central and Nairobi areas of Bangladesh, which also serve as places where people hang out.

Housing. The majority of the houses in Giriama are made of mud walls, iron sheet roofs, and dirt floors. The houses on the lower part of Bangladesh are the smallest, and all are made of mud and iron sheets, and have no electricity. The houses on the upper part are slightly larger, and some are plastered with cement on the inside and have an electrical connection (although the connection in the area is illegal). In the uppermost part of Giriama, where people of relatively high socio-economic status (SES) live, the houses are built of stones and cement, and most of the homes have television sets, a luxury in Giriama.

Religion. Most people are Christians. Giriama has very few Muslims, although it is one of the few villages in Bangladesh where Muslims are found. There is only one church (Legion Maria sect, which had its origin from the Luos in Nyanza province) in Giriama, although some residents attend churches in other parts of Bangladesh (there are 33 churches in Bangladesh).

Although there is no mosque, the two primary schools are used for worshipping on Saturday and Sunday.

Health and Social Services. No health dispensaries, clinics, or pharmacies exist in Girimama. Residents are linked to the CHWs, who provide basic health services and make referrals to outside health facilities. Residents obtain water from the water kiosks that are situated within Giriama area at five Kenya shillings (approximately six cents) per twenty-liter jerry can. Most of the households in the area use pit latrines, and open sewers run through the area.

Schools. Most of the children from Giriama go to the sole public school—St. Mary’s Primary School—in Bangladesh. Two private primary schools sit at the extreme lower end of Giriama, next to the beach. Both are made of rusted iron sheets, and large numbers of children reportedly dropped out of school before they had completed class eight. Of those who did complete class eight, most did not proceed to secondary school.

Mskitini Slum

Mskitini slum is part of the larger Tudor Moroto area, which will first be described in order to set the wider context.

The Tudor Moroto Context

Tudor Moroto (‘moroto’ means ‘slum’ in Kiswahili), is located in Island District. Located on government land, Tudor Moroto is also known as an informal settlement. In the 1960s, the area was forested, and people made illicit brew and hid it there. Over time, however, those people staked a claim to the land. As the demand for inexpensive housing increased in Mombasa, they constructed houses for rent on the land they had ‘secured.’ Since no one had a title deed for the land in Tudor Moroto, the Kenyan government (through the former Member of Parliament of the Mvita constituency, a member of the KANU ruling party) sent bulldozers in 2002 to destroy the houses. However, when a new government took over in 2002, the Member of Parliament lost his seat and the destruction of the slum ended.

Tudor Moroto, where an estimated 15,000 people live, is comprised of three distinct areas: Paradise, Bandarini, and Msikitini. Paradise is the more prosperous of the three sections as it has a water pump outside the village elder’s house where people can get unsalted water, which people who live in the other two areas consider to be a luxury. The poorest section is Bandarini (‘Ma Boatini,’ which means ‘boat’ in Kiswahili), which is inhabited mostly by fishermen who keep their dugout canoes there. Moroto Msikitini (known as ‘Msikitini’ by its residents), is economically in the middle of the three slums as it is neither as prosperous as Paradise nor as poor as Bandarini.

Tudor Moroto is also overseen by an Area Chief and an Assistant Chief who are responsible for a larger area which includes more prosperous, non-slum areas called Tudor Estate and Tudor 4. As in the case in Bangladesh, village elders are appointed by the Assistant Chief for the three

sections of Tudor Moroto. A Chairman of the elders oversees the village elders and reports to the Assistant Chief.

There are no primary or secondary schools, either private or public, in Tudor Moroto, although children can attend schools that are approximately one kilometer away. No health facilities exist in Tudor Moroto, although CHWs provide basic services for the residents.

Overview of Msikitini

Msikitini has approximately 5,000 residents according to the acting chairman and staff at the local hospital. Approximately 60% of the population is under 18 years of age. Msikitini has a mix of ethnic groups. Giriama and Kamba peoples comprise approximately 60% of the population, while Luo, Luhya, Kisii, Duruma, Digo, Chonyi, Kikuyu, and Taita peoples comprise 40% of the population.

Msikitini is informally divided into four sections:

Kwa Msomali area. This area is named after a Somali man who owns a coffee milling factory nearby. The majority of people are Muslim, and are of higher social economic status than people in some of the other sections. The typical cost of renting a house is between 1200 to 1500 Kenya Shillings (approximately \$15 to \$19 US) per month. The rental prices vary according to the location of the house, as well as the composition of the floor (cement, which costs more, or earth).

Simitini. ‘Simiti’ means ‘cement’ in Kiswahili. Although Simitini is the central business district of Msikitini and has a hotel nearby, it is named for the slab of concrete which is a prominent part of the area and a hub of activity. This concrete slab and three rooms are the remains from a house destroyed in 2002 during the elections. In one of the three rooms is the Mnazi (local alcoholic brew) den. Next to the Mnazi den, the middle room, is the Pub, where keg is sold. The third room on the end, is the video hall. The concrete floor is used as a children’s playground. The majority of people who live in Simiti are members of the Kamba tribe.

Kisimani area. ‘Kisima’ means ‘water well’ in Kiswahili, and Kisimani is the ‘place where there is a water well.’ Kisimani is a very low SES area where the monthly rent for housing is a maximum of 500 Kenyan shillings (approximately \$6 US). The majority of the people are Christians from the Luhya and Luo tribes. Kisimani is located on the edge of the slum beside the ocean, where the public toilets sit and where garbage is thrown. Men who like to meet here during the day sit and talk on seats made of automobile tires that have been cut in half and permanently stuck in the sand.

Sewage area. This is a low SES area populated mainly by people who are from the coastal tribe. Some of the teenage mothers live here in close proximity to each other. The rent is low because the area is closer to the ocean and therefore nearer to the garbage and toilets.

Governance. Msikitini is governed by two village elders, one of whom oversees the lower region (Kisimani and the sewage area) while the other oversees the higher regions (Kwa Msomali and Simitini). At the time during which the data were collected, the Chief had recently fired both elders on allegations of corruption. An acting village elder was in charge until new elders were appointed. The security of the area is in the hands of the community police ('sungu sungu'), the chairperson of which is appointed by the Chief and wields considerable power.

Economic Activities. Among the diverse economic activities in Msikitini, some men sell poles made from cut mangrove trees that are used in housing construction in Tudor Moroto. In small stands, women that sell vegetables and fruits purchased at Kongowea market, one of the largest markets in Mombasa. Women also sell 'viazi' (deep fried potatoes) and do tailoring. Rental houses generate income for people of higher SES, who own many houses in the area. Some people also own water wells and sell the water to the people in the area. There are also a number of small shops that sell consumer goods like laundry detergent, cooking fat, tea leaves, and maize flour that are in high demand. Mnazi, an alcoholic brew made from fermented coconut water, is delivered by a van from a nearby 'brewery' and then sold widely in the area. Deep fried fish is sold mainly at night near Simitini.

Housing. The houses in Moroto Msikitini are made of mud, and iron sheet is used as roofing material. The difference in rent depends on the value of the finishing inside the house. A house with a plastered cement floor costs between 300 or 500 shillings more than a house that has an earth floor. Also, the rent is determined also by the location of the houses, as houses that are situated near the entrance of the slum charge higher rent than those that are beside the ocean.

Religion. Approximately half the population is Muslim, and half are Christian, although key informants described the residents of Msikitini as not very fervent in their religious practices. Msikitini has only one church – the ACK Simitini church – which holds a service every Sunday morning at a video hall. The Mosque, Masjid Manzoor, is located approximately 50 metres outside the slum.

Health and Social Services. There is no health dispensary or clinic in Mskitini, and the residents usually go to the Coast General Hospital for treatment. The CHWs, who are the only other link to health services, are each responsible for 20 households. There is no piped water in Msikitini slum area, leaving the people to buy water from water carts that arrive each morning.

The sanitation facilities are found next to the ocean and are for communal use. However, some areas have houses built in a row, with a shared roof and walls. The owner of such houses (called 'landi') can choose to construct a toilet for use only by his or her tenants. Otherwise, the toilets consist of pit latrines.

Schools. As there is no primary school or secondary school in Msikitini, children go to the following schools approximately one kilometer from the slum: Mary Cliff Primary school which is for girls only; Tudor Primary school, which is a mixed gender public school and has a small section for children with mental disability; and Makande Primary school, which is a mixed gender public school. Also, the mosque has a private nursery school. Secondary schools are

Makande Girls' Secondary School, which is a public school, and Mombasa Baptist school which is a private secondary school.

3. Study Population and Participants

The estimated study population consists of the approximately 8,000 people who live in Giriama and Msikitini combined. Relatively large numbers of people were included in the participant observation, whereas a smaller number of people participated in the group discussions, in-depth interviews, and other research activities.

Participants were recruited with the assistance of youth and community leaders, who helped mobilize groups for discussions and identify key informants. This strategy of working with the youth and community leaders was important in demonstrating respect and also in building trust, which is necessary for the collection of accurate information. Without the youth and community leaders as intermediaries and door openers, the researchers might have been seen by local people as government agents who were there to collect information that could be used against them. After the researchers had lived in or near the slums and had worked there for some time, they became trusted and themselves identified participants through their day to day interactions with people, for example, in the market, at church, or walking through the community. As discussed below, the researchers attempted to engage with diverse people rather than speak only with those who were most convenient to talk with.

4. Research Design

Key Questions

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

Age and Gender

A key feature of the design was to learn from people who occupied different social positions within the slums. Age¹⁶ and gender were recognized as determinants of harms to children, responses to those harms, and steps taken to prevent such harms from occurring. For this reason,

¹⁶ The exact age of children was not always known to either the parents or the children themselves.

KEY RESEARCH QUESTIONS

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

the initial design included specific steps to learn from and to contrast the views of six sub-groups: (1) young girls 5-8 years of age; (2) young boys 5-8 years of age; (3) teenage girls 13-17 years of age; (4) teenage boys 13-17 years of age; (5) adult women 18 years or older, and (6) adult men 18 years or older. Over time, however, this approach was modified in light of learning that the category 'adult' was too broad. It was observed, for example, that the views of younger adults differed significantly from those of older adults. Accordingly, the category 'adult' was split into younger and older people above 17 years of age. The resulting eight sub-groups were:

- Women: Age 25 years and above
- Young women ('makamu' of marrying age): Age 18-25 years

- Teenage girls: Age 13-17 years
- Young girls: Age 5-12 years
- Men: Age 30 years and above
- Young men (typically not married): Age 18-30 years
- Teenage boys: Age 13-17 years
- Young boys: Age 5-12 years

In all activities, deliberate effort was made to learn from these different sub-groups. For example, group discussions were conducted with members of only one of the subgroups. This approach reduced the problems of unwillingness of people to talk openly in the presence of more powerful others that might have occurred if, for example, teenagers had been placed in a group with adults or if women had been placed in the same group as men. Within a particular group, care was taken to include diversity. For example, a discussion group among teenage girls might have included a mixture of girls who were in school and girls who were out of school. Care was also taken by the researchers to avoid selecting for inclusion in a particular group only people who were related to a Chief or elder.

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

Socioeconomic Status (SES)

Chronic poverty was endemic to the slums, and in this sense nearly everyone who lived there was poor. Yet in relative terms, some people were better off than others. An intentional contrast was made in regard to people who differed according to SES. The SES of participants was identified according to multiple indicators:

- Housing materials: High SES houses had cement walls and floors, while low SES houses had less sturdy materials such as walls made of mud and earthen floors;
- House size: People of high SES had multi-room houses, while people of low SES typically had a one room house;
- Location: Low SES homes were near the public toilet areas and where people threw their garbage, whereas high SES homes were not;
- Business/employment: High SES people owned a business or had full time employment, while low SES people were unemployed or looking for casual labor on a day-to-day basis.
- Type of food eaten: People of high SES were able to eat red meat, chicken and fish which people of low SES could not afford. Low SES households typically fed a household that had 4-6 children with one kilo of maize flour per day, which was enough for only one meal.

The researchers documented these and other criteria, and decided SES based on multiple, converging criteria. The researcher's classifications were reviewed and confirmed by the team leader and/or the lead researcher, who determined the SES status.

By these criteria, approximately 70% of the people living in the slums were judged to be low SES. To allow analysis of the effect of SES differences, approximately 60-70% of the

group discussions on risks and functional responses had participants of low SES, whereas 30-40% of those discussions had participants of high SES. Variation in SES was also considered in the selection of participants for in-depth interviews in order to avoid having all high- or low SES participants. In other activities, care was taken to observe and listen for any differences according to SES.

Participant Observations in Regard to SES

Example of a high SES household in Giriama:

The mother owns a chapatti business by the road side, and she really sells. From several observations, I noticed that she has many customers during the morning, lunch time and evening. When visiting her house, she possesses a t.v. set, a stereo radio, and a sofa set. Things around the house look in order. Her husband works full time.

Example of a high SES household in Msikitini:

The man is the owner of his two roomed house, and has built two others which he rents out. He works full time as a technician for the electric company, and has even put a solar panel in his house. This is the first house that I see that has a television set and a light bulb.

Example of a low SES household in Giriama:

The woman's house was a rental one with basically only a mattress on the floor which she used for sleeping. Set aside was the cooking area within the same room – a kerosene stove with two sauce pans, looking dirty from the accumulation of soot. The children there were half naked – only wearing the top dirty t-shirts with no bottoms... There was also a dirty basin with dirty clothes in it, and the mother at one point during the interview stopped to wash the child who had gone for a long call (defecate). She put the dirty clothes aside on the earthen floor and poured a little water and washed the child without soap. When lunch time approached, the children asked for some food, and the mother replied to them that the food available was only for supper so they had better persevere til evening so that they eat and then sleep.

Example of Low SES household in Msikitini:

The man lives near the place that has the public toilet. There is permanent stench that comes in because of the breeze from the ocean which keeps blowing on that side. There are two girls – one seems 7 and the other 11 – who are not in school.

Religion

To learn about the effects of differences in religious orientation, key informant interviews were conducted with Christian and Islamic leaders. It was not possible, however, to use in

regard to religion the approach that had applied to SES. Christianity was so dominant that to conduct separate group discussions of Muslims would likely have been perceived as stigmatizing. Instead, efforts were made to include Muslims and Christians in all the activities and to observe and listen for any differences that might owe to religious orientation.

5. Research Team, Organization, and Capacity Building

The research team included both national and international researchers. The national team consisted of five Kenyan researchers who were divided into two teams, each of which worked in a particular urban slum. One team was led by Jemaiyo Chabede-Barthe, a Kenyan ethnographer who served as Lead Ethnographic Researcher. The second team was led by Ken Ondoro, who had extensive research experience prior to this project. Both team leaders played an important role in refining and adapting the research tools to the local language and the Kenyan context. Each team also included junior researchers (one for each team, with another researcher working in both areas) who were supervised and mentored by their team leader. The Kenyan researchers were selected according to the following criteria: strength of motivation, prior qualitative research experience, ethical sensitivity, openness, experience working with young people and on protection issues, team orientation, flexibility and problem solving ability, interpersonal skills, and ability to speak local languages.

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

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

To prepare the field researchers for their work, an 11-day preparation workshop was conducted in Nairobi and Mombasa immediately before the data collection began in July and August, 2012. The workshop used a highly participatory methodology that included vignettes, role plays, discussion of ethical dilemmas, group problem-solving discussions, and field experience in participant observation, group discussions, and in-depth interviews. These activities were guided by an action-reflection methodology wherein group reflection and problem-solving followed each activity. The workshop developed skills for using effectively the

tools outlined below, with particular emphasis on how to ask probing questions. Also, the workshop sharpened ethical awareness and ability to manage challenges that frequently arise in the field. The first week of the workshop focused mostly on learning specific tools and developing skills of verbatim or near verbatim documentation. The second week field tested and finalized the Kiswahili research tools, with attention also to the local dialect.

6. Research Tools and Questions

The various research tools (see Annex 2 for the complete versions) are summarized below and are available on request¹⁷ in either English or Kiswahili.

Participant observation: The field researchers lived in their respective research sites approximately six days a week, over a period of four weeks (with the lead ethnographer and team leader spending additional time in the sites). Visiting schools, sharing meals, and talking with people in homes and in public spaces, they made first-hand observations of children in the context of family, peers, school, work, religious practice, and community life.

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

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

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

¹⁷ Contact Kathleen Kostelny (kkostelny@gmail.com).

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

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

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

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

Key Informant Interviews: Individual, in depth interviews were conducted with key informants such as Chiefs, elders, religious leaders, etc. in order to learn about their views of child protection threats in the slum areas; the various mechanisms (e.g., endogenous, Child Welfare Committees, NGO facilitated mechanisms; government mechanisms) that may or may not be present in their slum area; and the linkages of community mechanisms with the national child protection system. Like the other tools listed above, these interviews were flexible and open-

ended. Guiding the researchers' inquiries, however, were the questions in the box on the following page.

7. Research Ethics

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

The research recognized the ethical complexities and dilemmas associated with research on children.¹⁸ The researchers were trained on and agreed to abide by Save the Children's Child Safeguarding policy, the reporting requirement of which was adapted for research purposes. To avoid raising expectations, the researchers presented themselves as researchers who were from the Children's Learning Group. This name was intended to reduce any focus on the Columbia Group for Children in Adversity and to help manage the expectations of material aid that might have arisen had the researchers said they were associated with NGOs. Also, the researchers avoided making promises they could not keep. To avoid causing unintended harm, the questions asked to children and adults were general in nature and neither pertained to nor probed their personal situation. As a safety precaution, however, the researchers had identified nonformal sources of psychosocial support in advance of the data collection.

The challenges of obtaining the informed consent in the field have been well documented.¹⁹ Adding to the challenges was the Kenyan Government's requirement that the participants, most of whom are illiterate, give their consent (or assent for children) in writing. Local informants had cautioned that most people were fearful of written documents and the unknown implications that might follow from signing them. In dialogue with local people in the slums about how to address this problem, the national researchers learned that it would be appropriate to have a trusted local opinion leader such as community nurse or a youth worker explain to prospective participants the purpose of the research, who the researchers were, why and how they were collecting data, how the data would be used, and what the risks and benefits of participation were. This procedure was followed, with care taken to avoid even subtle forms of coercion.

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

¹⁸ Alderson & Morrow (2011) ; Boyden (2004) ; Hart & Tyrer (2006) ; Morrow (2009) ; Schenk & Williamson (2005).

¹⁹ Allden et al. (2009); Mackenzie et al. (2009).

8. Data Collection and Work Plan

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

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

Working in their respective areas, the two teams collected data mainly in July and August, 2012, although some follow-up data collection occurred also in early September. Each team included one male and one female, with another female team member working in both areas. To build trust and enable a reasonable depth of learning, the researchers lived and worked in their slum area for four weeks. They frequently worked and interacted with their team leader, who oversaw the quality of their work and provided suggestions for improvement. Usually, the researchers worked six days per week, though they took at least one full weekend off. The team leaders reviewed the data and forwarded them to the international researchers for analysis. Follow-up data collection by the team leaders also occurred following the identification of gaps or of phenomena that warranted further inquiry.

An important part of the plan for data collection during weeks 1 and 2 was to emphasize participant observation, group discussions, timelines, risk mapping and body mapping, with greater emphasis on in-depth interviews in subsequent weeks. This phased approach aimed to build trust, show publicly what the researchers were doing, and reduce suspicions or feelings of exclusion that might have arisen if individual interviews had been conducted initially. Tables 1-4 presented on the following two pages summarize the activities conducted by the teams with different subgroups and in the two slums. Although the initial plan had called for equal numbers of group discussions and participants each sub-group, this proved not to be feasible since it was difficult to assemble groups of teenagers, for example. Also, the number of participants in group discussions varied somewhat across groups. Still, over 1100 people from the two slums participated directly in the activities conducted.

| Research Tool | | Giriama | | Msikitini | | Total | |
|---------------------|--------------|----------|----------|-----------|----------|--------|------------|
| | | # groups | # people | # groups | # people | groups | people |
| Body Mapping | Girls 5-8 | (n=2) | 20 | (n=2) | 20 | (n=4) | 40 |
| | Girls 9-12 | (n=3) | 30 | (n=2) | 20 | (n=5) | 50 |
| | Boys 5-8 | (n=2) | 20 | (n=3) | 30 | (n=5) | 50 |
| | Boys 9-12 | (n=3) | 30 | (n=3) | 30 | (n=6) | 60 |
| Total | | (n=10) | 100 | (n=10) | 100 | (n=20) | 200 |
| Risk Mapping | Girls 5-8 | (n=2) | 20 | (n=2) | 20 | (n=4) | 40 |
| | Girls 9-12 | (n=2) | 20 | (n=3) | 30 | (n=5) | 50 |
| | Boys 5-8 | (n=2) | 20 | (n=2) | 20 | (n=4) | 40 |
| | Boys 9-12 | (n=2) | 20 | (n=2) | 20 | (n=4) | 40 |
| | Total | | (n=8) | 80 | (n=9) | 90 | (n=19) |
| Grand Total | | | | | | (n=39) | 370 |

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

| Research Tool | Participant Type | Giriama | | Msikitini | | Total | |
|---|------------------|----------|----------|-----------|----------|--------|--------|
| | | # groups | # people | # groups | # people | groups | people |
| Group Discussions: Harms and Response Pathways | Women | (n=4) | 41 | (n=5) | 62 | (n=9) | 103 |
| | Young Women | (n=2) | 20 | (n=1) | 10 | (n=3) | 30 |

| | | | | | | | |
|--|--------------------|--------|-----|--------|-----|--------|------------|
| | Teen Girls | (n=3) | 28 | (n=2) | 20 | (n=5) | 48 |
| | Men | (n=3) | 32 | (n=2) | 23 | (n=5) | 55 |
| | Young Men | (n=3) | 25 | (n=1) | 10 | (n=4) | 35 |
| | Teen Boys | (n=3) | 30 | (n=3) | 34 | (n=6) | 64 |
| | Total | (n=18) | 176 | (n=14) | 159 | (n=32) | 334 |
| Group Discussions: Preventive Factors | Women | (n=2) | 23 | (n=4) | 38 | (n=6) | 61 |
| | Young Women | (n=1) | 9 | | | (n=1) | 9 |
| | Men | (n=1) | 8 | (n=2) | 26 | (n=3) | 34 |
| | Young Men | (n=2) | 17 | | | (n=2) | 17 |
| | Total | (n=6) | 57 | (n=6) | 64 | (n=12) | 121 |
| In-Depth Interviews | Women | | 13 | | 16 | | 29 |
| | Young Women | | 5 | | 6 | | 11 |
| | Teen Girls | | 3 | | 3 | | 8 |
| | Men | | 9 | | 5 | | 14 |
| | Young Men | | 5 | | 2 | | 7 |
| | Teen Boys | | 2 | | 1 | | 3 |
| | Total | | 35 | | 33 | | 70 |
| Timelines | Women | | 10 | | 12 | | 22 |
| | Men | | 5 | | 6 | | 11 |
| | Total | | 15 | | 18 | | 33 |
| | Grand Total | | | | | | 558 |

Table 2. The number of group discussions, in-depth interviews, and timelines that were conducted.

| Number of Participant Observations | | |
|---|------------------|--------------|
| Giriama | Msikitini | Total |
| 62 | 56 | 118 |

Table 3. The number of participant observations conducted in the two areas.

| Participant Type | Giriama | Msikitini | Total |
|---|----------------|------------------|--------------|
| Male Village elder | 4 | 1 | 5 |
| Female Village elder | 2 | 1 | 3 |
| Police Officer | 1 | 1 | 2 |
| Teacher | 3 | 2 | 5 |
| Voluntary Children's Officer (VC) | 1 | 1 | 2 |
| NGO/CBO /Children's Home staff | 8 | 9 | 11 |
| Community Health Worker (CHW) | 1 | 1 | 2 |
| Chairman-Community Health Committee (CHC) | 1 | 1 | 2 |
| Pastor | 4 | 2 | 6 |
| Sheikh | 0 | 1 | 1 |
| Midwife | 0 | 1 | 1 |
| Chief | 1 | 1 | 2 |
| Government Children's Officer | 0 | 2 | 2 |
| District Commissioner | 1 | 0 | 1 |
| Youth Leader | 2 | 2 | 2 |
| Grand Total | 29 | 26 | 55 |

Table 4. Summary of key informant interviews by type of participant.

9. Data Analysis

Two international researchers (Kostelny and Wessells) did the main data analysis using a grounded methodology.²⁰ Before, during, and after the analysis, they consulted with the Team Leaders to check the appropriateness of particular categorizations, obtain additional information, and explore the interactions among and causes of particular issues. In an intensive process that included 60 person days, the two researchers read and reread the entire data set in a holistic manner until natural categories (e.g., types of child protection risks) and consistent patterns (e.g., pathways of response to particular risks) emerged. In addition, SPSS was used to analyze the quantitative data of the main protection harms that were identified in the group discussions on harms and response pathways.

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

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.

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

²⁰ Charnaz (2004).

10. Limitations

The short time frame of this research limited the depth of what was learned by comparison with the thick descriptions provided by multi-year ethnography. For example, it was not possible to document the different cosmologies that people in the slum areas had or to identify the dynamic interplay between divergent beliefs, practices, and values. Also, the research has limited generalizability since the areas studied did not comprise a representative national sample. Nor did the research include the number and diversity of people with disabilities that might have been reached in a longer study.

This research did not attempt to measure the actual prevalence of various child protection risks. Its premise is that it is important to understand the perspectives, beliefs, and lived experiences of children and adults in regard to child protection issues, responses, and preventive measures. An understanding of the subjective perceptions, beliefs, and meanings that influence people's behavior can illuminate how people view children and child protection issues, how they experience the formal child protection system, what resources and networks they use in responding to child protection issues, and what obstacles limit the use of the formal system. However, the research was not designed to answer the question such as 'How many times did a particular protection risk occur in a specified period of time?' Unless indicated otherwise, statements in this report such as 'Many girls became pregnant by age 14' were based primarily on the participants' perceptions. Although such statements were triangulated with statements made by other, independent participants in order to decrease the influence of idiosyncratic views, they cannot be taken by themselves as accurate indicators of the actual frequency of the protection risks. Whenever it was possible, such statements were triangulated with direct observations, for example, of young teenage girls who were conspicuously pregnant or who were already mothers near the age of 14 or 15 years. The report indicates when direct observations by researchers corroborated the participants' reports.

While it is important to keep these limitations in mind, it is also important not to reject out of hand people's perceptions of the frequency of various risks. For one thing, even if the risk of a problem such as homicide were objectively low, it is helpful to know that young people worry extensively about getting shot or stabbed. In addition, perceptions of frequency can be indicative of the actual frequencies. For example, in a particular society, people may say 'most girls are married by the time they have reached 20 years of age.' Although such statements may not be backed by hard, statistical data, they may in fact be relatively accurate even if they are imperfect and subject to well documented biases.²¹

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

²¹ Kahneman, D., Slovic, P., & Tversky, A. (1982).

KEY FINDINGS

Common patterns emerged across the two urban slum areas, and these are presented initially in the numbered key findings below. To provide a more variegated picture, this section also presents some of the less typical patterns and patterns that characterized a particular slum area. Preventive factors are discussed in the latter part of this section in order to first give readers an understanding of the problems that need to be prevented. Narratives of young people and adults are presented in order to document key points and to give voice to people whose voices are typically not heard. These narratives are not anecdotes but primary data that were selected systematically as being typical of the views expressed by a particular group or sub-group. In the case of group discussions, the designators R1, R2, etc. indicate different participants, with 'I' indicating the interviewer. The narratives themselves are in italics, and any explanatory comments or missing words are set off in brackets.

1. Childhood and Child Development

What is a Child?

In both Giriama and Msikitini, conceptions about children and childhood varied widely. Issues of age, dependency, cognitive ability, and behavior figured prominently in people's views of children. Approximately half the participants defined a child in chronological terms, though the ages varied. Asked "Who is a child?" participants frequently gave answers such as:

Anyone below 3 years.

Below 5 years.

A child is 2-12 years.

A child is less than 15 years.

A child is one day to 18 years.

Although there was no consistent age range for defining people as children, approximately 20% of the participants said that children were people under 18 years of age. These participants came from diverse backgrounds and were not only the teachers and people who had received training on child rights. In both communities, some people said that a person became an adult when he or she had received an identity card at age 18 years.

Dependency was one of the main features used by participants to decide who is a child.

A child is anyone who does not know how to look for food and depends on the mother for everything. (Woman, group discussion, Msikitini)

A child is one who is 1 year below... They are those who depend on their parents for food. They fall sick more often so parents have to keep a close eye on them. (Man, in-depth interview, Msikitini)

A child is a creation that still depends on his parents. He has a right to life and support from the parents. The most important thing to a child is education and the child should get good upbringing and good health. (Man, in-depth interview, Giriama)

A child is the one who does not do anything. He/she depends on the parent for schooling, feeding, and much more. A child should respect his parents and elders and obey and follow the rules of the family. (Man, in-depth interview, Msikitini)

After birth there are some needs a parent is supposed to meet for the child. The most important of these needs is that the child should be healthy, and given proper meals, because a child does not know what is to miss, but knows only to get. The child has to eat at least three times a day. The surrounding should also be good and make sure he sleeps under a treated net. At the age of going to school, he goes to school every day. (Man, in-depth interview, Msikitini)

Children were also defined in terms of their cognitive ability and behavior. Even adults were regarded as children if they exhibited childish behavior or were dependent on others.

To say that this is a child, you look at his brain, his thoughts, his behavior and his age. So a child is from 1 month to 5 years. (Young woman, in-depth interview, Msikitini)

When a girl stops playing with sand in small containers, you know that she is not a child anymore. (Young woman, in-depth interview, Msikitini)

A child is a very important being. A house with no children is full of problems. There are two types of children – an obedient one and a naughty one. Someone who acts like a child and cannot depend on himself is also a child. Also, someone who has childish ways...he is old in age, but his mind is not yet mature. (Man, in-depth interview, Msikitini)

Children's Development

In discussing children's development, participants emphasized the reciprocal relationship between children and parents and the increasing responsibilities that children took on as they aged and became larger in stature. Parents were expected to provide not only food and care but also guidance and discipline (through corporal punishment) in order to instill good behavior. In return, children were expected to obey their parents ('*asiyefunzwa na mamaye hufunzwa na ulimwengu*' – 'if you don't listen to your parents, the world will teach you a lesson').

If the parents teach the child good behavior and respect, the child grows up well and with respect. (Young man, in-depth interview, Giriama)

Children played important roles in the work of the family and were expected to help with house work, do well at school, and find jobs to earn money for the family.

Birth and The First Year of Life

Children were typically born in a hospital if the parents had enough money. Otherwise, they were born at home with the assistance of a midwife or a Traditional Birth Attendant. Following the cutting of the child's umbilical cord, the child was bathed and cared for by the mother and also the grandmothers, who usually help to care for the child following birth.

A child's birth was an occasion for giving thanks and also for rituals of protection and the conduct of naming ceremonies. Muslim families offered prayer to Allah at birth in order to protect the child. Regardless of religious orientation, many parents sought to protect children from harm by means of witchcraft. In Giriama, the midwife tied a string soaked in the mother's blood after giving birth, around the just born child's waist or wrists (*rizi*) to protect the child from harm. The string could also be tied by a witch doctor up until the child was one year old.

But like this one of mine, when he is born he has to be put some stings, like this one on his wrist is protection against the bad luck. The child is given the protection by the mother so that bad things do not come to the baby. (Woman, in-depth interview, Msikitini)

In both Giriama and Msikitini, people conducted naming ceremonies that introduced the child to the world and gave the child a name. The ceremonies varied according to religion, ethnicity

Muslim Naming Rituals

In Giriama, the mothers in Muslim families stayed secluded in their homes for 40 days following the birth of their children. During this time, the babies were seen only by the parents. After 40 days, the naming ritual began as the mother took her baby outside and sat on the verandah. When a neighbor came and saw them, the following exchange occurred:

Neighbor: *The baby has come out?*

Mother: *Yes.*

Neighbor: *How are we going to call him/her?*

Mother: [Says the name publicly.]

Typically, the child's name was decided either by the grandmother on the mother's side of the family or by the father on behalf of his side of the family.

In Msikitini, Muslim families who enjoyed high SES conducted the naming ceremony (*Aqiqah*) following only 7 days of sequestration by the mother and child. If the parents had money, they slaughtered two sheep or two goats in celebration of a boy, or they slaughtered one sheep or one goat in celebration of a girl. Incense was burned, the community was invited for a feast, and people offered gifts such as clothes for the baby or milk for the mother. This celebration was sometimes followed by a larger ceremony after 40 days conducted by male relatives and other men. At the larger celebration, verses of the Koran (*'kuukiwa'*) were read, thereby cleansing spiritually the mother and her baby.

group, and social economic status. The Muslim naming rituals are described in the box above. For Christians, the naming process was more varied. Some families named the child when it was in the womb, or at one month following birth. Poor families offered porridge instead of a slaughtered animal, and some gave no celebrations because they had no money.

The name given to the child varied depending on a number of factors, including the family's religion or ethnicity, the community, and the season and time of birth. In Christian families, the father assigned a name from his family, drawing from his mother if the child was a girl and from his father if the child was a boy. In Muslim families, the first boy was named after the grandfather on the father's side, and the next two children were also named after the father's relatives. Beginning with the fourth child, the children were named after the mother's relatives. In Giriama, the child's first name came from the father's place of origin, whereas the second name came from the wife's place of origin. To designate the time of birth, the names Achieng (for girls) or Ochieng (for boys) are often added to indicate that they had been born during the day, whereas Atieno (girl) and Otieno (boy) signified that they had been born at night. Among the Luo tribe, parents typically gave their children a Christian name 1-2 weeks following birth, and they gave an indigenous Luo name at a later date.

Children's development during the first year included the attainment of the milestones seen in many societies. By three months, the children had learned to sit, and by six months, they had begun to crawl. At twelve months, most children stood, took their first steps, and had learned to say several words. The first year, however, was not equal for all children. Although most children had received vaccinations at six months, only the children from higher SES families were taken regularly to the health clinic for weighing and check-ups.

One to Four Years

In the first two years, young children typically stayed very close to their mothers, who breast fed them from birth. Health workers advised HIV positive mothers not to breast feed, although the mothers did not always follow that advice. At six months, the child may be given solid foods such as matoke, a popular staple that consists of a mix of potatoes, carrots, and bananas. Mothers carried their children in a cloth tied to their backs, enabling them to work and carry out most activities with their infants, including taking them to work where they sold vegetables or viazi (fried potatoes). Over time, mothers introduced their children progressively to their responsibilities. By age three years, children began doing small tasks, such as bringing utensils to the parent, or helping the mother wash clothes or utensils.

Children were increasingly cared for by siblings who were not in school and who bathed, dressed, and fed them while the mother was at work. Some children were locked in the house while the mother went to work as a means of protecting them from sexual abuse and other harms in the community. Young children typically slept in the mother's bed until three years of age, when they started to know '*mama na baba wanafanya*' ('mom and dad are doing'). The mothers also stopped carrying their children like babies by that time.

At three years, children of Christian families were taken to "baby school" (nursery school), whereas children of Muslim families were sent to the madrassa to learn the Quran, enabling them

to grow up to be good Muslims. By three years, children played 'kalong longo,' a game in which they imitated each other's daily household activities.

Five to Eight Years

Between the ages of five and eight years, significant changes occurred in children's roles, responsibilities, and daily activities. By age five years, children had learned right from wrong behavior and how to play with others. Children usually started primary school in class one at six or seven years of age. Muslim children typically attended primary school during the day and attended the madrasa in the evening. However, children whose parents did not have enough money to pay school fees were not in school.

During these years, children took on a wider array of family related work responsibilities. Both boys and girls helped with domestic activities such as fetching water with buckets from a local kiosk. By five years of age, children performed tasks such as going to a shop to buy cigarettes for the parents and returning home with the correct change. Parents gauged whether the child's brain was developing properly if he or she had remembered to ask for change.

Gender differentiated roles and activities were visible during this period. By seven years of age, girls were expected to wash utensils and dishes, wash clothes, go to the market, prepare vegetables, and help cook if the mother was sick or not at home. They were also sent to fetch water using 10-liter jerry cans, which they carried on their heads. Boys helped to sweep the house and helped the mother look for firewood. In anticipation of a job that was more typical for teenage boys, some boys started picking scrap items at this age.

At this stage, children frequently played with peers and did so in gender differentiated ways. Football (soccer) was a favorite sport for boys, who also played marbles, karata (gambling with cards), and rolling a tire with a stick. Girls played cooking, carrying a baby, and other household tasks. Girls also played 'bladder,' in which they stretched out a rubber rope and wrapped it around their knees, making a circle that girls jumped in and out of.

During this stage, taboos for girls and boys became evident. For boys, it was taboo to do chores in the kitchen, such as cooking and washing utensils. For girls, it was taboo to bathe with their fathers.

During this period, parents saw their role as monitoring closely the children's activities and teaching good behavior and responsibility. The failure to monitor children's activities was seen by most parents as neglectful behavior. Parents placed great stock in their children's obedience and willingness to work hard in school and for their families.

A child should obey the parents, because it is them the child looks up to... (Man, in-depth interview, Msikitini)

For boys... the responsibility is to study hard at school and to find jobs which will give him money and help the family. (Man, in-depth interview, Msikitini)

Boys..are expected to go to school and work hard so that they can be useful in the future. They are also supposed to help their parents in various chores at home. They also have to respect their parents. (Woman, in-depth interview, Msikitini)

Parents disciplined children by means of corporal punishment, primarily in the form of beating or caning. Teachers also disciplined children through corporal punishment. Nevertheless, children sometimes disobeyed their parents. Some children misbehaved by sneaking out to go to video halls to watch movies, including ones that showed people engaged in sexual activities and that adults deemed to be ‘pornographic.’

Nine to Twelve Years

Participation in school was expected of children in this age range. Parents expected their children also to work hard out of school on chores and responsibilities. At twelve years of age, children entered upper primary school, and students also had private ‘tuition,’ which was required tutoring that entailed an additional fee.

Sharp gender differentiation occurred during this period. Girls did mainly ‘house work,’ and helped their mothers by working in their kiosks or brewing and selling chang’aa (an alcoholic beverage). Girls were expected to stay in close proximity to the mother in order to learn how to do diverse household chores as well as her business. By age twelve years, girls did their own laundry, knew all the household tasks, and assumed the household responsibility of a mother if the mother was not there. Boys attended school and also worked in casual jobs such as fetching water to boil chang’aa, hauling sand for construction of houses, and picking scrap. However, it was not uncommon for many boys in this age range who had ‘touched money’ to prefer to work at these jobs rather than attend school.

The children are even below 10 years old they start to pick plastic bottles and then they get money and then they start to enjoy life....then they refuse to go to school... (Man, in-depth interview, Msikitini)

Physical differentiation also became more pronounced between nine and twelve years of age. Boys’ physical stature increased and, near the age of twelve years, many had hair showing on their chests. For girls, the key aspects of physical maturation in this period were the emergence of breasts and the beginning of menses. Adults and children alike frequently mentioned breast enlargement and the onset of menses as markers of the transition into adulthood. Both boys and girls paid more attention to how they looked, laundered their clothes carefully, and began having boyfriends and girlfriends. By all accounts, many children became sexually active in this period, practicing what they had seen their parents doing.

Parents expected girls to dress modestly. Adults, especially Muslim parents, considered it bad behavior for girls to dress in miniskirts and tight trousers (jeans). They considered this dressing ‘half naked’ to be a bad Western influence, one that led men to follow them, resulting in sexual experience (forced and consensual) and pregnancy.

The increasing responsibilities that children took on in this period and in the early teenage years resulted not only from parental expectations and demands but also from children’s

internalization of the importance of helping one's family. Over time, children usually exhibited pride in their new skills and their ability to help their families. In some cases, the children decided to stop attending school in order to work and to earn money to help support their families. Although leaving school and engaging in heavy work was viewed by most people as a harm to children (see pp. 65-71), it is important to recognize that children's own values and decisions sometimes led them to pursue heavy work.

Thirteen to Fifteen Years

As young people grew, showed increased physical maturation, developed new competencies, and entered puberty, they took on adult responsibilities and engaged in adult behaviors, leading them to be seen as adults. By the time they had reached 13 years of age, girls helped parents in small businesses such as selling fried potatoes, operating a kiosk, washing clothes, or doing domestic housework for 'rich' people outside of the community. By age 14 years, significant numbers of girls were pregnant out of wedlock as a result of consensual sex with peers or transactional sex with older men. Pregnant girls dropped out of school since they felt they had become adults, or because they felt ashamed to return to school.

At 15 years of age, students who had finished primary school were eligible to take the KCPE (Kenya Certificate for Primary Education) exam. If they achieved high scores, they qualified to attend secondary school outside of their community. However, only a small number of boys, and even fewer girls were able to attend secondary school since their parents could not afford to pay the school fees at the public schools. Children from families with higher socio-economic status, on the other hand, were sent to boarding school. Typically, boys dropped out of school by age 15 years in order to engage in casual labor, such as construction, fetching water for women operating chang'aa businesses, washing cars, or picking scrap.

In both Christian and Muslim families, parents believed it was important to advise young people on whom to associate with and to not allow much free time in which the teenagers might come under the influence of 'bad' peers. Muslim families saw it as important that girls went to the madrasa and studied the Koran, which was believed to help control the girls' behavior and to reduce the chances that they would become pregnant before they had married.

Parents' concerns about young people's behavior during this stage were at least partly grounded in reality. For recreation, both boys and girls liked to go to the beach. Girls were very sexually active 'for favors' during this age. In Giriama adolescents liked to attend disco matangas (fundraising discos for funeral expenses) where there was much alcohol, drugs, and sexual activity. Boys played karata (gambling with cards), went to dens to drink chang'aa (local brew), and mnazi (palm wine), and smoke bhang (marijuana). Boys changed girlfriends frequently, stayed out late, and came home late or not at all.

Transition to Adulthood

There was considerable variation in what participants saw as marking the transition from childhood to adulthood. Frequently cited markers were physical changes associated with puberty, sexual activity, and marriage. Girls who were married at 11 years, or who were sexually active

and gave birth at 12 years were no longer considered children. Often people used a combination of these markers to define entry into adulthood. For example, girls sometimes became pregnant at ages as young as ten years and might have been considered adults if only the criterion of sexual activity had been used. However, such girls were still considered children by most people.

To me, a child is anyone below the age of 13. At this age if she is a girl, she has not yet had menstrual cycle, and if he is a boy, he has not yet reached puberty or adolescence...A girl becomes an adult when she starts having menstrual cycle and the boy becomes an adult when he starts growing hairs on the chest and private parts. (Woman, in-depth interview, Msikitini)

At 12 years, a girl becomes an adult since she has now started experiencing men. She now feels she is a grown up and goes to Tudor and Bombolulu to look for men since she is free. (Woman, in-depth interview, Giriama)

A child is someone maybe 7 years old... at most 8 years. But more than like 11 years old ,they are no longer children. Here girls who are 12 years old have already given birth , they are not children any more. Also a girl who is 11 years old is someone's wife. Is that a child? (Young man, in-depth interview, Msikitini)

Girls become adults when they are around 10 years and know good or bad, but boys become adults when they reach full adolescence. (Woman, in-depth interview, Giriama).

School was also an important indicator of who was a child. Young people who were in primary school were viewed as children, but they were regarded as adults when they were in upper primary, or had finished primary school and were in secondary school. Likewise, children who were not going to school, but who were working, were considered adults.

In general, teenagers were eager to be considered adults. In fact, they believed that if they considered themselves children, they would be idle and not would not fulfill their responsibilities to help their families. Also, it was a matter of status for teenagers to be seen as adults.

He should not be always under 18, but if the person is around 13 years you cannot look at him and say he is a child, because at this age he can help the parents through doing some work such as selling juice, roasting maize, working in a food kiosk, and other small part time jobs....he is not a child anymore. In this community you may get a person like me who depends on himself. I have younger siblings who are at school and they may need something and as their elder brother I have to make sure I provide that necessity. If I consider myself a child and be idle, I would stress my mum, so I have to work so that I get something to help my parents and for my expenditures too. (Teenage boy, group discussion, Msikitini)

If you call someone here a child it is taken as an insult. The young people want to be called 'buda' to mean old man. Yet the old men want to be called 'kijana' to mean young men. (Young man, in-depth interview, Msikitini)

An important point is that no matter how people defined the transition between childhood and adulthood, children had encountered multiple, significant sources of adversity by the time they were teenagers. When asked to describe a typical girl or boy in the community, nearly 20% of the individuals with whom timelines were constructed told of hardship. More participants from low SES groups described how children—particularly girls—typically faced adversity. In summary form, here are descriptions of some of children who were said to be typical.

- At age 12 years, a girl's mother became sick, forcing the girl to drop out of school in order to care for her mother and younger siblings. She began to do small jobs and to sleep with men in order to obtain money that could help her family. By age 15, the girl was fully integrated into prostitution, which was her normal business. She became pregnant and had two children by the time she had reached 18 years. Subsequently, she sold liquor in order to feed her children.
- A 10 year old girl's mother died due to HIV and AIDs. The father remarried, and the step-mother mistreated her, giving her a lot of work and calling her 'stupid' like her mother. She dropped out of school by age 12, started selling viazi at 13, and was pregnant and an adult at 14.
- At 12, a boy refused to go to school. Although the elder and the chief talked with him, he still refused to go to school, and did odd jobs to sustain himself. By 14 years of age, he spent his time in chang'aa dens relaxing with friends.
- After birth, a girl child was raised by a cousin because the mother was a drunkard. While the child was a few months old, the father went to jail for stealing. At age 12, the father was shot to death while stealing. Subsequently, the girl began sleeping with men for money.
- A girl became pregnant at 15 years of age. Her husband mistreated her and her baby, so she stayed alone and lived as a single parent. Wanting her children to have a good life, she fell for every man. By 18 years, she had HIV/AIDS.

The adversities that children—boys as well as girls—faced are described in greater detail in the next section, which examines the harms to children.

2. Harms to Children

In discussion groups on risks and functional responses, people were asked to identify the harms to children (aside from poverty or health issues) and to identify and rank the three harms that they viewed as being most serious (i.e., how concerning they were on a day-to-day basis). Within each group, participants cast individual votes, making it possible to track the number and percentage of participants overall who voted for a particular issue as the most serious harm, the second most serious harm, and the third most serious harm. This section examines what participants ranked as the top harms to children overall and also differences in rankings between

the two slum areas and also across different sub-groups. First, however, it is valuable to consider how the categories of harms were named.

The Naming of Harms

In naming the categories of harms that participants identified, the categories and category names were intentionally kept very close to what the participants said in both group discussions and in-depth interviews. A partial exception was the composite category name ‘sexual abuse and exploitation,’ which included conceptually related items that went under names such as rape, sodomy, being ‘cheated’ (tricked into sex) for food, street borrowing (borrowing money in exchange for sex), prostitution, sex for sanitary pads, sleeping with an uncle for school fees, jig jig (boys having sex with older women in exchange for money, food, or a place to stay), and disco matanga (consensual or forced sex at disco fundraisers for funeral expenses). Although some participants used the term ‘sexual abuse,’ they did not use terms such as ‘sexual exploitation’ or ‘transactional sex.’ Yet it was clear that many young people traded sex for food, sanitary pads, school fees, and other items. As explained in the box below, these partially overlapping terms were used to describe sexual activity that occurred in situations in which there were marked differences of power and little or no consensuality.

A Note on Terminology

In this report, the term ‘sexual abuse and exploitation’ is used to include an array of overlapping harms to children that relate specifically to sexual activity with children. ‘Sexual abuse’ refers to rape and other forms of sexual violence and also to sexual activities that were clearly coerced even if they had not been forced physically. An example of the latter in this research was the use of viazi (fried potatoes) by older men to ‘cheat’ (trick) young girls into having sex.

‘Sexual exploitation’ is a broader term that connotes an abuse of power or privilege to obtain sex. This includes transactional sex, in which the object of sex or a relationship is to achieve material gain or access to services. An example from this study is an eight-year-old girl having sex with an uncle in order to get him to pay her school fees. An example with a stronger consensual dimension is that of a fourteen-year-old girl who has sex with her boyfriend with the expectation that he will give her money that she can use to buy clothes or get her hair plaited. It also includes prostitution, in which there is little or no relationship, and the sexual transaction is strictly for money. Nevertheless, such sex is exploitative in that access to sex is gained as a matter of one’s economic or other privilege.

Although these terms overlap, they capture subjective nuances concerning relationships, power asymmetries, and degree of consensuality that people in some parts of sub-Saharan Africa have said are important (see Jewkes, Morrell, Sikwiyi, et al., (2012)).

The Top Ranked Harms to Children

Figure 1 shows the results of the voting for the most serious harm. When the data were pooled across both slums and all groups, children being out of school was rated as the most serious harm (28.7%), followed by sexual abuse and exploitation (20.1%), drug and alcohol abuse (16.2%), early pregnancy (7.8%), beating (3.9%), heavy work (3.6%), peers influencing bad behavior (3.3%), karata (gambling with cards, 3.0%), parental neglect (3.0%), and orphans (1.8%). Other harms, each of which capture less than 1% of the votes, included AIDs, early marriage, children exposed to parents' sexual behavior, being forced to steal, wearing torn clothes, lack of free time for children, and children going to video halls.

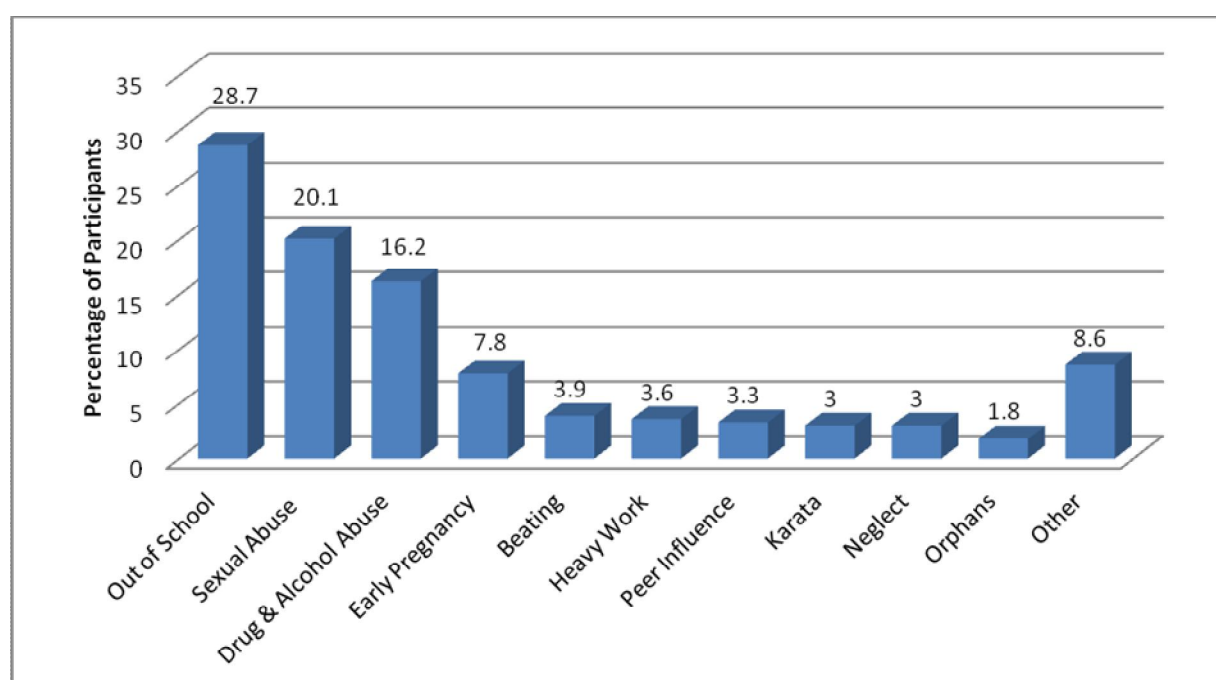


Figure 1. The percentage of participants in all of the group discussions who voted for a particular issue as the most serious harm to children ($n=334$).

There were notable differences between Giriama and Msikitini in regard to how people distributed their votes for the most serious harm (see Figure 2). In Giriama, participants rated drug and alcohol abuse as the most serious harm more often than did participants in Msikitini. In Giriama, drug and alcohol abuse (24.6%) and children out of school (24%) tied for the most serious harm (technically, they tied for the top two harms), followed by sexual abuse and exploitation (16%), and early pregnancy (6.3%). Participants in Msikitini ranked children out of school as the most serious harm (34%), followed by sexual abuse and exploitation (24.5%), early pregnancy (9.4%), and drug and alcohol abuse (6.9%).

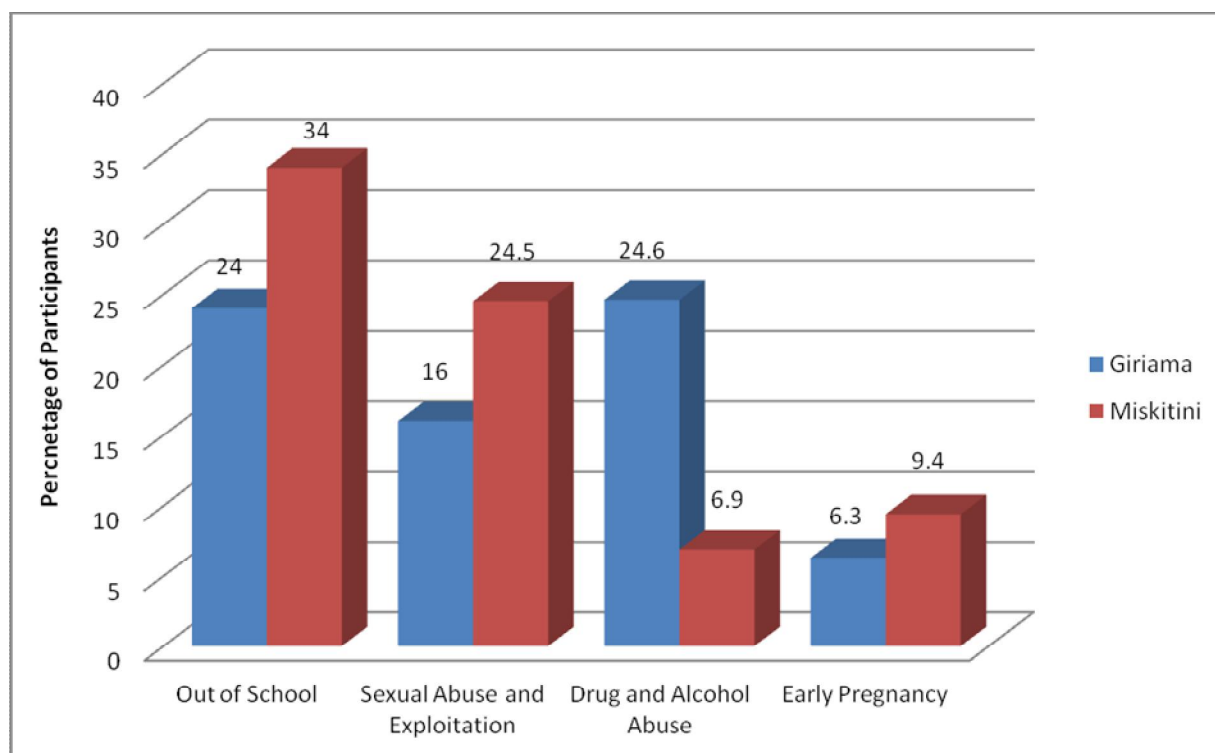


Figure 2. A comparison of group discussion participants' ratings of the most serious harm in Giriama and Msikitini (n=334).

Next, it is useful to examine the pattern of rankings of the top three harms that were identified in group discussions (see Figure 3). These are instructive because even if a particular harm had received few rankings as the most serious harm, it might have consistently been ranked as the second most serious harm or the third most serious harm. In Giriama, participants rated the three most serious harms as children out of school (48%), sexual abuse and exploitation (37.1%), drug and alcohol abuse (35.4%), and early pregnancy (24%). In Msikitini, participants included in the top three harms sexual abuse and exploitation (53.5%), followed by children out of school (47.8%), drug and alcohol abuse (21.4%), and early pregnancy (21.4%). Although the pattern of ratings varied somewhat across slums, it was noteworthy that the same four harms emerged among the top concerns in both slums.

Other harms that sometimes were ranked among the top three harms included beating, heavy work, peer pressure, karata, parental neglect, orphans, HIV and AIDs, torn clothes, early marriage, lack of free time for children, children going to video halls, and children observing their parents engaged in sexual behavior.

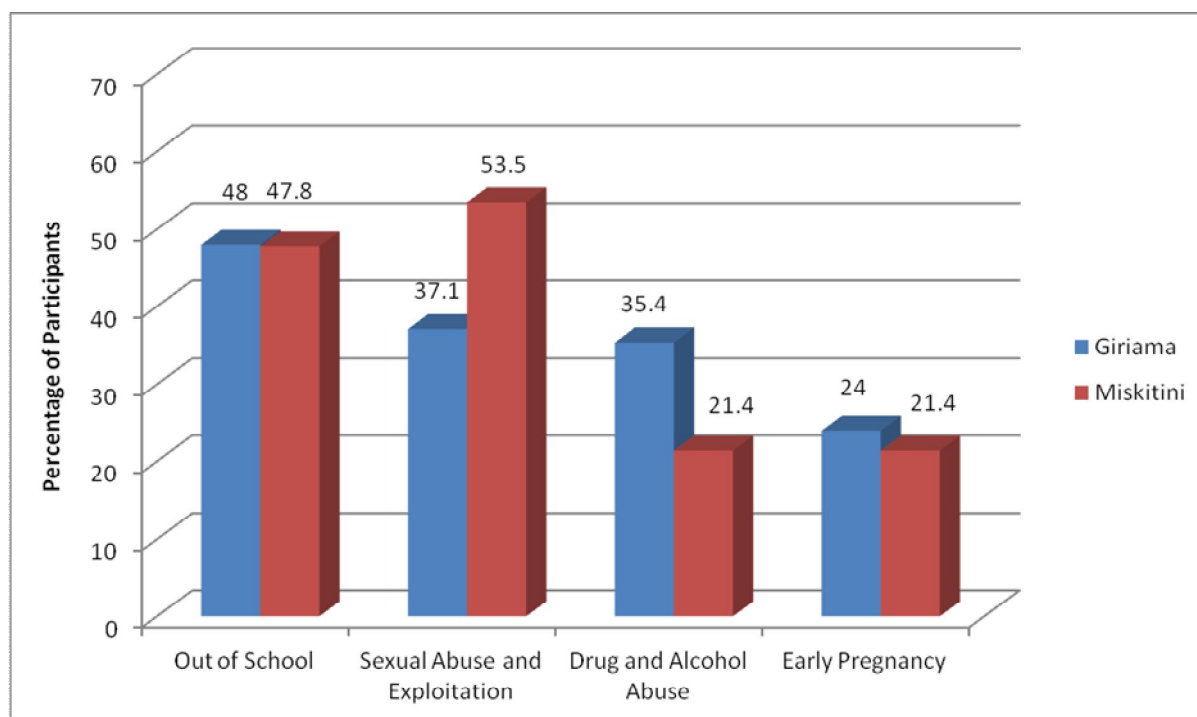


Figure 3. *The four issues that were most frequently rated as one of the top three harms to children in each of the slum areas (n=334).*

It is worth noting that these and other harms related in various ways to poverty. As discussed earlier, the group discussion facilitators had been trained to focus discussion on issues other than poverty. This refocusing was done because preliminary discussions had indicated that people became so animated once the subject of poverty had arisen, it was challenging to have a discussion about other issues that fell under the umbrella of child protection. Nevertheless, poverty cropped up frequently in the discussions, as participants attributed many of the harms to children to poverty. Poverty and economic issues are discussed further in the section on socio-economic status (see pp. 117-120).

Age and Gender Differences

How people rated harms to children varied considerably as a function of age and gender (see Table 1, following page). For example, teenage girls rated sexual abuse and exploitation among the three most serious harms more frequently than did adult women. Also, teenage girls and young women rated sexual abuse and exploitation as one of the top three harms more often than did teenage boys and young men. These differences by age underscore the importance of learning from children and taking stock of the different views of adults and children. They also caution against making generalizations about the main harms to children, since the latter varied considerably according to gender. In the discussions below, the different views by gender and age are explored further in regard to particular harms.

| Group | Out of School | | Sexual Abuse and Exploitation | | Drug and Alcohol Abuse | | Early Pregnancy | |
|---------------|-----------------|-----------------|-------------------------------|-----------------|------------------------|-----------------|-----------------|-----------------|
| | Giriama | Msikitini | Giriama | Msikitini | Giriama | Msikitini | Giriama | Msikitini |
| Women | 43.9% (n=18) | 59.7% (n=37) | 31.7% (n=13) | 56.5% (n=35) | 24.4% (n=10) | 8.1% (n=5) | 63.4% (n=26) | 16.1% (n=10) |
| Young Women | 40.0% (n=8) | 100% n=10 | 60.0% (n=12) | 80.0% (n=8) | 80% (n=16) | 10.0% (n=1) | 0 (n=0) | 80.0% (n=8) |
| Teenage Girls | 50.0% (n=14) | 0 (n=0) | 64.3% (n=28) | 100% (n=20) | 57.1% (n=16) | 0 (n=0) | 28.6% (n=8) | 30.0% (n=6) |
| Men | 71.9% (n=23) | 43.5% (n=10) | 6.3% (n=2) | 52.5% (n=12) | 12.5% (n=4) | 34.8% (n=8) | 3.1% (n=1) | 0 (n=0) |
| Young Men | 24.0% (n=6) | 30.0% (n=3) | 32.0% (n=8) | 20% (n=2) | 56.0% (n=14) | 20.0% (n=20) | 0 (n=0) | 30% (n=3) |
| Teenage Boys | 31.0% (n=9) | 47.1% (n=16) | 41.4% (n=12) | 38.2% (n=3) | 41.4% (n=12) | 52.9% (n=18) | 0 (n=0) | 20.6% (n=7) |

Table 5. The harms to children that participants rated among the top three in the group discussions on harms and responses. The percentages refer to the percentage of all individuals in each group (as had been conducted with women, young women, teenage girls, men, young men, and teenage boys) that ranked a particular item among the top three harms. The figures in parentheses refer to the absolute number of individuals. Groups typically had 8-12 participants.

Below, each of the main harms is described together with typical narratives that illuminate the views people held regarding each harm and also relationships between the harms.

Out of School Children

The magnitude of the top-ranked harm—children out of school—was evident in the participant observations, which indicated regularly that during school hours, children were seen idling, working, and playing. Parents viewed this situation as a harm because uneducated children would be limited in their ability to help their families by obtaining a good job and would be less able to function well in life due to their low level of literacy. Without education, children would be unable to fulfill their potential and achieve their goals.

As a result to most of these harms to children, most of the children in this community end up dropping out of school which is also a harm since the children fall short of their own destinies and visions in life. (Man, in-depth interview, Giriama)

In the group discussions, adult men and women, and also young women, considered out of school children a serious harm more often than did teenage boys, young men, and teenage girls (see Figure 4). One likely source of these differences in ratings is that adults saw children's participation in school as a source of protection and maintenance of good behavior among their children. As discussed below, children who were out of school were at greater risk of exposure to harms such as drug abuse and sexual abuse and exploitation. It may be that for teenage girls and boys, concern about education was trumped by other concerns. Also, teenage girls showed greater concern about sexual abuse and exploitation than about education, and teenage boys showed greater concern about drugs and alcohol abuse than about education. In addition, teenage girls and boys may have been put off by the beatings and abuse that took place in schools, and some likely saw earning money as a more attractive alternative than attending school.

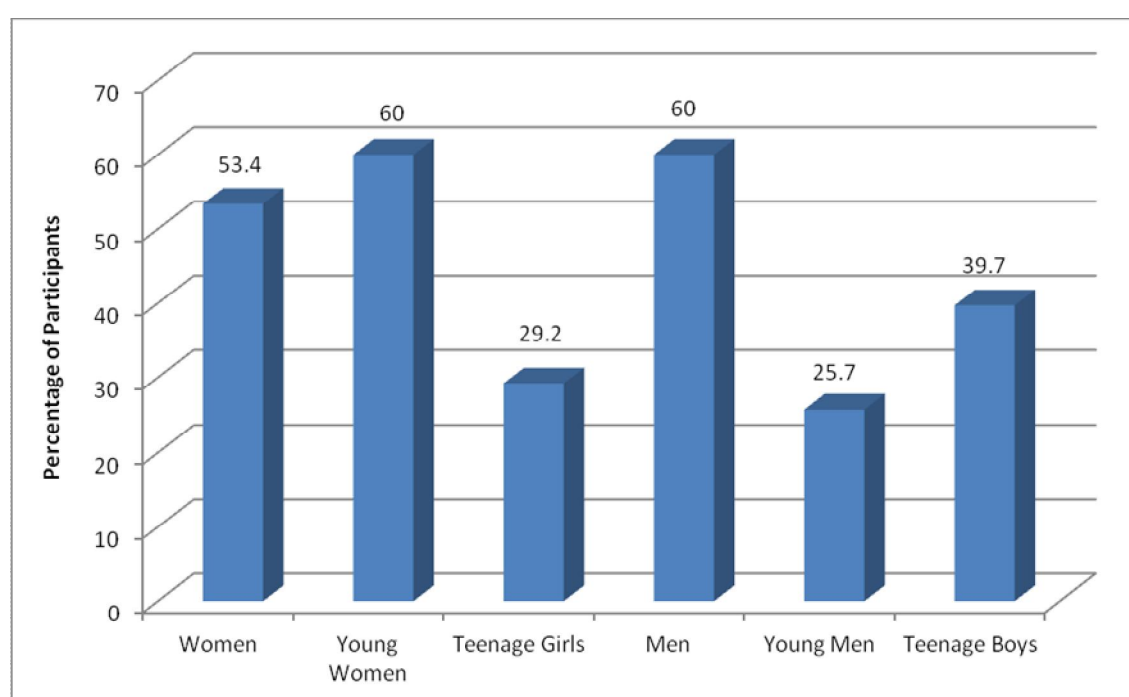


Figure 4. The percentage of participants (n=334) by age and gender sub-group that rated children out of school as one of the top three harms to children.

Diverse factors contributed to children being out of school either temporarily or permanently. These are discussed separately below, together with notes about how the various factors interacted.

Lack of School Fees

The main reason for children being out of school was parents' and guardians' inability to pay the school fees. Reportedly, girls were the first to be out of school when parents lacked money to pay school fees for their children. Although Kenya introduced Free Primary Education in 2003, participants said consistently that there were fees for diverse expenses related to items such as

exams, drinking water, charcoal, electricity, sanitary bags, toilet paper, parent-teacher association fees, and after school tutoring ('tuition'). The government had banned after school 'tuition,' yet some teachers in both areas continued to require it even for students who did not attend the tutoring sessions. In addition, people in Giriama had to pay the cost of school uniforms, whereas in Msikitini, students wore uniforms that the government had provided via the Chief's office.

You find many children also do not go school because the parents cannot afford to buy uniform and pay fees. If you walk around the community, there are many children who do not go to school just because the parents cannot afford to buy uniforms. When you ask the child why he is not going to school, he will tell you that it is because father has not bought for me the uniform. (Pastor, key informant interview, Giriama)

It is because of the small expenses like uniform, admission fees and other small expenses. Although the government announced that education was free for all, there are still small expenses that force parents to choose between educating the child and buying food for the family. Children go to school without eating. (Elder, key informant interview, Msikitini)

You will find out that in most families here, both parents do not work thus depending only on odd jobs for survival. Most women are housewives and survive on 'Kwenda shambani' [going to the garden] while most men just do odd jobs like 'Mjengo' [construction of structures] for survival. Personally, I have really suffered because of this since I have 12 children and they all have to get education. Most of my children have been on and off school being chased away because of lack of school fees. This has really affected their performance in school. (Man, in-depth interview, Giriama)

Sincerely speaking, those who go to school in this community is two out of ten children. So many children here cannot afford to go to school. Among us there are some who do not go to school due to lack of school fees. (Teenage boy, group discussion, Msikitini)

For me, what I see happen to children is that children do not go to school because the parents do not have money for fees. This leads to the children getting married early in life, some get pregnant and others go to work as maids (house girls). (Woman, group discussion, Giriama)

When I left school due to lack of school fees, I was staying with my uncle who wanted to marry me off to an older man. That's why I ran away to this place. I refused and stayed with another friend. (Teenage girl, group discussion, Msikitini)

The problems associated with school fees applied not only to government schools but also to private schools, which were community schools that for the most part were conducted in very poor facilities.

Just to add on that issue of children not going to school, I would like to also say that in private schools, the teachers keep on demanding money, every time, there is money needed. In the government school, it is the same thing. In fact, they say that there is free primary education but the free education doesn't reach us. There is always the exams

fee, the tuition fee which is too much. In fact, in public schools, we even pay more than in private school. They always need the exam fee of seventy shillings, one hundred shillings for the activity fee, and fifty shillings for the PTA (Parents Teachers Association) and so on. For me, I think that education should be free. (Man, group discussion, Giriama)

Demands That Children Work

Because of the severe poverty that characterized Giriama and Msikitini, some parents required their children to work and earn money rather than go to school.

The other harm to boys is fishing. Parents tell their boys to go fishing in the deep sea to catch fish instead of them going to school. This is a factor that makes children not go to school since the parents say it is better to go search for food than to go to school on a hungry stomach. (Man, in-depth interview, Giriama)

Just to add on the issue of chang'aa, you find that the mother tells the boy child that you have to 'boil' ['boil' refers to the brewing of chang'aa] and get money. So when the child starts to 'boil' he also starts to touch money and he loses interest in going to school. (Young man, group discussion, Giriama)

In other families, after the father has died, the mother tells the child to stop going to school and do 'vibarua' [casual jobs] so that you can bring something home for people to eat. (Young man, group discussion, Giriama)

Mothers value their children's participation in their businesses, than in going to school. They prefer their children to participate in brewing 'Durban or Shteamu' [local drink] and selling rather than wasting their time in school. (Woman, group discussion, Giriama)

Neglect and Mistreatment

Participants noted that some parents or guardians do not monitor or control their children's behavior, with the result that children misbehave, become pregnant, and drop out of school.

The parents also, especially the Giriama, do not take their children to school so they remain idle the whole day and that's why they get pregnant. Why is it that our children from upcountry do not get pregnant as easily as the ones from Giriama? (Woman, group discussion, Msikitini)

The parents don't care at all. Some children smoke bhang and drink alcohol and those are primary school going children. Some children are waiters during the night, serving drunkards chang'aa and during the day they are pupils.' As they also serve people chang'aa, the drunkards also touch them and others end up sleeping with them. You can't teach in class past 10:00am, everybody in class will be asleep and you will be talking to yourself. This is because they don't sleep at night, some are waiters, others

are prostitutes and others are also in the movie halls. (Teacher, key informant interview, Giriama)

To add another point, girls are so disadvantaged in this community because most of them are forced to drop out of school when they are still very young... The parents force them to drop out of school to help them brew chang'aa and help in fetching water. 'Halafu matiti ikitoka hivi, anaozwa.' ['When the breasts come out she is married off.'] (Man, group discussion, Giriama)

Mostly, like my father, he doesn't want children to go to school, and when an old man comes and gives my parents money, my father says 'let her go' so they can get money. So sometimes the girl runs away from home, and if she is lucky enough, she can go to school later on. (Teenage girl, group discussion, Giriama)

Early pregnancy often led girls to drop out of school regardless whether the pregnancy stemmed from parental neglect.

When you are pregnant, it will be a bad show to others when you go to school. (Teenage girl, group discussion, Giriama)

When a girl gets pregnant, it is only the boy who will be going to school and so the girl shall have spoilt her life, just like that! (Teenage girl, group discussion, Giriama)

Step-parents and other guardians such as aunts and uncles often gave preferential treatment to their own children, demanding work from or refusing to pay the school fees for other children who were in their care. It was common practice for a parent from a rural area ('upcountry') to send a daughter to live in the slum with a relative or guardian, who promised to send the girl to school. In such situations, however, the relative or guardian often sent the girl to work as a domestic servant rather than to school. Typically, the relatives or guardians required the girl to turn over her salary to them.

Children's mistreatment, however, came not only from parents, relatives, or guardians but also from teachers. Corporal punishment was regularly used by teachers, as it was by parents and elders, to punish bad behavior and insure obedience. Teachers and other adults often spoke of beating children 'thoroughly' as a means of teaching proper behavior. Yet the beatings often had unintended consequences such as the child dropping out of school.

Some children just refuse to go to school. At times the teacher beats the child in school to the point that that child refuses to go school. (Woman, group discussion, Giriama)

Children's Own Decisions

Some children were out of school because they had decided not to attend school. Adults viewed these decisions negatively and saw them as associated with bad behavior such as gambling, playing cards, using drugs or alcohol, or engaging in prostitution. Adults also referred to how young people who were tempted by money dropped out of school in order to pick scrap.

In contrast, young people saw their decisions as based on their desire to help their families, their lack of food, or their wish to avoid shame and humiliation.

If the mother is sick, it's ok to leave school and try to support your mother because you have to take care of her. (Young man, group discussion, Giriama)

I used to refuse to go to school. I never wanted to go to school. I preferred to enjoy life. Those days there was nothing like picking these plastic bottles that you see children picking, so I would come at lunch time and there is no food to eat. Also in the evening nothing to eat. So I just got tired and left school. I started to work at the carwash to make money, then I would buy food. I started when I was 15 years old and go and wash cars at Kiziwi. I would just wear school uniform and then pretend to go to school and then change into normal clothes and go to do work, but that was long ago. Am now 24 years old and a good person. (Young man, in-depth interview, Msikitini)

Others do not also go to school because of lack of financial support from the parents to pay fees and to buy uniforms, books and so on. The child feels demoralized because when he goes to school, he sees the other children with books and uniforms, so the child feels bad and just drops out of school. (Young man, group discussion, Giriama)

There are also cases whereby a girl is brought to school when she is old—like 13 years in class three—then the other classmates start to laugh at her and then she just drops out of school. And sometimes they are brought here late because their mothers are drunkards so they do not understand the importance of reading. Also, some of them keep repeating class and then they just are too older than their classmates and then they drop out. (Teenage girl, group discussion, Msikitini)

Peer Pressure

Association with and pressure from misbehaving peers was also seen as a source of children being out of school. Even if children were out of school initially due to their inability to pay school fees, they subsequently got involved in 'bad behavior' that made it difficult to return to school. Adults described bad behavior as boys playing cards, taking drugs, drinking, or gambling, and girls engaging in prostitution or otherwise becoming pregnant due to early sex. These bad behaviors were attributed in part to destructive peer pressure, particularly for boys.

The problem here is that the parents have no school fees because they have no money. The children are therefore not going to school and they turn to stealing, playing 'karata' and the girls get pregnant early. (Community health worker, key informant interview, Giriama)

R2: *Other children join the group of children who are not going to school who influence them not to go to school.*

I: *And between the boys and girls, who mostly refuses to go to school?*

R1: *It is mostly the boys. Girls can only refuse to go to school when they get pregnant.*
(Adult women, group discussion, Giriama)

Overall, children being out of school emerged as having multiple causes that interacted in a web of reciprocal causation. Children whose families were unable to pay school fees and who took up work, even on a presumably temporary basis, could have found themselves earning money and able to meet basic needs or help their families in ways that could not have been achieved immediately by going to school. As a result, they might have decided not to return to school. Similarly, boys who were out of school might have fallen under negative peer influence, engaged in behavior such as drinking, drug use, and gambling, and decided not to return to school. For girls, working in places associated with chang'aa enabled sexual abuse or activity that led to early pregnancy and dropping out of school. In turn, being out of school heightened children's exposure to the other harms discussed above. In fact, the true severity of the situation of children living in the slums becomes apparent only when one considers the welter of interacting, accumulating harms to which children are exposed. As discussed below (see preventive factors, pp. 120-125), young people learned to some extent to navigate and to cope with these harms. Yet it is important not to underestimate the severity and multiplicity of the hardships children faced in the slums.

Sexual Abuse and Exploitation

A key finding was the pervasiveness and diversity of sexual abuse and exploitation, the second most highly ranked harm to children overall. Frequently occurring sub-topics included rape, prostitution and transactional sex, chang'aa (local alcoholic drink), disco, disco matanga (discos held as fundraisers for funeral expenses), bad or 'half naked' dressing, observing sexual behavior, videos, peer influence, HIV, and witchcraft.

Views regarding the 'seriousness' of sexual abuse and exploitation varied considerably according to gender and age (see Figure 5 on the following page). The gender effect was visible in the fact that women, young women, and teenage girls rated sexual abuse and exploitation as one of the top three harms to children more often than did men, young men, or teenage boys. Of particular note was the magnitude of this difference with respect to the views of teenage girls (79.2%), who suffered most extensively from sexual abuse and exploitation, and teenage boys (23.4%). In group discussions, 70.8% of teenage girls identified at least one form of sexual abuse or exploitation as the most serious harm to children. In one group discussion, six of the nine harms identified by the girls had to do with sexual abuse: 'sex to buy always' (sanitary pads), 'forced by uncle into sex,' 'sex so periods stop' (because they lacked the money needed to purchase sanitary pads), 'sex with men who pay the mother,' 'prostitution,' and 'rape.'

An age effect was visible in the fact that teenage girls were more likely to rate sexual abuse and exploitation as one of the top three harms than did adult women or young women. Together, these data underscore the differences in the views of teenage girls and adults, and they serve as a reminder of the powerful influence of gender on views of which harms are most serious.

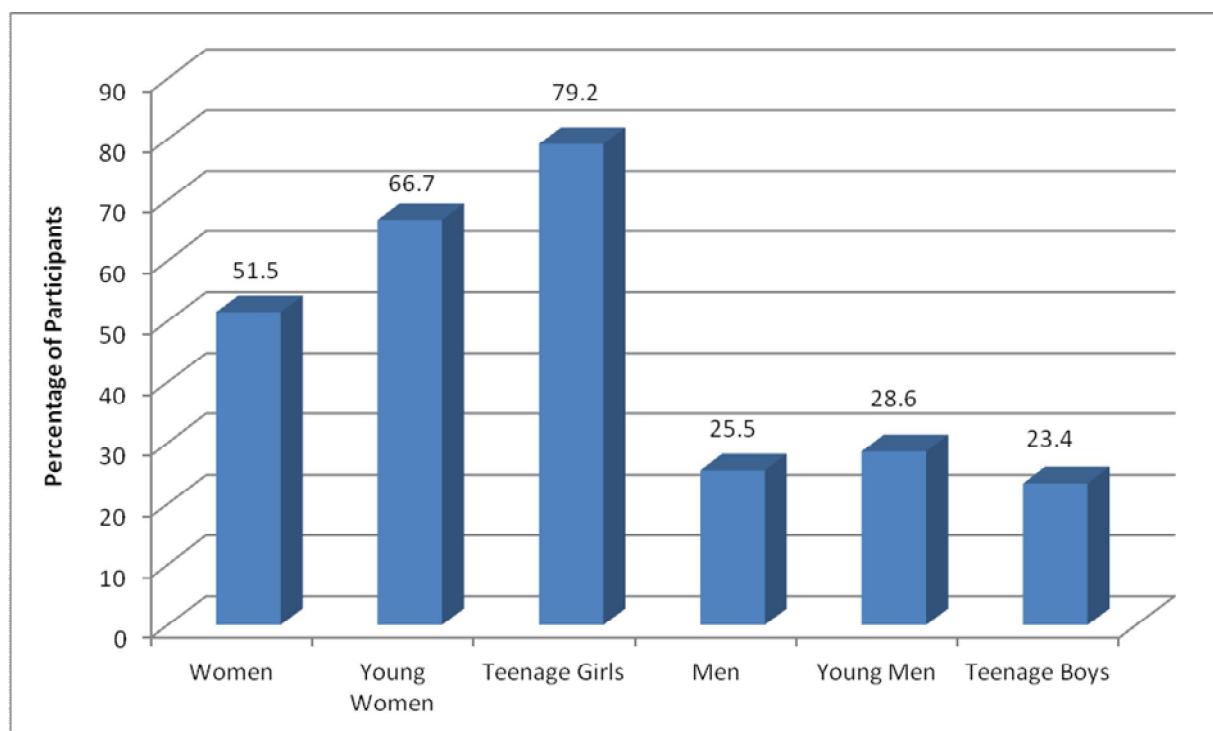


Figure 5. The percentage of participants by age and gender sub-group that rated sexual abuse and exploitation as one of the top three harms to children (n=334).

Power Relations and Sexual Abuse and Exploitation

There were frequent reports that people in positions of authority such as teachers and village elders used their power to sexually exploit young girls. In schools, teachers sexually abused children by touching them on ‘their thighs’ during ‘tuition hours.’ Speaking of tuition hours, young girls in Giriama said:

R5: That’s why we don’t want tuition because teachers tell us to stay in school up to eight o’clock in the night and then they come at that time and start touching you on the thighs.

R1: And some do bad things to girls at that time (Teenage girls, group discussion, Giriama)

Some teachers were also reported to lure young girls to their houses and then rape them.

...In ...school, there were a lot of cases of defilement. Like last year..., we had a teacher defiling a girl in class 4. He lied to the girl to come and take her results, and when people were in church, he was busy defiling the girl. We went to the house after a neighbor came and reported to me. (Child Rights Officer, key informant interview, Giriama)

On the other hand, the village elders reportedly had sexually abused and impregnated young girls to some extent, but people were reluctant to discuss it because of the elders' positions of power.

Rape

Across all sub-groups, participants identified rape, particularly rape by someone known to the child victim, as a significant harm to children. Participants seldom mentioned rape by a stranger. Far more often, participants reported that rape of children happens in the home, with the perpetrators being an uncle, a stepfather, or a father.

R2: Let me start by saying the first harm. Rape. This is really happening to young girls in this area but this is an issue that does not come out to the open. Most people prefer to solve it on the low. Some people are also shy of expressing the same.

I: When you say rape, is it rape by family members or rape by other members of the community?

R (chorus): By family members.

R1: I could say that approximately 65-70% of the rape cases here in Bangladesh happen within members of the same family. (Women, group discussion, Giriama)

Aaaah! As early as six years the child has already slept with men. It is not all, but sometimes a child may be raped... They are many [cases of rape]. They happen. We have cases of a child which is only months old being raped. (Teenage girl, group discussion, Msikitini)

R6: Some men also rape girls.

R5: When the mother leaves and you are left alone with the father, then father turns to you and rapes you. (Teenage girls, group discussion, Msikitini)

When your mother dies and then you are taken to stay with your uncle, the uncle will now be the person who buys you everything, including clothes and uniforms for going to school. Then after some time, the uncle comes to you and tells you that you have to sleep with him for him to buy you a pen, and if you don't, he tells you that he won't buy you a pen. So he keeps on sleeping with you until you get pregnant. (Teenage girl, group discussion, Msikitini)

...According to what my neighbors say, because I had gone upcountry for a funeral, my neighbors say that a girl [who had been a visitor] was held by four men in a room around here and was raped and was screaming for help but no one helped her and the men took her away and it is just men from this place. (Woman, in-depth interview, Msikitini)

In a small number of cases, rape was believed to have stemmed from witchcraft. When bad things happened in the slums—for example, a death in the family or some other misfortune—people usually explained the events in terms of witchcraft. In some cases, rape was attributed to witches or devils, who were believed to cannibalize children in order to boost their own spiritual power.

A child of 7 years who is in kindergarten level 3 was buried the day before yesterday after being raped. The person was a devil and wanted to drink the blood of this child. He raped her and damaged her private parts and injured all parts of the body after which he removed her tongue. (Woman, group discussion, Msikitini)

Transactional Sex and Prostitution

Transactional sex was reportedly widespread due to high levels of deprivation and inability to meet basic needs such as food. Adult men frequently bought 'viazi' or deep fried potatoes for children, and then abused them sexually. These transactions also contained elements of force as well as economic exploitation.

There are also other people who give children money and every now and then, they keep on buying for them 'viazi' for ten shillings. Later on, they call these children inside their houses and start touching them on their private parts. But some children also keep on asking for money from men who also later call them to their houses and start touching them. (Man, in-depth interview, Gariama)

The parents teach the children to borrow money from people. If they find a child with money, they do not ask her where she got the money. You will find that the child asks money from people and in return she has sex with them. This happens a lot in this area. Mothers encourage prostitution because they get something from it. They send their children to people who have money and these people ask the mother to have sex with their children to continue the supply of money. If the child refuses, she is beaten and next time she just gives in. (Woman, in-depth interview, Msikitini)

Like if a child stays the whole day hungry because you as mother have gone to look for work, the child is sad because it is hungry. You find such a child holding the cheek and is sad and asking itself if the evening will reach. Yet you as a mother you have eaten wherever it is you went to do the casual work. It is because of that you see if that child is called by a boy she will just go and then the incidence of rape can occur because the stomach has nothing inside. Some men might call her with a good heart. But others will tell her 'come with me to my house I do this and that with you, then I give you some money.' The child will just accept and follow and then bad things happen. (Woman, in-depth interview, Msikitini)

The other harm is teenage girls sleeping with older men for money. This happens when you are hungry. You have not taken anything and a person comes with an offer of 100 [100 KSH is approximately \$1.20]. You go sleep with him so that you get the 100. (Teenage girl, Msikitini)

There is the sexual abuse by parents and now the children are even used to it. So now they know that as their parents, they have to do that. They know that a 'a father makes you a wife.' I have realized two or three such cases. There is the sexual abuse from neighbors who give children a little money or snacks and then they abuse them sexually.

This is a kind of abuse that the children grow up with and it happens to both boys and girls. (Teacher, key informant interview, Giriama)

Teenage girls in particular reported that girls had sex with men in order to obtain sanitary pads.

At times there are girls who don't have 'Always' [Always is a brand of sanitary pad] and they go and sleep with men so that the man can give her money to buy 'Always' and that is bad because the girl might get pregnant or get infected with HIV/AIDS. (Teenage girl, group discussion, Msikitini)

When the girl gets her period the first time and your mother cannot buy for her the pad, she goes and has sex with someone so that she can get money to buy the 'Always' pads, but then they might also get pregnant. (Teenage girl, group discussion, Msikitini)

In both slums, the main source of income for many women was selling locally brewed alcohol from their homes. Chang'aa was more prevalent in Giriama, while mnazai was more prevalent in Msikitini.²² Sexual abuse and exploitation occurred frequently in the context of selling alcohol, as mothers did little to stop the abuse out of fear of losing their customers and livelihood. Also, mothers used their daughters to attract customers. The third narrative immediately below indicates that children not only gave into sex but also learn by observation to start drinking themselves.

Again, in the families where they brew chang'aa, the customers who go to drink alcohol there 'sleep with very small girls,' especially the daughters of those mothers who brew chang'aa and they give them money. (Young man, group discussion, Giriama)

There are parents who use their girls to attract customers and sometimes sell the girls to the customers in exchange for money. (Woman, group discussion, Giriama)

Mostly girls are affected by rape. They are given small tokens like viazi or money. Let us say I sell alcohol. In my den, men of all sorts come to my place. So if I send my child say to buy a cigarette or something, soon, the man starts to make sexual advances to the girl and these girls give in very easily. Also, if as I mother I take alcohol too, then it means I want to get easy money from the alcoholic and in other ways. Drunken people have no self-respect. The children start drinking and as they witness their mothers also seduced, they start doing these bad things too. (Village elder, key informant interview, Msikitini)

Both girls and boys helped to sell chang'aa, and the girls who did so were sometimes subjected to sexual abuse.

²² Chang'aa is mostly brewed and used in Bangladesh as it is mostly associated by the Luo and Luyha communities who are the majority in Bangladesh. Mnazi is more prevalent in Msikitini, where the coastal influence is much stronger.

Here in Bangladesh, there are many families who brew chang'aa ... like 50%. So, many parents teach their children how to either brew the liquor or sell it. The little children if they are meant to sell, pack the liquor into jerry cans and board a motorcycle where they sit in front of the cyclist and the jerry cans are tied behind the cyclist. The child is then taken to various customers where he delivers and is paid. With this exposure, it's automatic that the child will not go back to school. Some children are also exposed to the harms in that if it's a girl who is selling the liquor in the liquor den, the drunk customers start to touch her suggestively and in turn later end up 'kulala' [getting intimate] with the child or sometimes rape. (Woman, in-depth interview, Giriama)

Sexual exploitation was also related to work and school. Although the sources of sexual exploitation were typically outside the family, they also arose from within. For example, some fathers reportedly demanded sex for payment of a girl's school fees.

Psychologically, the children get tortured because how do you go home and the father tried to touch them. The parents also tell children that if you don't do as I say, then I am not going to pay your school fees. (Human rights officer, key informant interview, Giriama)

R3: School is meant to be free but we are asked for money for several issues. The papers (asking for contributions for school expenses) children are given. walk around door to door. Contributing money for school is not good. As a parent to a thirteen year old girl with breasts, I fear for her because when she walks around looking for the school contribution the men start to desire her and will propose to have sex with her so that he can contribute for her the money. ...

R4: When she meets a man in the streets, she will be touched after you have written some large amount of money as contribution. Like if your daughter comes to you, then you will give her 50 shillings or 100 shillings. She will have to sleep with you. So that contribution is not good and is what harms them. (Women, group discussion, Msikitini)

When a girl goes to work as a maid and then the man of the house has a lot of money he may also rape the girl. He can cheat her with money and sleep with her.... They are very young, 15 or even 12 years old. They are just requested to do the housework, and then the men want to have sex with them. (Teenage boy, group discussion, Msikitini)

Both teenagers and adults indicated that prostitution was widespread and began when children were young. The prostitution was often related to the inability to meet basic needs, and participants noted that families and elders were partly responsible for children's engagement in prostitution.

'Uboronga au ukhaba' [prostitution]. This is very common here in Bangladesh and is a very big harm to children and also is a cause to other harms to children. Prostitution here does not choose age. Be it 10 years or whichever age, prostitution is widespread. 'Bangla hakunabikra' [There are no virgins in Bangladesh]. (Young woman, group discussion, Giriama)

We do it [prostitution] to get money. We don't have money. It's the only part time job and it is a lot with small tokens. But when you get someone who is willing, you go to do it for a short time and make money. So when they come, to hell, you sleep with him. We do this to help our parents, siblings and also our children. (Teenage girl, group discussion, Msikitini)

For the girls, they start indulging in 'usherati' [prostitution] either from within or they go out to a place in town called 'Saba Saba.' Another harm to children in this area and is one that is evidently known but people choose to keep quiet is that these very village elders are the ones that move around with very young girls. We, as a community choose to keep quiet because even if you happen to complain, the [village] elder will just tell you to mind your own business. (Woman, in-depth interview, Giriama)

The main harms to children are things like lack of food. This has led to children engaging in prostitution, especially, most of the young girls and many of them are now infected with HIV/AIDS.... There are also children who stay with their step mothers or step fathers and you find that they are not taken care of properly. Like you find that a girl has got many needs and all these needs are not provided for by the step parents. Anytime she asks for something she is told to go find it herself. So they go out (engage in prostitution) to get the things that are not provided for in the house. They end up contracting HIV/AIDS and STI's. they also reach to a point where they don't go to school and they even start drinking alcohol and so on. (Village elder, key informant interview, Giriama)

Other mothers force their children to sleep with a man so they look for you a man. It is those mothers who are selling alcohol. So the man comes to the house and takes you, then pays the mother. Another man comes, sleeps with you then gives your mother some money. (Teenage girl, group discussion, Msikitini)

Parents here also are to blame. They send their children to do prostitution 'kujitokelezea or kubangaiza.' The parents send them out to do whatever they can do to get money at the end of the day. As long as the child comes back home with money at the end of the day, that's okay. The parents say 'msichana hawezi kosa pesa. Msichana ni bank.' ['A girl cannot lack money. A girl is a bank.'] (Woman, group discussion, Giriama)

In Giriama, participants also cited peer pressure as leading to prostitution.

Children are exposed to prostitution majorly through peer pressure. This is so much within this community in that children influence other children into doing certain things some which may cause harms to them. For example, if a child from a poor family sees another child who is probably even her age mate dressing nicely or having some good life, she may be tempted to enquire. Once she asks what the peer is doing to have a good life, she quickly gets introduced to the probable ways the friend is using to achieve whatever she has. Fellow girls even go to an extent of introducing other girls to men. (Man, in-depth interview, Giriama)

Bad Behavior: Disco, Disco Matanga, and Bad Dressing

Participants—particularly adults—attributed some sexual abuse to bad behavior on the part of teenagers and young adults. In Msikitini, people complained about disco clubs, where teenage girls and young women engaged in prostitution or consensual sex with men. This sexual activity was criticized as leading to early pregnancy and dropping out of school.

Would there be prostitution, early pregnancies, drugs and other things were it not for discos?....they are the root cause of these problems. (Man, group discussion, Msikitini)

There are girls who go to the disco at night and they meet men there, have sex with them and then they get pregnant and drop out of school. (Teenage girl, group discussion, Msikitini)

There are girls who also hide from their home at night and they go to F2 [a night club in Mombasa] and then her job is just to dance there. She gets men there who pay her money and sleeps with her, but she doesn't come home. That becomes her job. (Teenage girl, group discussion, Msikitini)

Disco matanga, which means literally to 'dance on the dust' after someone has died, occurred mostly in Giriama as a means through which the family of the deceased tried to raise funds in order to cover the funeral costs. People saw disco matanga as a site at which not only rape but also consensual sex between peers occurred frequently. Because of the sexual activity and partying late into the night, disco matangas were seen as contributing to HIV/AIDS, early pregnancy, and children being out of school since the children were too tired to go to school or pay attention in school.

Disco matanga is a major harm to children in this community. This place is where most of the evil takes place like rape, alcoholism, sex, girls and boys get infected with HIV, girls get pregnant, boys and girls smoke bhang and such like things. (Woman, in-depth interview, Giriama)

The number two issue is 'matangas' [funerals] and this is very serious in Bangladesh. In the 'matangas,' they play very loud disco and the children dance the whole night and the following morning children do not go to school because they are very fatigued. They also get exposed to sexual abuse, what we call defilement, because at times children feel that they are big enough to make decisions and they engage in sex with the older men. Of course they have the consent, but according to the law, they are children. (Volunteer children's officer, key informant interview, Giriama)

We also have this funeral celebrations, we call them 'ngoma za mavumbini' or 'disco mavumbini' or 'disco matanga.' Children go to these 'disco mavumbini' [All these mean the same thing: 'vumbi' means 'dust;' 'mavumbini' means 'on the dust,' literally meaning that the people dance on the dust] and they don't go to school the following

day because they dance until two am in the morning. (Young man, group discussion, Giriama)

'Disco matanga.' Children love going to these places and these are the places where many harms transpire. Children are raped from there, they take drugs, have sex, fight, you think about any vice and name it. It all happens here. (Woman, group discussion, Giriama)

Disco matanga is another issue. When someone dies here in Bangladesh, instead of people mourning, people are so excited they are going to attend the disco thing. This is where most children are exposed to various harm like raping, pregnancy, alcohol and so on. But pregnancy here as I said is not an issue to many people. The children themselves say 'mimbanikamakutoa cd kwadvdnakurudishanyingine' [pregnancy is like removing a cd from a dvd player and replacing another]. Disco matanga will never end here in Bangladesh since so many people are exposed to 'virusi' [HIV/AIDS virus]. Women bury their husbands back at their rural home because of this disease but when they come back, they come with a mission to spread the disease. They will 'sleep' with young boys in exchange of money and on top of that, infect them with the HIV/AIDS virus. The boys will infect the young girls too and since the girls have multiple sex partners, the cycle continues. People here die in seasons. There comes a season where only men die, or only women die, or only children die and as a parent you can't sleep since you keep on checking whether your child is breathing or long gone too. So, disco matangas are ever there. Sometimes they can be as many as 6 at the same time. This is Sodom and Gomorrah. (Young woman, group discussion, Giriama)

'Bad dressing' was also identified as part of a behavior pattern that was associated with sexual exploitation and abuse.

Young girls dress badly. They dress in trousers and then go to Saba Saba [a prostitution street in Mombasa Island]. Through prostitution, they get infected with HIV/AIDS. (Young woman, group discussion, Giriama)

Parents in this community do not care about what their children dress on. These girls here really put on extremely short skirts and tiny blouses showing off most of their body parts and go and 'bangaiza' [stand in strategic places where there are many men]. They don't care whether it's their fathers, or uncles passing by. All they need is for someone to buy them 'viazi' and they are ready to give sex in return. This is very indecent and really calls for very bad behaviors from men. (Young woman, group discussion, Giriama)

Differences by Gender, Ethnicity, and Religion

Important gender differences were visible in regard to patterns of sexual abuse and exploitation. Overall, participants identified girls as more likely to be sexually abused and exploited, and their abuse often led to teenage pregnancy.

Here it is mainly the girls who are harmed, for the boys are mainly just left to loiter. You know it is easy for girls to be deceived, they can be given 10 shillings by an adult today and tomorrow, then the next time since she does not have proper clothes she will accept anything. They are cheated even using some little money to buy some chips or groundnuts or they are bought for some tea. (Volunteer Children's Officer, key informant interview, Msikitini)

However, sexual abuse and exploitation of boys was also widespread, though it followed a different pattern than was typical in regard to girls. Older women frequently exploited teenage boys for sexual purposes, as occurred in an arrangement called 'jigjig.'

Let's use an example of myself. Let us say I get one of these chokoras [homeless street children] that sell bottles. I get one to live with me, and the money he gets from selling the bottles is shared with me. Then he also have sex with me. That is what 'jigjig' is. (Woman, group discussion, Msikitini)

You see in Moroto, there are those women who sell chang'aa. They cheat you when you go and buy chang'aa, that they love you. Then you go and do bad things with them [sleep with them]. The boys are usually around 15 and 16. (Teenage boy, group discussion, Msikitini)

There are so many women who are single parents here. There is also the issue of young boys 'kuwekwa na wamama wazee' [being misused by the old women, including sexually]. They [young boys] brew chang'aa for the women and they also perform 'husband duties.' That's another serious issue in this area. ... They are from 15 years old. They are given money, they brew chang'aa and they perform 'husband duties' to these women. (Village elder, key informant interview, Giriama)

Some ethnic differences were noted as well.

Let me tell you, there are some special cases especially among the Luhya and Luo tribes here in Moroto. They are many cases of incest brought to me. There was time we have some white visitors who were interested in children's issues. So I went with them to [the] school and we held counseling sessions with the children. Many children told us that their fathers were sleeping with them but if they tell their mothers they will be killed. Almost all were from those two tribes the Luo and the Luhya. There was nothing we could do but just to keep the information to ourselves. (Religious leader, key informant interview, Msikitini)

Possible differences according to religious orientation were difficult to track because the slums had an overwhelmingly Christian population. Yet there was suggestive evidence that whereas girls suffered greater sexual abuse among the Christian population, boys suffered greater sexual abuse among the Muslim population.

For rape it is both Christian and Muslims. On the side of boys its among the Muslim where they suffer a lot. On the side of Christians it is the girls who suffer a lot.
(Community health worker, key informant interview, Msikitini)

Most of the sexual abuse of boys was reportedly perpetrated by male teachers in madrasas. However, the actual prevalence of sexual abuse of boys in madrasas is unknown.

Implications for HIV and AIDS

The widespread sexual abuse and exploitation reportedly led to children contracting HIV and AIDS. Although the research did not attempt to measure the actual rates, many people perceived that there were high rates of HIV and AIDS.

There is a big problem. Here in Moroto most of these children, if you call all these children here, you will find most of them have the virus [HIV] because they are living a very dangerous life. Because a mother is pregnant and she has the virus, and so obviously when you give birth to the child, it must have the virus as well. So the child will be born sick, the body is weak and still the mother just leaves it like that, just neglecting it. [I] am talking about 'ukimwi' [AIDS]. The rate here is so high. There is a primary school around where almost all the pupils are infected. Some are born with, while others acquire it along the way. (Women, group discussion, Giriama)

HIV and AIDS are big issues here. Drugs too are a major issue. Some children when they get home and find there is no food, they go and start having sex for money. They are given fifty shillings or one hundred for having sex with an old man, and with this they buy food.... Many teenage girls do this and many have HIV. If we go door to door, you will find many. (Man, group discussion, Msikitini)

When a child is raped she may also contract the disease. Apart from rape, most children here engage in careless sexual behaviors and as a result there is widespread cases of AIDS in this area. (Woman, group discussion, Mkisitini)

And the girls get spoilt in those 'disco matangas' because that is where they get pregnant and they also get HIV/AIDS. (Woman, group discussion, Giriama)

If a child is used to money and all over sudden the parents lose their jobs, the child will start looking into other ways of making money. The boys might become thieves and start stealing other people's things, but if she is a girl, she might get into prostitution and after some time you will see them taking this 'kula unone' ['Eat and grow fat.' This local saying refers to ARV's because those who take ARV's gain weight and look healthy]. (Young man, group discussion, Giriama)

HIV and AIDS also had causes unrelated to sexual abuse and exploitation. For example, unprotected, consensual sex among teenagers was reportedly very widespread and was a likely source of HIV and AIDS. Also, children sometimes contracted HIV from their parents.

Yes it is rampant more so from 13 years of age and upwards. But also there are those children who are born with HIV/AIDS, and also there those mothers who are told not to breast feed the children but they still do so and infect the child. This is because of the traditional belief associated with breastfeeding, The mothers see like it's a bad omen if they don't because they may say that I cannot do such and such a thing because my forefathers used to do. (Community health worker, key informant interview, Msikitini)

Most participants said that children who were known to be HIV positive faced problems of stigma, rejection, and social isolation. HIV positive children faced especially severe treatment by stepmothers.

What happens when a child is HIV positive is that his or her immediate family avoids the child. Children also get harassed, for example, when the mother dies and the father remarries again. The step mother mistreats the child. Children who are HIV positive are sometimes also left alone. You find the parents running away when they realize that the child is HIV positive. The challenge is that there are no children's homes that take care of HIV positive children here in Mombasa. (Voluntary children's officer, key informant interview, Giriama)

Also there are parents who have that disease—HIV. Their children are harmed because their parents are in bad health. So they really suffer and also people hide their status because you get discriminated if you are known to be having HIV. (Man, in-depth interview, Msikitini)

I: Do the harms that you have earlier mentioned vary when the child's parents are HIV positive or when the child is HIV positive?

R: Yes. There are times when you find that the child's father is dead and the mother neglects the child completely, she even sends her away from home, and this mainly happens to girls and they suffer a lot. This happen to girls even in class 5 and class 6. Just last year, we buried one girl who was in class six because an old man had infected her with HIV/AIDS... When a child gets infected with the virus, people neglect him or her. There was one who was in class 8 here last year and the mother even came to a point of neglecting that boy because he had grown so thin. So the other pupils are the ones who would come from school and carry him to school to do his exams. (Village elder, key informant interview, Giriama)

The problems of sexual abuse, exploitation, and HIV and AIDS were seen as richly interconnected with problems of teenage pregnancy. Although teenage pregnancy was ranked fourth among the top harms to children, it is discussed next because of its close association with problems of sexual abuse and exploitation.

Early Pregnancy

In both Giriama and Msikitini, participants reported that early pregnancy was a widespread problem. However, there were large gender differences in whether it was seen as one of the top three harms to children (see Figure 6, following page). Women, young women, and teenage girls

were much more likely to rate early pregnancy as one of the top three harms to children than were men, young men, and teenage boys.

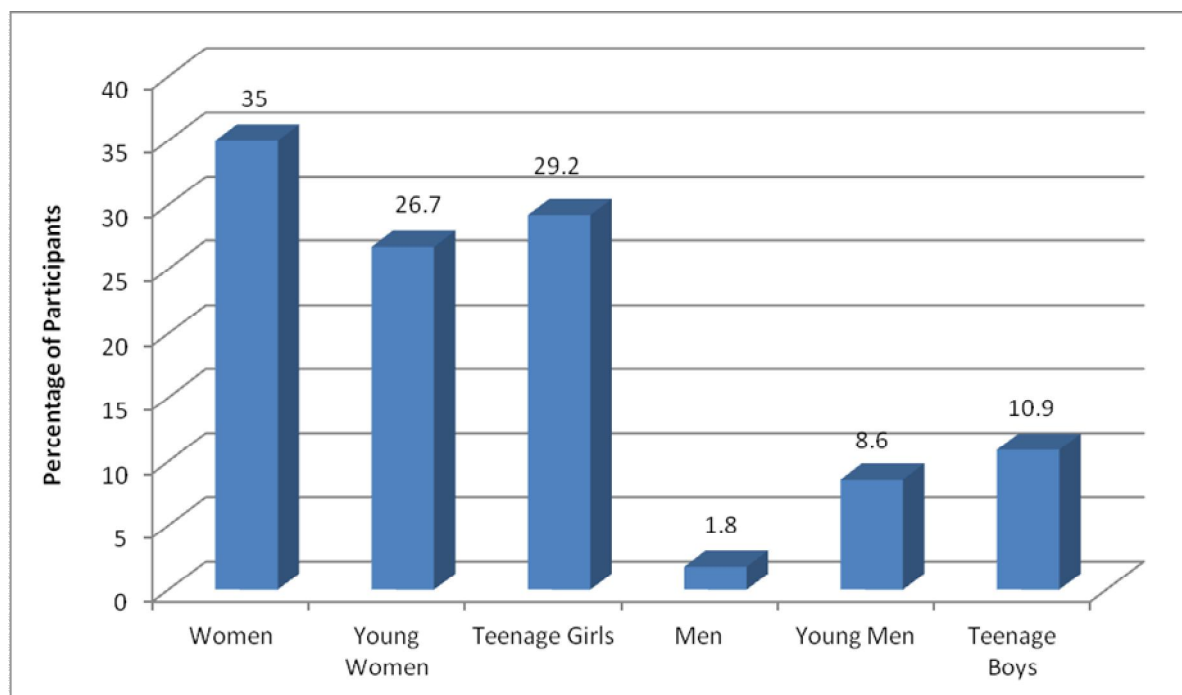


Figure 6. The percentage of participants (n=334) in different age and gender sub-groups that rated early pregnancy as one of the top three harms to children.

The participants identified diverse sources of early pregnancy, including consensual sex, transactional sex, prostitution, and sexual abuse. Some girls became pregnant before their first menstrual period, and pregnancy before finishing primary school was not uncommon.

For girls mostly is the issue of early pregnancy. There are many young girls in this community whom by the end of their primary education have fallen pregnant. (Man, in-depth interview, Giriama)

Many teenage girls get pregnant even before finishing their primary school. This has really made the number of children dropping out of school rise. I am confident to say that almost 70% of the children in this community have dropped out of school for various reasons. (Woman, in-depth interview, Giriama)

Early pregnancy [is a harm]. Young girls start becoming sexually active at a very young age. The shocking thing is that they engage in sex without condoms and this is happening with different sex partners. (Woman, group discussion, Giriama)

Consensual sex was reportedly widespread and usually involved liaisons between girls and their boyfriends or peers a few years older. Often, the sex occurred without the use of condoms, resulting in high risk of transmitting HIV and AIDS.

You find a girl, a young girl, putting on a cloth that exposes all her thighs, and the shape of her behind. Definitely men will start following her and the next you see her, she will be pregnant. (Man, group discussion, Giriama)

Disco matanga is another thing that spoil children. If you go to disco matanga at night, girls sleep with boys and they get pregnant. Others get infected with HIV/AIDS and they also come from disco matanga when they are very tired and they don't go to school the following day. (Teenage girl, group discussion, Giriama)

This year alone, I have handled six cases of immorality. A girl comes to me and tells me that she can't do without sex and 'I have to do it every night'. She tells you, as the teacher, that she can't live without sex. So you wonder, what do I tell this child? When I ask her whether she is afraid of getting pregnant, she tells you that she is using the pills. And when you ask her whether she is afraid of getting HIV/AIDS, she just laughs... Other cases have been the girls sleeping out of their homes with men. (Teacher, key informant interview, Giriama)

Apart from rape most children here engage in careless sexual behaviors and as a result there is widespread cases of AIDS in this area. (Woman, group discussion, Mkisitini)

Although the participants said that people did not use condoms regularly, there was some evidence that other forms of birth control were used. In Msikitini, by the time girls had reached nine years of age, significant numbers of girls had been taken for birth control implants (called 'family planning') by their mothers.

Diverse participants attributed young people's consensual sexual activity to the fact that children observed adults engaging in sex and then practice 'cha mama cha baba' ('mom and dad's things').

You know those houses in Moroto are often single rooms. In those houses 4 or 5 people live inside and give birth to more inside, then a child can see that so you can find even a father will sleep with his daughter or even a child will be raised in such bad conditions and so the child will watch the parents having sex, so the child will also go outside and start engaging in those activities very early. (Volunteer Children's Officer, key informant interview, Msikitini)

Here also the thing that is unbelievable is that children will imitate the things that adults do. So you will find here that children will imitate their sister or the mother. More so the girl will see their sister wearing short clothes so even they will do the same. ...So if you are doing some things in the open, so the children will imitate and learn. So a child who is not yet 7 years will start to tell you things that are unbelievable. So they will tell you that my mother normally moans like this 'eeh...oooh.' So even a few days

ago I heard a child telling his peers that 'some time ago a man came by and poured pus on me down here and now am feeling itchy.'So we wondered if the child had been raped or what. (Man, group discussion, Msikitini).

Most of these houses you see here in the slums are brewing chang'aa as an economic activity and in the same room where they brew chang'aa, as you can see most of the houses here are single rooms, the father, the mother and the children all stay there. When it comes to the time of conjugal rights, the parents after getting drunk as the children see. When children come to school, they practice it. (Teacher, key informant interview, Giriama)

As they sing and dance in the discos, adults take part in bad behavior like caressing each other in public especially the mannerless women who are being touched all over the body. The children see this and want to do the same. That is what spoils the children. (Man, group discussion, Msikitini)

However, some participants attributed the problem to parental neglect rather than imitation.

What I see is that the parents have neglected their children. Some parents just leave their children to sleep out and you find that the girls end up getting pregnant and for the boys they might become thieves. (Young man, group discussion, Giriama)

Also, participants reported that transactional sex occurred frequently, resulting in early pregnancies. Young girls traded sex for food, school fees, sanitary pads, clothes, and mobile phones, among other items. Also, mothers encouraged daughters to 'go find what they need' on their own.

And because children have no food, young girls get pregnant early in life. They are cheated with just 20 shillings to buy food and they get pregnant. (Pastor, key informant interview, Giriama)

Here there are many cases of people getting pregnant when young. Yes and they are very many. It is because of the economy. For example a mother can just leave her daughter here without any food to eat. When a man like me who has some money sees that daughter I will try and help her for the first, second day, and the third day I will sleep with her because she will ask me to keep helping her. They are mostly from the age of 12 years and older. They carry the pregnancy and have the baby. (Young man, in-depth interview, Msikitini)

Some want to buy some fancy clothes so they have to do small jobs but those who do not do those jobs, like fetching water, they target men like us because they know we can buy them clothes and good things. Then we sleep with the girls, then suddenly they claim that they are pregnant with your child. (Young man, in-depth interview, Msikitini)

Yes these mobile phones. You see a girl of 11 years old has been bought for by her man. She will be called by that man all the time on that phone eventually she will be made

pregnant and have two children from that man. So mobile phones are very bad. (Young man, in-depth interview, Msikitini)

They (girls) just move around with these men here, like the ones who are building the houses and dig toilets. Are those men that a clever girl should go with? Those girls just go around with these poor men. What can he give you? 50 shillings only. Or those girls will just move around with a man and be bought for food -- like chapatti. They are so lazy and are always hungry for food they would rather walk around and be seen yet they have children. (Young woman, in-depth interview, Msikitini)

Reportedly, some girls deliberately got pregnant to stop their periods and alleviate their worry about not having sanitary pads. Subsequently, they used the pregnancy and resulting child to barter with the child's father for food for the child, sanitary pads, and other items.

Widespread prostitution was also seen as a source of early pregnancy.

The mother goes for 'Toa utagawe' ['remove and give us' – prostitution]. It means that she goes to be opened up... that means that she is easy. Actually here in moroto that is the main business. The girls have not reached the age of 'giving it out' but here they start early. Here between the makamu [women of marrying age] and wasichana [young girls] i.e., most have no husbands but most have children. (Man, group discussion, Msikitini)

R: Yes there are so many cases of young children getting their own. In this area there are girls who got children in standard 3. One had her first child by the age of 9 years the other had 13 years also 14 years, but mostly the ones I have talked to, the common age is 13 years

I: Once she gets the child what does she do?

R: She leaves the child with the mother and then she goes to look for income outside. Many go to Florida [a disco/nightclub known for prostitution in Mombasa] in town or you also get them at Saba Saba.... They are looking for ways to earn some money. They go there and when they meet men, they are given money. Also they sleep with the men they find there and the men give them money. Once they make that money they come back here and give it to their mothers and the mother will use it to continue to feed her child. So when these young girls get children this is seen as the quickest way to make some money. (Community health worker, key informant interview, Msikitini)

There has been a lot of teenage pregnancies as a result of prostitution, but also, in general, there is a lot of teenage pregnancies and the parents are not happy with this. (Village elder, key informant interview, Giriama)

Aside from prostitution, pregnancies often occurred as a result of the previously discussed sexual abuse of girls that was perpetrated by relatives such as uncles, stepfathers, and fathers.

Whatever their sources, early pregnancies were seen as endangering girls' reproductive health and as problematic in other ways as well. Participants stated that the young mothers were

unprepared and unable to care for their children, and lacked the emotional maturity and the financial resources needed to provide food and other necessities for the child. Also, early pregnancies ended schooling for most girls, who avoided school because they felt ashamed in school, could not concentrate, or needed to find money to support their children.

Interactions between the different sources of early pregnancy were conspicuous. For example, girls frequently became pregnant as the result of consensual sex. After they had become mothers, however, their need for money to feed their children often led the girls into transactional sex. Having experienced the access to money and goods through transactional sex, it was a short step into prostitution.

Drug and Alcohol Abuse

Overall, drug abuse and alcohol abuse, were ranked third among the top harms to children. Among the most frequently referred to kinds of drugs and alcohol that children abused were:

Chang'aa – locally distilled liquor

Mnazi – local brew extracted from the coconut, a kind of palm wine

Bhang (bong, weed) – marijuana

Miraa – khat

Bugizi – pill form, used to get high

Ugoro - stimulant that is placed between the lips and the gum to make the user high

Glue – glue used for repairing shoes

Tamber - cocaine

Kuber - sticky dark substance sold in Indian shops that is chewed

Although both adults and teenagers reported the widespread use by children of alcohol and drugs, this use was rated more often as a serious harm by young men, teenage boys, and young women than by older men or women, or teenage girls (see Figure 7 on the following page). It is uncertain why drug and alcohol abuse received the highest ratings by young women. One possibility is that they were married to young men who abused alcohol or drugs, or both, and therefore had greater awareness of the harmful impact on the lives of the young men and teenage boys caused by substance abuse. Adult women and men may have been farther removed from the problem, or they may have been less aware of its dimensions since the teenage boys and young adult men who were the primary users of alcohol and drugs may have hidden their problem.

It is useful to unpack the category 'drug and alcohol abuse' to show its varied nature and identify some of the different entry points into drug and alcohol abuse among children.

Chang'aa

In Giriama, chang'aa was not only seen as an economic activity, but also as a way of having status, and becoming part of the community. It was brewed not only by the poorer people in the community but also by those who had stable jobs at the port.

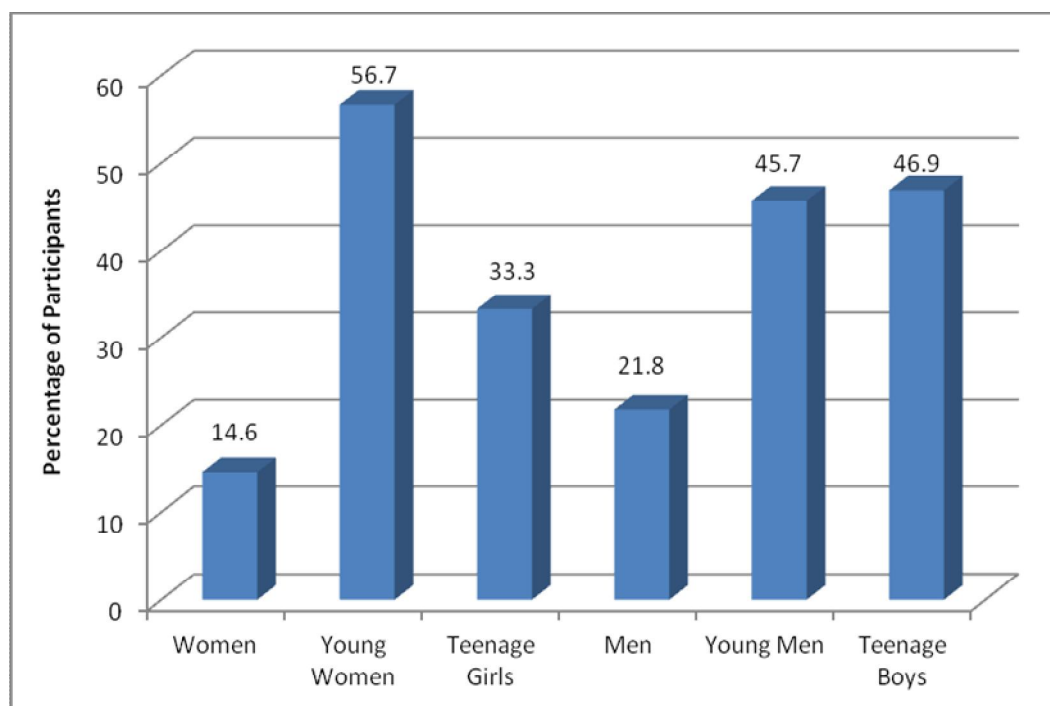


Figure 7. The percentage of participants (n=334) by age and gender sub-group that rated drug and alcohol abuse as one of the top three harms to children.

...They [girls] are engaged in doing this business of chang'aa because that is our source of income. We believe that you have to brew chang'aa for you to be seen as a focused member of the community. That is why you find that even people who work at the port and have money, back at home, they must brew chang'aa in order to be seen as focused and important persons in the community. We are all raised by chang'aa so we all want to like our mothers. Chang'aa is our economic activity, it is our source of income... (Young woman, in-depth interview, Giriama)

In Giriama, chang'aa abuse was pervasive, as approximately half the households brewed it, and parents gave tastes of it to young children. Many children were involved in the production, transport, and sale of chang'aa, and, as mentioned previously, girls were used as bait to lure and keep the male customers. Also, some teen boys who helped to fetch water for boiling were involved with jig jig, in which the woman brewer paid in sex for the boy's labor. With the constant exposure to chang'aa and adult modeling of drinking and drunkenness, older boys and girls drank chang'aa as well. In the process, some boys and girls became 'drunkards.'

R3: I would say 'ulevi' [drug abuse]. There are parents who send their children to buy for them alcohol and the child is still very young. Other parents use their children to transport chang'aa. You find that a child who is five years old is either sent to buy chang'aa or to transport chang'aa. The child will also start drinking alcohol at a very young age.

R4: *Just to add onto that, the environment where the child lives also contributes. Here, a child wakes up in the morning and he is first hit by the smell of chang'aa. Just next to where the child lives there are so many places where chang'aa is sold. So, you find that the child also starts drinking at an early age.*

R8: *You also find some fathers going with their younger boys when they go to drink so that when he (the father) gets drunk, the child carries for him his wallet and the mobile phone so that he doesn't lose them. Even when he is attacked on his way home, he will not lose his valuables because the child shall have carried them. The child will see what the father is doing and he will also start drinking at an early age. (Young men, group discussion, Giriama)*

In other cases, you find the mother of the child is the one who brew chang'aa and then child keeps on tasting. This child will grow up with alcohol because he keeps on tasting and before he even becomes an adult, he is already a drunkard. (Man, in-depth interview, Giriama)

Drunkardness. So many children are involved in the taking of chang'aa, 'Ugoro' and bhang. (Young woman, group discussion, Giriama)

Alcohol taking is an issue here. These children take a lot of chang'aa and mnazi. This also is for boys and girls. In fact, older boys and girls take alcohol for recreation. (Woman, in-depth interview, Giriama)

When a child is sent away from school and the parent is not in a position to help raise the school fees, the child might engage in taking alcohol. This is a very major issue in this community. We have a lot of alcoholics. (Woman, in-depth interview, Giriama)

Bhang

Many young people also smoked 'bhang' (marijuana).

There is also the issue of smoking bhang. Many young boys have entered into the business of smoking bhang. Here, bhang is sold just the way you would go to a shop to buy some sugar. Not only children smoke it, but also their parents. (Adult woman, in-depth interview, Giriama)

I: *Are there other harms to children?*

R 8: *Yes. Bhang, chang'aa, ugoro, tamboo*

R 10: *cocaine, kuber, mnazi. (Teenage boys, group discussion, Msikitini)*

According to most participants, marijuana was sold and easy to obtain in both areas. In Msikitini, boys said that bhang was sold openly for approximately 10 to 20 shillings (12 to 25 cents). Numerous reports indicated that drugs could be purchased from the police. Overall, harder drugs such as cocaine appeared to be more readily available in Giriama, as cocaine was said not to be available in Msikitini or Tudor Moroto. In Giriama, most of the drugs were bought from the police and from individual people, and only those using the drugs knew when they could go and

buy the drugs from the sellers. Some drugs were also sold in shops, and a drug like ‘bugizi’ was at times purchased from the chemists in the Central area of Bangladesh.

Sources of Drug and Alcohol Abuse

Adults and children differed in their views of why children used alcohol and drugs. Adults tended to emphasize children’s disobedience or the negative influence of peers. However, some also cited the failure of parents to provide adequately for children, which led to school dropout and bad behavior such as drinking, stealing, and encouraging other children to stop going to school.

They [children] take alcohol and start doing stupid things in front of us, and do not listen to what you tell them. They end up getting pregnant at very young ages. (Women, in-depth interview, Msikitini)

There are children who also smoke bhang, smoke and drink alcohol and all these is as a result of the group influence. If your child has joined a bad group then the others start telling him or her that drinking and smoking are good and he ends up doing the same. (Man, in-depth interview Giriama)

The biggest harm to children in this community is chang’aa. Children drink a lot of chang’aa and mnazi. We have really tried to solve this problem but it is very difficult. As leaders who look at women and parents in general, there are those parents who work but they don’t provide for their children. Children don’t go to school and they start engaging in casual labor of fetching water for the women who brew chang’aa. When a child reaches class eight, they don’t go to secondary school, they come back to the community and start stealing things, they become thieves. (Village elder, key informant interview, Giriama)

Here in Giriama, even girls smoke bhang. In other cases, those children who have dropped out of school tend to influence and eventually mislead other children from going to school. . . (Young woman, group discussion, Giriama)

In contrast, teenagers tended to view young people’s alcohol and drug abuse as a means of reducing the stresses associated with life in the slums.

R1: The child can wait for even one year (to get money for school fees) and that is when the child needs neglected and starts to drink alcohol, smoke bhang in order to reduce stress.

R5: You see, he gets into drugs not because he likes, but because of stress.

R8: There is a drug called ‘bugizi’ which you can just go and buy at the shop at 20 shillings and then you swallow it and immediately get high.

R 3: Even the police sell them. (Young men, group discussion, Giriama)

There is also the issue of alcohol, bhang, and cocaine. Some people feel that if you use all these drugs, then you get rid of stress. (Young men, group discussion, Giriama)

If your parent does not give you something to eat, even a child of 10 years looks down upon them. We are many who look down upon our parents and that's why we abuse drugs, alcohol, and marijuana among other types of drugs. When we use them, it harms us and sometimes makes the person go crazy or starts talking to him in the streets. However, that is not his wish, but he is just using drugs so that he frees himself from stress. ... For example, your parents have no money and the siblings are looking up to you. What you get is 10 shillings which cannot help anyone. So you would instead use the 10 shillings to buy weed and just sit near the beach to relax. You feel bad, but what would you do? The circumstance forces you to do some things. (Teenage boy, group discussion, Msikitini)

Furthermore, teenagers were more likely than adults to emphasize the role their fathers had played in their use of alcohol.

Some people take children to the bar to go and drink together with them.

Facilitator: *Who takes children to the bar?*

Chorus: *Fathers.* (Teenage boys, group discussion, Msikitini)

Use of drugs and alcohol may also have been influenced by social norms. For example, the chairman of the youth group in Bangladesh described use of drugs by the youth as the 'in thing' and told how youth who do not use drugs are looked down upon by their peers.

Their issue is the issue of alcohol and substance abuse. Here in Bangla, if you are a young person and you are not doing drugs, then people see you as if you have a problem. Using drugs is the in thing at the moment here in Bangla (CBO Coordinator key informant interview, Bangladesh)

Although the youth group chairman reported that approximately 50% of the children under 18 years of age used drugs in Bangladesh, he pointed out that this was a decrease from the earlier figure of 60%. He attributed this reduction to the efforts of the youth group and other NGOs in sensitizing the youth on the negative effects of drug abuse.

Other Harms to Children

In addition to the four main harms to children, it is useful to consider briefly some of the lower ranked harms such as heavy labor, neglect, child beating, and witchcraft. These and other harms also caused children to suffer and violated their rights on a large scale.

Heavy Work and Children Who Engage in Casual Work ('Vibarua')

In families that lacked money, it was not uncommon for parents to force children to work as a means of earning their food or of paying school fees. Hungry children sometimes chose to work because they needed food. These forms of work went well beyond what might have been considered 'household chores' or family work within the household, and they did not always reflect children's internalized values of wanting to help their families.

There is something here called 'scrap' and this is the first time I am seeing small boys working because when the schools are closed or in the evenings, the young boys collect 'scrap' and sell. But they do this because of poverty because the child goes to school and he is sent away because of fees, then he comes home and sees people collecting scrap and making money, so he joins them. When he sees that he can make money from there, then he reasons that it's better to do the work than going to school. So he drops out. (Man, in-depth interview, Giriama)

There is also the issue of small children, like ten year old child, being used to supply chang'aa with a 5 liter jerry can to different people. It's like a job because they get paid afterwards. (Young man, in-depth interview, Giriama)

Another harm is 'kazi nyingi kwa mtoto' [heavy work to the child]. Like there is a child around here who is in class one [a class one child is approximately 7 years old] who the mother leaves in the morning and the child is left to look after the younger siblings and the business that the mother runs in the market. (Woman, in-depth interview, Giriama)

To some extent, children who did house help had been trafficked from other parts of the country. In most cases, they were denied the education they had been promised.

There are people who go back in the village and take young girls to work for them here in town. What they do is that they make arrangements with the girls' parents and lie to the girl that she will be taken to school and when she gets here, she just works in the house and she is not paid because all the money is sent to the parents back at home. When the child tries to ask about going to school, she is beaten. When she asks to be paid for the work she is doing, she is also beaten. Some end up running away from where they stay and they are caught by good Samaritans and brought to us. (Voluntary Children's Officer, key informant interview, Giriama)

Some children, especially girls also do a lot of work. You find that a mother comes with a child from 'bara' [the village back at home in the rural area] and she lies to the child that she will take her to school. When she comes with the child here, you will just see the child working but not going to school. The child is taken to wash clothes in Mikindani [a neighboring middle class estate] for those rich people and the money is paid to that woman. When the girl comes back to the house, she also continues to work and when you ask the woman, she tells you that that is her sister's daughter and she will take her to school, but she will never does that. (Young man, group discussion, Giriama)

Neglect

Although participants expected parents to care for and protect their children, the norms of parental care were weak overall. As economic hardships increased, mothers went to work and left children alone and sometimes in charge of other children, or locked their children in the house. As a result, children suffered harms such as being out of school and early pregnancy.

You know nowadays you cannot afford housing, and when these young women go to look for work they leave their children at home. And they lock their home maybe because of theft, so they lock their children in the house the whole day and come back later in the evening and just feed them the evening meal. So the neighbors hear but cannot do anything. (Community health worker, in-depth interview, Miskitini)

It [the biggest harm] is when children do not go to school. Also children are left to take care of others. Also small girls are misused by mothers. They are left with a child who has to be fed and cleaned up but the mother just goes and is away the whole day neglecting the child. The small girl will just go around asking for good neighbors to give them some food. Sometimes they will go to beg in town. (Young man, in-depth interview, Msikitini)

For me, what I see here is that the parents have neglected their children. Some parents just leave their children to sleep out and you find that the girls end up getting pregnant and for the boys they might become thieves. (Young man, group discussion, Giriama)

In addition, participants said that parents did not take sufficient time with their children.

What I have seen happen around here and what affects our children negatively is that parents do not have time to talk to their children. They don't care about their children. You find that a child can just sleep out or goes to the disco but the parents do not even ask the child where he has been. When he comes back the following day, things are just normal. (Man, in-depth interview, Giriama)

We have realized that parents have very little time for their children and they (parents) only become alarmed when something like theft happens and his child is involved. (Voluntary Children's Officer, key informant interview, Giriama)

Many children have been neglected by their parents. There is neither cooperation with parents or proper care nor a good relationship with parents. Some have no parents so they are left to do what they want. (Man, in-depth interview, Msikitini)

Among the worst neglected children were children with physical and mental disabilities, who were badly stigmatized.

There are many harms that such children [children with disabilities] face. For example, if they have a good parent, she will just take the child as any other and will treat the child properly but there are some parents who do not understand what is wrong with their child. You find that they will not give that disabled child any food, that child is beaten and mistreated and will hide the child in the house. Some parents will never bring the disabled child outside because she does not want people to know that she has a child who is disabled. (Woman, in-depth interview, Msikitini)

Children with HIV/AIDS were also neglected and at times denied education. In Giriama, it was reported that there is a child who was hidden inside the house and was not taken to school because she was HIV positive.

Other parents deny children to have education at the right time. Like there was a case here where the mother of the child died of HIV/AIDS and the father remarried again. The child was a girl and she was already infected with HIV/AIDS. So, this child was just kept in the house and she was not taken to school until very late. Now, she is 13 years old and it is when she is in cage 3 [nursery school]. The child was just kept inside the house all that long. (Young man, group discussion, Giriama)

Child Beating

Child beating using items such as a cane or stick was very common in both slums. Parents, neighbors, teachers, elders, and police (among many others) viewed beating as essential for disciplining children and used physical punishment as a means of changing bad behavior and teaching children obedience and respect. Particularly common were beatings at home and school.

Here it is always the mothers who beat their children because they get stressed by their husbands, after they have fought and then she turns the anger to the child by beating the child. So it is always the women because they get stressed by their husbands. (Woman, in-depth interview, Giriama)

Participant Observation — a Child Beating in Msikitini

It is 7:15pm in Moroto and I am leaving one woman's home walking towards the place I stay then I come across a child bathing. He is naked and seems about 6 years of age. There is a bucket with a small 'toss detergent' empty container in the bucket. He is using the 'toss container' to rinse off the soap. His mother is standing with what seems like a stick in her hand. I greet and she answers back. Then she continues to command the child to bathe. 'Bathe quickly do you want me to use this stick again.' The boy is also crying and the mother shouts once again at him and points the cane to him. I move closer and realize that she is one of the women who was in our FGD. So I ask her why she has the cane in her hand. She tells me that the boy does not like bathing and even she had to beat him some days ago with the cane (it is a blue plastic pipe about 1 centimeter in diameter and 1 metre long). 'You see this cane was even bigger, it broke when I beat him. He has become very rude when I tell him to bath after he is from playing football he says things like "go and make the baby to sleep first then I can bathe later."' She explains to me that she has a three week baby who I can hear crying from inside the house. So you see, I have to beat this boy so that he can bathe. I look and see the Nairobi bound train passing over Makupa and the mother keeps shouting at the boy saying, 'See even the Mombasa train is already going and you have not finished bathing!'

There are parents who do not take their children as their own children. When a child has done something wrong, 'anapigwa kipigo cha mbwa kama ameingia msikitini' [The child is beaten like a dog that has entered a mosque. According to Muslim practices, a dog is not supposed to enter inside a mosque and when that happens, the dog is supposed to be killed and the mosque demolished]. (Woman, group discussion, Giriama)

When a child in Msikitini makes a mistake you take him to the village elder. Sometimes if the child is still going to school you go with the child and tell the headmaster to beat him. Like mine, I just beat him when he makes a mistake. (Woman, in-depth interview, Msikitini)

Even last Friday I caned her thoroughly [a class one girl] like a mother because she does not listen. (Teacher, key informant interview, Msikitini)

People differed in regard to where they drew the line between acceptable punishment and punishment that was cruel or abusive. In general, the line was whether the beating caused visible harm such as bleeding, broken bones, and severe pain.

The mother will beat the child. If it is not the mother who is near and has seen the child doing something wrong, that neighbor will go and tell the mother and then it is up to the mother to be responsible and beat the child. Sometimes a mother will beat the child in anger and that is when she will hurt the child then it is not good because it creates a problem. For example a parent can beat the child until the hand breaks. So it is not good because it brings a financial burden for you, because you have to take the child to hospital and it is expensive. A child should just be beaten enough to instill discipline but not to cause injury. Also a parent should try and get to an agreement (Teenage girl, in-depth interview, Msikitini)

Cases in which child beating caused serious harm, often through the use of methods such as burning, were reported to occur infrequently.

They [cases of beating to the point of profuse bleeding] are there but very rare. What is assault, when beating is beyond normal discipline. You can discipline your child but that beating where the child is not even eating, cannot even sit well [is assault]. (Gender and Children's Officer at police station, key informant interview, Msikitini)

The police in Makupa Police station responsible for the Moroto Msikitini slum described a case in which a mother used an iron to burn her child all over her body for having stolen five shillings.

However, excessive beating was common and often involved kicking the child on the head, hands, feet, or stomach.

Participant Observation –A Youth Beating in Giriama

It is on a Sunday morning, at 7:30am, and I am walking towards the shop to buy milk to make tea for breakfast. Just before I reach the shop, I see a crowd of people standing next to the road as their heads turned toward the houses that are on the lower side of the main road entering Bangladesh. I walk in a fast tempo towards where the crowd is. In front of the mud houses that are next to the road, a man is holding the legs of a young man who is approximately 16 years old. The young man's head is covered with blood; seemingly, he has been beaten to the point of bleeding. The same man holding the young man's legs, who is approximately 55 years old, is holding a water pipe, which he uses to whip the young man several times as the young man cries and shouts: 'Please help! Help! Help! I swear father, I will never drink again. I promise I will never drink again.' The man continues to whip the young man using the pipe, holding one of his legs high. He then puts the pipe on the ground and kicks the head of the young man several times, and then he kicks the young man in the stomach.

A woman, whom I later learn is the young man's mother, walks towards the young man holding another pipe and also whips the young man on the back several times as she says: 'Do you think we just collect money and we don't work for it? Have I warned you to stop stealing money to go and drink chang'aa?' The young man cries loud as he says 'Yes. I will never do it again.' After whipping the young man severely, the woman holds one of the young man's hand, and the man hold the other hand. They then pull the young man on the ground and lock him inside a house made of iron sheet that is about one meter away as the young man continues to cry loudly... (Giriama)

R3: In private schools, children are beaten in a very bad way. They also don't have the equipment for the children to play.

R1: There are also children who are being beaten by their parents

R4: Children are beaten by their parents even when they just steal five shillings. There was a mother down here who tied the hands of the child and burned them using a tin lamp. (Young men, group discussion, Giriama)

Not only parents alone but also the village elders beat children as if they want to kill them. Just for a simple mistake, you can be caned and left unconscious. (Young women, group discussion, Giriama)

Beatings often failed to produce the desired change in behavior. Also, beatings at school sometimes had unintended consequences such as the child dropping out of school.

Guardian: But the only way to get the truth from [the 6-year-old child] is to beat her. Headmistress: No it does not work. I already beat her a lot last week. I held her like a mother and beat her and also pinched her thighs. Also the class 2 teacher came and

added some canning, she put her on the carpet there in the class 1, and caned her properly but she does not want to confess anything. (Participant observation, Msikitini)

Here the children are beaten like a dog. Mostly when a child does not want to go to school the child will be beaten but sometimes the community policing will also intervene. I am also part of the community policing. So they will take that child together with its parents to Chief. She will then beat that rude child, but soon after that child will still run away from school. Also there are mothers who beat the child so badly [causing wounds or injuries] but when the community policing try to intervene they are insulted by the mother. So now we do not try and solve such things anymore. (Young man, in-depth interview, Msikitini)

Despite the unintended consequences of severe physical punishment, most people continued to use it, as few other methods of instilling discipline were identified by the participants or observed by the researchers.

Witchcraft

Spiritual beliefs and practices pertaining to witchcraft were widespread in both slums and among both Christians and Muslims. When bad things happened to people, they usually attributed them to having been bewitched. A frequent concern in regard to children was that someone had put a curse on them or had looked at them with a ‘bad eye.’ These and related problems were so severe that they often caused children to drop out of school. According to local beliefs, treatment required additional witchcraft.

There is also the spiritual harms where the pupils get possessed with evil spirits and this is more dangerous than all the harms that we have talked about. ... We just imagine that someone does not like the school or is trying to punish the child [using witchcraft]. In most cases, top performing pupils do not experience it, and the students here are also not from a wealthy family... After it happens, the pupils who see that became terrified so much and they run away from school and that affects their learning. Some leave the school completely because they see that if that is what happens in school, then they better not be here... I feel the issue of witchcraft in Kenya has been left naked if I may say so. It is as if the whole thing has been legalized because when you walk around, you see the posters all over of the witchcrafts advertising their services and the government is just quiet. Right now, people know if I fall sick, I can go to a witchcraft, if I need a girlfriend, I have to go to a witchcraft. (Teacher, key informant interview, Giriama)

R: There are also children who don't go to school, not because they don't like school, but because they have been bewitched. The child's brain is totally interfered with and the child doesn't think of going to school. Or, if the child is too bright in school, some people get jealous of the child and bewitch him or her and however much they try to treat the child in the hospital, he or she doesn't get cured. Some even become 'mwendawazimu' [a mad person], some are just normal but they are made to lose the urge of going to school.

I: And what do people do when such kind of things happen?

R: *That is when the parents are forced to go to the witchcrafts as fast as possible because such kind of things can't be treated in the hospital.*

I: *And do they get cured?*

R: *Some get cured and they go back to school, and that's only if the parent is lucky enough to get a witchcraft with more powers, otherwise if the person who bewitched your child went to a more powerful witchcraft, then your child just remains mad, or just refuses to go to school and he drops out.*

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

R: *Nothing. There is nothing that people can do.* (Woman, in-depth interview, Giriama)

In the quest to undo the bad effects of witchcraft, some people went to religious leaders, some of whom performed exorcisms. Most people, however, said that such treatment was ineffective and that other responses were needed.

Sex Tourism

Numerous studies have reported that in Coast Province, sexual exploitation of children by foreign tourists and by Kenyans is widespread. An unexpected finding from the present research, however, was that in both slums, sexual exploitation of children by tourists occurred rarely. As suggested below, the reasons had to do with the distance to the tourist beaches, the children's inability to speak 'good' English, and efforts by girls already involved with tourists to keep others out.

I: *Why are there no such cases [of child sexual exploitation by tourists] here?*

R: *Because the beaches are very far away from here. Those girls who are involved with the tourists are also adults who have gone to college and they know how to speak good English. The only thing that we see happen here is the 'disco matanga' that children go to when they are dressed half-naked. But those things to do with tourists only happen along the beaches, like in Mtwapa. They are very common there and every girl there would like to win a 'mzungu' [white person]. You see the 'wazungu' [white people] also like the slim young girls and the big ones.*

I: *So you have never heard of a girl here in Bangladesh involved with a tourist?*

R: *Even if they reach to that level, they leave this area and then go and settle in those areas along the beach because her behavior and character will change and she can no longer survive here. She will start dressing half-naked and you will find that she can't fit into this environment because she acquires the 'beach character.' You see also when a 'mzungu' wants a girl, there are agents who look for the girls and they know the girls very well, so not just every girl can go there and start going out with the 'mzungus.' Personally I have never heard of such kind of a thing here in Bangladesh.*

I: *Why do you think that the girls here are not involved with the tourists?*

R: *Because of the poverty level and lack of education. For you to be able to hang out with 'mzungu.', you have to know how to speak good English and you have to know how to express yourself very well. Our girls here most of them have not gone to school and they can't even speak fluent English, so you see they can't even talk with the tourists. Another thing is also the environment here is such that they don't even go to those*

beaches, unless she has a friend there. Even for those girls who have finished form four, they just hang around here. (Village Chairman, key informant interview, Bangladesh)

Most of the young people from Bangladesh do not go to the tourists, they mostly go to 'Magongo Day and Night Club' where there is a lot of prostitution. The tourists market have their own customers and stakeholders and the girls there don't allow any girl from outside to go there and spoil their market, unless you know somebody there who has connected you. They even end up beating the other girls who go there to look for the tourists. (Key informant interview, Director of children's home, Mombasa)

However, sexual exploitation of girls by people from outside the slums did occur, yet it reportedly involved truckers for the most part.

I: And what about the sexual exploitation by tourists?

R: Those kind of cases are found in Mtwapa, not in Changamwe. It is not common around here. You know, the Western part of Mombasa, where we are, is an industrial area and Changamwe is more cosmopolitan, and mostly industrial. So sex exploitation by the tourists is mostly found in the South and the North coast that depends on tourism. What happens here is just the sex exploitation by the truck drivers because most of their activities are centered here...

The truck drivers commonly use a place called 'Bahati,' which is next to Bangla as I had told you earlier because it is cheap, and that is where children are induced into prostitution. Because this is an industrial area, other abuse cases are found in the EPZ [Export Processing Zone] next to Bangla where children who are underage are employed there and they are paid very little money. (Government officer, key informant interview, Chamgamwe)

Overall, then, the findings indicated that sexual exploitation of children was a significant problem in both slums, but the perpetrators came mostly from within the slums.

3. Response Pathways

The response pathways to the main harms included a mixture of formal, government led parts of the national child protection system and nonformal aspects of the system. Among the latter, family and community mechanisms were prominent.

Response to Out of School Children

Since the inability to pay school fees was the main reason why children were out of school, the dominant pathway of response centered around finding a way to pay the school fees. As Figure 8 shows (see the following page), a boy or a girl who was unable to pay school fees was 'chased away' by the teacher. When the child told the mother or the mother noticed herself that the child was out of school, the mother usually went to talk to the teacher and promised to pay the child's school fees. If the teacher accepted the mother's promise, then the child was allowed

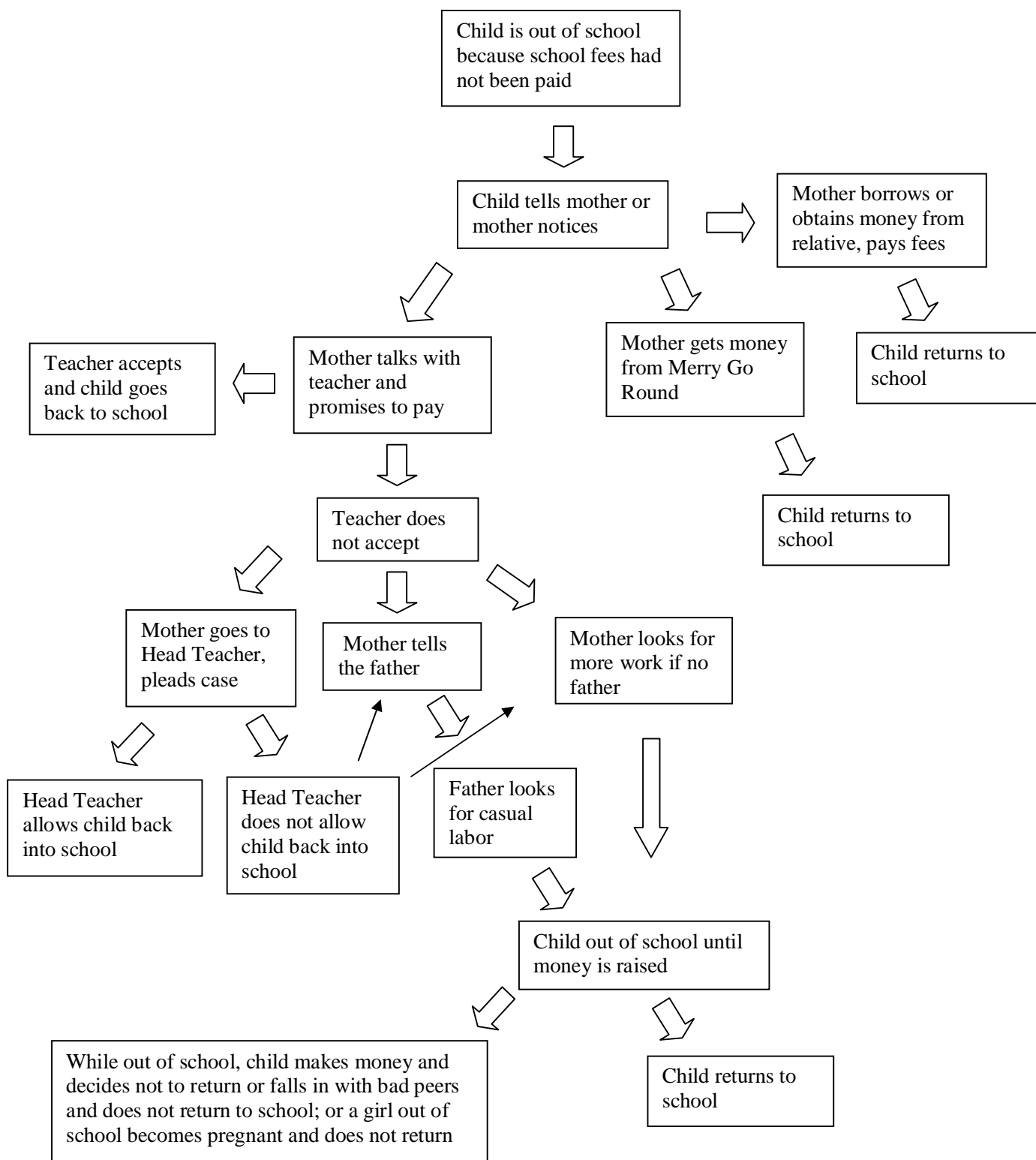


Figure 8. Pathways of response for out of school children who had been unable to pay school fees.

to return to school. Otherwise, the mother went to the Head Teacher to plead her case. Typically, the Head Teacher allowed the child back in school.

If, however, the Head Teacher did not allow the child back into school, the mother told the child's father, who then looked for casual labor and earned the money needed to pay the school fees. Alternately, the mother herself looked for more work and earned the money needed to pay the school fees. Usually, the child returned to school after the mother or parents had earned the money needed to pay the school fees. Yet children who had been out of school for some time often decided that they did not want to return to school, even if the parents had the money needed to pay the school fees. In some cases, children who had earned money while they were out of school liked having money and decided to continue working. In other cases, children who were out of school fell in with 'bad' peers and lost their interest in continuing their education.

Other courses of action were also taken in order to raise school fees. Some mothers had access to 'merry go round' loans that circulated in the slum areas and were arranged by women's informal savings and loan associations. Mothers also borrowed or otherwise obtained from relatives the money needed to pay school fees. As was true in regard to the dominant option discussed above, these options sometimes failed to get the child back in school if the child had developed a strong interest in earning money or had fallen in with 'bad' peers.

Beating was also used frequently as a response to children who were out of school not because they were unable to pay school fees but because they had decided not to go to school (see Figure 9, next page). Parents who noticed that their child was out of school beat the child 'thoroughly.' In some cases, the child then decided to go back to school. More often, the child refused to go back to school. The village elders, who had seen the child outside of school during school hours, also beat the child on their own initiative or did so after the child's parents had asked them for help. Beating by the elders led some children to return to school. If, however, the child refused to return to school, the village elders referred the child to either the police or the Chief. The police, too, beat the child, who sometimes returned to school. If such a child did not return to school, the matter was dropped.

In contrast, when an out of school child was referred to the Chief, the Chief talked with the child about the reasons for being out of school, the importance of being in school, and what was expected of young people in the community. In some cases, the child then decided to go to school. If the child refused to go to school, the Chief referred the case to the Children's Department, which is mandated to oversee children's well-being. The Children's Department then arranged for the child to go to an approved vocational school, which was a boarding school outside the community. Children who had refused to go to the regular schools usually accepted to go to the vocational school, which they saw as helping them to earn money.

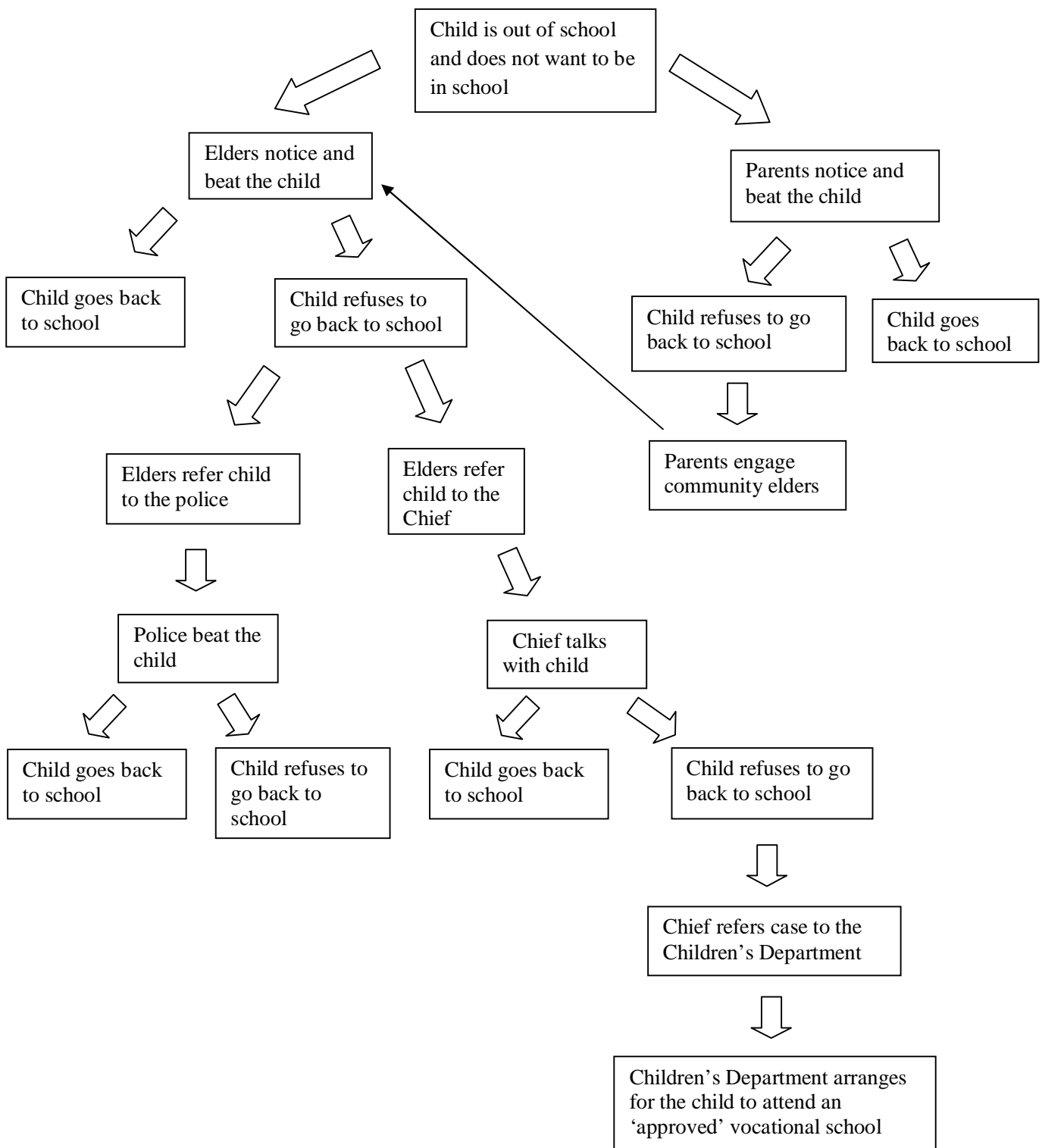


Figure 9. Pathways of response for out of school children who did not want to be in school.

Response to Sexual Abuse and Exploitation

How people responded to a case of child sexual abuse or exploitation depended on the kind of abuse, as outlined in the sections below.

Child Rape by a Stranger

In cases of child rape by a stranger, a popular mode of response was violent community action. If community members saw the stranger raping the child, a mob formed, caught the perpetrator, and burned him to death by putting a tire filled with petrol over his head and lighting it. Following such a gruesome episode, someone called the police, who came to the scene to pick up the remains, take the child to the hospital for testing and treatment, and fill out the P3 form that was necessary for establishing that the child had been raped and for enabling prosecution of the perpetrator. Participants described such burning as the preferred course of action in regard to a child rapist, and participants described in detail a number of actual cases in which a child rapist had been burned to death. This process was credited with having reduced the numbers of rapes in the community.

Rape cases here have dropped thanks to the community effort of killing them when caught in the act. We killed two culprits. They give children some money to go buy biscuits or fried potatoes. The following day they ask the child to come take the money from their house, and that's where they sexually abuse them. In the two cases where we burnt them to death, the girls were of the age 6 and 8 years. The culprits were of the age of between 32 to 40 years. One of the raped girls is in form three, but the other fled away with her family to another area. (Man, group discussion, Msikitini).

Vigilante action and killing, however, was not the only course of action. In some cases of child rape by a stranger, a community member called a village elder (or elders) before the mob had formed or the rapist had been killed. The village elder called the police, who in rare cases could also have been called directly by a community member. Because it took the police some time to arrive at the scene, the perpetrator sometimes fled, thereby escaping arrest. Typically, the police arrived, arrested the perpetrator, and then took the child victim to the hospital for treatment. Also, the hospital staff collected evidence regarding the rape and filled out an official report that made it possible for the police to prosecute the case. However, the police did not always move forward with the prosecution. Participants reported that perpetrators sometimes bribed the police, who then dropped the case. Alternately, the case was dropped because the perpetrator gave money to the victim's family, who then decided not to support the prosecution or to testify in court if the case moved forward (see Figure 10, following page).

When the police prosecuted, they completed their investigation and report and sent the case onward to the court. If the court heard the case and delivered a verdict of 'guilty,' the perpetrator was sentenced to prison. However, it was by no means certain that the court would actually hear a case that had been referred by the police. Participants reported that the courts frequently dropped cases because members of the victim's family were unwilling to testify or because the court had been given a bribe in return for not hearing the case. Also, local authorities said that

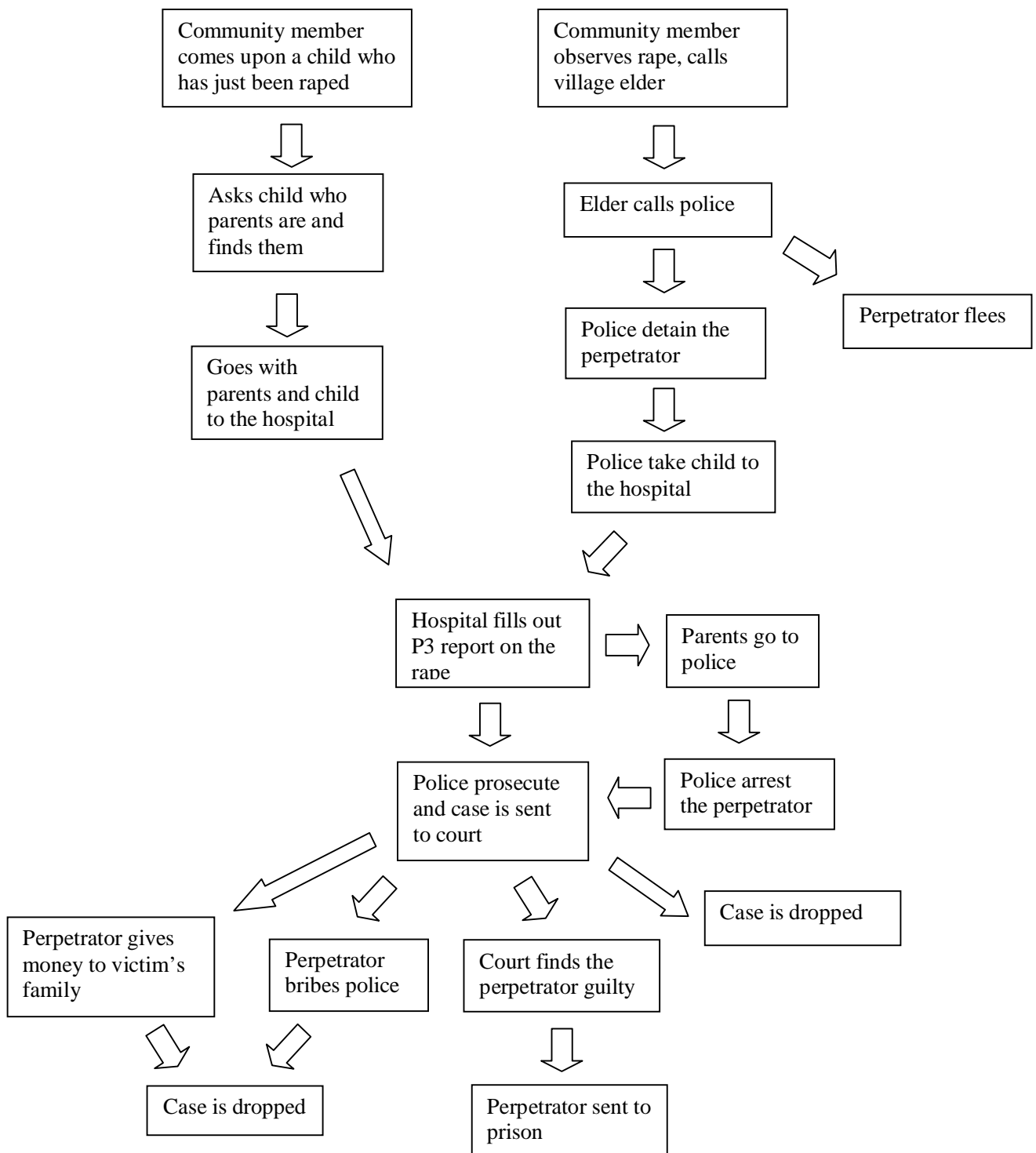


Figure 10. Frequent response to rape of a child by a stranger.

after a case had been sent to the court, it was ‘out of their hands,’ and they had no information about what had or had not happened in regard to the case. Participants said that sometimes cases got lost in the bureaucracy and were not prosecuted because the courts were overburdened or because a key person who had been prosecuting the case had left his or her post.

A variation of the pathway outlined above occurred when a community member found a child who appeared to have been raped and was in need of help. In such a situation, the adult asked the child who her parents were, located the parents, and went with the parents and the child to the hospital. After the hospital had completed its work and filled out the P3 form, the parents went to the police, who then sought and arrested the perpetrator. The post-arrest pathways were the same as those outlined in Figure 10.

Child Rape By Someone Known

For cases in which the rape had been committed by someone known by the child and her or his parents, the matter was responded to in a different manner.

There are also cases of rape. In most of those cases the children are abused by people they know. Our major challenge is that these cases are reported late or never reported. When we try to follow such a case we may find that the child was raped 6 months ago so the doctors report will show that the child was not raped so the case just falls apart. For example there was a girl who was 14 years and she had come with an aunt and her mother remained upcountry. The aunt was barren and when she came with the child, she gave the neighbor the child to work as a house help, and she would receive the payment. But the girl was being abused by that neighbor and when the child reports to the aunt, she just ignores and when the child actually asks the aunt why she is not in school yet she had promised her mother, she used hot things to burn the child. The aunt disappeared when the matter was reported here. We contacted the mother who was from Nyanza but the aunt has never been traced. (Children’s Officer, key informant interview, Mombasa County)

When a family member such as an uncle had raped a child in the family, the family members did not report to formal authorities such as the police since the incident was considered to be a family matter. There was considerable variation in how families responded to the rape of a child by a family member, and the mode of response typically did not involve punishment of the perpetrator. If the rapist were a wealthy uncle, little was said or done since the family wanted to continue getting money from the uncle. Some participants indicated that the victim’s parents took steps to change living or sleeping arrangements (for example, by sending the girl ‘up country’) to reduce the chance that an uncle would abuse the girl again. Steps such as these reflected the families’ desire to preserve harmony and avoid the shame and dishonor that might have come from a more public response.

In some cases, however, such as one in which a father had raped a child, the families responded via traditional means, which were viewed as helpful in dealing with angry spirits.

R2: *If it is the father raping a child, I won't even bother because that is a family matter, let them solve it like a family.*

R3: *That issue can be solved traditionally, the police can't help.*

I: *How can it be solved traditionally?*

R3: *The rapist is given 'manyasi' to drink because when a relative rapes a child who is related to him, that is 'chiraa' ['Chiraa' is a taboo according to traditional practice amongst the Luo ethnic group.]*

I: *What is 'manyasi'?*

R3: *'Manyasi' is herbal medicine that people get from the elders who are experts in herbal medicine. Like my grandmother, she is an expert in herbal medicine.*

I: *And then after getting the 'manyasi'?*

R4: *Then the girl who has been raped is given the 'manyasi' to drink and it is also sprayed where the girl was raped.*

I: *Why is it sprayed where the girl was raped?*

R3: *You know when people step at the place the girl was raped, whoever steps there might also end up becoming a rapist. The spirit might follow him. So 'manyasi' is sprayed to drive the spirit of rape away. (Young men, group discussion, Giriama)*

A Case of Child Rape by a Family Member

R: *This girl was lured into the house by someone she calls an uncle. They had supper, then the uncle just decided to defile her. Then she came home very late, the mother inquired, then she didn't tell the mother the truth. They went back to school, so when the teacher was asked, the teacher said she had released this girl so early, so she had to be beaten so that she can say what happened, that's when she said what had happened. The teacher had to beat her so that she can say what had happened. That's when she disclosed that the uncle had raped her.*

I: *Had she gone to stay with the uncle?*

R: *No, just from school then she went to the uncle's place to take water.*

I: *What happened when the teacher found out?*

R: *She was taken to hospital that's when they came to report after being treated. Then we followed the case from the hospital. The PRC form is not given to the patient, we follow it from hospital, statements are taken, there are some results that we get from the hospital and those results can take even a week before we get them. Those results don't come out immediately. So when the file is ready then the girl shows us where the uncle stays. The results are medical results and they are done by a specific section in the hospital. I don't know why they take long maybe the doctor can tell you why. There is a gender section at Coast General Hospital. The P-3 form is filled and the man arraigned in court. In this particular case the man is out on a bond of 200,000 shillings but the case is still going on. They give him hearing dates and it can be even for a month, it is for the magistrate to decide. (Police officer, in-depth interview, Mombasa county)*

Several participants described how child rape by a father was addressed by the family calling in community elders, who slaughtered a sheep for purposes of spiritual cleansing. The girl who had been raped and also other people ate the sheep, thereby ending the matter. In these and other cases, the maintenance of family harmony took precedence over issues such as impunity or mitigating the harm done to the child.

When formal authorities were brought in on a case such as child rape by a family member, it was usually through the intervention of someone outside the family such as a teacher. The case described in the box below indicates how teachers sometimes noticed something was wrong, beat the child to find out what had happened, and then engaged the police.

Response to Early Pregnancy

Responses Through Family and Friends

Early pregnancy evoked diverse responses, some of which involved the girl's family or friends (or both; see Figure 11 on the following page).

The process of responding began with the mother learning about the girl's pregnancy, either by noticing it herself or by hearing about it from a friend of the pregnant girl. Having learned about the pregnancy, the mother sometimes sent the pregnant girl upcountry, in some cases to avoid shame. More typically, the mother then asked the pregnant girl which boy or man was responsible for the pregnancy. After the girl had identified who had impregnated her, the mother decided to tell either the girl's father or grandmother. If the mother worried that the father would become very angry, she hid the news from the father and told only the grandmother. Depending on whom the mother had told, the girl's father or grandmother went to the family of the boy or man who had been identified and asked the boy or man to accept responsibility. If the boy or man accepted responsibility, he agreed to marry the girl and provide for her and her child. Typically, the girl dropped out of school at that point and gave birth subsequently to her child.

If, however, the boy or man denied responsibility for the pregnancy, then the girl stayed at home and gave birth. Boys and men frequently disavowed responsibility.

I: What happens when she tells her boyfriend?

R: But you find that most men our age just disown the girl. Because here the girls move around with many men so in most cases the men disown them. Also the girls here do not want a young man. They want an old man because an old man will leave her some money for household use. (Young men, group discussion, Msikitini)

In some cases, boys who denied responsibility ran away.

Although girls who had been with older men sometimes got some money, girls who were unmarried and whose sex partner had denied responsibility usually engaged in prostitution as a means of supporting their babies. Even when the girls did not engage in prostitution, they faced difficult circumstances.

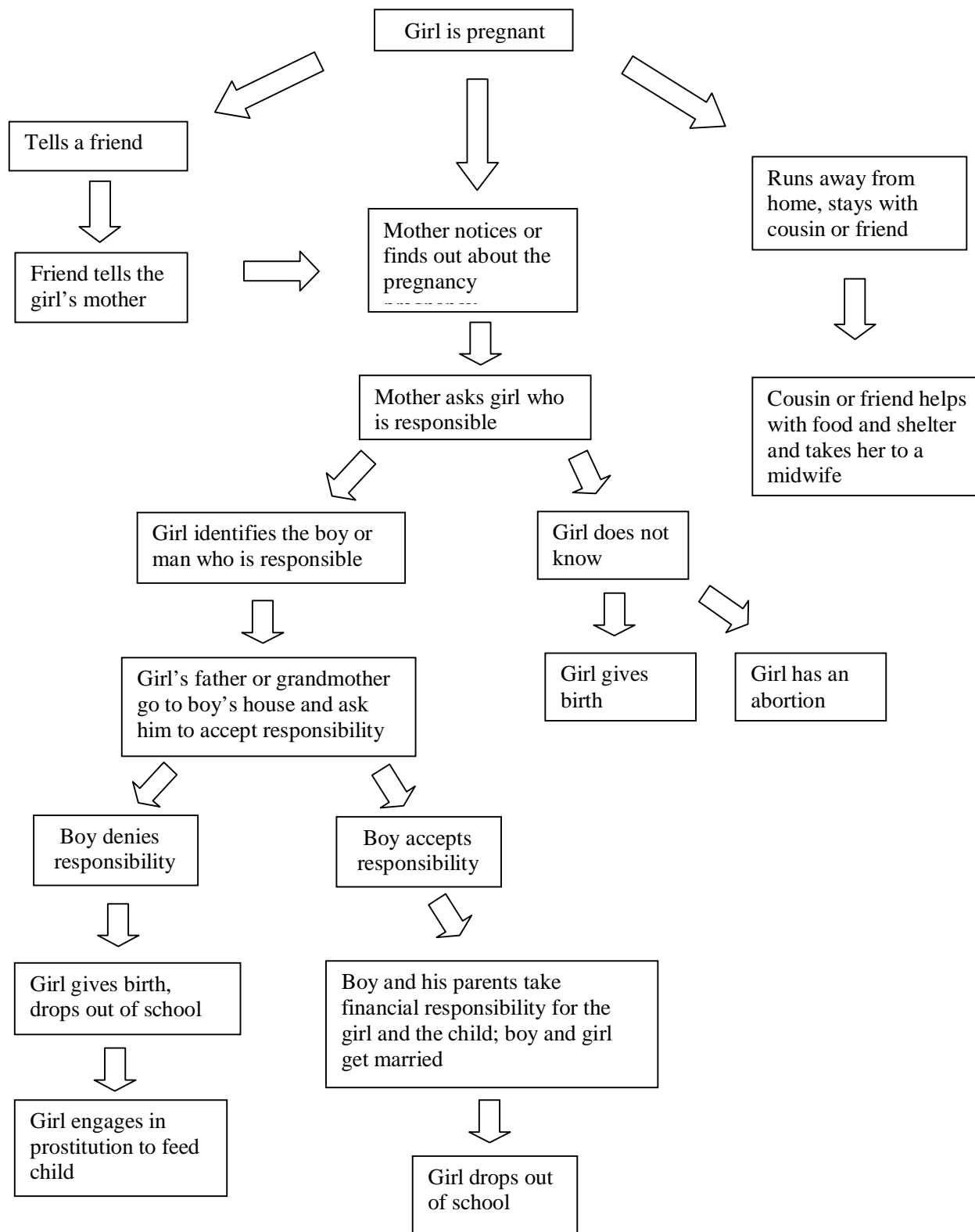


Figure 11. Pathways of response to early pregnancy involving family or friends.

Because it is girls who get pregnant then the boys just leave them so you find a child is taking care of a child. So when the baby begins to cry even you start to cry because you are both children. And the person who left you with the pregnancy does not even care and you are left borrowing around. If you hear of any casual work like washing clothes, you go and do it. So they are really causing us harm. (Young woman, in-depth interview, Msikitini)

Numerous participants reported that young mothers sometimes abandoned their children to children's centers or to the streets.

But also there are those who keep the child and raise it. However there are those mothers who will one day go to someone and say 'Hey please hold this child for me' then the mother takes off and will return many years later to claim that child once that child has begun to sit. But also mothers should tell people if they are defeated with raising a child. Maybe some assistance may come. Also, women may fall pregnant but when it nears her due date, she may fall out with the father of the child. So because of that she will throw the child on the side of the road and then you find a child crying in a paper bag. (Young man, group discussion, Msikitini)

In cases in which the pregnant girl did not know who the father was, she typically gave birth to the child. Subsequently, the girl had to engage in prostitution as a means of earning money to support her baby. Particularly in cases in which the girl did not know who the father was and the mother suspected the pregnancy resulted from sexual abuse or exploitation, the mother advised her to get an abortion.

A less frequent response to early pregnancy involved the pregnant girl running away from home and staying with a cousin or friend, who gave her shelter and food and took her to the midwife.

Responses Involving Abortion

Participants reported that abortion was also a frequent pathway of response to early pregnancy. In fact, participants identified abortion related pathways as often as they identified pathways of response that went through the girl's family.

Figure 12 (see the following page) shows the abortion related pathways. When a girl became pregnant, she tended to tell her mother or a friend about the pregnancy, and they advised getting an abortion. In other cases, the girl told no one and decided herself to get an abortion. Girls took varied, low cost approaches to having an abortion, and these approaches seldom included going to a hospital or clinic that offered professional care. Often girls went to the local shop where they purchased and took over the counter pills that were designed to treat other conditions but that caused the death of the fetus. Pregnant girls sometimes took homemade concoctions to produce the abortion. Some girls went to witch doctors, whereas others went to herbalists for traditional

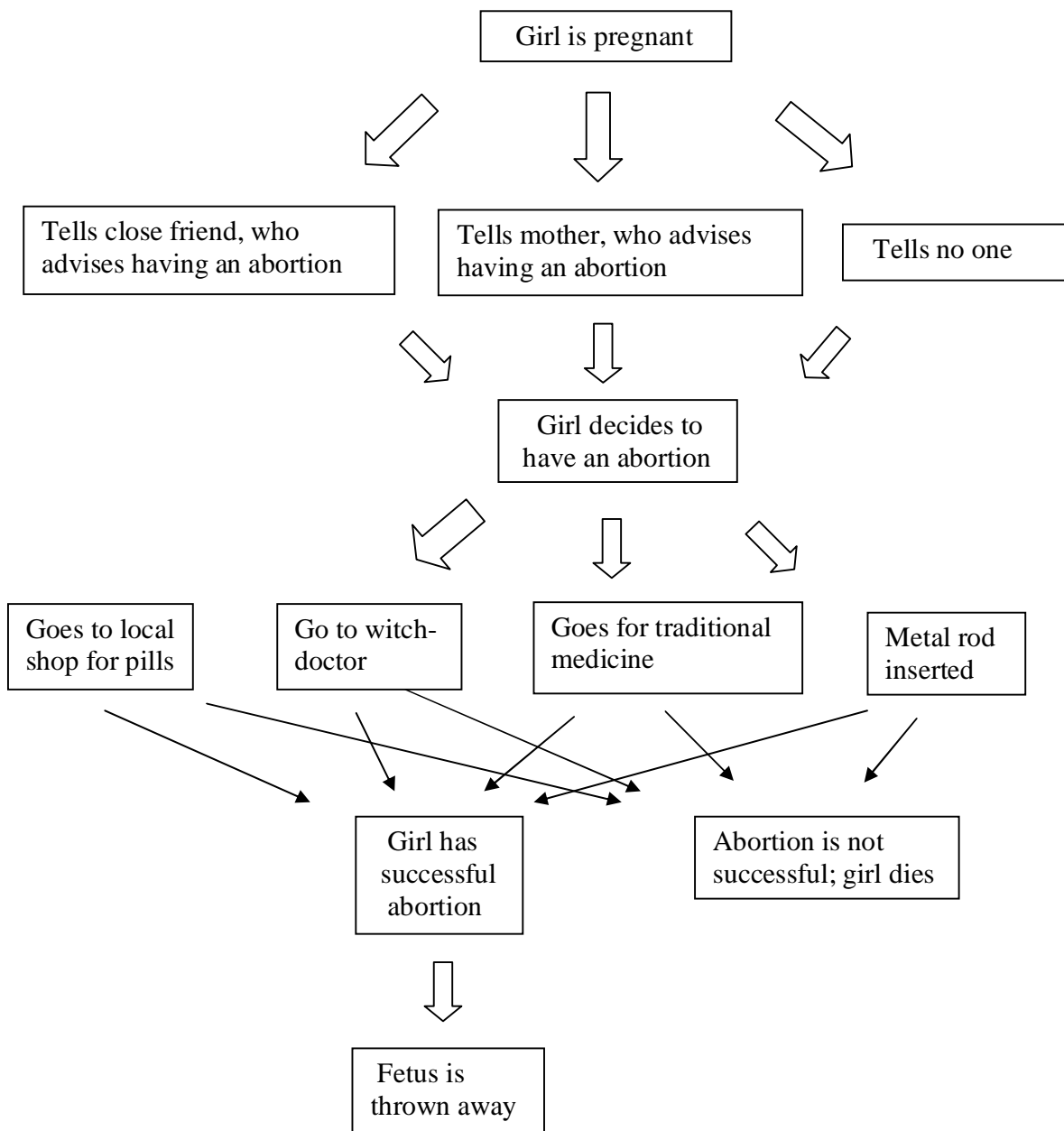


Figure 12. The abortion directed pathway of response to early pregnancy.

medicines that induced abortion. Still others inserted a metal rod into their uterus or went to people who did so. The participants reported consistently that many girls died as a result of these dangerous approaches. If a girl had a successful abortion, she typically did not tell the man who was the likely father, particularly if she wanted to continue seeing him and receiving money.

There is a girl who has been kept by a man old enough to be her grandfather, and he works for KPA [Kenya Ports Authority] and she is living in that house for him just because of money, yet she is very young. Here the girls just follow men for their money then when they fall pregnant they go for an abortion. They just lie to the man that they are suffering from malaria but it is the after effects of an abortion, and these are girls who are 16 or 17 year old. (Man, in-depth interview, Msikitini)

In most cases, the aborted fetuses were disposed of in the ocean or even in the garbage.

There are so many fetus which are thrown in the ocean. You see from my house, this is where the garbage starts to be dumped so I always see so many fetus. Recently there was a girl who tried to abort and I carried her on my back up to the place near the mosque where I got a tuk tuk and she was taken to Makadara [Coast general hospital]. How can you remove a six month pregnancy? She swallowed some drugs but then some part of the pregnancy refused to get out. (Woman, in-depth interview, Msikitini)

Mostly in Moroto, mostly we receive calls to go and pick children thrown in the garbage and most of the time it is a mature fetus It is the community police who call us, we go and pick the fetus and we write a statement and we take the dead fetus to the mortuary. (Gender and Children's Officer at police station, Msikitini)

So here people go to the doctor and a metal is inserted inside them to remove the baby. Also they may take that drug muarobaine, and then when the fetus comes out it is put in that 'Rambo' bag [has a Rambo picture on it]. It is that plastic bag that is big. It costs 20 shillings. Then throws that child in garbage. (Young man, in-depth interview, Msikitini)

Response to Alcohol and Drug Use

When children had begun using drugs or abusing alcohol, by, for example, getting drunk in public, the dominant pathway of response was through the parents (see Figure 13, following page). Most often, the child's parents told the village elder, who then used a cane either alone or together with other elders to beat the child 'senseless.' As a result, the child typically ran away from home.

Less often, the parents beat the substance abusing child themselves. If the child continued using drugs even after the beating, the parents took the child to the Chief or the police. The Chief beat the child, but if the child continued using drugs, the Chief discussed the case with the Children's Officer. If the Children's Officer recommended it, the Chief sent the child to an 'approved' school, a boarding school outside of the community that provided vocational training

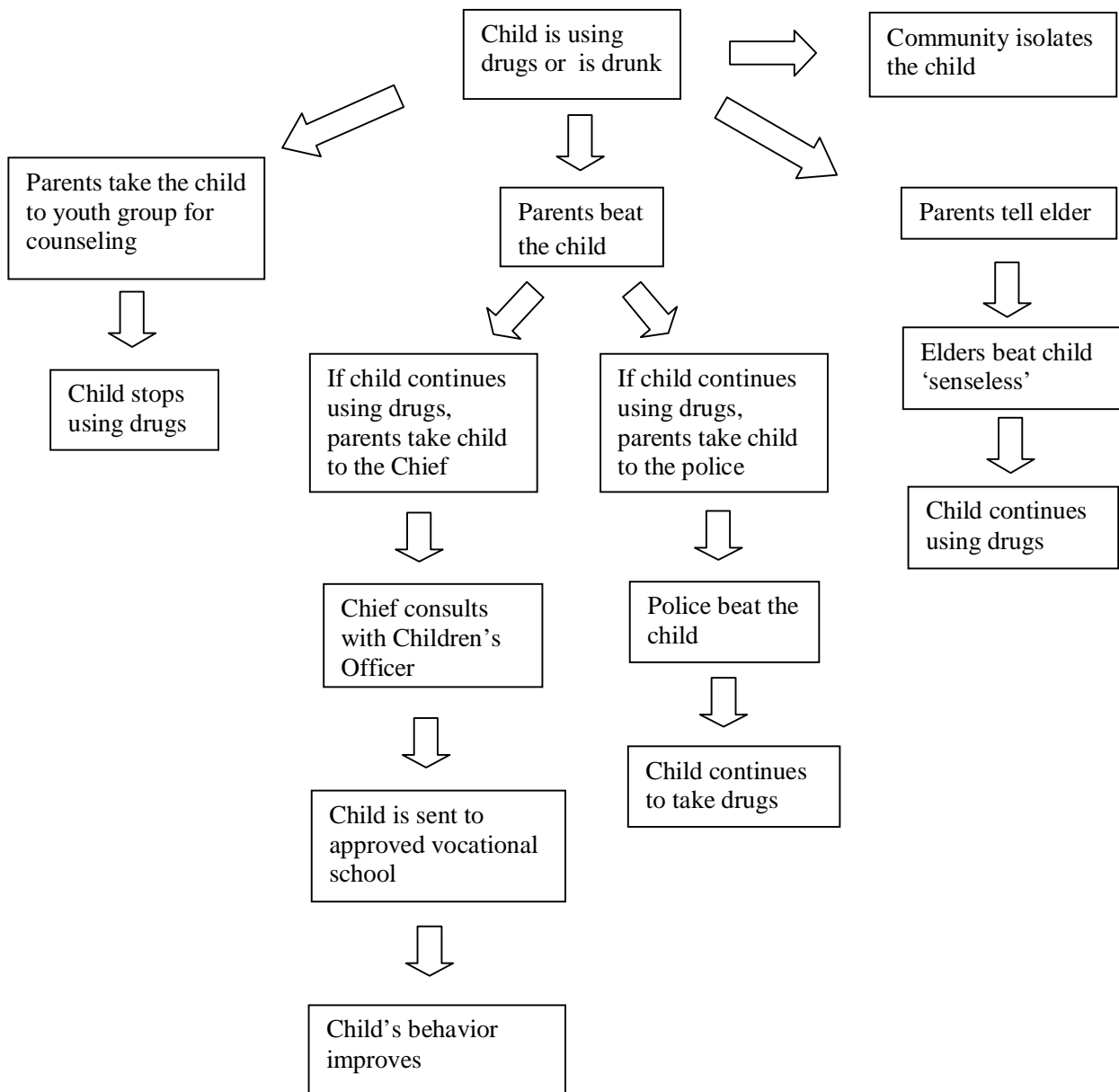


Figure13. Pathways of response for children who use drugs or alcohol.

and enforced strict discipline. If, however, the parents took the child to the police, they beat the child, but the child usually continued using drugs.

A parental response that met with greater success than beating involved taking the child to a youth group for counseling. The youth groups varied by context, but in general used a mixture of peer influence and peer support strategies to urge the young person to stop drug use and to associate with people who were likely to encourage drug use.

Although these pathways were diverse, they often failed to dissuade children from using drugs. The dominant response to a child who continued to use drugs was community isolation wherein the child was excluded from community activities and shunned by community members who saw themselves as promoting more respectable forms of behavior.

4. Views of Young Children

Although child participation is enshrined as a right of children and an important part of child protection practice,²³ meaningful participation by children in work on community-based child protection mechanisms is not the norm.²⁴ Recognizing the importance of children as agents and social actors,²⁵ this section considers how children of different ages viewed the main harms to children and how those views differed from teenagers' and adults' views.

The body mappings revealed a diverse array of things that young children (5-8 and 9-12 years of age) either liked or disliked. Both boys and girls liked seeing and smelling good food, seeing their mother and father, seeing school and their teacher, and watching television. They liked hearing good news, praise from their parents and teachers, and listening to music. Also, they liked singing, talking, and eating a variety of food including mangoes, chapatti, sweets, cake, soda, and rice. They reported that hearts liked having a birthday ceremony, being given a lot of food, doing well in school, playing with friends, having new clothes, being given a school uniform, loving someone, going to town with mother, passing exams, and being clean. They liked going to town, to the beach, and to church. Boys liked football and kick ball, and girls liked jumping games and netball.

In contrast, the body mappings indicated that young children did not like smelling and touching feces, eating 'rotten' and 'dirty' food, hearing abuses and being shouted at, and hearing people fighting (see Table 6, following page). They also reported not liking being hit on the head, hands, and feet.

However, the views of children also varied according to age. Younger children aged 5-8 years expressed distinctive dislikes such as ghosts, witches, Satan, demons, and dangerous animals. In

²³ CPWG (2012).

²⁴ O'Kane & Moore (2012); Wessells (2009).

²⁵ James (2007); Tafere (2012).

| Body Part | Girls 5-8 years | | Boys 5-8 years | |
|--------------|--|---|---|---|
| | Giriama | Msikitini | Giriama | Msikitini |
| Eyes | -Dad and mum fighting -Ghosts -Snakes -Rats -Satan -Dangerous animals -Dog | -Dirty things -Ghosts -Snakes -Witch -Satan -Thief | -Feces -Dirty food -Thieves -Demons -Ghosts -Witch doctor -Satan | -Teacher beating students -Parents fighting -Parents beating each other -Dad getting drunk -People injecting drugs -Dangerous animals -Sewage |
| Ears | -Hearing about bad things -Sounds of dog -Sounds of cat -Sounds of goat -Sounds of cow | -Having sand put in ear -Dirtiness -Noise -Evil things -Hearing people fighting -Words of a witch | -Being pinched -Screaming -Being shouted at | -People screaming -Hearing bad things -Quarrelling -Dad and mum quarrelling -Friends fighting |
| Heart | - Missing a meal -Parents fighting -Being beaten -Being slapped | -To be abused -Hating things -Hating people -Ghosts -Dirty things - Video | -Someone dies -Friend being beaten -Mum and dad fighting -Mum being cut by panga by thief -Thief stealing things -Being beaten -Father being out -Mother being out | -Bad people -Sin -Dirty things -To be beaten harshly -To hate our friends |
| Hands | -Touching dirty water -To be beaten -To cut our hands -To sweep -To feel pain | -Touching sewage -Touching Feces -Fighting -Carrying metals -Carrying sand -Touching fire | -To be given heavy work -To be broken -Not to have food in our hands -Touching dirt -Stealing -To be beaten -To be cut -To carry heavy things -To beat someone | -Touching feces -Being caned -Picking scrap -Beaten at school -To be burnt -Stealing -Being dirty -Carrying drugs -Strangling others |
| Feet | -Walking in torn shoes -Going to the beach -Dirty places -To be beaten -To be cut | -Stepping in feces -Stepping dirty water -Going to the ocean -Dirty things -Going to where there are graves -To be cut | -Stepping on dirty things -Stepping on sewage -Stepping in dirty water -Stepping on glass -To be cut -Going to toilet barefoot | -To be caned -To be cut -Stepping on feces -Being broken -Fighting -Walking in sewage |

Table 6. The things that the body mappings indicated young children (5-8 years) do not like.

contrast, older children aged 9-12 years reported not liking alcohol and drugs; seeing people who had been beaten, burned, stabbed, or killed; and hard work such as picking scrap, washing the house, fetching firewood, and washing clothes (see Table 7 on the following page). Children's dislikes also varied by location. Young children from Msikitini did not like the ocean, which was used as a public toilet and contained many feces. Older children from Giriama reported disliking children being raped.

Taken as a whole, the data from the body mappings showed that the perspectives of children differed considerably from those of teenagers and adults. It was noteworthy, for example, that children's dislikes such as people arguing and fighting, seeing girls being raped, or seeing dead bodies did not arise in the narratives of teenagers or adults. To some extent, these differences may have reflected the different methodologies used to probe the views of children and of teenagers and adults, respectively. However, it is also possible that the things that children found disturbing were sufficiently normalized that they receded into the background as the children moved into their teenage and adult years. Also, the dislikes that troubled children may have been eclipsed by the issues of even greater magnitude that beset teenagers and young adults.

Additional information about the views of young children came from the risk mapping, which identified areas in the community where children felt unsafe. In both sites, boys and girls felt unsafe at places where alcohol was sold, where garbage was thrown, and where children were knocked down by cars on the road. Some children also identified the home as a place where children felt unsafe, either because they were beaten or given a heavy load of work.

In Giriama, the places that children identified as unsafe and typical narratives about those places were as follows.

- Small ocean ('bahari ndogo'): *You will be attacked by thieves and they will steal your belongings.*
- Big ocean ('bahari kubwa'): *There are evil spirits and you can also drown.*
- Chang'aa dens ('mangweni'): *Men force you to drink the chang'aa and 'bad things happen there;,' drunk men catch you.*
- Road: *Cars knock children down.*
- Forest: *There are snakes that bite and cause children to fall ill*
- River Mkupe : *It has sewage and a very foul smell.*
- Cemetery: *We were told dead people would resurface.*

In Msikitini, the places that children identified as unsafe were:

- Ocean: *Children will sink; there are bad people; there are evil spirits; in the ocean there are dead people.*

| Body Part | Girls 9-12 years | | Boys 9-12 years | |
|--------------|---|---|--|--|
| | Giriama | Msikitini | Giriama | Msikitini |
| Eyes | -Someone being killed -Someone being beaten -Someone being strangled -Person being burnt -People fighting -Someone stabbed with knife -Dad and mum fighting -Child being raped | -People being beaten -Ocean -Snake -Thieves -Dogs -Looking at dirty things -Dead bodies | -Seeing dead bodies -Seeing dirt -Seeing naked person -People fighting -People crying -Snake -Seeing someone dying -Seeing girl being raped | -Feces -Dead person -People fighting -Strangers -Snake -Street urchins -Seeing bad things -Seeing dirty things |
| Ears | -Being shouted at and chased -Hearing people fighting -Being dirty -Smelling feces -Smelling dirty water -Smelling urine | -Piercing -Bad things -Quarrelling -Insults | -Listening to quarrelling -Hearing someone fighting -Hearing there is a funeral -Hearing that someone is dead | -To be pinched -To hear people crying -Putting money in ears |
| Heart | -Drunk people -Children not going to school -Child who is sick -Seeing someone beaten -Being beaten -When someone dies | -Being provoked -Being bad -Hearing bad things -Death -Parents fighting -Bad people -Missing prayers -Being beaten | -To be abused -To be beaten without reason -Someone beating another -To hear people quarreling -People fighting -Seeing dad drunk -Seeing mum cry | -Being beaten -Dirty uttering -Being pierced with a knife -To see dirty things -To die -To be abused by people -Fighting -Selling scrap |
| Hands | -Touching sewage -Touching feces -Touching dirty things -Being beaten -To be cut -Holding a baby -Touching sick people -To be broken -Stealing | - Being caned -Being cut -Touching urine -Dirty food -fighting -Washing clothes -Cooking -Sweeping -Washing the house | -To be given heavy work -To be broken -Not to have food in our hands -Touching dirt -Stealing -To be beaten -To be cut -To carry heavy things -To beat someone | -Touching feces -Being caned -Picking scrap -Beaten at school -To be burnt -Stealing -Being dirty -Carrying drugs -Strangling others |

Table 7. The things that the body mappings indicated older children (9-12 years) do not like.

- Video room: *Because they show bad movies.*
- Bar: *Because there are drunk people who fight; you will be raped; they will throw bottles at you; they will take you.*

- Disco: *Children are stolen; you will not pass the exam; there are bad manners.*
- Home: *Because we are given a lot of work.*
- Road: *Because children could be knocked down by cars.*
- Garbage place: *Because it is dirty.*

Children had mechanisms of coping with these feelings of lack of safety. In Giriama, children identified family members, especially mothers and grandmothers, as well as teachers as the people whom children went to if they felt unsafe. Family members offered advice, told children not to be afraid, and advised them not to go to bad places again. In regard to unsafe places that involved bad people, children told their fathers and brothers, who would chased away bad people or beat the person. Alternately, they told the teacher, who then punished the bad person. Children also identified church as helping them when they felt unsafe. Children reported that praying stopped their worrying and made them feel happy.

In Msikitini, children also went to family members and teachers when they felt unsafe. Peer groups also helped to protect children, though not always through kind means. For example, children who saw other children at unsafe places reacted by beating the child and telling him or her to leave. Alternately, they told the child's mother, who then beat the child and warned him or her not to go to the unsafe place again.

5. Effects of Socio-Economic Status

SES differences were analyzed mainly using the rankings obtained from group discussions, which were triangulated with the qualitative data from individual interviews. When the group discussion data were pooled across different sub-groups, low SES participants were far more likely to rank out of school children as the most serious harm than were high SES participants (see Figure 14, following page). This prioritization of out of school children by low SES participants appeared also when ratings of the top three harms were considered (see Figure 15 on the following page).

These differences likely owed to the greater difficulty or inability that low SES people had to pay children's school fees, which was the main reason children were out of school. Although the data are not shown in Figures 14 or 15, low SES participants were more likely than high SES participants to rank problems such as peer influence, hard work, and karata (gambling using cards) among the top three harms to children. As discussed earlier, each of those problems tended to increase once children were out of school, and it was children from low SES families who were most likely to be out of school.

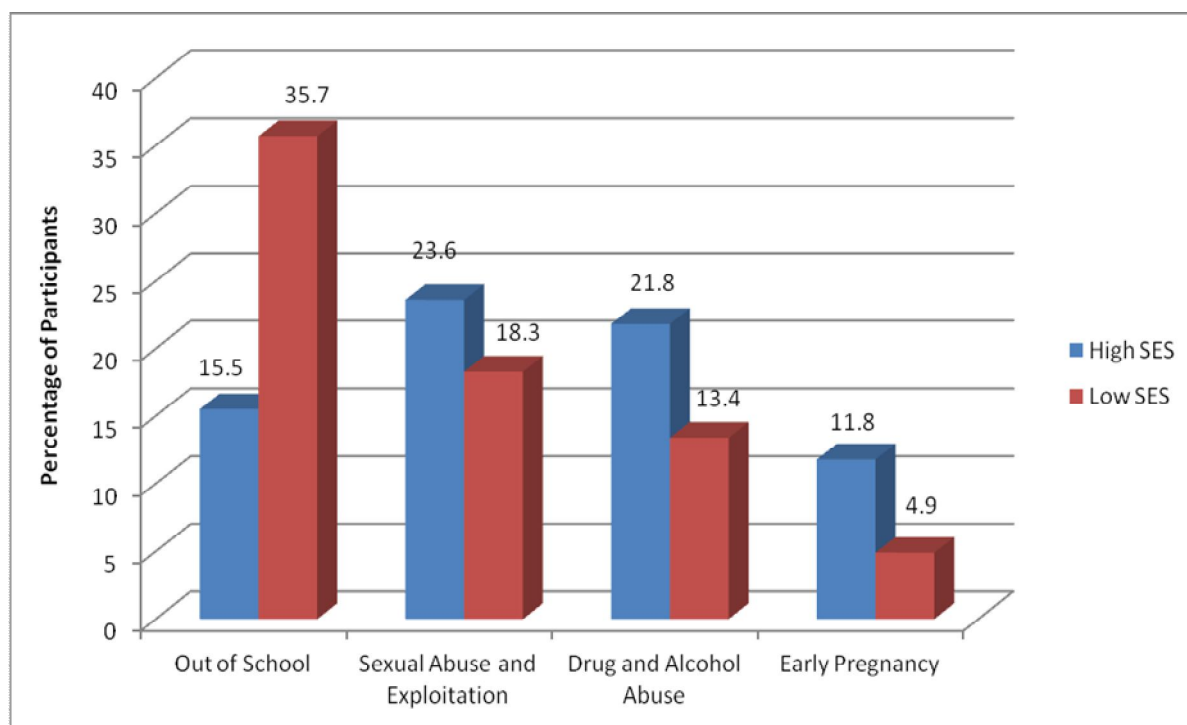


Figure 14. *The percentage of participants (n=334) in low or high SES discussion groups on harms and responses that ranked various issues as being the most serious harm to children.*

Differences according to SES also occurred in regard to issues of sexual abuse and exploitation and early pregnancy. High SES participants were more likely than low SES participants to rank sexual abuse and exploitation as the most serious harm (Figure 14). The prioritization of sexual abuse and exploitation by high SES participants occurred also when rankings of the top three harms were considered (see Figure 15, following page).

There are numerous interpretations of why high SES participants ranked sexual abuse and exploitation so highly. It is unlikely that women and girls of high SES were more often victims of sexual abuse and exploitation since observations and in-depth interviews had indicated that low SES girls and young women were frequently the victims of sexual abuse and exploitation. Another possibility is that the perpetrators of sexual abuse and exploitation, particularly the latter, included people who had high SES, and this might have triggered more concern among high SES people.

For those who have money, it is easy to go to the hospital when they are infected (by HIV). They also have money which they use to buy children and so they promote prostitution. (Village elder, key informant interview, Giriama)

Perhaps a more compelling interpretation relates to the damage to one's status that could arise from being a victim of sexual exploitation and abuse. In particular, high SES girls and families

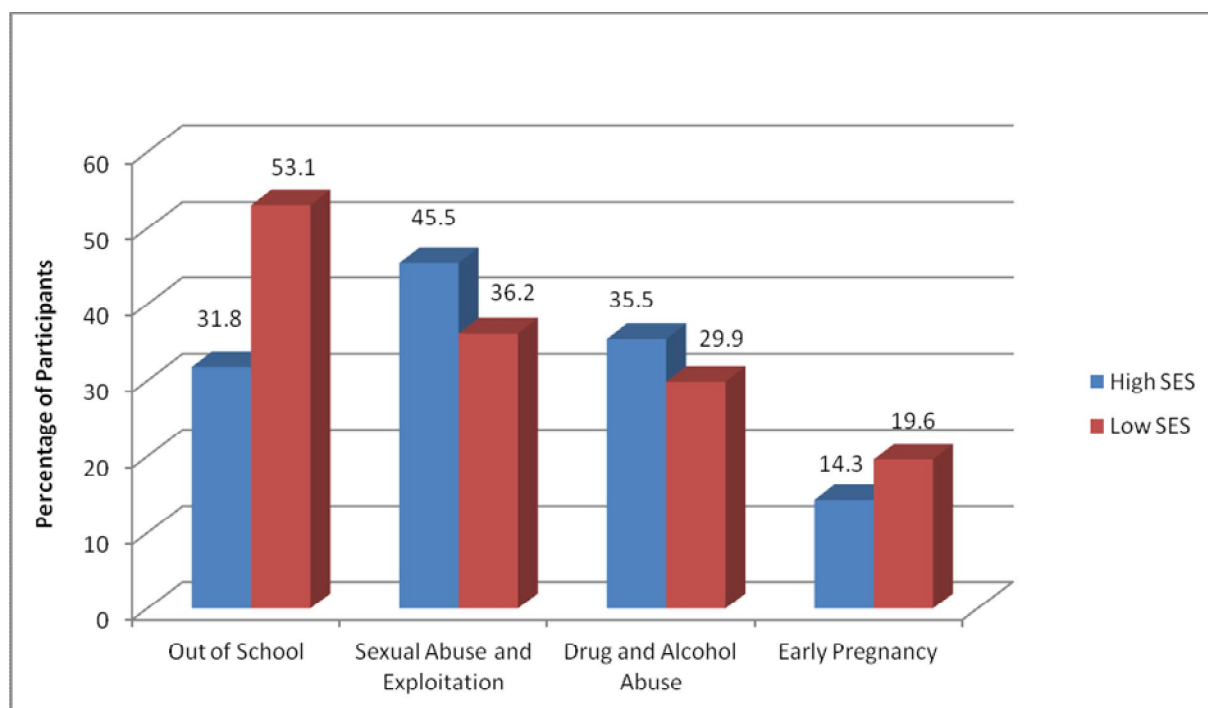


Figure 15. *The percentage of participants (n=334) in discussion groups on harms and responses that ranked various issues as being among the top three harms to children.*

may have stood to lose more by the abuse or exploitation of a daughter. Both high and low SES people may both have cared about the status of their daughters and families. However, being a victim of sexual abuse or exploitation may have been sufficiently normalized among low SES groups that it produced less loss of status and was therefore not seen as being as problematic as it was by high SES groups. Still another possibility is that low SES people and high SES people may have had different values and may therefore have held different views about the relative severity of sexual abuse and exploitation. As discussed above, low SES people may have regarded sexual abuse and exploitation of children as a tolerable necessity and source of income for both the girls and the families. Additional research is needed to identify which of these interpretations or combination thereof is most accurate.

In regard to early pregnancy, a higher percentage of high SES participants rated early pregnancy as the top harm to children than did low SES participants (Figure 14). It is not known whether teenage pregnancy occurred more frequently for high SES people. In light of the desperation for money and meeting basic needs, one would have expected that girls from low SES groups would, if anything, have been more susceptible than girls from high SES groups to sexual exploitation and early pregnancy. Consistent with this view, low SES participants more frequently rated early pregnancy as one of the top three concerns than did high SES participants. A more plausible account of why high SES participants rated early pregnancy as the most serious harm more often than did participants of low SES relates to issues of status. In particular, early pregnancy may have caused a loss in status not only for the girl who had become pregnant but also for her family. Eager to avoid such status loss, high SES participants may have been more likely to view early pregnancy as the most serious harm than low SES participants, who saw

early pregnancy as more normal and therefore as not causing such a status loss. One young woman described how people were used to early pregnancies and described it as a very common situation that people were used to.

It's like a cd [a Compact Disc or CD-ROM]...you take one out [a fetus/baby], and put another one in....(Young woman, in-depth interview, Msikitini)

[When asked what people do when young girls become pregnant:]

R: (Chorus): Laughter: What can you do? We sit back and wait for the grandchild.
(Woman, discussion group, Msikitini)

A similar account may apply to the finding that high SES participants were more likely to identify drug and alcohol abuse as the top harm to children (Figure 14). Whereas low SES people may have seen drug and alcohol abuse as a normal or inescapable part of life, high SES people who had greater economic opportunities may have worried more that children would be 'pulled down' into drug and alcohol abuse. Whatever the correct interpretation of these SES-influenced differences, it seems clear that SES needs to be taken into account in analyses of children's protection and well-being in slums, and also in efforts to strengthen national child protection systems.

6. Preventive Factors

The family was widely viewed as playing a highly significant role in preventing harms to children. Both teenagers and adults spoke of how it is the role of the parents to teach children how to behave, help them go to school, and avoid getting in trouble. Also, family members watched over children and kept them from getting hurt or from engaging in activities such as taking drugs or drinking alcohol. Members of the extended family, too, provided guidance and support. For example, grandmothers watched out for young girls and encouraged them to obey their parents and elders and to avoid going to places where people engaged in 'bad' behavior.

As mentioned earlier, though, the family varied in its effectiveness as a preventive mechanism. If parents abused alcohol, had to work and leave the children alone, or otherwise neglected their children, then the children were poorly protected from outside harms. Worse yet, some of the main harms such as sexual abuse and severe beating arose from within the family. Fortunately, there were preventive factors in other domains of the ecosystems of children's development in the slums. Among the most important of these was religion.

Religion, Religious Organizations, and Religious Leaders

For both Christians and Muslims, religion was seen as fundamental in moral education and teaching children good values.

When she gets Christian or Muslim teachings the child would know what is wrong and what is right to do, so she will not involve herself with risky behaviors which may lead her to contracting AIDS. (Woman, group discussion, Msikitini)

We also involve religion and the teachings from the religion on morality and make sure the child grows with good behavior grounded on religious values and norms. (Woman, group discussion, Msikitini)

Religious organizations helped to keep children in school by raising funds to pay school fees or identifying people or organizations that would sponsor children's education. Being in school was widely viewed as preventing problems such as drug and alcohol abuse, associating with 'bad influences,' and early pregnancy. In both slums, the role of churches in enabling education was conspicuous.

R: As the church, we just focus on the children who we have here, that is, the children who come to worship with us here. We make sure that they go to school.

I: And how do you make sure that they go to school?

R: By paying school fees for them. We always call a fundraising when a certain child has fee problem and then we contribute as the church for the child's school fees. Last year, we did a fundraising for one of the child who was going to the university and he is now at the university and we have also done the same for other students who are now in secondary school. (Pastor, key informant interview, Bangladesh)

R: I also deal with education issue. I also look for donors to sponsor some of my church initiatives like peace and joy children's center helps the orphaned children. Also Wana wetu watoto association network is for the orphans. We give them some food and clothing when we get donor.

I: Are most cases boys or girls?

R: Mostly it is the girls who are harmed. They are employed as house-helpers and also are raped more. However there was a son of one of my congregant who was given some drugs by a school watchman and then he raped the boy but he was arrested and he is in prison now I think he was gay. It was just towards the end of last year. First of all she came to me to pray because the child was lost. So we prayed and the boy was found, so when we asked him 'Where did you sleep?', he said that he slept at school with the watchman and then after medical examination we realized he had been raped. So we keep helping such parents through counseling. We tell the children to avoid easy traps like accepting 'viazi' from people. (Pastor, key informant interview, Tudor)

Similarly, Islamic leaders and institutions were instrumental in helping families to pay the school fees that would enable their children to attend school.

R: Sometimes also people come here for help with lack of school fees and also hospital bills. So I will talk to the people who come here to pray of course those who look better off and then request them to help needy children. For example there was a girl from the slum who was studying in Waa Girls in form 4. But she could not complete school because she had a fee balance of 15,000 shillings. So when I went to a baraza of Imams at Sheikh Noor. The baraza gave me a cheque of 15,000 shillings and that parent was very happy. The girl completed school. Also a mother brought me child who could not walk and needed a wheel chair. So I went to Bombolulu [the workshop where the

wheelchairs are made in Mombasa] and asked the price and they told me 20,000 shillings. I was able to get help from a private donation from the people who come here to pray. Yes we do have children from Moroto. There is a problem of paying school fees and the majority do not even pay fees, but we do not chase them away we wait until the parent gets the fees.

I: Is there any organization that helps ?

R: No, we do not have any help we just get private donors. So if someone has second hand clothes or some books and Korans they just bring here then we distribute to our needy people. Also the offertory is given to the needy people.

I: Are there any harms that children in Moroto face?

R: There are many children who can get into bad company so there parents ask us to just keep them here even after the school hours are finished. So we just watch them until their parents come from their casual work to collect them. As you can see there are some swings for children. (Sheik, Tudor)

Also, religious leaders and organizations played a role in preventing sexual exploitation and prostitution. For example, they warned children about taking 'viazi' offered by men and developed livelihood opportunities for women who had become involved in prostitution.

So here the children are easily cheated by the 'viazi' and the man will send her to buy them viazi and then sleeps with the man. Also if the woman sees that the man has money but does not want to sleep with her she will offer her daughter instead because of poverty and most women are single mothers. But I preach to them and tell them to get 'saved' and leave that life of prostitution. Also we offer alternatives for earning some money. For example, there is one who we opened for her a stall to sell vegetables and she is doing well. Also there are some projects by Sheik Noor who is giving loans of 5,000 shillings, so we tell the members of the community because they have no knowledge. However some of them eat all the capital and the business fails. So we organized a seminar with SOLGIDI on how they sustain a business. (Pastor, Tudor)

However, religious leaders recognized that their ability to affect issues of livelihood was limited.

The church is all about the shepherds within the church, how do you follow them up to their home? On the issue of brewing chang'aa again, when you talk about it, people come to you and say, now will you provide us with the basic needs and income if we stop? That is where the church also stands still and the NGO's have to come in and support because children will be the beneficiaries. (Pastor, key informant interview, Giriama)

Together with other factors, religion also played a role in preventing particular harms to children, as outlined below.

Out of School Children

Somewhat divergent patterns in preventive factors emerged in the two sites, each of which is considered in turn. In Giriama, the four top-ranked preventive factors (the top two were tied) identified in group discussions were:

- Merry Go Round – a rotating savings and loan activity initiated by a women’s group. Each month a different member received a small fund, which was often used to pay school fees.
- Youth groups (Alpha and Omega) offered guidance and counseling in Giriama.
- Changanwe Baptist Church, which paid school fees for some students.
- Village elders advised and motivated young people to stay in school.

Other preventive factors identified were positive peer influence to stay in school, parental advice to stay in school, parent’s work in small business to help pay school fees, the provision of entertainment and sports programs in school, and Government’s provision of uniforms and books for students. Taking children to the police for discipline was also mentioned, though, as discussed above, it is questionable whether this preventive factor was effective or positive.

In Msikitini, the main preventive factors varied by SES. The top four factors identified by high SES groups were:

- Guidance and motivation by youth groups to stay in school
- Parents’ negotiation with teachers to avoid the child being chased away from school
- Motivation by the parents
- Provision of entertainment and sports programs at school

In addition, high SES groups said that sometimes the Chief threatened the parents to keep children in school. The low SES groups, on the other hand, said that parents would look for jobs or start a business in order to pay school fees, their mothers would get money from the Merry Go Round, or parents or elders would advise and counsel. The latter two strategies, however, were not generally viewed as being effective.

It was noteworthy that children themselves—particularly girls—sometimes took preventive steps that were inappropriate in that they entailed harm. In group discussions, teenage girls reported that it was not uncommon for girls to avoid being ‘chased out’ of school by sleeping with an uncle, who in return paid the girl’s school fees. In effect, this prevention strategy traded one harm off for another.

Early Pregnancy

The top-ranked preventive factor in Giriama in regard to early pregnancy was the youth group's (Alpha and Omega) provision of education on safe sex and their distribution of condoms. However, views of the importance of this factor varied by SES, as two-thirds (66%) of the high SES groups cited it as the top factor, whereas none of the low SES groups did so. The second ranked preventive factor, for both high and low SES, was called 'family planning,' but in reality it consisted of birth control methods such as taking birth control pills or obtaining a Norplant implant. Discussions of the latter indicated that it was commonplace for girls as young as nine years of age to have a Norplant implant.

Parents also played an important role in prevention by advising children and motivating them to stay in school, although this factor was identified more often by high SES groups (33%) than by low SES groups. Additional preventive factors involved parents threatening to beat children if they engaged in sexual activity, and disallowing their children to go to disco matangas.

Drug and Alcohol Abuse

In Giriama, the top ranked preventive factor in regard to drug and alcohol abuse was education by the youth group (Alpha and Omega). The youth leaders were in many respects positive deviants, that is, people who seemingly thrived, exhibited resilience, and escaped or avoided the lure of drugs and alcohol. It is not known, however, whether this positive deviance resulted from individual factors, from life experience, or interactions between the two. Several youth leaders said that they themselves had previously abused drugs but had managed to turn themselves around. Other preventive factors in regard to drug and alcohol abuse were advice from community elders or teachers to avoid these problems and use of the strategy of keeping children busy in school.

Sexual Abuse and Exploitation

Participants struggled to identify preventive factors in regard to sexual abuse and exploitation, and it was a sensitive topic since many adults contributed to the problems of sexual exploitation and abuse. Although participants spoke of how parents told their daughters not to go to the video or to avoid disco matangas, they often noted that these efforts were largely ineffective. Asked which prevention steps were effective they sometimes made suggestions that could be seen as compromising girls' rights or subjecting them to harm such as early marriage.

I have children aged 14, 10, and 4 years old. But the 14 year old girl is upcountry because she had started to get into bad behavior like going to the videos and in the videos that is where they learn bad things. The group that she used to hang around with all of them, have children now, so I just thank God that I took her to upcountry soon enough. In the rural areas there is no video, the only work for children in fetching firewood. My daughter used to be sent around as a 'posta' to call a girl for a certain boy then the boy would pay her like 10 shillings for watching video. But after a while even the 'posta' also becomes interested in the men and that is how they fall pregnant. She would not even help me with housework. ...

The bad group of girls are prostitutes. They would go to clubs like Jamboree or also in Mtwapa and come back drunk at night. But they were chased away from Jamboree

because it is said that one of them stole 15,000 shillings from a client. Those girls really drink a lot and smoke bhang. They insult their mother and say to them 'we are the same, I have been penetrated and you have also been penetrated so do not tell me anything'. Their mothers have given up..... I took my daughter upcountry because I did not want to beat her and kill her in the process because the government would not understand why I had beat her and would just jail me. (Midwife, key informant interview, Msikitini)

R4: *Here in Giriama, we have a 'founder of early marriage.'*

I: *'A founder of early marriage?' What do you mean?*

R4: *There is a woman here who when her children just finish class eight, she marries them off so that they don't get pregnant and give birth at home. At least they get pregnant when they are married.*

I: *So she marries them off so that they don't get pregnant at home?*

R5: *She says that if they remain at home, they will get pregnant and give birth at home and that will be another burden because she is poor.*

R9: *Yes. She does all this because of poverty.*

R2: *In fact, the men who marry those girls pay two thousand shillings, and you can pay in installments. That is all she asks for from the men. (Young men, discussion group, Giriama)*

Although these preventive factors were important in supporting children's well-being, they were neither evenly distributed nor commensurate with the magnitude of the problems children faced. For example, children from high SES families had access to a wider array of preventive factors than did children from low SES families. Also, well functioning youth groups had a much stronger presence in Giriama than in Msikitini. Perhaps most important, even the combination of all the preventive factors seemed inadequate to the task of protecting children against the multitude of harms that children encountered daily in the slums.

7. Linkage With Formal Aspects of the National Child Protection System

For several reasons, it is important to examine linkages between community-based child protection mechanisms and the formal, government led parts of the national child protection section, which were outlined earlier (see pp. 28-30). As discussed previously, existing evidence suggests that effective linkages enhance the effectiveness of CBCPMs. In addition, if few or no linkages existed, there would be few channels through which cases involving violations against children—including statutory violations—would enter the formal system that was intended to handle such cases. Linkages are also points of communication and coordination, which are important in enabling the formal and the nonformal parts of the child protection system to work together in both preventing and responding to violations of children's rights. Nonformal-formal linkages may also enable the alignment of these two important parts of the system by, for example, making it possible to refer cases from one part to the other, as fits the roles and responsibilities of different actors within the system.

In these and other respects, it is useful to ask not only whether the linkages existed but also who are the people or groups—the connectors—who form a part of the linkage process and how they worked.

The Connectors—Chiefs, Elders, Police, Children’s Officers, and AACs

At grassroots level, an important connector was the Volunteer Children’s Officer (VCO), a civic minded, respected person whom people knew and trusted, and who worked without pay to promote children’s rights and well-being. The VCO worked closely with the District Children’s Officer (DCO) and was also a member of the AAC. Participants reported that when people encountered a situation such as a child being very severely beaten or engaged in dangerous labor, they tended to go first to the VCO, who then reported the case to the Chief or directly to the police, as well as the DCO. The VCOs were also active in prevention activities and sought to educate people about various harms to children and how to prevent them. They also offered guidance and counseling to community members, helped trace children who are lost, and helped ensure care for children who are abandoned. Although this research did not study VCOs in depth, their effectiveness seemed to depend on the level of trust they enjoyed with local people and on the seriousness with which they undertook their work.

Perhaps the main connector was the Chief (and/or the Assistant Chief). As discussed earlier (see pp. 99-112), people who were responding to problems such as children being out of school children or using drugs often went to the Chief, who was selected by the Government and was a Government employee. The Chief was seen not only as the main local leader but also as a connector with other Government services such as the police or the District Children’s Officer (DCO). Although Chiefs varied in how much respect they commanded, most were seen as both influential and helpful in addressing children’s issues and in preventing violations against children.

Aside from the Chief, people also went to Elders in responding to harms to children. As discussed earlier, local people saw elders as arms of the Government since they had been appointed by the Chief. In general, people respected elders and went to them with their problems. In addition, elders also acted on their own initiative in responding to issues such as out of school children who did not want to be in school. As discussed earlier, the elders watched for children who were out of school during school hours and administered beatings in order to get them to agree to return to school.

Police were called in to respond to criminal offences such as severe child beating or the rape of a child by a stranger. Interviews with police indicated that the police were committed to doing their jobs in a professional manner. Furthermore, the adults and young people who took part in this research said that in cases of criminal offences against children, many people (though a minority) would report the offences to the police (see pages 127-128). However, the police talked about how their jobs were made difficult by parents’ refusal to have the police take on a case or to testify if the case were taken to court. Children’s officers, who had a desk at some police stations, had specific training on children’s issues and rights, and worked closely with the VCO.

There was a voluntary child officer who reported the case to our office so the first thing was to rescue the child. Then we referred the child to the Coast provincial hospital. This was a case of a child who was beaten severely at a madrasa class the Islamic class and the child had a broken collar bone. But when it came time to take the matter to court the parent refused us to take the case. So we learnt later that the Muslim leaders had sat down and settled the matter and there was forgiveness from the teacher.
(Children's Officer, key informant interview, Mombasa)

An important connector and resource was the District Children's Officer (DCO), who was a government officer in charge of children's issues for the entire district and who has received specialized training on how to work with children in a safe, legal, and ethical manner. They ensured that children who had been abandoned receive protection and care, and they traced and located the families of lost children. Outside of public view, the DCO worked with the police in responding to serious cases of child abuse such as child rape, in which they comforted children and families, worked with the hospital to insure appropriate treatment, and made sure the child stayed in a safe place. The Chief sometimes brought the DCO in on a case involving problems such as drug use or out of school children (see Figure 13, p. 112). The DCO also counseled and supported children and families in cases that went to court.

The DCO also coordinated another important connector in and near the slum areas—the Area Advisory Council (AAC), which operated throughout Mombasa and included not only Government officers in the child protection system such as the District Children's Officer but also Chiefs and key nonformal actors such as religious leaders in the child protection system. As a multi-stakeholder forum that had diverse membership, the AAC helped to coordinate the work of international NGOs with different parts of the child protection system, and it also helped to educate various actors in regard to key issues and strategies for addressing them.

The District Education Officer (DEO) is a district government officer from whom parents can seek help on matters relating specifically to children's schooling. The DEO handles cases where children have been sent away from school without a valid reason, or where a teacher need to be disciplined for abusing students.

It was not the purpose of this research to study in depth the qualities that enabled the connectors discussed above to work in an effective manner. Their effectiveness seemed to depend on the extent to which people perceived them as trustworthy, energetic, knowledgeable, and fair. Even if they met those criteria, however, people may still have been reluctant to take cases of violations such as severe child beatings to them due to doubts about the system or other obstacles to its use. Some of the main obstacles are outlined below.

Willingness to Report Child Protection Issues Through the Formal Child Protection System

Participants in the group discussions were asked whether people living in their area were willing to report to government officials (1) a case of child rape by a stranger, or (2) a case of child rape by a family member. The rationale for asking about this kind of case was that it involved a violation that was unequivocally a criminal offense, one that people knew should be

reported under the law to the police. Refusal to report a case such as this would indicate a greater weakness in the formal system than would refusal to report a case of lesser magnitude such as a child beating of moderate intensity. The refusal to report the latter could have stemmed not from an unwillingness to use the formal system but from uncertainty about the necessity or appropriateness of engaging with the police in such a case.

The findings were mixed in regard to people's willingness to report child rape to government officials (see Figure 16). In regard to both cases, approximately one-third of the participants said

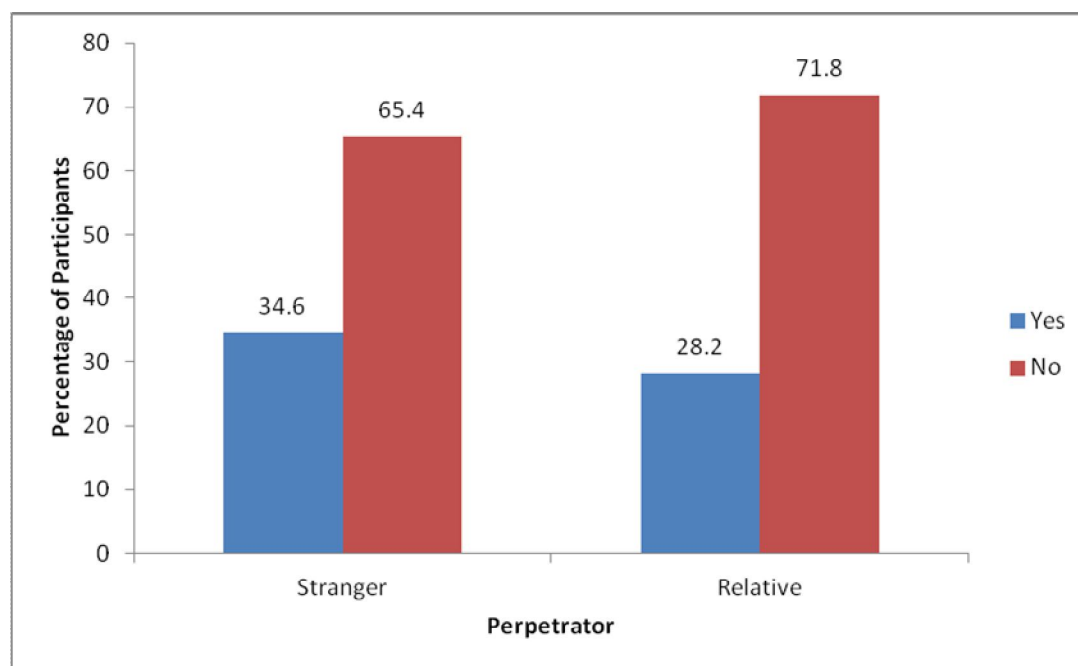


Figure 16. Participants' responses (n=334) when asked 'Are people here willing to report a case of child rape to government officials.'

that people would be willing to report the case to government officials. This finding fits with the findings of other recent studies in Kenya²⁶ that a significant percentage of people are willing to report such severe child protection offences such as rape of a child. Yet nearly two-thirds of participants said that people would not report such cases.

The willingness to report was somewhat lower in regard to cases involving rape of a child by a family member. However, there was a discrepancy between the data shown on the right side of Figure 16 and those obtained from individual interviews, in which participants expressed very low willingness to report cases of rape of a child by a family member. Because the quantitative data were collected in group settings, they may have reflected group biases. Knowing that the law required that criminal offences be reported, participants may have been reluctant to indicate

²⁶ E.g., UNICEF & Republic of Kenya (2011)

in a group context that they would not report such an offence, particularly if the group included someone who was viewed as having links with the government system.

Why People Do Not Report Child Protection Issues to Government Officials

Qualitative data illuminated some of the main reasons why people would not report severe offences to authorities. In the case of rape of a child by a stranger, participants spoke of wanting to avoid coming under suspicion or to avoid wasting time.

Because the police ask stupid questions, like, how did you know? Where were you? What were you doing? And another thing is, that even if you report, they don't take any action, so there is no need of reporting. (Young man, group discussion, Giriama)

The police might also think that you were together with the rapist and you also tried to rape. (Young man, group discussion, Giriama)

It is just a waste of time going to the police because the stranger will still be left free. (Man, group discussion, Giriama)

Also, unwillingness to report reflected a desire to maintain relationship and avoid the wrath of the community.

But the problem here is the Police station. When you take a report to them about such an incidence [rape], the day they come to make an arrest they tell the village elder. Then this village elder will come back to the community and say 'so and so' went to tell on you to the police. So they built that hatred between the community and people like us. (Pastor, key informant interview, Msikitini)

The stranger might be my friend, so instead of going to the police, I can go to his parents and tell them, so that they can talk to him. (Young man, group discussion, Giriama)

The unwillingness to report that is evident in the latter narrative suggests that people do not readily report to the police someone with whom they are friends or have an ongoing relationship.

The importance of maintaining relationships also led to unwillingness to report in cases of rape of child by a family member. A commonly cited reason why such an offence might go unreported is that such a problem is a 'family affair' or that reporting would cause family discord and loss of dignity.

Because that is a family affair and the uncle can be called and asked why he has done that. Then he can be told to stop it.... That's a family issue. (Woman, group discussion, Giriama)

If it is the father raping a child, I won't even bother because that is family matter. Let them solve it like a family. (Young man, group discussion, Giriama)

If you report your uncle to the police and he gets arrested and jailed, the other members of the family will hit back at you and they will hate you and blame you. So your family will hate you. (Young man, group discussion, Giriama)

Families should also not fight. Reporting will be like you are fighting. (Young men, group discussion, Giriama)

R 3: Reporting will also break the family because people will be divided, those who support and those who don't support, and people will always blame you for breaking the family.

R 2: Reporting to the police is also lowering the family's dignity because people will always see that family as the family of the rapist.

R 5: It's also a waste of time reporting to the police because you can never get justice from the government. You will report the person, he gets arrested and the following day, you see him here after bribing the police. (Men, group discussion, Giriama)

In addition, participants said people would not report since the family member might be the bread winner, the loss of whose support would cause significant harm to the family.

The rapist might be the bread winner in the family. If he gets arrested, people will suffer in the family. I might end up dropping out of school because there will be no one to pay my fees. In fact, that is a family thing that people outside the family should not even know. It should be kept a secret. (Young man, group discussion, Giriama)

A week ago, a mother came here and told us that the child had been in scenario with the step father. When I asked the girl, she refused [to tell me]. I then decided to take a cane and she accepted that the man has been touching her. The child's father had died and so the mother was living with a 'shame' [step father]. I advised the mother not to go to the police because the husband, who is the step father to the child, will abandon her and she will have many problems in raising the children because he was the one providing for the family. So I advised her to just go and talk to the man to stop doing it. (Teacher, key informant interview, Giriama)

Bribery played a significant role in people's willingness to report child protection offences to Government officials. Many participants spoke of police corruption and demand for bribes.

Sometimes when you go to the police station they tell you 'zingatia wazee' ['give me a bribe'] or when you want to see the chief there are people there who tell you that if you give them something small they will let the chief know that you are there, but they are con men. (Adult man, in-depth interview, Giriama)

When the police come, they are given money. These police have taken away powers from us as the village elders because people don't listen to us now. You can talk and talk and people just look at you. The police have spoilt this area. (Village elder, key informant interview, Giriama)

R: *The police also 'eat with those who brew chang'aa.'*

I: *What do you mean by 'eating with them?'*

R: *They take bribes from them so even if we go and try talking to them they don't listen because they 'eat with those who are up there' [the police]. They give the police money and the police go away and then there is nothing we can do afterwards, even if we take the reports to the police, they don't do anything. (Volunteer Children's Officer, key informant interview, Giriama)*

However, bribery was a systemic problem and applied not only to police but also to families and elders.

The biggest challenge is that the parents refuse to be a witness for the child when the case goes forward. So they can sometimes even turn on you later and spoil your reputation. So I have to have concrete evidence through medical examination. Also the parents allow their children who are doing the child labor so when I take such a case forward the parent will accept a bribe from the employer and so your case will be weak. There was also a case of a child who was being used for prostitution and so I told the mother that we should go and report to the police. But when we were approaching the mutate stage the mother was bribed by the man, so the man ran away and the mother was later not willing to take the girl to the hospital and she was 10 years old. (Pastor, key informant interview, Tudor)

There are many who end up having children in the upper classes. For example we have a case of a girl in class 7 whose brother in law impregnated her. ... You know the case just remains hanging because sometimes we are scared of being beaten up if we involve ourselves too much in the people's private life, you know how slums can be dangerous. Another one was burned by the mother and she was not coming to school, so when teacher sent for the girls she came with wounds all over and the child was taken to a children's home and the mother went up country....But I do not want to be so involved with these cases because you know how working with the government is, people keep bribing, so sometimes there is bribery that goes on then I end up looking like I am just forcing a case to go forward. (Headmistress, key informant interview, Tudor)

In some areas, cultural beliefs and practices mitigated against reporting offences such as the rape of a child. For example, the Luo ethnic group were said to have beliefs that are conducive to girls' defilement and to non-reporting of the crime.

There is also the issue of culture which is causing harm to children. In Bangladesh, most of the people are Luos [the Luo ethnic group] and they still cling to these cultural practices of corporal punishment. Defilement is also part of their culture. They believe that a 12 year old girl 'lazima alalwe' ['must be slept on']. That is why you find parents do not report those cases of rape and defilement. By the way, most of the reports we receive are not from the parents, but from the good Samaritans. I think should be sensitized about these issues because even if you ask them, you won't get the cream of what is going on there because of fear. People fear that when they report, they might

be attacked at night and this is intimidating. Over 70% of the cases I receive from Bangladesh are from the Western community, that is, the Luos and the Luyhas. They are the majority there. (Voluntary Children's Officer, key informant interview, Giriama)

These and other obstacles to reporting criminal violations of various kinds clearly warrant attention as part of efforts to strengthen the Kenyan national child protection system.

IMPLICATIONS AND RECOMMENDATIONS

Considered as a whole, the findings of this research indicate that the urban slums comprise highly toxic environments for children. To begin with, children faced a dizzying array of potent risks. Although some of the risks—being out of school, early pregnancy, sexual abuse and exploitation, and drug and alcohol abuse—are present in other environments in Kenya, what is distinctive about the slums is the intensity of the risks, the richness of their interactions, the early age of exposure to the risks, the paucity of effective family and community-based supports and preventive factors, and weak linkages with the formal aspects of the national child protection system.

The sexual abuse of girls as young as six years of age serves to illustrate this point. Well triangulated reports from teenage girls and adult women indicated that food insecurity led young girls to be tempted by men's offers of food (especially *viazi*), which were frequently used as opportunities for abusing the girls. Sexual abuse also occurred through their mothers' sale of *chang'aa* in the home to male customers who then abused the girls. For somewhat older girls, sexual abuse was associated with discos, disco matangas, and other activities that could lead to early pregnancy. Once a girl had become pregnant, she dropped out of school, and her inability to feed her child led her to engage in transactional sex or prostitution as a means of obtaining goods or earning money.

In addition to the multiplicity of interacting risks, the slums provided a social climate that was not conducive to children's protection and well-being. Severe poverty, overcrowding, and lack of access to necessities such as sufficient food and housing were facts of life in the slums. The family supports that frequently are relatively prominent in rural settings were visibly weak in the slums. Participants spoke frequently of how parents, many of whom were single mothers who themselves were the offspring of very young mothers, did not provide adequate monitoring and supervision of their children. The slums were also unusual in that they had social norms that enabled sexual activity and child work at very early ages. That numerous girls received contraceptive implants at nine years of age indicated that girls became sexually active at a very early age. There was also a norm of boys picking scrap as a means of helping to support their families. The pressures for early sexual activity and work outside the home that competed with education are found also in other environments, yet they seemed to be stronger and more pervasive in the urban slums. It is unlikely that the provision of livelihoods supports alone will be sufficient to address these problems, as efforts are also needed to support effective parenting and to change the social norms regarding sexual activity.

The slums were notable also for their lack of social cohesion and the spirit of having to 'go it alone.' Although there were some cohesive sub-groups such as youth groups or women's groups, there was little done in the way of collective planning and action beyond the sub-group level. In essence, the social order had been fragmented by the intense competition for scarce resources associated with the chronic poverty and deprivation that characterized life in the urban slums. The movement of people into and out of the slums may also have contributed to low social cohesion. Whatever its causes, the low social cohesion of the urban slums poses significant challenges for community mobilization and community ownership, which are of great

importance in NGO programming and the creation of sustainable results.²⁷ In addressing the child protection needs in urban slums, NGOs will likely need to develop new modalities for working that place greater emphasis than usual on strengthening collective planning and action as a means of building social cohesion.

These distinctive features of life in the slums demand changes in the way in which child protection practitioners work and have significant implications for efforts to strengthen the national child protection system in Kenya. Broadly, child protection practitioners will need to work in a holistic manner on issues of sexuality, education, parenting, and livelihood in a context of collective planning and action that strengthens social cohesion. Projects that address single issues such as livelihoods or education will not be sufficient to address the systemic problems that children face in the urban slums.

The numbered statements below, which are not listed in order of priority, are accompanied by a brief commentary and companion recommendations pertaining to the national level. Care should be taken not to overgeneralize the implications and recommendations, as the present study examined only two sites that are not a representative sample of all the urban slums in Mombasa, much less in Kenya.

1. Sexual abuse and exploitation were widespread and require immediate action.

Although children in the slums were not found to be involved in or heading toward engagement in sex tourism, they were exposed to widespread sexual abuse and exploitation. The research did not measure the actual incidence rates,²⁸ yet the reports of participants regardless of age, gender, or SES were replete with issues of sexual abuse and exploitation. Of particular concern is the sexual abuse of girls, which was reportedly widespread and occurred when the girls were as young as six years. Especially for low SES families, child sexual abuse was frequently associated with the sale of chang'aa, as customers who came to a woman's home to buy the alcoholic drink became drunk and abused the woman's young daughter. In addition, girls were used to lure customers into their mothers' homes in order to boost the household income. Out in the community, girls were offered food and other items by men, who then expected sexual favors or abused the girls. Many girls were abused in contexts of drinking and partying, such as disco matangas. Regardless of SES, girls engaged in transactional sex as a means of meeting basic needs and also for obtaining items they could not buy otherwise. As a result of sexual abuse and exploitation, many girls became pregnant, became HIV positive, or both. Pregnancy led to school dropout, which opened the door to a nexus of additional harms. To address these problems will likely require a holistic approach and efforts to change the social norms of early sexual activity and alcohol use.

Much of the sexual abuse and exploitation reportedly occurred within the household, where the perpetrators were often uncles, stepfathers, or fathers, who either forced young girls to have sex or used power and money in forms such as paying school fees to coerce girls into having sex. The fact that some of the perpetrators were the very people who were expected to care for and protect girls likely has powerful psychosocial impact. Further research is need to identify the

²⁷ CPWG (2012).

²⁸ These will be measured in a national study on children and violence that is being conducted in Kenya.

impact and determine whether the pervasive sexual abuse within the family stemmed from social norms and belief in the ‘normality’ of sexual abuse of girls, bad parenting practices, inadequate social controls within the extended family, or some combination of these or other factors. Additional research is also needed in order to learn how to address sexual abuse and exploitation within the family, which for the most part has not been central in NGO facilitated child protection efforts. Because of the sensitive nature of these issues, it will be useful to take a slow, quiet approach of learning from trusted local informants, encouraging parents to help other parents, and supporting an internally guided process of social change such as that which has been used in addressing other sensitive issues.²⁹

Recommendations:

(1) Child protection practitioners and stakeholders should urgently attend to problems of sexual abuse and exploitation in association with discos, disco matangas, the sale of chang’aa in the home, and drug and alcohol abuse; and

(2) Child protection practitioners' and stakeholders' efforts should focus on preventing sexual abuse and exploitation in the family through strengthening parenting skills and family care of children. Because few good practices are available in this area, it should be a high priority to take a collaborative learning approach in which different stakeholders document particular strategies and their effectiveness and share the results in order to strengthen collective practice.

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

The results of this research confirmed the importance of not viewing ‘children’ as a homogeneous category but as including different subgroups that vary substantially in their views according to their gender, age, and social position. For example, teenage girls were much more likely than were teenage boys to rank sexual abuse and exploitation as a top harm to children, whereas teenage boys were more likely than were teenage girls to rank drug and alcohol abuse as a top harm. Also, participants from low SES families were much more likely to rate being out of school as the top ranked harm than were participants from high SES families. This difference owed to the relative inability of poor families to pay their children’s school fees. Differences by SES also appeared in the findings regarding preventive factors, as children from high SES families had access to a greater diversity of preventive factors than did children from low SES families. In addition, for the children from low SES families, the main preventive factors had to do with livelihoods and money to meet basic needs and pay school fees.

Important age differences also occurred, most notably between children and adults. For example, adults viewed beatings as necessary for teaching children obedience and good behavior and values, whereas children 5-12 years of age regarded them as sources of fear and upsetness. Also, adults were more likely to see disco matanga as a problem and to attribute drug and alcohol abuse to young people’s bad behavior. Teenage girls and boys, however, saw disco matanga as a means of having fun, and they saw drug and alcohol abuse as a means of dealing with stress. Similarly, adults tended to view early sexual activity as a form of bad behavior, whereas girls and boys saw it as something they had learned from their parents.

²⁹ See Ahmed et al. (2009); Dagne (2009).

Also visible were differences between 5-8-year-old children and teenagers. In the body mappings, 5-12-year old children identified problems such as seeing dead bodies, fighting, and feces, whereas teenagers seldom mentioned these as problems even though they, too, had been exposed to them. Significant gender differences occurred in regard to pathways of response. After a teenage girl had become pregnant, for example, girls typically accepted to marry the boy or man who was responsible for the pregnancy, whereas boys were less willing to accept this responsibility.

Recommendations:

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

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

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

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

3. Being out of school served as a gateway to exposure to additional risks, whereas being in school was a significant preventive factor.

Although the harms discussed above were examined separately, the harms interacted extensively in ways that could lead to the risk accumulation that bears an exponential relationship to developmental harm to children. For example, being pregnant led to dropping out of school, and after the child was born, economic hardships often led the young mother to engage in exploitative sex. The prevention of early pregnancy, then, could be a useful strategy for reducing the overall burden of harm. In this respect, the study was useful in the preliminary identification of causal pathways among different harms and strategies for navigating the nexus of harms and preventive factors in a manner that protects children's well-being.

The most impactful causal pathways had to do with schooling. Being out of school was not only a problem on its own but emerged as a gateway to other harms. Out of school girls were at increased risk of sexual abuse and exploitation, the early pregnancy that would keep them out of school on a long-term basis, and drug and alcohol abuse. Out of school boys were at increased risk of drug and alcohol abuse, falling under negative peer influence that could keep them out of school on a long-term basis, and engagement in heavy labor. These burdens of accumulating risk were not distributed equally among the children who lived in the slums but had the greatest effect on children from low SES families, who were not in a good position to pay school fees. In supporting the children from low SES families, practitioner agencies will likely need to give more attention to livelihood supports than they have done in the past.

Fortunately, the spiral of increasing harms to children due to being out of school seemed preventable. Being in school was one of the top-ranked protective factors, and parents, elders, religious groups, women's groups, and government actors emerged as important actors who helped to keep children in school. Although these assets were straining under their burden and need to be supported, they could provide the foundation for the wider efforts that are needed to protect children who live in the slums, many of whom are out of school.

At the same time, efforts will be needed to make schools protective environments as has been done in UNICEF's Safe Schools initiative. The need to strengthen this aspect of education in the slums was evident in the widespread, harsh beating of children by teachers, which sometimes caused students to drop out of school.

Recommendations:

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

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

(3) Practitioners should build on existing assets for preventing children from being out of school and encouraging children to stay in school. These should include the nonformal aspects of the child protection system such as parents, religious groups, and women's groups.

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

4. Important preventive factors such as religion existed in the slums, even for the poorest people.

Children living in the slums were far from being passive victims. In fact, they actively engaged with their environments, sought to cope with multiple sources of adversity, and showed considerable resilience. Their ability to cope and to navigate complex environments probably owed to the effects of various preventive factors that served to reduce children's exposure to overwhelming risks. As discussed above, being in school was a preventive factor, yet there were many others.

Religion emerged as one of the most important preventive factors. Both Muslim and Christian leaders helped to teach children moral values and positive behavior, and they and their religious constituents frequently worked to prevent specific problems such as children being out of school by raising money to help pay school fees. Other significant preventive factors were the supports provided by women's groups, which organized economic supports via the savings and loan associations. Particularly in regard to issues such as drug and alcohol abuse, the youth group in Giriama supported prevention through activities such as counseling and peer influence.

The fact that these and other preventive factors existed even in urban environments that were risk intensive and characterized by a breakdown of social controls reminds one that assets are

present even in the very difficult circumstances of urban slums. By identifying and building on these assets, one can avoid the limits of a deficits approach and take steps to protect children and prevent serious harms before they happen.

Recommendations:

(1) Practitioners should include in assessments a mapping of preventive factors and other assets for different sub-groups of children, recognizing that the preventive factors may not be conspicuous in urban slums;

(2) Practitioners should engage and collaborate with religious leaders, women's groups, and youth groups in the slums in preventing harms to children;

(3) Practitioners should make prevention a high priority in programming by building on and strengthening existing preventive factors.

5. Significant gaps existed between international child rights standards and local views of children and harms to children.

There was partial overlap between local views of harms to children and those enshrined in international standards such as the African Charter on the Rights and Welfare of the Child. For example, local people's views about the importance of children being in school resonated with the right to education that is prominent in the African Charter. Overlap also occurred in regard to issues such as drugs and alcohol abuse.

These convergences, however, were overshadowed by a number of very significant gaps or divergences between local and international views. Although it was not a dominant view, some participants defined children as people under 18 years of age, and some participants mentioned child rights as useful. This view contrasted sharply with the findings from a related study in Sierra Leone, in which people from rural areas defined children in terms other than age and reviled the idea of child rights as defined by outsiders.³⁰ An equal number of people in the slums, however, appealed instead to behaviors such as dependence on parents (which indicated a child) or being sexually active (which indicated an adult). One of the biggest gaps occurred in regard to harsh corporal punishment. Parents, teachers, elders, police and others said consistently that beating was necessary for teaching good behavior and values, whereas this practice contravened international child protection standards. Similarly, international standards call for child participation, whereas local views emphasized that children should be obedient and leave the decision-making to adults.

Perhaps the most significant gap observed was in regard to the treatment of girls. The use of young girls as a means of attracting men to chang'aa dens, where the men touched and sexually abused the girls, is the antithesis of child rights. Yet this practice was widespread and viewed as normal, mostly among low SES families.

In these and other respects, there is poor alignment between international child protection standards and the child protection system that exists on the ground. The actual child protection practices included a mixture of local practices that were appropriate and also practices that were

³⁰ Wessells et al. (2012).

illegal (e.g., burning rapists) and harmful (e.g., marrying girls at an early age to avoid pregnancy out of wedlock). Existing evidence suggests that better alignment will not come through top-down approaches to teaching about child rights but through dialogue oriented approaches that build upon the points of overlap between local views and those expressed in international child rights standards.³¹

Recommendations:

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

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

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

6. In addressing harms to children, people relied extensively on endogenous, nonformal mechanisms of child protection that need additional support.

The findings indicated that even in the slums there exists a rich system of child protection in which people prevented and responded to harms to children through a mixture of civil society and Government mechanisms, processes, and actors. For example, in responding to children who were out of school because they did not want to be there, civil society actors such as parents and youth groups took action, as did Government actors such as elders and the police. People were more likely to use formal mechanisms such as the police when the child protection issue was a criminal offense such as very severe child beating than in regard to a case such as a child being out of school because of inability to pay school fees. In responding to issues such as a teenage pregnancy that was not the product of rape, people used family mechanisms rather than going to formal authorities.

However, the slums were notable for the paucity of traditional or endogenous mechanisms of the kind that are prominent throughout rural areas of sub-Saharan Africa. It is not clear whether people had entered the slums with robust traditional beliefs and practices that were subsequently eroded by factors such as extreme poverty, population mobility, competition for resources, and exposure to new beliefs and practices that replaced traditional ones. Possibly, the breakdown of traditional structures and processes may have antedated movement into the slums or may have owed to the transformation of traditional mechanisms by policies such as the appointment of Chiefs who were arms of the Government.

Although people engaged with formal aspects of the child protection system in responding to particular serious violations against children, people relied extensively on nonformal, endogenous mechanisms in addressing the multitude of child protection issues in the slums. Families and communities were usually the frontline responders and primary sources of prevention. Government actors such as the Chief or the police were often brought in only if the family and nonformal community mechanisms had failed or were struggling to address a

³¹ Wessells (2009). For an example of dialogue oriented approach, see Wessells (2011), p. 106.

particular issue. This is appropriate since in any national child protection system there is a balance of responsibilities between civil society and Government actors and clear pathways for referral between them.

In the context of the urban slums, the endogenous mechanisms were conspicuously struggling under the burden of the multiple, profound risks to children. For example, the combination of the religious mechanisms and the women's groups and youth groups was unable to help all the vulnerable families that were unable to pay school fees. In short, it was impossible for the endogenous mechanisms to keep up with the demand. A high priority is to expand the scale of the endogenous supports, enabling them to meet the needs that existed in the slums. Although there is a role for NGOs in supporting this expansion, it would also be beneficial to develop stronger linkages with private sector actors, who invest more heavily in child protection, or with Government actors who can influence school fees and who have already demonstrated significant commitment to children's well-being.

In selecting and developing linkages, careful attention should be given to achieving an appropriate division of labor across the formal and nonformal aspects of the national child protection system. Particular child protection issues such as child beating of moderate intensity by parents may be better handled at community level rather than via referral to Government authorities such as the police.

Attention should also be given to the process or the manner in which necessary linkages with the formal system are developed. If the linkages were imposed in a top-down approach, the likely result would be backlash and low levels of community ownership and willingness to actually use the linkage. Although top-down approaches have their place in systems strengthening, it is useful to think also about enabling linkages that are chosen by communities as a means of addressing problems that have proven to be refractory to endogenous processes by themselves. For example, in Sierra Leone as part of the Interagency Learning Initiative, communities themselves identified teenage pregnancy as a main concern for children and chose to partner with government actors such as the Ministry of Health in addressing the problem through sexual and reproductive health education, family planning, and life skills. Such community-driven linkages are likely to be viewed as positive and helpful by the people, who tend to take ownership for them and work to support their use and effectiveness. In essence, this is a bottom-up approach that complements top-down approaches to strengthening national child protection systems.³² In the context of the urban slums, such an approach is likely to be useful in supporting social cohesion as well as in addressing particular child protection issues.

Recommendations:

- (1) Practitioners should identify and support the endogenous child protection mechanisms in the slums as a means of preventing harms to children and supporting children's well-being;***
- (2) Practitioners should strengthen appropriate linkages between CBCPMs in the slums and other parts of the national child protection system, including formal aspects of the system through community-driven action.***

³² Davis, McCaffery, & Conticini (2012).

7. Significant social and cultural obstacles impeded the use of the government led aspects of the national child protection system.

As discussed above, people did use the formal aspects of the child protection system to respond to issues such as rape of a child by a stranger, and, to a lesser extent, issues such as children out of school or drug and alcohol abuse. However, the willingness of people to use the formal aspects of the child protection system was limited by numerous obstacles, one of which was the weakness of the formal system itself. For example, the willingness to report to the police was low because many people viewed the police as corrupt or thought that reported cases would get stalled in an overburdened court system. Families also wanted some material gain for themselves, yet such gain was more likely to occur by actions taken outside the formal system such as a family accepting payment from a man who had abused their daughter. Addressing these problems requires steps to improve the accountability and effectiveness of the formal system in the slums.

Significant social and cultural obstacles to the use of the formal system were also prominent. Specific harmful practices were deeply ingrained in the local culture and blocked use of the formal system. These warrant separate attention because if they were left unaddressed, efforts to improve the quality of the formal system would have limited impact. For example, social norms and cultural taboos mitigated against reporting sexual abuse by a family member to the police. People viewed such problems as family matters, and those who went public with such issues reportedly suffered censure and isolation. Evidence from areas such as ending harmful traditional practices indicates that such limiting social and cultural views are unlikely to change through the use of top-down approaches. More appropriate and effective are patient approaches that seek to change social norms through processes of internally driven dialogue, the empowerment and resourcing of local change agents, and the development and spread of alternatives that do not harm children.³³

Recommendations:

(1) The Kenyan Government should strengthen the accountability and effectiveness of the formal aspects of the national child protection system. One means of doing this could be to have the AACs monitor the effectiveness of the formal system elements that are accessible to people in the slums and report the results to NGO partners, who could then advocate with Government partners for improvements in the formal aspects of the system;

(2) Practitioners should use a patient, internally guided process of changing social norms to address the cultural and social obstacles to the use of the formal aspects of the national child protection system.

Collaborative steps to implement these recommendations would not only benefit Kenyan children but also help to develop new modalities of practice that would enable the child protection sector to support more effectively children in urban slums worldwide.

³³ Ahmed et al. (2009); Dagne (2009).

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