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# CHILD PROTECTION **K**NOWLEDGE, **A**TTITUDES, AND **P**RACTICES IN CENTRAL AND WESTERN LIBERIA

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**Child Protection Knowledge, Attitudes, and Practices in Central and Western Liberia.**  
Study Funded by USAID/ Displaced Children and Orphans Fund (DCOF) & Save the Children

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## ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CCF	Cluster Control Form
CEDAW	Convention on the Elimination of Discrimination against Women
CSO	Civil Society Organisation
CRC	United Nations Convention on the Rights of the Child
CSSS	Centre de Santé et de Services Sociaux
DBH	Don Bosco Homes
DCOF	Displaced Children and Orphans Fund
DK	Do(es) not Know
DWA	Do(es) not Want to Answer
EA	Enumeration Area
ENA	Emergency Nutrition Assessment
ECD	Early Childhood Development
FBO	Faith Based Organisation
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GIS	Geographic Information System
GM	Greater Monrovia
GOL	Government of Liberia
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
HS	Household Survey
IA	Informed Assent
IC	Informed Consent
IDP	Internally Displaced Person
KAP	Knowledge, Attitudes and Practices
KI	Key Informant
LDHS	Liberia Demographic and Health Survey
LD	Liberian Dollar
LISGIS	Liberia Institute of Statistics and Geo-Informational Services

LNP	Liberia National Police
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOGD	Ministry of Gender and Development
MOHSW	Ministry of Health and Social Welfare
MOJ	Ministry of Justice
n.d.	No data [available]
NGO	Non-Governmental Organization
OPPEI	Orphans and Vulnerable Children Policy Planning and Effort Index
OVC	Orphans and Vulnerable Children
PAA	Proposed Adoption Act
PPPS	Probability Proportional to Population Size
PSEA	Prevention and Response to Sexual Exploitation and Abuse
PSU	Primary Sampling Unit
PTA	Parent-Teacher Association
RFP	Request For Proposals
RUM	Rural/Urban/Metropolitan ( <i>survey domains</i> )
SC	Save the Children
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for the Social Sciences
TTM	Trained Traditional Midwife
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
UNMIL	United Nations Mission in Liberia
USD	United States Dollars
USDS	United States Department of State
USA	United States of America
USAID	United States Agency for International Development
WACPS	Women and Children Protection Section [of the Liberian National Police]
WHO	World Health Organization
WL	World Learning



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## EXECUTIVE SUMMARY

### OVERVIEW

This report provides the initial findings of a Child Protection Knowledge, Attitudes, and Practices (KAP) Study commissioned by Save the Children (SC) as part of the project “Educating and Protecting Vulnerable Children in Family Settings in Liberia” (2010-2014). With funding from the United States Agency for International Development/Displaced Children and Orphans Fund (USAID/DOCF) and management from World Learning (WL) and SC, this project aims to enhance protection systems for vulnerable children in Liberia with a focus on children without adequate parental care. The project focuses in 12 districts from 6 counties in Central and Western Liberia, including Greater Monrovia (i.e., Grand Cape Mount, Bomi, Margibi, Gbarpolu, Bong, and parts of Montserrado).

The two objectives of the KAP survey are:

- To establish a baseline on current levels of community (children and duty bearers) knowledge, attitudes, and practices with regards to selected issues in child protection, particularly children without adequate parental care, in Save the Children’s operational communities in Liberia; and
- To identify resources for vulnerable children and major underserved communities in the target counties and barriers or enabling factors that may contribute to violations of children’s right to protection and children’s access and willingness to use prevention and response services.

Ultimately, the purpose is to assist SC in planning a public communications campaign and other child protection programs in the target districts and to monitor and evaluate these interventions.

### METHODS

Data collection involved both quantitative and qualitative data collection techniques, as well as an ample review of secondary materials. Qualitative methods were used before and after the survey. Early on, to develop and refine the survey instrument. At the end, to triangulate results and help interpret survey findings. A total of 55 Key Informant interviews were conducted at the national, county, district, and local levels with representatives from the Government of Liberia, and representatives from UN, I/NGOs, and donor agencies. Twenty-one focus group discussions were conducted with 195 male and female caregivers (n = 52) and children 7-11 and 12-17 years (n = 147), in family- and institutional-based care in urban and rural settings. Two additional FGDs were conducted to inform the development of the survey questionnaire. Six facilitators/note-takers were trained for this task. Qualitative data was coded inductively using open and thematic coding techniques.

The household survey was a three-stage stratified probability survey covering the targeted twelve districts (38% of the national population). The 2008 National Population and Housing Census (NPHC) was used as sampling frame. Three sampling stages were used in rural, urban, and metropolitan strata. In each stratum, an equal number of enumeration areas were selected Proportional to Population Size at first stage, 21 households at the second stage (Random walk and LISGIS boundary maps for random selection of starting points), and 21 caregivers ( $\geq 18$ ) and 7 children (12-17 years) at the third using a Kish table. The sample was self-weighting within each domain but the selection probabilities for each domain were very different as the population is very unevenly distributed. Sampling and post-stratification weights were calculated and are used for analysis. A total of 1160 caregivers (774 women

and 386 men) and 387 children (224 girls and 163 boys) were successfully interviewed, with an overall response rate of 92.9 percent for adults and 93.6 percent for children. Interviewing took place between May and June 2011. Informed consent and assent was obtained from all participants prior to the interview. Surveys were pretested and administered in English/Liberian English face-to-face by 12 trained interviewers. Six-day training included lecturing as well as practice, both in-class and in the field. Two field-testing sessions were carried out. Several procedures were used to control data quality throughout the process, including survey monitoring, manual checks, double-entry, plausibility checks, and triangulation. The Liberia Ministry of Health and Social Welfare (MOHSW), who chaired the study's Advisory Committee, granted permission for the study. The Research Ethics Committee of the Health and Social Service Centre (CSSS) de la Montagne, affiliated with McGill University in Montreal (Canada) granted ethical approval.

## FINDINGS

### KNOWLEDGE

- Seventy-eight percent of caregivers and 66 percent of children are able to list at least three situations that put children in danger in their communities. Major risks identified by both caregivers and children are stealing, drugs or liquor, peer pressure, men and women business or prostitution, and basic needs not met. Overall, 18 percent of caregivers and 14 percent of children list separation or abandonment by parent or guardian among risks to children. Child adoption is a concern for 3 percent of caregivers.
- Common misconceptions about alternative care include thinking that (a) if parents give their child up for adoption out of the country, parents may be able to go to the US (48 percent); (b) most children in orphanage homes do not have living parents (41 percent); (c) when a child is sent to an orphanage home, the parents do not have any more rights and obligations with that child (37 percent); and (d) when parents cannot care for children, the law in Liberia says that children should be sent to orphanage homes (35percent).
- Sixty-three percent of caregivers and 43 percent of children are able to list at least three problems that can happen when children are not living with their parents. Major risks identified by both caregivers and children are forcing children to work during school hours and treating children worse than other children in the family. Others include, being abused by caregivers; sickness, disability, and/or basic needs not met; and children entering in conflict with the law (e.g., stealing).
- Twenty-nine percent of caregivers and 11 percent of children are able to name two or more laws in Liberia about the care and safety of children. Human rights legislation and the Rape Act are the best known ones.
- Sixty-nine percent of caregivers and 75 percent of children are aware of at least one place in or near their community where children can go if they are abused by their parents or if they run away from home. The Women and Children Protection Section of the Liberian National Police (WACPS/LNP) and the Chief, Community chairperson, or Camp Master are the most frequently mentioned. Less than one in ten know of a Child Welfare Committee (CWC) in their community.
- Caregivers & children identify protective beliefs & practices, including shared supervision of young children ('a child is everyone's child'); sending all children to school, particularly girls; parents encouraging children to attend religious services;

parents reading or playing with children; and youth involvement in child mobilization their community. Involving children in decision making, reporting of child abuse, support networks, positive discipline and parent-child communication are also mentioned.

## **ATTITUDES**

- Ninety-five percent of caregivers and 83 percent of children agree that children should only be sent to orphanage homes if there is no family to care for them.
- More than half of caregivers agree with at least three reasons for beating. The main reasons that justify beating a child are if the child (a) steals, (b) takes drugs or liquor, or (c) talks back to the parent/caregiver. Qualitative data reveals that other harsh forms of punishment are used (e.g., food refusal or locking children up).
- Seventy percent of children indicate that not all children are treated the same. Biological children are given better/more clothes, food, school, sleeping place, and time to play or study. They are also sent to school while other children work.
- Twenty-one percent of caregivers would send a child to live in an orphanage home.
- Caregiver's willingness to foster was high for relatives, non-relatives, children from a different ethnic group, and children with disabilities.
- Ninety-eight percent of caregivers and 96 percent of children think that it is possible to bring children who are living in the streets back with their families. According to respondents, counseling of children and/or parents, schooling, material assistance, and vocational/skills training and opportunity for income generation would be needed to ensure that reunification was successful.

## **PRACTICES**

- Schooling and financial constraints are the main reasons children are not living with their parents.
- Teenage pregnancy, sending children to work in a farm or mine or to sell on the street during school hours, and adults beating children are common practices.
- About two-in-three caregivers and three-in-four children (would) report if they see or hear of children experiencing abuse at home or in the community. The WACPS/LNP and the Chief, Community chairperson or Camp Master are most frequently approached.
- Most caregivers bring sick children for health care treatment. Health facilities and drug shops are the main providers of healthcare. Not knowing where to get services does not seem to be a reason not to seek healthcare by either caregivers or children.
- Seventy-four percent of households with all children in school-going age have all children in school. Lack of funds for school fees, uniform, books, or transportation is the main reason for absenteeism. Pregnancy or nursing is a reason for girls too.
- Practically all teenagers have someone to turn to for information and advice, emotional support, and material assistance. Family (i.e., parents, aunts/uncles, siblings, and grandparents) is the main source of all three types of support across gender. Outside of the family, friends and neighbors are important providers of material and emotional support.

## **RECOMMENDATIONS**

The KAP study revealed that there are some gaps in knowledge, both positive and negative attitudes towards child protection, and conflicting practices. As a result, the following interventions are recommended to translate the study findings into action:

### **1. Strengthening the legal & policy system**

Continued advocacy is needed for implementation and enforcement of the Children's Law and other related laws and policies to address the determinants of child abuse and neglect (e.g., to restrict the opening of video clubs to non-school hours) and unsafe adoption. Training and public education on the applicable child care and protection legal framework is needed with adults and children at the community, county, and national levels. This should include clarification of basic terminology on alternative care. Public legal education should be done in collaboration with community groups and leaders, and may include a 'child friendly' translation of the law. To help implement the Children's Law, the GOL and its partners may develop child protection guidelines for professionals in family courts, child services agencies, orphanage homes, and the general public.

### **2. Raising awareness to create a supportive environment**

Use of KAP data in public communication is recommended to change public attitudes and promote better practices, including keeping families together (e.g., by combating the myth that inter-country adoption facilitates immigration to the US). Media communication and public education should focus on prevention and consequences for children of family separation with a focus on clarifying misconceptions about alternative care (particularly adoption and residential care); and child protection risks which exist in the target communities. Employ a diversity of media channels identified by the KAP survey. Involve the GOL, the UN, other NGOs, local authorities, faith-based organizations, and special interest groups (e.g., CWCs, Children's Clubs, etc) in planning specific community campaigns (e.g., use KAP findings on factors affecting child protection and care for discussion in community meetings or in capacity building programs for caregivers, children, and other stakeholders).

### **3. Supporting parents and promoting dialogue**

To protect children, strengthening parental legitimacy broadly speaking is important. In consequence, messages regarding children rights should focus as much on children duties; local norms and understandings of what constitutes good parenting should be explored and open discussion about culture and acceptable types of discipline and initiation should be promoted with caregivers and children.

### **4. Mobilizing and strengthening community-based responses**

Alternative options to institutionalization require community-based systems to monitor and promote child wellbeing and protection. Strengthening or supporting communities' work to establish CWCs, child-to-child clubs, and other special interest groups are needed, starting with the particular locations where the project will be implemented. Collaboration with the WACPS, local chiefs, and religious leaders is crucial to ensure sustainable change as they are often trusted when reporting child abuse (the former two) or when caregivers have serious problems with their children (the latter). Help build networks of support and enhance the legitimacy and efficiency of these groups by providing training and facilitating coordination. Beyond opportunities for training, strengthening the logistical capacity of key actors and

agencies (e.g., WACPS, MOHSW, and Union of orphanages) to respond to their mandates will be needed.

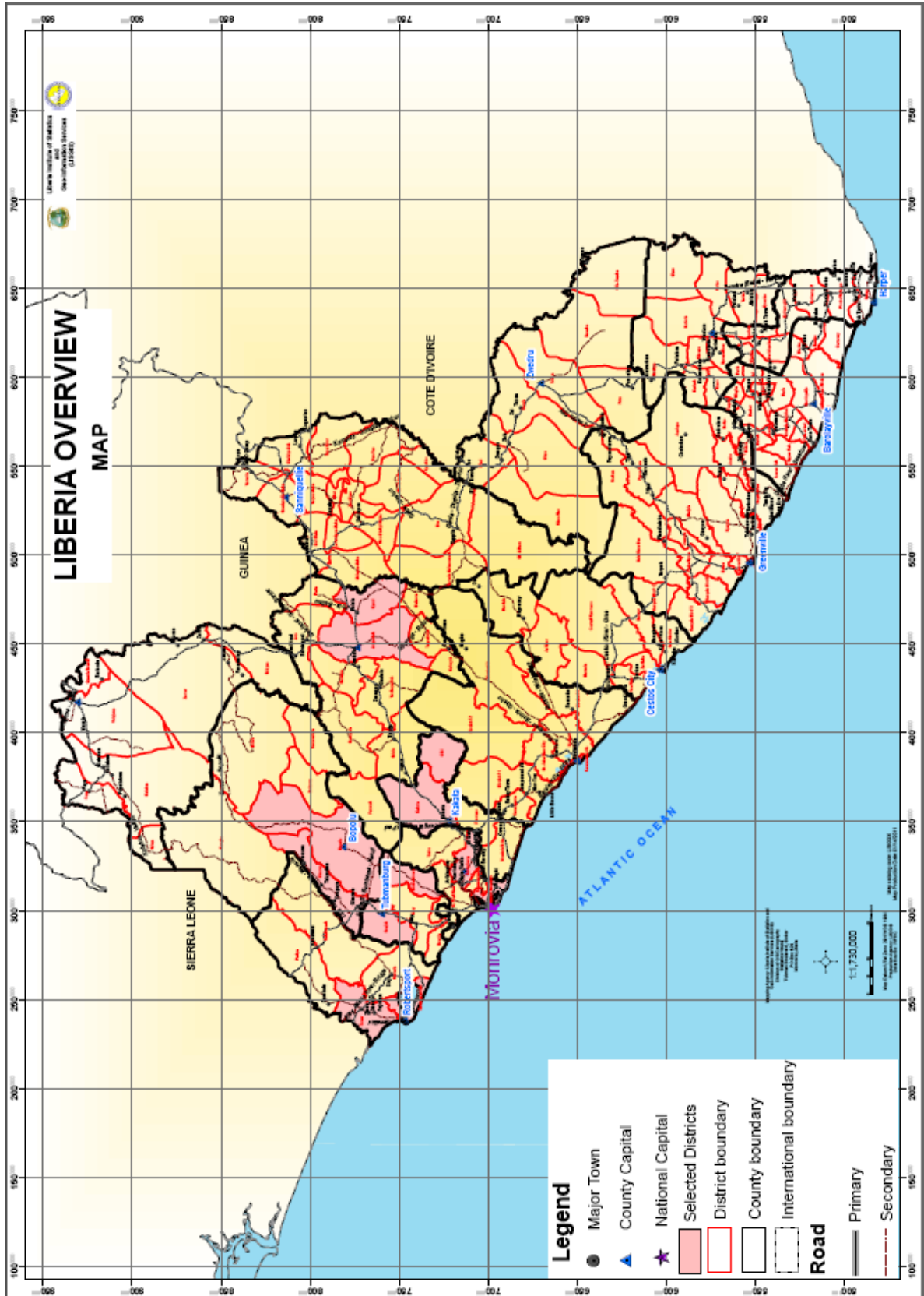
### **5. Strengthening the capacity of families to protect and care for children**

Improving the livelihood opportunities for children and their families is essential to prevent family separation, facilitate a successful family reunification, and reduce school absenteeism. It may also contribute to increasing equity in child treatment within the household.

### **6. Expanding research and monitoring intervention**

It is recommended that the study is replicated in other parts of the country and that the perspectives of caregivers in institutional settings and younger children are elicited too. Priority should be given to a few core indicators rather than the investigation of a wide range of topics. A system of data collection should be developed, including quantitative and qualitative indicators disaggregated by gender, age, and RUM areas, and these data are used periodically for monitoring the effective implementation of the program. Particular attention should be paid to documenting child reunifications. This KAP baseline survey should be followed by an endline *KAP survey* to measure changes in people's knowledge, attitudes and practices in response to the interventions. In the future, a shorter questionnaire, larger sample size and number of PSUs, yet fewer interviews conducted in each one of them, are recommended.

# MAP OF LIBERIA HIGHLIGHTING STUDY AREA



# **1 BACKGROUND**

## **1.1 Introduction**

This document describes the process and findings of a Child Protection Knowledge, Attitudes, and Practices (KAP) Study commissioned by Save the Children-United Kingdom (SC) as part of the project “Educating and Protecting Vulnerable Children in Family Settings in Liberia” (2010-2014). With funding from the United States Agency for International Development/Displaced Children and Orphans Fund (USAID/DOCF) and management from World Learning (WL) and, this project aims to enhance protection systems for vulnerable children in Liberia with a focus on those without adequate parental care. In order to inform the interventions, a KAP survey was conducted to look at the current perceptions, practices, laws, and policies relevant to child rights and child protection in targeted areas of the country. The project focuses in 12 districts from 6 counties in Central and Western Liberia (i.e., Grand Cape Mount, Bomi, Margibi, Gbarpolu, Bong, and parts of Montserrado). The KAP survey will inform the design of an information and communication strategy and serve as a tool for monitoring and evaluation (M&E) over the four year project period. This report describes the results, analysis of findings and conclusions from a desk review, household survey, and individual and group interviews. It presents recommendations for program development and assessment and for enhanced practices.

## **1.2 Liberia Profile and Development Context**

Ranking 162/169 in the Human Development Index (2010), Liberia is one of the poorest countries in the world. Although the ranking has improved gradually in the last five years, 84 per cent of the population live below \$1.25 PPP per day and inequalities are high as evidenced by scores in the Gender Inequality Index (0.766) and uneven access to services such as water and sanitation, healthcare, and education <sup>1,2</sup> With a national annual growth rate of 2.7, the population has been rising steadily and reached an estimated 3.8 million in July 2011 <sup>3</sup>. A large proportion of the population has less than 15 years of age (42.7%) <sup>4</sup>. The population is spread throughout the country in 15 major administrative areas or ‘counties’, and each county divided into several ‘districts’. The last Census estimated population density of 93 people per square mile, yet this figure hides an uneven distribution of the population across the territory <sup>2</sup>. Most notably, the largest urban agglomeration, the national capital city of Monrovia, displays a density of 1,500 persons per square mile and the County where it sits, Montserrado, is home to 32.2 percent of the population of the country. Monrovia is also the business capital of Liberia, offering educational, employment, and social opportunities unrivalled by the rest of the country. Infrastructures for communication and transportation as well as public services are also more developed. At the same time, informal settlements with poor sanitation and housing conditions, overcrowding, and crime rates are common. The lack of qualified child protection professionals in most areas outside Monrovia interfere with case management and data collection. Although urban areas keep growing at twice a higher rate, 53 percent of the population still lives in the rural areas <sup>2</sup>.

The six counties in this survey are home to 38 percent of the population of the country and present diverse demographic profiles. As mentioned earlier, Montserrado is very densely populated (1530 persons per sq. mile) and offers services and opportunities not found elsewhere in the country. Margibi and Bomi are relatively small in size yet have high population (200 and 112 persons per sq.mile, respectively) due to access to transport and communication, fertile land and employment opportunities in international mining and agricultural companies or through trade with neighbouring countries. Bong and Grand Cape Mount occupy vast territories and are highly populated (98 and 68 persons per sq. mile,



respectively) given diamond and gold mining, fertile land, and local trade. Gbarpolu has the lowest population density in the country (22 persons per sq. mile), is difficult to access, and offers few social services and employment opportunities<sup>5</sup>. Two districts in each one of those counties participate in the “Educating and Protecting Vulnerable Children in Family Settings in Liberia” project, and consequently the KAP study was conducted in these districts only.

### **1.3 Liberia Child Protection: Legal & policy framework**

Characteristic of the child protection sector in Liberia are limited human resource capacity as well as fragmentation of responsibilities across several government institutions. The Executive Law of 1972 provides a legal mandate to the MOHSW to develop and manage a social welfare system for Liberia. Among other groups, the MOHSW has a mandate to respond to children and adolescents who are vulnerable, in conflict with the law, in contact with the law, and/or with special education needs.<sup>6</sup> However, the Department of Social Welfare (both in GM and in the participating counties) is understaffed and under funded. Besides the MOHSW, the Ministry of Gender and Development (MOGD) has a mandate to advocate for and mainstream issues of gender and children’s rights into the national development agenda. This includes reporting on progress made in the implementation of the United Nations Convention on the Rights of the Child (CRC). The Ministry of Justice (MOJ) and the judiciary oversee the delivery of legal services to juveniles in conflict with the law, while the Probate Court has oversight for all domestic and international adoptions<sup>6</sup>. The Ministry of Youth and Sports provides training and skills development to youth in a variety of areas. Other agencies involved in the provision of social welfare services include a number of non-state partners like United Nations organisations, as well as non-governmental organisations such as Save the Children, Child Fund, Don Bosco Homes (DBH), Handicap International (HI), Orphan Relief and Rescue (ORR), World Learning, and the Liberian Union of Orphanages. The Women and Children Protection Section was established in 2005 as part of the Liberian National Police. The section is responsible for the protection of women and children and has responsibility for investigating cases of trafficking in persons as well as sexual assault, sexual exploitation, domestic violence, child abuse and other related offences. Currently, there were 52 LNP Women and Children Protection Section (WACPS) offices across the country<sup>7</sup>. In several communities, there are also Child Welfare Committees (CWCs); these were largely established during the war to monitor child protection at the local level.

There are several domestic, regional, and international legal instruments and policies in Liberia relevant to child protection issues, particularly regarding children without adequate parental care. Although the Children’s Bill was awaiting approval by the Senate at the time this study was conducted, at the time of reporting the Bill has been passed by the Senate and awaits signing into law by the President and subsequent printing into handbill. In consequence, SC requested that some adjustments were made to the final report to reflect this major event. The Bill is listed below as the Children’s Law.

Children’s Law (2011).<sup>8</sup> Many of its provisions bring domestic legislation in line with the principles and provisions of the CRC. The principle of the best interest of the child and other complementary principles (e.g., non-discrimination and evolving capacities and responsibilities of the child) (Art.2) frame the rest of the document, which contains a Bill of rights and governmental duties (Art. 3), parental duties and obligations (Art. 4), community and governmental support to parents (Art. 5), and children responsibilities, culture, and tradition (Art. 6). The Bill constitutes a (new) attempt to develop and implement minimum standards for child protection practitioners and organizations (Art. 8), juvenile justice (Art. 9), and alternative care (Art. 10). The Bill acknowledges the right to alternative care for

children in need, gives priority care to biological parents and relatives, and requires care agreements and periodic review of placements. The Bill clearly states the position of the GOL regarding the institutional care of children, which should be a last resort and only take place in child care institutions that are registered and meet government standards of practice. Passed by the House of Representatives in June 2010, the Bill was blocked in the Senate for over a year primarily under assertions of objectionable Western influence in relation to cultural practices (e.g., FGM/C, corporal punishment, and child labour).

Domestic Relations Law (1956, 1973). Provides comprehensive legislation governing marriage, divorce, and custody of children. The law recognizes the responsibility of the parents and guardians for the care and welfare of their children. It defines and regulates the relationship within marriage and provides for custody, guardianship, and domestic adoption of children. No provisions are made for inter-country adoption.

Rape Law (2005). Broadens the definition of rape to cover penetration with any object and raises the age of consent to 18 years so that a person under 18 years of age is automatically deemed not to have given consent. The law also regulates gang rape and stipulates a penalty of life imprisonment for rape involving serious injuries.

Public Health Law (1975). Contains specific regulations for children institutions and schools with over 50 students.

The National Social Welfare Policy and the Act to Amend Subchapter C of the Domestic Relations Act (aka “Proposed Adoption Act”) which have not been finalized yet, will further contribute to setting the framework and standards for child care and protection for this population. The National Social Welfare Policy highlights the family as the basic unit for the development, care and protection of children and strong communities as supports to families in that task. The Proposed Adoption Act, an Act to amend Liberia’s current law concerning adoption (Subchapter C on Adoption of the Domestic Relations Law) will strengthen standards for licensing adoption agencies and conducting investigations and court proceedings; regulate inter-country adoption; and establish a preference for keeping a child with his/her family and in Liberia when possible<sup>9</sup>. Principles like the best interest of the child and the importance of parental informed consent, as well as adoption effects like the child’s new name and birth certificate and the permanency of the adoptive parents’ parental rights will remain unchanged. The final Adoption Order will continue to be issued by the probate court.

International and regional human rights instruments that are part of the national legal system and are relevant for child protection are listed on **Error! Reference source not found.** Liberia is not party to the 1993 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, nor the 1980 Hague Convention on the Civil Aspects of International Child Abduction.

### **Figure 1 International and Regional Human Rights Instruments into Liberian legal system**

- International Covenant on Economic, Social, and Cultural Rights (Ratified on 22-Sep-04)
- Convention on the Rights of the Child (Ratified on 04-Jun-93)
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflicts (Signed on 22-Sep-04)
- Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst

Forms of Child Labour (Ratified on 02-Jun-03)

- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and pornography (Signed on 22-Sep-04)
- Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (Accession on 16-Sep-05)
- Convention on the Elimination of All Forms of Discrimination Against Women (Ratified on 17-Jul-84)
- Optional Protocol to the Convention on the Elimination of Discrimination against Women (Signed on 22-Sep-04)
- United Nations Convention against Transnational Organized Crime (Accession on 22-Sep-04)
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Accession on 22-Sep-04)
- Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (Signed on 22-Sep-04)
- Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (Signed on 21-Mar-50)
- Convention on the Rights of Persons with Disabilities (Signed on 30-Mar-07).
- Convention concerning Forced or Compulsory Labour (Ratified on 01-May-31)
- ILO Convention No. 187 concerning the Worst Forms of Child Labour (Ratified on 02-Jun-03)
- African Charter on Human and Peoples' Rights (Ratified on 04-Aug-02)
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Ratified on 14-Dec-07)
- African Charter on the Rights and Welfare of the Child (Ratified on 01-Aug-07)

#### 1.4 Rationale for the survey

“A KAP survey is a representative study of a specific population to collect information on what is known, believed and done in relation to a particular topic” — in this case, child protection, particularly children without parental care<sup>10</sup>. The purpose of the survey is to generate information on target audiences’ KAP to facilitate development of targeted and effective interventions as well as to evaluate and monitor changes over time. By knowing what people understand about a certain topic, how they feel about it (including preconceived ideas they may have towards it), and how they behave, resources can be better allocated and interventions tailored for different groups of the population. At the end of the intervention, repeating the KAP study allows to measure impact. For the last fifty years KAP surveys have gained popularity in health-related fields (e.g., family planning, water and sanitation, etc) due to their cost-effectiveness and focused scope. Each KAP study is designed for a particular setting and covers only a specific topic<sup>11</sup>.

The focus of this study are children without adequate parental care—to explore the beliefs, attitudes, and behaviors that act as barriers or enabling factors to their protection and care. **Children without parental care** is the term used in this survey to cover all children not living with their parents or guardians, for whatever reason and in whatever circumstances.

When a child's own family or guardian are unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, children may end up living in the streets or in alternative care. The latter includes living situations that are family-based (e.g., kinship or foster care) as well as residential care (e.g., orphanage homes). Separate attention is given to people's understanding of the consequences of adoption as well as their willingness to be part of it. In line with the CRC, the GOL supports that family based care options should be promoted whenever a child's own family is unable or unwilling to provide adequate care for the child, and thus advocates for interventions that promote positive parenting, family preservation, and reunification<sup>6</sup>. Institutionalization should be a last resort<sup>12,13</sup>.

After 14 years of civil war and in the eve of the second round of national democratic elections, Liberia is working to reduce the number of children with inadequate parental care, including children in residential care. The war resulted in the separation of many children from their parents and families, thus disrupting the transfer of parenting knowledge and skills. Still to this day, family separation or 'informal adoption' is common practice as parents in the interior send their children to live with relatives or friends in Monrovia or other larger cities to pursue their education and/or to benefit from living with more economically-able guardians. In some instances, however, children are forced to perform some services in return for their care (e.g., working as street vendors or domestic servants), which may interfere with their education or healthy development. Some children run away from home because of either violence or neglect. Former combatants, internally displaced persons (IDPs), and children are found living on the streets in Monrovia and other major urban centers. Child prostitution, sexual exploitation and abuse (SEA), and human trafficking—both within the country's borders and across borders, abound<sup>3,14-17</sup>. Some children are forced into exchanging sex for money, food, and school fees<sup>18</sup>. Others move in search for employment (e.g., rubber tapping or mining)<sup>19</sup>. Harmful traditional practices such as FGM/C and corrective measures such as corporal punishment are frequent<sup>20</sup>.

Until 1989, there were only ten orphanages registered in Liberia; in 1991, the number grew to 121 and, in 2006, there were about 114 almost half of which were not accredited by the MOHSW<sup>21-23</sup>. The tendency towards the institutionalization of children continued beyond the civil war. Accumulating research evidence shows that institutional care has negative consequences for child development and attachment<sup>24</sup>. This is compounded by concerns over lack of parental informed consent and fabricated field reports to render children eligible for inter-country adoption, poor standards within orphanages, and the fact that a large proportion of children in orphanages are actually not orphans<sup>20,25</sup>. In 2009, it was estimated that around 3000 children in orphanages had living parents<sup>20</sup>. At present, the MOHSW estimates that of the 4,300 children currently living in orphanages across the country, about 88% has at least one parent alive<sup>6,1</sup>. Concerns of mismanagement and lack of respect for the principle of best interest of the child led to the imposition of a moratorium on inter-country adoptions in January 2009<sup>26</sup>. As of June 2011, the adoption moratorium remained in place.

## 1.5 Goals and objectives

The first objective of the "Educating and Protecting Vulnerable Children in Family Settings in Liberia" project is the implementation of "*informed programming through identification and analysis of commonly held beliefs and practices related, positively or negatively, to child*

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<sup>1</sup> Of the 4,582 people enumerated in orphanages in the 2008 census, 201 lived in Bomi, 408 in Bong, 4 in Gbarpolu, 83 in Grand Cape Mount, 516 in Margibi, and 2,362 in Montserrado (LISGIS, 2008).

*protection and wellbeing*” (Objective 1a). Existing information on the present knowledge, attitudes and behaviors with regards to child protection and child abuse in Liberia is insufficient and inadequate to provide input to child protection programming and the development of a communications campaign. An exploratory Child Protection Knowledge Attitudes and Practices (KAP) Survey was conducted to respond to this need in the focus 12 districts.

The specific objectives of the KAP survey are:

- To establish a baseline on current levels of community (children and duty bearers) knowledge, attitudes, and practices with regards to selected issues in child protection, particularly children without adequate parental care, in Save the Children’s operational communities in Liberia; and
- To identify resources for vulnerable children and major underserved communities in the target counties and barriers or enabling factors that may contribute to violations of children’s right to protection and children’s access and willingness to use prevention and response services.

The findings from the KAP study will assist SC in planning a public communications campaign and other child protection programs in the target counties and to monitor and evaluate these interventions. This report is also intended to inform decision makers in SC, the MOHSW, USAID Liberia, other donors and local partners for future child protection programmes in Liberia.

## **2 METHODS**

### **2.1 Introduction**

In the child protection KAP study, quantitative and qualitative data were combined to obtain a more complete picture of child protection issues in SC operational areas. The need to identify child protection trends in the 12 target districts required a research design that allowed generalizing to the population of the area where the interventions will take place and to assess change at the end of the project. A KAP survey design was most suitable for obtaining population-based data on specific child protection issues in a way that was representative and cost-effective. An in-depth understanding of stakeholders’ settings and perspectives required, however, the use of qualitative approaches. Their voices were heard through focus group discussions (FGDs) and key informant interviews (KIIs), as well as the review of documentation; these provided the context in which people live, thus informing the development of the household survey instrument and, later on, the interpretation of its findings. By collecting and analyzing complementary data on the same topic, a triangulation mixed methods design allows for the validation of results and drawing meaningful conclusions to inform program planning and evaluation.

This section provides an overview of the study methods. A description of the study population and area is presented first. The major features of survey design, implementation, and analysis are then explained, followed by a description of qualitative research activities.

### **2.2 Study population and area**

The target population of the KAP study was the private household population (caregivers and children) of 12 districts in six counties in Central and Western Liberia, plus Monrovia. A household was defined as a person or group of persons, related or unrelated, who live together and eat from the same pot. Caregivers comprise any person over the age of 18 (unless child head of household) who provides direct care for children regardless of type of

ties (e.g., biological and step-parents, grandparents, etc). Institutional and homeless populations were not included in the household survey. Children in orphanages and safe homes, however, participated in six FGDs. Due to financial, time, and human resources constraints, only a few staff from institutional settings were interviewed in the study. Future research documenting the perspectives of caregivers in these settings is likely to enrich the discussion and inform dialogue.

The selection of priority counties for intervention was conducted by USAID in preparation for the Request for Proposals (RFP) issued in April 2010 and in response to which this project was developed. At the time of commencement of this consultancy, SC had already identified two districts per county, one primarily rural and another one mostly urban. Specific communities for intervention within this geographical area had not been selected in every district yet. Considering the unequal distribution of the population across the target districts (17 percent rural and 10 percent urban, and 73 percent GM) and the differing access to services and resources in those, geographical units were grouped into three larger strata or domains, namely rural, urban (except GM), and the national capital region (GM). Table 1 reflects 2008 Census data for the household population of the target districts. The total population is provided as well as the adult and adolescent population, as these were the two age groups participating in the survey.

**Table 1 Household population of target districts, 2008**

County/District	Total Population	≥18			12-17 years		
		Total	Female	Male	Total	Female	Male
<b><i>Bomi</i></b>							
Senjeh	30,027	15,591	7,976	7,615	3,175	1,515	1,660
Suehn Mecca	17,507	8,383	4,282	4,101	2,001	870	1,131
<b><i>Bong</i></b>							
Jorquelleh	79,129	39,557	18,267	21,290	10,076	4,916	5,160
Kpaai	25,949	13,241	6,227	7,014	3,035	1,378	1,657
<b><i>Gbarpolu</i></b>							
Bopolu	17,719	9,621	5,228	4,393	1,557	683	874
Gbarma	15,851	8,382	4,886	3,496	1,857	814	1,043
<b><i>Grand Cape Mount</i></b>							
Commonwealth	6,547	3,098	1,502	1,596	776	341	435
Tewor	26,988	13,479	6,167	7,312	2,724	1,306	1,418
<b><i>Margibi</i></b>							
Gibi	14,250	7,893	3,980	3,913	1,613	727	886
Kakata	88,704	45,883	23,007	22,876	10,134	4,951	5,183
<b><i>Montserrado</i></b>							
Careysburg	29,712	14,553	7,255	7,298	3,735	1,788	1,947
Greater Monrovia	970,347	521,243	261,335	259,908	145,242	78,376	66,866
<b>Total</b>	<b>1,322,730</b>	<b>700,924</b>	<b>350,112</b>	<b>350,812</b>	<b>185,925</b>	<b>97,665</b>	<b>88,260</b>

Source: 2008 NHPC

## 2.3 Household Survey

## **2.3.1 Sample Design and Implementation**

### **2.3.1.1 Sampling frame**

The most recent national population census (2008) was used as sampling frame. The 2008 National Population and Housing Census (NPHC) had already been used as a sampling frame for household-based sample surveys. A list of 2,916 enumeration areas (EAs) corresponding to the target districts and counties was obtained from the Liberia Institute of Statistics and Geo-Information Services (LISGIS). Because the NPHC geographic frame was developed using modern technologies in Geographic Information System (GIS) and Global Positioning System (GPS), cartographic information and maps for the selected EAs could be used to plan and manage the fieldwork. EA maps were used to plan and implement the survey (e.g., locate clusters/areas of assignments, plan the best route of travel, and identify starting points for data collection). Unfortunately, not all EAs were delineated with the same level of precision, including some cases of conflicting boundaries. The lack of or inaccuracy in the demarcation of identifiable physical features required collaboration with local authorities and often delayed fieldwork.

### **2.3.1.2 Target sample size and choice of domains**

Sample size for the household survey was determined in order to disaggregate at the rural/urban/metropolitan (RUM) levels (a.k.a. *strata* or *domains*) and to measure changes of  $\pm 15$  percent in key indicators with 95 percent significance and 80 percent power levels at endline<sup>27</sup>. Due to limited resources, it was decided that sample size would be calculated for adult caregivers whereas the children's KAP survey may not yield that level of precision by domain. Additionally, existing differences in levels of KAP and access to services across RUM populations justified a sampling design that provided similar levels of precision by domain. A decision was thus made to distribute the sample by domain because a proportional allocation between counties or districts would not provide enough interviews for small areas and reasonable precision for most of the indicators would have required too large a number of interviews. Instead, oversampling of rural and urban areas other than Monrovia would allow to compare RUM populations. With equal samples size necessary for domains, 12 districts would have required 12 times the required sample size, so a smaller number of domains (3) were identified to satisfy program needs instead. Total interviews conducted were 1160 with caregivers (includes 3 partially completed) and 387 with children.

### **2.3.1.3 Sample procedure and allocation**

The sample for the KAP survey was a stratified cluster sample selected in three stages where the first stage units were geographical areas designated as clusters or Primary Sampling Units (PSUs), the second stage units were the households, and respondents were randomly selected within households at last stage. The first stage units were selected from the sampling frame using probability proportional to population size coupled with stratification. Stratification was achieved by separating every district into urban and rural areas using NPHC classification; the national capital region (Greater Monrovia) constitutes a third, separate domain. Samples were selected independently in every stratum, with a predetermined number of Enumeration Areas (EAs) to be selected (i.e., 18 plus 2 reserve clusters per domain). Due to remoteness and isolation, three rural clusters could not be accessed thus requiring that all replacement clusters (6) were used. Table 2 shows the sample allocation of clusters by county and residence (RUM) taking into account the total number of assigned clusters.

In the second stage, a fixed number of 21 households were randomly selected (Random Walk method) from each cluster using Enumeration Area maps provided by LISGIS. Within

each cluster, starting points were randomly selected among 5 – 10 features spread out across the area (i.e., covering both the boundaries and the inside of the geographical area), previously identified with assistance of local authorities and knowledgeable residents<sup>28</sup>. Two-to-four starting points were selected per cluster; households were then selected systematically from those points. The Modified EPI Method was used for selecting starting points within small villages or rural communities selected from a boundary map covering a sparsely populated area<sup>29,30</sup>. A decision was made not to use census list of households as frame at second stage as it was already three years old and updating or making a fresh list of households was time consuming and not feasible. No replacements of selected households were allowed in the implementing stages in order to prevent bias.

In the final stage of sampling, we used a Kish table to randomly select a respondent from all eligible individuals in each sampled household<sup>31</sup>. Eligible individuals were parents or caregivers of children who were aged 18 years, were members of the household (i.e., “eating from the same pot”), and stayed or would be at home later on the day of the survey. This restrictive definition (e.g., survey teams spent one day in the cluster, often needing to leave before dark for safe travel) partly explains the higher presence of females among respondents and some non-response due to absence. In the case of child-headed households, the eldest child was to be invited to participate using the caregiver questionnaire. Children eligible for the child survey were those aged 12 – 17 years who were members of the household (i.e., “eating from the same pot”) and stayed or would be at home later on the day of the survey. Twenty-one caregivers and seven children were invited to participate in every cluster.

**Table 2 Sample allocation of clusters by county and residence**

County/Residence	Allocation of clusters			Total
	Urban	Rural	Metro	
Bomi	2	3	0	5
Bong	8	6	0	14
Gbarpolu	2	2	0	4
Grand Cape Mount	1	2	0	3
Margibi	5	6	0	11
Montserrado	2	1	20	23
<b>Total</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>60</b>

*Note:* Only two districts per county are included in this survey. Table includes two reserve clusters per type of residence.

#### 2.3.1.4 Estimation

In order to render the observations at the survey sites representative of the population of the 12 districts the data was raised from sample level to totals using the sample weights. Sample weights will be required for any analysis using the data to ensure the actual representativity of the sample. Sample weights were calculated based on the probabilities of selection at each stage. Post-stratification weights for sex and age were calculated for caregivers using NHPC data. These weights were normalized at the total population level. WesVar Complex Samples was used to calculate variance estimates and 95 percent confidence intervals for selected variables of interest for caregivers and children.



### **2.3.1.5 Survey Tools**

Two sets of survey tools (one for caregivers and one for children aged 12 – 17) and their corresponding Informed Consent (IC) and Assent (IA) Forms were developed for data collection in the survey (Appendix **Error! Reference source not found.**). The caregiver questionnaire collected individual demographics and structured items to assess knowledge and practices of respondents on key child protection issues relevant to lack of adequate parental care (e.g., positive and negative discipline, fostering, adoption, etc), as well as an attitude scale to identify the attitude level of respondents on several of these same issues. The caregiver questionnaire also included household information such as household composition, access to services, and living/housing conditions. The children questionnaire was designed to parallel as much as possible the caregiver questionnaire while adding a few items on issues of specific relevance for children (e.g., daily routine and psychological wellbeing). By numbering both questionnaires in a correlated way, household and housing questions were avoided for children.

The caregiver and the child KAP surveys consisted of 48 questions each. To facilitate coding, a set of pre-designed potential answers was provided for every question (i.e., close-ended). Nonetheless, an open-ended option (i.e., “*other*”) was included often as a valid choice to capture unexpected answers. There were single- and multiple-choice questions as well as categorical (e.g., sex), numerical (e.g., age), and rating questions. Matrices and ratings, Likert scales in particular, were used to measure the frequency of behaviors or attitudes<sup>32</sup>. Response choices were listed from the low to high frequency such as from “Never” to “Always” or from “Strongly Disagree” to “Strongly Agree”. As a result of pretesting, up to four-points were set in rating scales for adults while three-points were the highest level of discrimination easily understood by adolescents. Branching or skip logic was indicated graphically and in the text. Instructions were provided for interviewers to skip one or several questions whenever they did not apply to a respondent.

Both questionnaires were pre-tested separately to determine the acceptability of the survey, the usefulness of the data being collected, and to identify questions that should be deleted, added, or modified before finalizing the survey instruments. Pretesting was done together by the consultant and one of the supervisors in two different settings (rural and urban); during that period, modifications were performed and re-tested regularly to ensure that questions were understood by respondents and to shorten the length of the interview. Additional amendments to the questionnaires were made during the training of survey interviewers, and as a result of two days of field-testing combined with practice interviews. The instrument was developed and administered in English/Liberian English by trained interviewers.

Interviewer and Supervisor Guidelines were compiled to define key survey concepts and to explain survey objectives, how to conduct the survey interview, how to handle difficult situations, role of the interviewer/supervisor, and survey logistics. Cluster Control Forms (CCFs) and Day Program forms were developed to document aggregate daily statistics necessary for the calculation of weights (the former) and fieldwork process (the latter).

## **2.3.2 Data collection and Analysis**

### **2.3.2.1 Survey Team Selection and Training**

SC recruited field researchers (interviewers and supervisors) who were able to communicate in the local languages, had completed secondary or higher levels of education and represented a balanced number of men and women. Seventeen people were thus trained in data collection techniques by the consultant and the SC Child Protection Training Specialist. During the 6-day training session, they were briefed on the survey objectives, how to identify the

appropriate respondents at various levels and how best to complete the questionnaires. Special attention was given to ethical research principles and behaviour (e.g., voluntary participation, informed consent, etc) and age-appropriate interviewing. The training included lecturing as well as practice, both in-class and in the field. Two field-testing sessions were carried out in Unification Town (GM) [2 days]. This also served to further refine the instrument. Daily quizzes and observation were administered, graded, and reviewed to assess participants' learning. At the end, the SC Child Protection Program Manager and the trainers selected nine interviewers and three supervisors and decided on their final assignment to teams taking into account command of local dialects, assignment of at least one woman per team, and not more than five people per team (and vehicle). One session was held with team supervisors immediately before deployment. Map reading and use, strategies for supporting interviewers, trouble-shooting problems that arise in the field, and procedures for assessing and maintaining the quality of data collection were discussed. Data entry clerks received 1-day training on the use of the program, the overall objectives and design of the KAP survey, the survey instrument, and ethical conduct of research.

### ***2.3.2.2 Data Collection & Management***

Fieldwork took place between May 16 and June 13, 2011. A total of 3 teams—each comprising one supervisor, three interviewers, and one driver—covered one cluster each per day. Field organization of the survey consisted of one field team operating within GM for the duration of the survey and two teams covering three counties each in such a way that the number of clusters covered was the same across teams. Logistics for data collection included provision of four 4x4 vehicles with two-way radio, materials, equipment and supplies to the field staff. The first activity in the field was to introduce the team to the local authorities so as obtain permission to conduct the survey and to solicit the community's cooperation. An introductory letter from SC which explained the objectives of the study, as well as the permit issued by the MOHSW was given to community leaders. Team members wore caps and vests with USAID-Save the Children logos in order to gain cooperation of the public. Councillors, chiefs, and headmen played a key role in the identification of cluster boundaries and features, as well as in informing their constituents.

A need to expedite data collection due to the rainy season (spans May to October) and to respond to the resources available required that supervisors conducted half of the interview load of interviewers (i.e., 4 interviews per cluster). Initially, data collection was scheduled to be conducted during the dry season, however due to delay in acquisition of NHPC data necessary for survey design and implementation, the fieldwork was conducted during the rainy season. Despite poor road infrastructure and some bad weather, fieldwork was undertaken over the period of three weeks as planned. Impossibility to access to three communities required the use of replacement clusters.

Difficulties were found in the use of some of the EA maps provided by LISGIS due to errors and/or lack of precision in the location and/or identification or borders and features. Cooperation from local authorities was high, providing crucial information about their communities. This allowed the teams to rectify and/or complete the original maps, and then proceed to the random selection of starting points. Overall, data collection was smooth. Refusal rates were very low and respondents' cooperation was high. Nonetheless, rare occurrences of rejection occurred. One of the interviewers in GM noted: "the criminals in this EA attempted to attack me on three different occasions while finding my way from house to house. I was even blocked from passing by one of them who was communicating with a friend to quickly come so that they could take whatever I had on me. I was rescued by a lady

who helped me to enter her room and waited for a while before taking my way out.” No other such incidents were reported.

Generally, respondents were welcoming and cooperative. Overall, 10 adults and 1 child refused to participate, mostly out of frustration with previous surveys which had not resulted in direct benefit for their families and/or communities. In order to complete the interviews, one out of every four households had to be visited more than once (2 – 4 times). Interviews, which were conducted one-on-one, lasted on average 40 – 43 minutes. The large majority of interviews were conducted in English/Liberian English (94.4 percent of interviews with caregivers and 97.7 percent with children). The remaining ones were mostly conducted in Kpelle (5.1 percent with caregivers and 2.1 percent with children) and other languages (0.6 percent with caregivers and 0.3 percent with children).

### ***2.3.2.3 Coverage and response rate***

The response rates are lower in the rural than metropolitan and urban sample. The lower response rates for men reflect their more frequent and longer absence from the households.

#### ***2.3.2.3.1 Primary sampling units***

The following facts about the PSU coverage should be noted.

In Gibi District it was not possible to interview two PSUs because of inaccessibility of roads.

In Kpaai District one PSU could not be interviewed because of a broken bridge and lack of alternative roads. A decision was then made to use all the replacement clusters, which had been randomly selected early on using the Emergency Nutrition Assessment (ENA) software. Overall, 57 PSUs were covered.

#### ***2.3.2.3.2 Household response rate (Caregiver survey)***

Total number of households in the survey 1260

Number of respondent households 1157

Response rate **93 percent**

Non-respondent households **7 percent**

Refusals 0.8 percent

Non-contacts *0.9 percent*

Incomplete data *0.2 percent*

Other reason to non-response *5 percent*

#### ***2.3.2.3.3 Household response rate (Children survey)***

Total number of households in the survey 420

Number of respondent households 387

Response rate **94 percent**

Non-respondent households **6 percent**

Refusals 0.2 percent

Non-contacts *1 percent*

Incomplete data *0 percent*

Other reason to non-response *5 percent*

### ***2.3.2.4 Quality control, data input and analysis***

Several procedures were used to control data quality throughout the process, including survey monitoring, manual checks, double-entry, plausibility checks, and triangulation. While the survey teams were in the field collecting data, arrangements for data entry and analysis were

finalized at the central office. Members of the SC Project Management Team worked closely with the consultant to make sure that the survey ran as smoothly as possible and that the teams received guidance and timely feedback. The latter was done through daily communications over phone and radio with the Supervisors (except in isolated areas without coverage). A 'case movement' system was established with the teams outside of Monrovia to facilitate the early reception of completed questionnaires for quality control as well as to speed the data entry process which was done at the SC central office in the national capital.

One of the most important elements of the data collection process is quality control led by the field supervisors with support from the central office. Supervisors sat in interviews of all team members to observe how the interviewer conducted the interview and provided feedback. Before leaving each community, supervisors had to check for completeness of all questionnaires and the accuracy of the information obtained as well as to check that data was properly entered onto the forms. If questions about the validity of an interview arose (e.g., contradictions or missing information), supervisors were to send the interviewer to re-contact the respondent. Survey teams met at the end of every day to share experiences and submit completed questionnaires and CCFs to the supervisors. These procedures were more closely followed in rural and urban areas as evidenced by the completed forms received in the central office. Each supervisor was given the opportunity to review questionnaires from his areas of operation before data entry.

#### 2.3.2.4.1 Data processing

Data processing began approximately one week after the fieldwork started and was completed in mid-July 2011. The questionnaires were received periodically from the field in the SC Central office, where they were manually registered and checked for by the consultant and two data entry clerks previously and trained by the consultant. Some basic checks were carried out to ensure that each PSU number was valid and that every caregiver and child questionnaire was unique and had its corresponding IC/IA form attached. IC/IA and CCFs were counted and stored separately in a secure space. About a third of all questionnaires were carefully edited to catch inconsistent responses or items for which interviewers had selected conflicting answers, incorrect skip patterns, blank questions, and unreadable marks on the questionnaires. Feedback was provided to the teams through the daily communication with the supervisors to correct mistakes and erroneous patterns observed.

The questionnaires were entered into the computer using an online interface (SurveyGizmo), designed specifically for this survey. Through a series of simple and user-friendly screens, data entry clerks were led through each questionnaire in a way that facilitated entry (e.g., formatting similar to hard copy and requiring minimal typing) while incorporating quality checks (e.g., branching or skip logic incorporated). This served to reduce mistakes in data entry such as recording values out of range, inconsistencies between questions, inconsistencies in skips, etc. It also allowed real-time archiving and reporting of data entered, which was accessible worldwide (this was particularly important as the data was largely entered while the consultant was no longer in the country). Unfortunately, the internet connection was not always reliable, slowing data entry at times and requiring re-entry. The latter, however, served as a good quality check with many questionnaires being double entered. Interviewer and Supervisor CCFs were entered in Microsoft Excel and later transferred to the final database for analysis.

#### 2.3.2.4.2 Data cleaning

While data was being entered, two database templates (one for the caregiver survey and another one for the child survey) were created with the Statistical Package for the Social

Sciences (SPSS) so that it would be available for use as data entry was completed. Data cleaning involved several steps:

- **Verification:** To ensure that the data from caregiver and child questionnaires as well as from the CCFs were consistently recorded. Comparison of data obtained by the interviewers with that obtained by the supervisors as well as across items within the same questionnaire also provided important information to input missing values. All unexplainable data entries identified were checked with the entries on the questionnaires and erroneous data in the database were then replaced by correct data obtained from the questionnaires or, if not available, the information was excluded.
- **Logical and Consistency Checks:** Various variables within and across caregiver and child questionnaires were compared and/or checked for consistency. Missing values and extreme values were carefully checked and contrasted with the original forms.
- **Coding:** All open-ended response choices were systematically coded into existing or newly-created categories or grouped with unified wording to facilitate analysis.

#### 2.3.2.4.3 Tabulation

Survey data were cleaned, analyzed, and prepared for reporting using SPSS and Excel. Descriptive statistics and cross-tabulations of relevant variables were generated. Frequency tables, descriptive statistics, graphs and charts are used in the presentation of the findings. No imputation for missing values was performed for the analysis reported in this report. Only 0.5 percent of caregiver questionnaires and 1.8 of children questionnaires had more than 5 unanswered questions.

### 2.4 **Qualitative research activities**

In addition to the information collected through the HS, additional research was conducted before and after the survey in order to better design the survey and to complement the data collected through it. Desk review of documentation and individual and group interviews were used to achieve these ends.

#### 2.4.1 **Desk review of existing data and documents**

Early on in this project, the consultant reviewed relevant literature (including child rights situation analysis, research reports, assessments and evaluations, etc) and policies facilitated by SC and obtained through hand searches in the academic and grey literature. This information provided the necessary background for the development of the draft survey instrument and the identification of key child protection areas to focus the study. Further refining of the key indicators needed for survey design (both instrument development and sampling) was done in dialogue with the SC Program Manager and with input of KIs. Throughout the fieldwork, additional published resources were gathered (e.g., statistics from different institutions, draft legislation, etc) and later reviewed to further contextualize the study with the child protection situation in Liberia.

#### 2.4.2 **Key informant interviews**

Structured and semi-structured interviews were conducted with 55 key informants (31 and 24, respectively) at national and regional levels. Key informants included principals of schools, religious leaders, International/Non-Governmental Organizations' (I/NGOs) personnel, County administrators (Superintendent and others), staff from several Ministries, Police, and United Nations (UN) officials. Globally, interviewees represented Government (GOL) (32), Community-Based and Non-Governmental Organizations (CBO/NGO) (14),

I/NGOs (7), and UN and international donor agencies (2). This represents a major effort on the part of the research team, as the original plan was to conduct 10 – 12 KI interviews only.

The purpose of these interviews was diverse. On the one hand, the first few semi-structured interviews provided input towards the identification of key child protection areas to concentrate on for this study and helped refine/validate the survey instruments and sampling strategy. On the other, they provided information on reasons why certain key beliefs, attitudes, and practices occur, and the socio-cultural and socio-economic factors influencing these. They also served to validate the information obtained through other means and further discussed child protection issues in their communities. Finally, it helped network in the target districts and give more visibility to the study.

Individual interviews in the Counties were conducted by one of the Supervisors or one of the FGD facilitators using a structured topic guide (Appendix **Error! Reference source not found.**). Some interviews were conducted in GM using this same instrument too. Individual interviews explored their personal opinions and experiences regarding child protection issues and situation of children in the community. Individual interviews can be more useful than focus groups for getting information on sensitive topics, policy, and social processes, and to identify additional background resources. All semi-structured interviews were conducted by the consultant with officials and staff of organizations at the national and international-level. These lasted for at least an hour each and were sometimes conducted in pairs or small groups involving KIs from the same institution. Written consent was obtained from all interviewees before the interview. All interviews were conducted in person except one which was conducted over the phone/Skype by the consultant. Notes were taken throughout the interviews and completed immediately afterwards.

### **2.4.3 Focus group discussions**

Twenty-one focus group discussions (with 7 – 12 participants each) were conducted to explore the participants' opinions and experiences on the key child protection issues covered in the KAP survey. In contrast to the HS, this method allows for dynamic group interaction and exchange of perspectives among peers. Once again, the original plan of conducting 4 – 5 FGDs with adults and children seemed insufficient to capture a diversity of perspectives and settings. Because at least two groups are advisable for each variable considered relevant to the topic area, a decision was made to prioritize type of residence (RUM) and age groups (adults, 7 – 11 years, and 12 – 17 years). FGDs in urban areas combined men and women by request/with agreement of participants; in rural areas, adults were segregated by sex in order to obtain more accurate information. Six FGDs were conducted with children and adolescents in institutional settings; the rest involved all people living in family settings. Overall, FGDs involved 195 participants including 52 adults (25 men and 27 women), 88 adolescents (40 males and 44 females), and 59 children (28 boys and 31 girls). Additionally, two focus group discussions (one with adult caregivers and another one with adolescents) were held prior to the implementation of the survey to inform the development of the research instruments.

Different Moderator's Topic Guides were developed for these groups; namely, one for adults, one for 12 – 17 year-olds in family-based care, one for 12 – 17 year-olds in institutional care, one for 7 – 11 year-olds in family-based care, and another one for 7 – 11 year-olds in institutional care (Appendix **Error! Reference source not found.**). Whereas the first three followed a more traditional Q&A format, with open questions within a set structure, the perspectives of younger children were mostly elicited through the use of photographs. FGDs covered child wellbeing and protection broadly speaking, later focusing on the circumstances leading to and the care situation of children without parental care. Screening questionnaires

for family-based and institutional settings were also developed to facilitate recruitment of a diverse group of FGD participants.

## **2.4.4 Fieldwork and Data Analysis**

### ***2.4.4.1 Selection and training of FGD moderators***

The FGD research team was recruited by SC and it included three SC and DBH staff and three staff from the MOHSW. The team included three men and three women with different levels of experience in group facilitation and/or work with children/in child protection, as well as command of local languages. Ultimately, all discussions were held in English though. A 2 ½ -day training provided an introduction to qualitative methods, and followed the FGD process from development and use of the topic guide, recruitment and setting up, to group discussion techniques (particularly probing), note-taking and digital recording. An overview of the different objectives and components of the KAP study and an in-depth discussion of ethical requirements preceded all other modules. Discussion during training served to further refine the instruments and to ensure cultural sensitivity and age appropriateness.

### ***2.4.4.2 Data Collection & Management***

The FGDs took place approximately during the first two weeks in June 2011. The KI interviews were conducted all throughout the design and implementation of the project. The FGD research team worked in pairs and groups of three depending on the location, rotating in group composition throughout the data collection. Careful recruitment of participants followed guidelines provided during training and tried to maximize diversity of perspectives while avoiding major power imbalances. Upon arrival into a community, they met with the chief/local authority to gain permission to work in the community, starting with the recruitment of children and/or adults to participate in group discussions. Recruitment tried to maximize diversity of opinions by not selecting more than one participant from the same household, covering different areas of town, and striving for a variety of family compositions and religious affiliations. Priority was given to homes with different types of children in the house, homes with children who are not living there anymore, and homes in which some children may not be going to school. For groups with children, priority was given to ‘family children’ or ‘other children’ (that is, not biological children). This was difficult in practice as caretakers providing prior consent often preferred their own biological children to attend (probably in the hope of drawing some material benefit from it). Care was put to avoid mixing in the same group respondents from very different social class/socio-economic status as this might interfere with effective participation. Similarly, attention was paid not to recruit members of Child Welfare Committees (CWCs) or Children’s Clubs (or else not have more than one per group). In mixed-groups, efforts were made to recruit an equal number of boys and girls, or men and women. Many FGDs took place in the evening or on weekends to facilitate wider participation. Each FGD was facilitated by one person while 1-2 other members of the team took notes. FGDs were also digitally recorded; prior agreement from participants was obtained, reassuring them that recording was for research purposes only and it would not be broadcasted by radio or otherwise disseminated. Notes from FGDs and KI interviews were typed into an Excel and Word documents for data archival and easy retrieval of information.

### ***2.4.4.3 Data analysis***

Thematic analysis of qualitative data was conducted before and after the survey. Early on, an exploration of the literature and interviews with adults and children were aimed at refining the survey instrument. At the end, qualitative findings are discussed in the context of the

quantitative outcomes, helping explain converging and diverging information, and contributing to the validation of results. Individual and group interview data was coded inductively using open and thematic coding techniques. Interview notes were analyzed to identify common trends, themes, and patterns for each of the issues covered in the KAP study. Content analysis was also used to flag diverging views and opposite trends. Special attention was paid to variations in perspectives across age groups, type of residence, and care arrangements. Interviewees were assigned aliases for confidentiality. Quantitative and qualitative data and information was cross-examined, using triangulation to enhance quality of work. Quotes selected for inclusion in this report have been proofread.

## **2.5 Ethics**

### **2.5.1 Ethical review**

A written permit to undertake this study was obtained from the Liberia Ministry of Health and Social Welfare (MOHSW) by SC. The protocol was submitted for scientific and ethical review to the Health and Social Service Centre (CSSS) de la Montagne, affiliated with McGill University in Montreal (Quebec, Canada). Approval was obtained from the Research Ethics Committee (REC) of the CSSS de la Montagne for all components of the study.

In order to better reflect the local social context and laws, an Advisory Committee (AC) was created in Monrovia. Chaired by the MOHSW, the AC brought together representatives from the MOHSW, MOGD, UNICEF, SC, DBH, and World Learning (WL) (Appendix A.1). The AC advised on the ethical, legal, and socio-cultural aspects of the data collection strategy, and provided input on the questionnaires and IC/IA forms.

### **2.5.2 Ethics, safeguarding, and consent procedures**

Several measures were taken to protect confidentiality, observe informed consent, and to reduce any potential adverse consequence to the participants. Confidentiality was explained, and permission was gathered from interviewees to record (for FGDs only). All household interviews were conducted in a private space to guarantee confidentiality; interviews with children were also conducted one-on-one yet always on sight of family and/or the community. Consent forms which adhere to the CSSS/McGill guidelines were developed and revised for local understanding (Appendix **Error! Reference source not found.**). In almost all cases, these forms were summarized orally to respondents in a simple way to ensure that respondents were clear about what they were engaging into. All respondents either signed or thumb printed the IC/IA form. Even if focus group participants self-identified by their names, an ID was assigned to each case in all analyses. All data is stored securely in a locked closet and cabinet and electronic data text and audio files with ID-identified cases are maintained in password protected computers. All nominal information will be destroyed upon completion of the study.

Efforts were made to word the questions in such a way that respondents did not feel threatened. The SC Child Safeguarding Policy including procedures for reporting suspected abuse and ensuring safe child participation was implemented in the study. Referrals to Social Workers from relevant ministries and other agencies would be made. Cases involving SC staff would first be brought to the attention of SC Field Manager or Country Director. The SC National Focal Point for Child Safeguarding provided training for all members of the research team and obtained signed commitment from each one as part of their contract.

In addition, other ethical principles such as voluntary participation were emphasized throughout all trainings. Careful explanation of survey procedures to the Community Chief was done so that the neighbors would understand and that households were selected



randomly and less expectations of assistance would be created. Nonetheless, interviewers often reported high expectations from respondents despite their efforts to explain that there was no monetary compensation. In FGDs, the invitation to stay/leave extended during the introduction was to be followed by brief pause so that people could leave without feeling any pressure. In order to show respect for participants and to maximize response rates, interviewers tried to accommodate respondents' schedules (e.g., if they had to go to the farm or office, or may be cooking meals in the evening).

In order to minimize the level of risk of participating in the study, careful explanations of the purpose and method of the study was necessary to avoid retaliation against selected respondents, particularly if male head of household was not selected. In some instances, interviewers had to get approval of male head before interviewing wife and always from a caretaker before talking to children. Similarly, for FGDs, parents and caretakers of children were provided with a detailed account of the purpose and use of the study and their permission was obtained for children to participate so that children would not be punished later.

## **2.6 Limitations**

Some caveats are in order when interpreting the results of this study. First, the area covered by the KAP survey comprises twelve districts in Central and Western Liberia plus the national capital, Monrovia. By weighing the data from the HS, we are able to generalize to the population of this area. However, even if the results from this study prove informative of child protection issues broadly speaking, conclusions cannot be drawn for other Districts or Counties in the country. Similarly, the results of the survey represent the adult and adolescent (12 – 17 years) household-based population of the target districts and cannot be generalized to the entire population that includes younger children. Information was collected from children aged 7 – 11 years (male and female) through group discussions only. Furthermore, the perspectives of children younger than 7 years were not elicited and, therefore, the findings may not apply to this age group. Nonetheless, because young children may have different levels of knowledge, attitudes, and behaviors on child protection issues, their views should be explored to inform future interventions. Inaccessible roads prevented interviewing three rural PSUs and led to replacement with others that were accessible. It is likely that child protection issues in those areas differ from what was found in less isolated communities, most notably access to services (e.g., healthcare treatment or institutions where to report abuse), information, and sources of support.

The design of this KAP survey allows examining association of population characteristics, but not causality. While drawing conclusions, caution should be exercised as sample size and number of clusters set limits to the precision of estimates, particularly for caregivers, with some coefficients of variation being in the range of 16.6 percent to 33.3 percent and even higher. The statistics that may be obtained at the District level are only indicative at best due to sample size at that level.

The use of NHPC data imposes several limitations on the study. As indicated earlier, PSUs were selected with probability proportionate to size. Being already three years old, an update of household listings would have been recommended before sample selection. Limited resources and pressure to start fieldwork before the rains prevented this. Areas that have grown significantly since 2008 may, in consequence, be under-represented thus affecting survey results. Additionally, identification of cluster boundaries and starting points for the selection of households encountered difficulties in some areas as a result of erroneous drawing of cluster boundaries and insufficient detail in the features. This may have resulted in some undercoverage of spatially isolated households, which may differ in KAP on child

protection issues, as well as on access to social services. The use of GPS receivers (and remote sensing if available) in the future could improve the collection of household survey data, including quality control of area coverage<sup>33</sup>. Good training of enumerators and careful consideration of ethical issues would be needed.

Although interviewers were careful to explain the voluntary nature of participation in the survey, respondents may have exaggerated or underestimated responses if they believed it would benefit them. This may have resulted in increased (e.g., access to food, clothing, or school if financial assistance was expected) or decreased (e.g., socially desirable parenting practices) estimated prevalence for those indicators. Indeed, high expectations of assistance were documented by the interviewers. Other circumstances such as ethnicity, sex, unfamiliarity of the interviewers, and length of interview may also have affected the openness of respondents and thus may have resulted in some distortion of estimates. In open questions (e.g., whenever respondents were asked to generate a list of possible responses), respondent's ability to recall may have resulted in underreporting of situations they are actually aware of. This is particularly important in a KAP survey given the interest in assessing levels of awareness and behaviour. The fieldwork schedule also set some constraints by limiting availability of certain types of respondents (e.g., those who were out of town for work during the day the team was in the cluster, mostly men) and number of call back visits to each household. Finally, the need for supervisors to conduct some interviews per cluster sometimes limited their availability for reviewing all questionnaires before departure from the cluster.

### **3 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS & HOUSEHOLDS**

This section covers the social demographic context of the survey in terms of respondent and household characteristics. Both the caregiver and child questionnaires collected basic demographic and socioeconomic information (e.g., age, sex, and educational attainment) for respondents as well as, in the case of caregivers, some characteristics of other members of the household and information on housing facilities (e.g., number of rooms for sleeping and type of material used for flooring). These results from the KAP survey outline the profile of the caregiver ( $\geq 18$  years) and adolescent (12 – 17 years) population in the study area.

#### **3.1 Caregiver Survey**

Information about the caregiver respondents and their households is presented on Table 3. Eligible respondents were “men and women 18 years and above (unless child-headed household) who had their own children or care for other children.” Out of 1160 caregiver interviews, 386 were conducted with men and 774 with women. The weighted percent reflects the population distribution for the target districts, namely 47 percent men and 53 percent women. Ranging in age between 16 and 90 years, the mean age of respondents was 38 years. Only one respondent was under 18 years of age (child-headed household).

More than two-thirds of respondents had completed some education. The large number of caregivers who had never attended school helps to understand the longer duration in administering some of the questionnaires. More than two-thirds of respondents were married or living together in a relationship. About one in ten had never been married. Eighty-two percent identified as Christian; the rest being mostly Muslim, and a few without religion or with traditional religion. In terms of ethnicity, the largest group was Kpelle, followed by Bassa, Gola, Lorma, Vai, and at least fifteen others.

**Table 3 Distribution of caregivers by background characteristics**

	Unweighted	Weighted percent
<b>Sex</b>		
Man	386	47%
Woman	774	53%
<b>Age (years)</b>		
<18 <sup>a</sup>	1	0%
18 - 29	358	50%
30 - 39	354	21%
40 - 49	256	15%
50 - 59	102	8%
60+	88	7%
<b>Education<sup>b</sup></b>		
Never attended school	370	17%
Primary	249	21%
Junior High	170	13%
Senior High	249	37%
University	87	10%
Vocational	15	1%
Adult literacy	13	0%
Other	6	0%
<b>Relationship to the head of the household</b>		
Self	659	51%
Husband/wife or boyfriend/girlfriend	311	24%
Son/daughter	61	11%
Brother/sister	28	5%
Parent	16	2%
Step-child	2	2%
Sister/brother-in-law	18	2%
Other/missing	65	3%
<b>Marital status</b>		
Married – monogamy	469	38%
Married – polygamy	42	2%
Living together (boyfriend/girlfriend)	282	30%
In a relationship but not living together	116	11%
Divorced/Separated	38	2%
Single (never married)	122	13%
Widow/Widower	88	6%
<b>Religion</b>		
Christian	954	84%
Muslim	185	15%
Traditional	2	0%
No religion	11	1%
Other religion	1	0%
<b>Residence</b>		
Rural	349	17%
Urban	417	10%
Metropolitan	394	73%

	Unweighted	Weighted percent
<b>District</b>		
Bopolu	42	1%
Careysburg	59	2%
Commonwealth	21	0%
Gbarma	42	1%
Gibi	20	1%
Greater Monrovia	394	73%
Jorquelleh	230	10%
Kakata	188	7%
Kpiai	21	0%
Senjeh	83	2%
Swehn Mecca	19	1%
Tewor	41	4%
<b>Ethnicity ('tribe')</b>		
Bassa	108	8%
Belle	1	0%
Dey	0	0%
Fula	12	1%
Gbandi	31	2%
Gio	35	3%
Gola	85	6%
Grebo	52	8%
Kpelle	497	26%
Krahn	12	1%
Kru	50	9%
Lorma	69	9%
Mandingo	39	4%
Mano	19	1%
Mende	16	1%
Kissi	50	12%
Vai	69	6%
Other	15	1%

Note: <sup>a</sup> One child head of household interviewed; <sup>b</sup> Education categories refer to the highest level of education completed. Percentages may not add up to 100% due to rounding.

Over half of the respondents were heads of the household. Most others were their husband/wife or boyfriend/girlfriend. Respondent's households were located in rural, urban, and metropolitan settings, with distribution of about a third each. By application of sampling weights, these three residence areas came to represent the actual distribution of the population in the target area, namely 17 percent rural, 10 percent urban, and 73 percent metropolitan. The distribution of respondents across the target Districts follows the distribution of the population. As a result, some of them received much larger coverage than others, thus limiting disaggregation at that level.

Table 4 presents characteristics of the participating households (weighted). Almost three in four households are headed by men. Cement and concrete are largely used in urban areas including GM, whereas mud, earth, and sand are more prevalent in rural areas. The average number of rooms per household is two. Living conditions were not assessed but for material

used for floor and number of rooms for sleeping yet observation by researchers as well as comments noted by HS interviewers indicate some extreme poverty in many cases. For example, one interviewer noted “All the children I met in this home were sick as the result of the water that entered their rooms.” This comment was noted in several cases.

**Table 4 Background characteristics of caregivers' households**

	Total
<b><i>Sex of the head of the household</i></b>	
Man	74%
Woman	26%
<b><i>Type of floor of housing unit</i></b>	
Cement/concrete	67%
Ceramic tiles	5%
Wood	0%
Mud/earth/sand	24%
Floor mat/linoleum/vinyl	4%
Other	0%
<b><i>Number of rooms household used for sleeping</i></b>	
One	41%
Two	25%
Three or more	34%
<b><i>Number of times a day children eat</i></b>	
One	27%
Two	65%
Three or more	8%
<b><i>Children have clothes for occasions</i></b>	
No	19%
Some do and some don't	23%
Yes, all have clothes for occasions	59%
<b><i>Main source of income</i></b>	
Farming	10%
Fishing	1%
Hunting	0%
Wages and salaries	18%
Pension	3%
Business activities (non-farming)	59%
Money transfer/cash remittance	5%
Mining	1%
Other	3%
Nothing	1%
<b><i>Children work outside of the household<sup>a</sup></i></b>	
Yes, work for pay	4%
Yes, work NOT for pay	7%
Yes, but don't know if child received pay	1%
No	89%

*Note:* <sup>a</sup> Includes only children 14 years or younger. Percentages may not add up to 100% due to rounding.

The average household size is seven, which suggests some over-reporting, probably in expectation of assistance. On average, there are two biological children and 1 – 2 family children per household. In almost 60 percent of the households, all children have clothes for

occasions and in about two-thirds, children have two meals at home per day. Less than one in ten children eat at home three or more times a day. The main source of income are business activities (59 percent) and, to a lesser extent, wages and salaries (18 percent), farming, and other occupations. Farming is the main source of income in rural areas. Twelve percent of households had at least one child aged 14 years or younger who had worked outside of the house, for pay or not for pay, in the week prior to the survey. HS interviewers in Paynesville Joe Bar (GM) noted for example how “children from this community go in the rock hill to either crack rocks or do contract for pay.” Excessive and/or dangerous child work was described repeatedly in FGDs, particularly in the context of children not living with their parents.

### **3.1.1 Children who are not living at home**

Besides children living at home, about half of the households have at least one child who used to live there but is not living in the house anymore, mostly in GM. The majority of these children go to live with their biological parents (58 percent) or with a relative (27 percent). A sizeable number relocate with husband/wife or boyfriend/girlfriend (19 percent). A much smaller number move to live with a non-relative (6 percent). Adoption by a family inside or outside of Liberia is very rare (Table 5).

The main reasons for moving out are schooling (48 percent), going to live with husband/wife, boyfriend/girlfriend (23 percent) or biological parents (11 percent), helping family or friends (18 percent), and lack of basic needs at home such as food or clothing (15 percent). Schooling is also the main reason for relocation in GM even if educational institutions are more readily available in the national capital than in other parts of the study area. The proportion of children running away or leaving home in search for more autonomy is higher in GM while relocation due to employment is higher in rural areas. The fact that respondents could select multiple choices makes the interpretation of results more difficult by suggesting several cases per household and/or a complexity of circumstances leading to this outcome. No information is available on the profile of these children, so differential treatment of children (e.g., whether children who run away are biological or non-biological children of the head of the household) cannot be tested with these data.

According to the KIs interviewed, children are not living with their parents mostly due to financial constraints (poverty, unemployment), single parenthood, lack of education and basic skills that could enable some parents to get income. “Economic reason is the main issue; no one will be cruel to his family but no hand,” said a KI in GM. In contrast, some parents are said to “just don't care about their children.” “Some parents do not care for their children claiming that those children are undisciplined and do not take orders from their parents.” A similar idea was further developed in another County by a KI working with children and women: “most of the time families who cannot care for their children attribute it to poverty and some of them it's because the children living with them are from different families and they are not children of their own.” Also mentioned were “lack of empowerment of vulnerable parents,” and family conflict and separation. “Especially when there is divorce,” said a KI from Tewor Country, “the children suffer for a place whether to be with the mother or the father so they are cut up in the middle”. Conflictual relations with step-parents were also described in the interviews with KIs and in the communities.

**Table 5 Households with at least one child not living in the house anymore**

	Total
<b><i>Any child not living at home anymore</i></b>	
No	48%
Yes	52%
<b><i>If yes, where</i></b>	
Biological parent(s)	58%
Relative	27%
Non-relative	6%
Orphanage home	0%
Husband/wife, boy/girlfriend	19%
Adopted by family outside of Liberia	0%
Adopted by family in Liberia	0%
Living in the street	1%
Away on vacation (temporary)	1%
Don't know	0%
Other	4%
<b><i>Reason children not living with respondent</i></b>	
Moved out for schooling	48%
Moved to help family or friends	17%
Lack of basic needs at home (food, clothing)	15%
Lack of services for child disability	0%
Went to live with biological parent(s)	11%
Child moved to work	4%
Child adopted	0%
Child run away from home	3%
Child wanted more autonomy	5%
Went to live with husband/wife, boyfriend/girlfriend	23%
Other	2%

*Note:* Percentages may not add up to 100% due to rounding.

### 3.2 Child Survey

Table 6 and Table 7 present the distribution of the child sample and the weighted population of children 12 – 17 years by individual and household characteristics. A total of 387 children were interviewed, including 163 males and 224 females. The mean age of the sample was 14 years. The highest level of education completed by the majority of the sample was Primary, and Junior or Senior High for the rest. Less than two percent had never attended school.

The vast majority of child respondents had never been married nor had their own children. Three-quarters lived with one or both of their parents, and about 17 percent were single or double orphans. Respondents lived mostly with their parents although some lived with other relatives (aunts/uncles, siblings, grandparents) and very few, in households headed by non-relatives. About two-thirds of the households were headed by men.

**Table 6 Distribution of children by background characteristics**

	Unweighted	Weighted percent
<b><i>Sex of child</i></b>		
Boy	163	48%
Girl	224	52%
<b><i>Age (years)</i></b>		
12	69	13%
13	72	19%
14	86	22%
15	55	19%
16	60	15%
17	45	13%
<b><i>Education<sup>c</sup></i></b>		
Never attended school	9	2%
Primary	291	71%
Junior High	77	23%
Senior High	9	5%
University	0	0%
Vocational	1	0%
Adult literacy	0	0%
<b><i>Orphanhood</i></b>		
Father dead	39	12%
Mother dead	9	3%
Both parents dead	7	2%
Both parents alive	320	83%
<b><i>Living with parents<sup>a</sup></i></b>		
No	88	27%
Living with one	114	32%
Living with both	178	42%
<b><i>Relationship to the head of the household<sup>a</sup></i></b>		
Child-headed household	0	0%
Husband/wife or boyfriend/girlfriend	4	1%
Son/daughter	244	60%
Brother/sister	25	9%
Niece/nephew	55	15%
Step-child	12	3%
Grandson/granddaughter	31	10%
Not family-related	7	1%
Other	2	1%
<b><i>Marital status<sup>a</sup></i></b>		
Married – monogamy	1	0%
Married – polygamy	0	0%
Living together (boyfriend/girlfriend)	6	1%
In a relationship but not living together	16	4%
Single (never married)	362	94%



	Unweighted	Weighted percent
<b><i>Have own children <sup>a</sup></i></b>		
No	368	96%
Yes	16	4%
<b><i>Meals a day at home <sup>a</sup></i></b>		
One	189	35%
Two	171	56%
Three or more	26	10%
<b><i>Work outside of the household <sup>b</sup></i></b>		
Yes, work for pay	29	11%
Yes, work NOT for pay	33	14%
No	159	75%
<b><i>Child has clothes for occasions <sup>a</sup></i></b>		
No	151	34%
Yes	220	66%
<b><i>Residence</i></b>		
Rural	113	17%
Urban	138	10%
Metropolitan	136	73%
<b><i>District</i></b>		
Bopolu	14	1%
Careysburg	18	1%
Commonwealth	7	1%
Gbarma	14	1%
Gibi	7	1%
Greater Monrovia	136	73%
Jorquelleh	77	8%
Kakata	62	6%
Kpaili	7	0%
Senjeh	27	5%
Swahn Mecca	5	0%
Tewor	13	2%
<b><i>Total 12-17</i></b>	<b>387</b>	<b>100.0%</b>

*Note:* <sup>a</sup> Excludes a small number of cases with missing values. <sup>b</sup> Includes only children 14 years or younger. <sup>c</sup> Education categories refer to the highest level of education completed. Percentages may not add up to 100% due to rounding.

In the previous week, respondents ate at home two times a day on average. Less than one-in-ten children had three or more meals a day. More than half, however, indicated having clothes for occasions (e.g., religious service, Independence day, etc). Of those aged 14 years and younger, about one-in-four had worked outside of the household for or without pay on the week prior to the survey.

**Table 7 Background characteristics of children’s households**

	Unweighted	Weighted percent
<b><i>Sex of the head of the household<sup>a</sup></i></b>		
Man	247	70%
Woman	138	30%
<b><i>Type of floor of housing unit</i></b>		
Cement/concrete	214	67%
Ceramic tiles	14	7%
Wood	1	0%
Mud/earth/sand	140	23%
Floor mat/linoleum/vinyl	11	3%
<b><i>Number of rooms household used for sleeping<sup>a</sup></i></b>		
One	133	31%
Two	114	30%
Three or more	134	39%
<b><i>Main source of income<sup>a</sup></i></b>		
Farming	81	10%
Fishing	5	1%
Hunting	0	0%
Wages and salaries	77	23%
Pension	8	4%
Business activities (non-farming)	181	56%
Money transfer/cash remittance	19	3%
Mining	6	1%
Other	6	2%
Nothing	2	1%

Note: <sup>a</sup> Excludes a small number of cases with missing values. Percentages may not add up to 100% due to rounding.

#### **4 DEFINITION OF CHILD**

Any discussion about child protection needs to be preceded by a definition of what constitutes a ‘child’ in the specific context of study. Not only do definitions vary across countries and jurisdictions, but different laws often set different ages of protection. Generally, according to the statutory definition of ‘child’ in Liberia majority is attained at 18 years. Differences exist between statutory law and customary law, “which generally regard a person as mature upon attaining puberty, especially with regard to girls.”<sup>20</sup>

In the context of the KAP study, FGD participants were asked for their definition of child and the age boundaries for engaging in certain daily activities. For children (7 – 11 years), a child is “a small person”, “someone who is innocent,” “under age (below 18) or under restriction,” and who “cannot do [man and] woman business.” For adolescents (12 – 17 years), a child is “someone who depends on his parents for support,” “cannot support him/herself,” is “living with his/her parents,” “obeys older people,” has not reached 18 years, and cannot do what men and women can do. Finally, adults defined a child as a “person who doesn’t have a thinking faculty and does not know about life,” “cannot make his own decision,” “depends on other[s] for help,” “someone who is staying with his/her parents,” “does not make decisions by themselves,” and “is below the age of 18 years.” References to children as “a little one,” “one who is innocent” or “one who is just born” were also heard from caregivers.

Although some FGD participants used the 18-years age boundary in their definitions of what constitutes a child, many did not set any age limits or, if they did, they set very variable ones such as “15 down” (adult), “between 5 – 12” (adolescent), or “14 yrs” (child).

Nonetheless, FGD facilitators probed participants for the ages at which boys became men and girls became women. Age limits provided varied enormously across and within groups. Overall, age limits for boys ranged from 7 – 16 (on the lower end) to 30 – 46 (on the upper end) and for girls, 12 – 15 (on the lower end) to 26 – 36 (on the upper end). Further probing by specific tasks children regularly engage in and which require increasing agency (e.g., cooking, walking alone to the market, or earning money) yielded similarly wide ranges.

## 5 KNOWLEDGE

### 5.1 Awareness of Risk and Protection in the Community

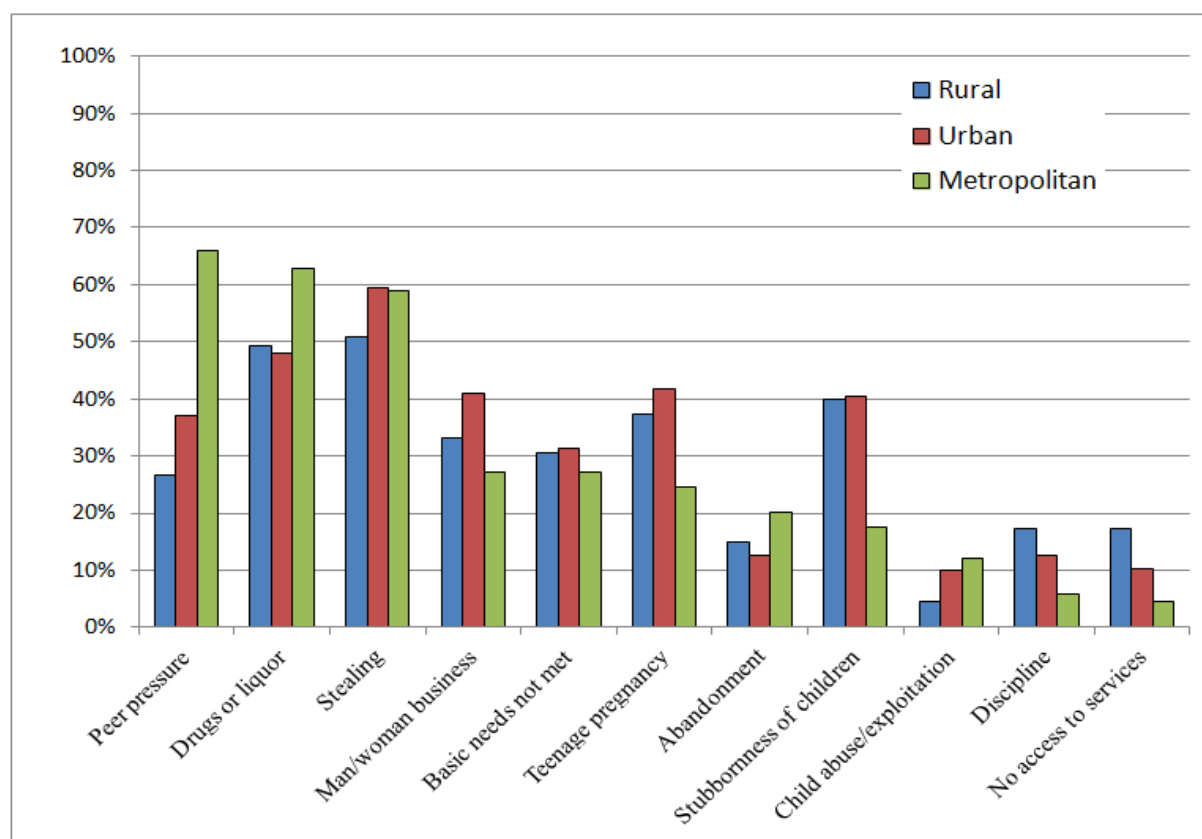
Adults’ and children’s awareness of child protection risks and strengths were assessed by means of closed- and open-ended questions in the household survey as well as through FGDs and KI interviews. Although closed-ended questions (such as the one inquiring about dangers when children are not living with their parents, and consisting of a list of situations which is read to the respondent who then estimates their frequency) may also be interpreted as a measure of awareness, this report includes them on the Practices Section as they were primarily designed to measure the prevalence of these practices/situations in the study area.

#### 5.1.1 Children Risk

On average, **78 percent of caregivers are able to list at least three situations that put children in danger in their communities.** This assessment may respond in part to the relative level of safety in each community; however, it also serves to measure the individual level of awareness of child protection issues and the degree of openness in the discussion of these issues with strangers.

In order of prevalence, the situations that put children in danger identified by caregivers are: drugs or liquor (59 percent), stealing (58 percent), peer pressure (56 percent), men and women business (30 percent), teenage pregnancy (29 percent), basic needs not met (28 percent), and the “stubbornness of children” (or “bad behaviors children”) (24 percent). It is not clear, though, whether stealing is considered dangerous because it (a) is a delinquent behaviour that confronts the child with law enforcement agencies; (b) strains family reputation and social networks; or (c) reflects weak moral principles, peer pressure, and/or outright poverty and insecurity. Giving children to others, illicit adoption, or children traveling alone are rarely identified as a source of danger for children in the community (all  $\leq$  1 percent). Gambling, play station, and video club was also not identified as important, in contrast with narratives from KII and FGDs. Under-recording may be partly explained because this category was created through coding of open-responses. As reflected on Figure 1, the types of issues raised in rural, urban, and metropolitan areas differ. For example, lack of access to services (e.g., schools, healthcare or daycare centers) is higher in rural areas and peer pressure and substance use seem more of a concern to caregivers in GM.

**Figure 1 Situations that put children in danger according to caregivers by residence**

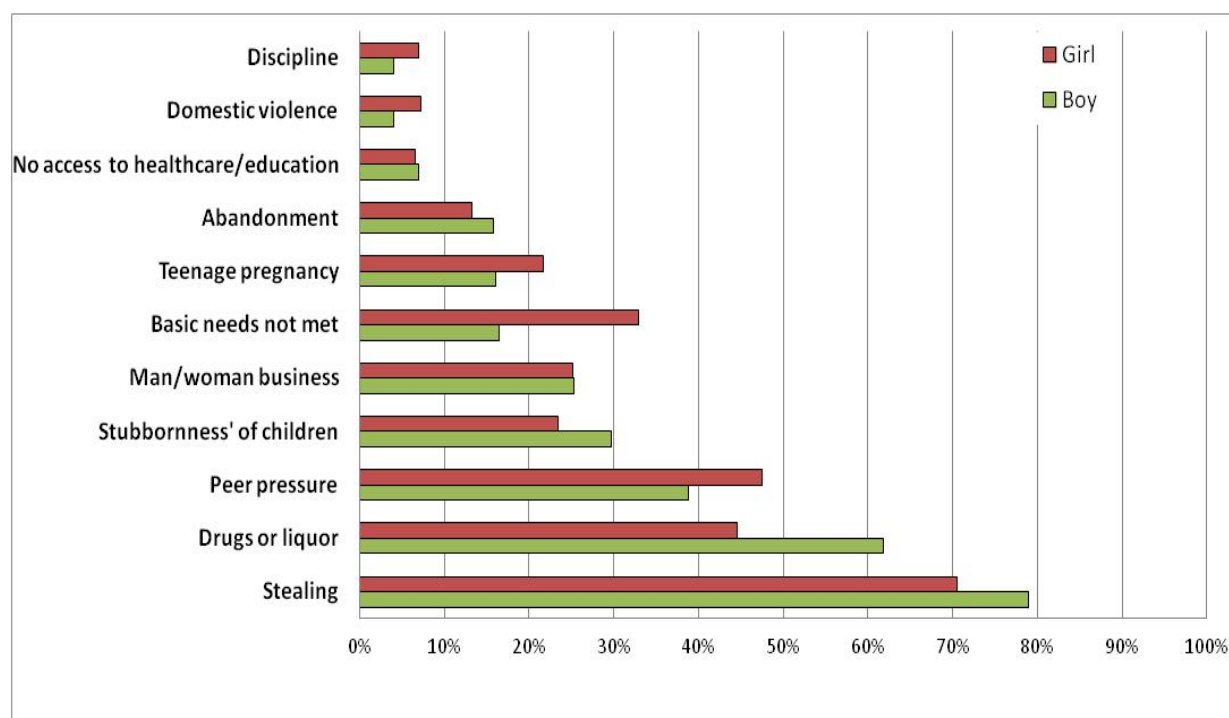


**Two-thirds of children (66 percent) are able to identify three or more key child protection concerns in their communities.** From children’s perspective, major risks are stealing (75 percent), substance use (53 percent), peer pressure (43 percent), men and women business or prostitution<sup>2</sup> (25 percent), and lack of basic necessities (25 percent). Teenage pregnancy is a concern to about one in five adolescents, particularly girls (Figure 2).

Adolescents and adults participating in FGD agreed, in most cases, that ‘children having children’ was common in their communities. Furthermore, a group of adolescents in Kakata explained how “some parents send their extended family children in the street to find money to support the family” and “some parents most times encourage it [teenage pregnancy].” Abortion (“Some of them take operation for it”), complications for mother and/or child (“Sometime the child will not live or the mother can even die in the process”), and giving the child to a relative occur sometimes as a result. Most frequently, the consequence is that children (mostly girls) drop out from school. Although there are those who feel “fine [about teenage pregnancy] because God allow it to happen,” these reasons made the majority of participants ‘feel bad’ about it. Parents advising children (“to take their learning seriously and forget about man business” and to explain the dangers involved), and increasing access to family planning/condoms were proposed. A GOL official interviewed indicated that “there is a need for health personnel to talk to children between [the ages or] 14 – 17 [years] about the negative impact of pregnancy” too.

<sup>2</sup> Although acknowledging that not all children involved in sexual activity engage in prostitution, these two risk factors were combined in the household survey in order to render the very long list of potential dangers manageable for interviewers. In consequence, no separate estimates can be provided.

**Figure 2 Children who identify risks in their communities by sex of respondent**



*Note:* Only risks mentioned by more than 5 percent of respondents are presented.

**Separation or abandonment by parent or guardian is listed by 18 percent of caregivers and 14 percent of adolescents only.** Overall, responses to this question in the HS should also be interpreted taking into account the level of prevalence of these issues in Liberia. For example, the fact that only 2 percent of caregivers and 4 percent of adolescents indicate ‘FGM/C’ as a risk when its prevalence has been estimated at 58 percent and, according to the most recent LDHS results, 45 percent of women who belong to the Sande society think that it should stop, raises questions about the general assessment of this practice and the appropriateness of discussing it with strangers <sup>2</sup>. Similarly, only 5 percent of caregivers and 4 percent of adolescents indicate ‘dangerous child labor’ when it is not an uncommon phenomenon in the country <sup>14</sup>. Another caveat to consider in the interpretation of results include memory recall. Although open questions like this one seek to determine what is salient on the respondent’s mind, it is possible that people did not remember other child protection issues at the time the question was asked.

FGD participants across all age groups and locations provided many examples of dangerous beliefs and practices in their communities. A summary of ideas generated in these discussions is presented on Appendix A.6.

### 5.1.2 Protection

Appendix A.7 summarizes all the input on protective beliefs and practices obtained through group and individual interviews. Protective practices identified by KIs and FGD participants include, among others, (a) community monitoring of child wellbeing and shared supervision of young children (‘a child is everyone’s child’); (b) sending all children to school, particularly girls; parents encouraging children to attend religious services; (c) parents reading or playing with children; and (d) youth involvement in community child mobilization. Involving children in decision making was also praised: “whether parents want

to make rules for the house or prepare meal the child must also make a saying in it [...] The child must also be involved in the decision making of the home.”

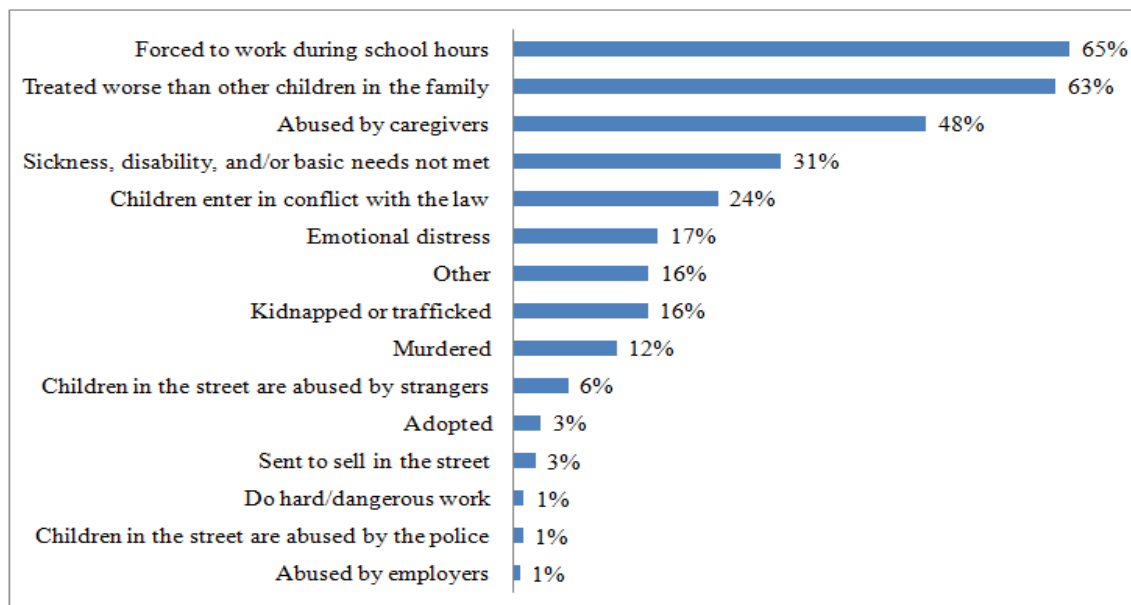
Other protective practices such as reporting of child abuse, support networks, positive discipline and parent-child communication are discussed in the Practices Section.

## 5.2 Children without parental care

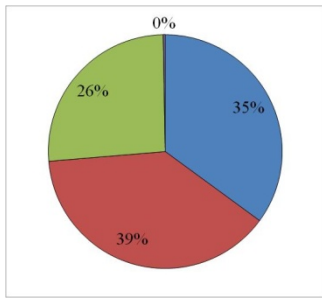
Figure 4 reflects caregivers’ knowledge on alternative care. Respondents were read a list of statements and asked whether to the best of their knowledge, they were true or false. Some common misconceptions include almost half of caregivers who think that (a) if parents give their child up for adoption out of the country, they may be able to go to the US (48 percent); (b) when parents cannot care for children, the law in Liberia says that children should be sent to orphanage homes (35 percent); (c) most children in orphanage homes do not have living parents (41 percent); and (d) when a child is sent to an orphanage home, the parents do not have any more rights and obligations with that child (37 percent).

Overall, **85 percent of caregivers have heard of any problems that can happen when children are not living with their parents and 63 percent are able to identify three key protection concerns of children in out-of-home care.** The problems that caregivers have more often heard of include forcing children to work during school hours (65 percent), treating children worse than other children in the family (63 percent), being abused by caregivers (48 percent), and sickness, disability, and/or basic needs not met (31 percent) (Figure 3). Children may also enter in conflict with the law (e.g., stealing) (24 percent), experience emotional distress (17 percent), and be kidnapped/trafficked (16 percent) or even murdered (12 percent). These last two risks are mentioned as concerns in GM yet not in other areas. Children being adopted is a concern for 3 percent of caregivers. Interviewers encountered respondents who described recruitment of children by their church in their community; they were taken to Monrovia for schooling. They also noted their own children running away into the streets, as well as relatives’ babies given up for adoption (and ‘no more news about them was heard since’).

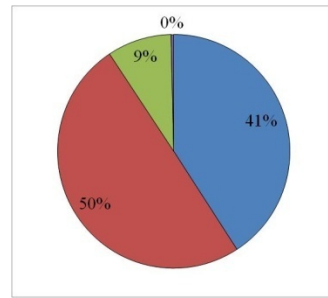
**Figure 3 Problems when children are not living with their parents according to caregivers**



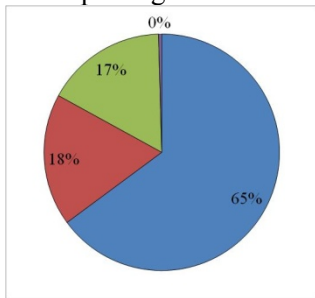
**Figure 4 True or false statements on alternative care according to caregivers**



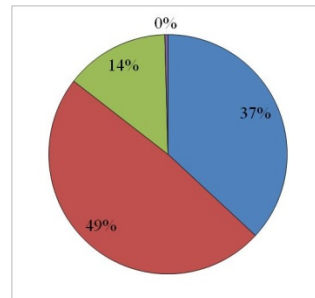
When parents cannot care for children, the law in Liberia says that children should be sent to orphanage homes



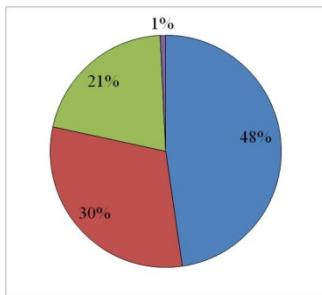
Most children in orphanage homes do not have living parents



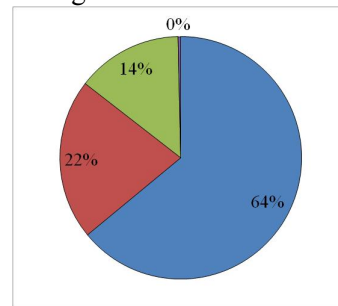
When they go to an orphanage home, children may have their name changed



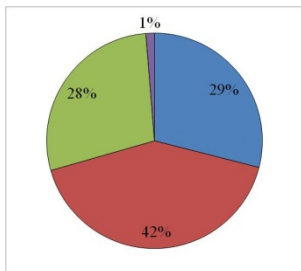
When a child is sent to an orphanage home, the parents do not have any more rights and obligations with that child



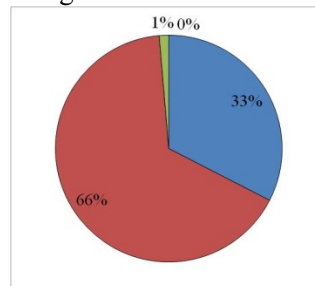
If parents give their child up for adoption out of the country, they may be able to go to the US



When a child is given up for adoption, the birth parents do not have any more rights and obligations with that child



All orphanage homes in Liberia are licensed with the Government

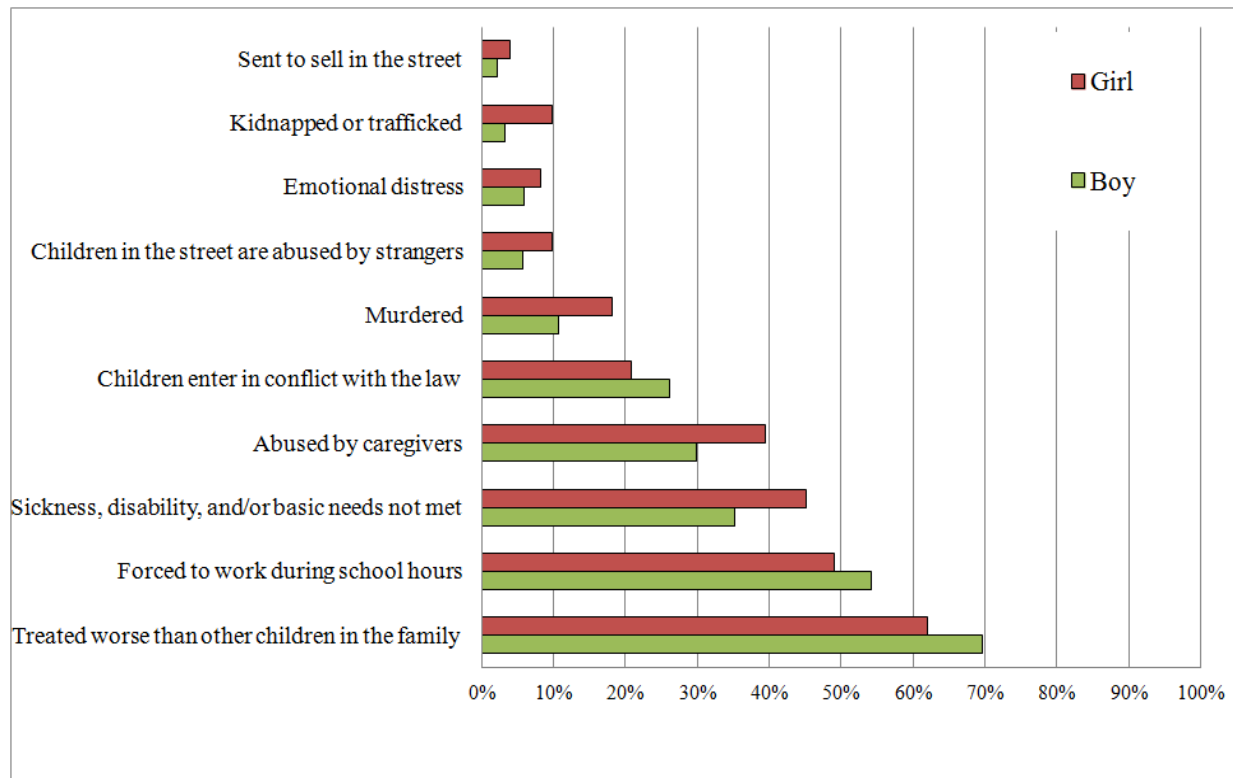


Leaving young children home alone is not a problem if it is only for some time



**Eighty percent of children know any problems that can happen when children are not living with their parents and 43 percent are able to identify three key protection concerns of children in out-of-home care.** The problems that more children have heard of include differential treatment in the family (66 percent); forcing children to work during school hours (51 percent); sickness, disability, and/or basic needs not met (40 percent); abuse by caregivers (35 percent), and children entering in conflict with the law (e.g., stealing) (23 percent) (Figure 5).

**Figure 5 Problems that can happen when children are not living with their parents according to children by sex of respondent**

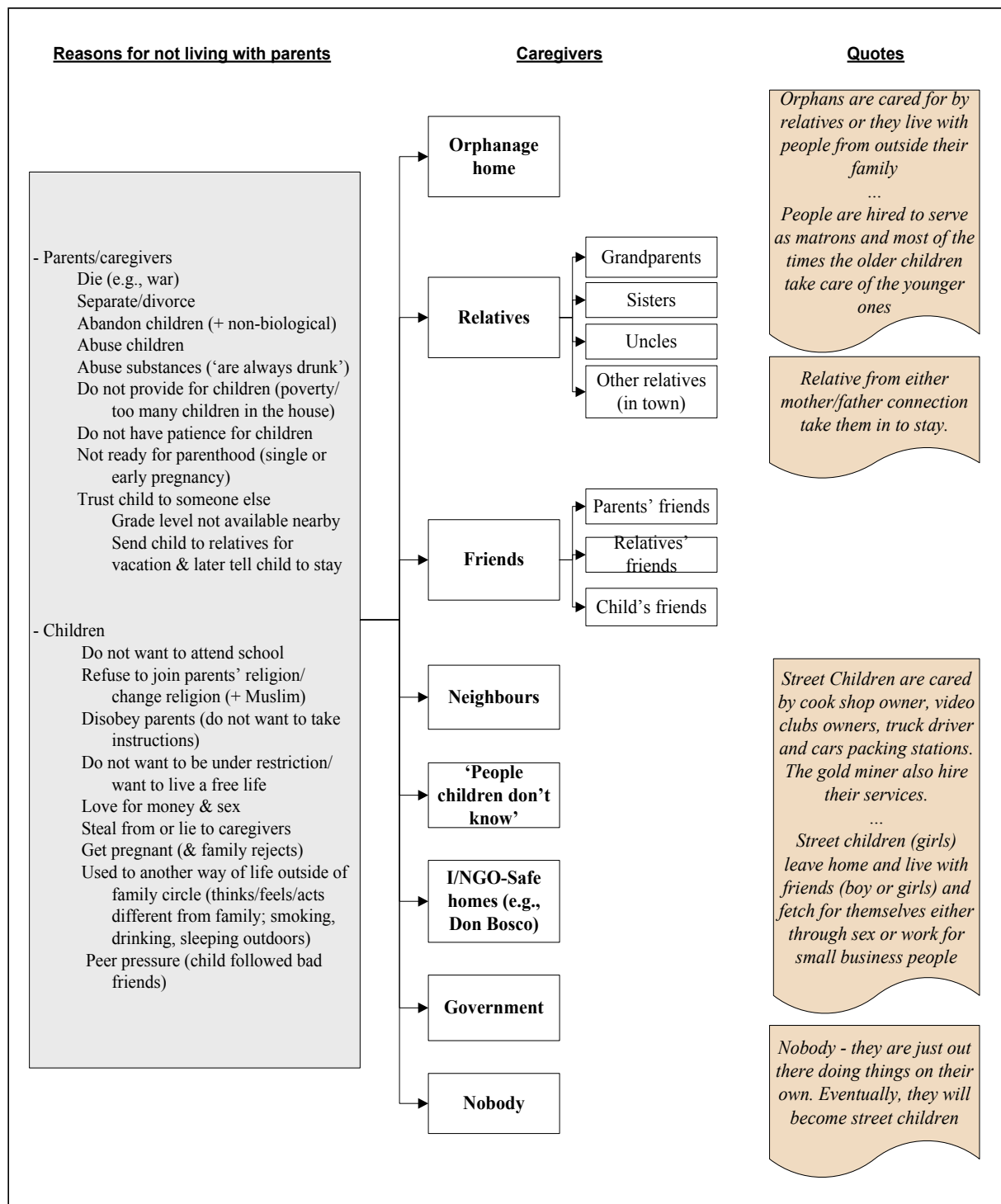


This was one of the free-recall questions in the instrument; in consequence, it is possible that respondents did not list other/more problems because they did not think of them at that particular moment and not because they do not consider these situations as abusive, dangerous, or prevalent among children not living with their parents.

The circumstances confronted by children who are not living with their parents may be further illustrated with information from the individual and group interviews. As one interviewee eloquently described, “[Children not living with their parents] wash dishes, haul sand, work at cook shop for food (boys and girls). They (girls) have sex with boys working at video clubs. The girls go into early adulthood by going to the gold mine for money [i.e., sex in exchange for money]. The boys help truck driver to pack good and unpack their truck for money. They provide food, sleeping place and send some to school. The older children make garden to supply the home.” Figure 2 summarizes the information provided by FGD participants and KIs regarding the reasons why children are not living with their parents and the different arrangements in which these children live.



**Figure 2 Reasons why children are not living with their parents and who cares for them**



### 5.3 Systems of Child Care and Protection

The semi-structured KI interviews and the HS asked you about the systems that exist for the care and safety of children in Liberia and in the target Districts. KIs at the National level were knowledgeable of the legal and policy framework on child protection, particularly as it relates to children without adequate parental care, as well as agencies mandated to implement them. The HS included several questions to assess caregiver's knowledge of legal instruments and agencies relevant to child protection.

### 5.3.1 Liberian Laws on Child Care and Protection

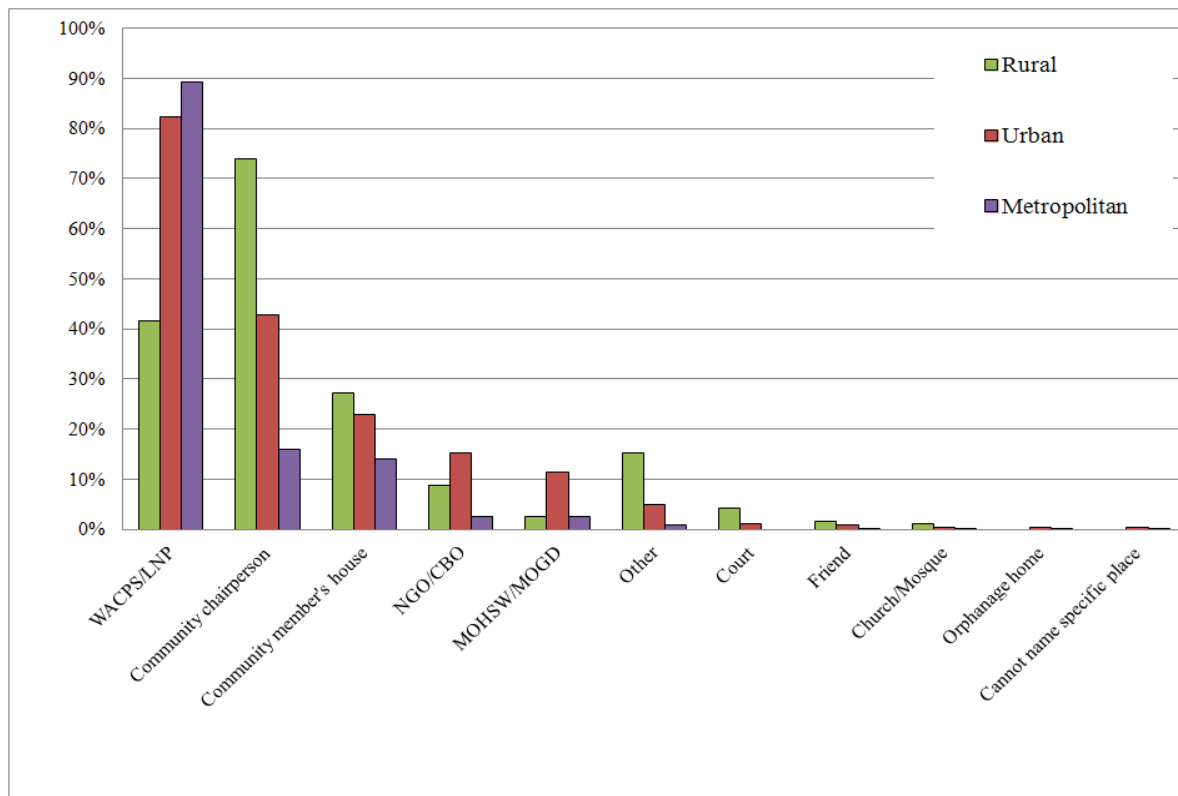
**Eighty-three percent of caregivers know any laws in Liberia about the care and safety of children, however less than one third of them (29 percent) are able to name two or more of these laws.** Caregivers are mostly familiar with human rights legislation such as the CRC (75 percent). To a much lesser extent, they know the Rape Act (38 percent) and the Children’s Bill (15 percent). Awareness of other laws (4 percent), the Act to Ban Trafficking (3 percent), the Domestic Relations Act (1 percent), and the proposed Adoption Bill (1 percent) is negligible. A larger proportion of men indicate knowing at least one (93 percent vs. 75 percent women) or two (48 percent vs. 13 percent women) of these laws; the difference is particularly marked regarding the Children’s Bill. Even KIs were not always able to name any national laws to protect children.

**Among children, 58 percent know any laws in Liberia about the care and safety of children, yet only 11 percent are able to name two or more of these laws.** Similar to adults, human rights legislation (91 percent) and the Rape Act (21 percent) are the better known sets of legislation.

### 5.3.2 Places of Safety & Support

**Over two-thirds of caregivers are aware of at least one place in or near their community where children can go if they are abused by their parents or if they run away from home (69 percent). However, only 23 percent can name two or more places of safety in their community.** Fewer caregivers in rural areas seem to know any such places; this may reveal lack of awareness or access to services. For caregivers in towns and cities, the main place of safety for abused children is the Women and Children Protection Section of the Liberian National Police (WACPS/LNP). In contrast, the Chief, Community chairperson, or Camp Master is approached more often in rural areas (Figure 6).

**Figure 6 Places where children can go if abused according to caregivers**



**A larger proportion of children (75 percent) can identify at least one place of safety in the community yet only 17 percent can name two or more of those.** Children can go to the WACPS/LNP (72 percent), a community member's house (22 percent), or the Chief, Community chairperson, or Camp Master (17 percent).

### 5.3.3 Child Welfare Committees

Child Welfare Committees (CWCs) consist of several adults who address child protection issues in their community, reporting cases to the WACPS and making referrals to a variety of governmental and non-governmental agencies. Overall, **only 7 percent of caregivers or children have heard of a Child Welfare Committee** in their community. Although about 1 percent of those caregivers do not have a CWC in their community, the overall low level of knowledge may reflect lack of awareness as much as unavailability of such groups in many communities, particularly in GM. Raising awareness on children's rights and giving advice to parents, children, and other community members are the main two roles of CWCs according to caregivers. For children, raising awareness on children's rights and monitoring child protection in the community/identify vulnerable children. Only one in four caregivers or children considers the CWC to be very effective.

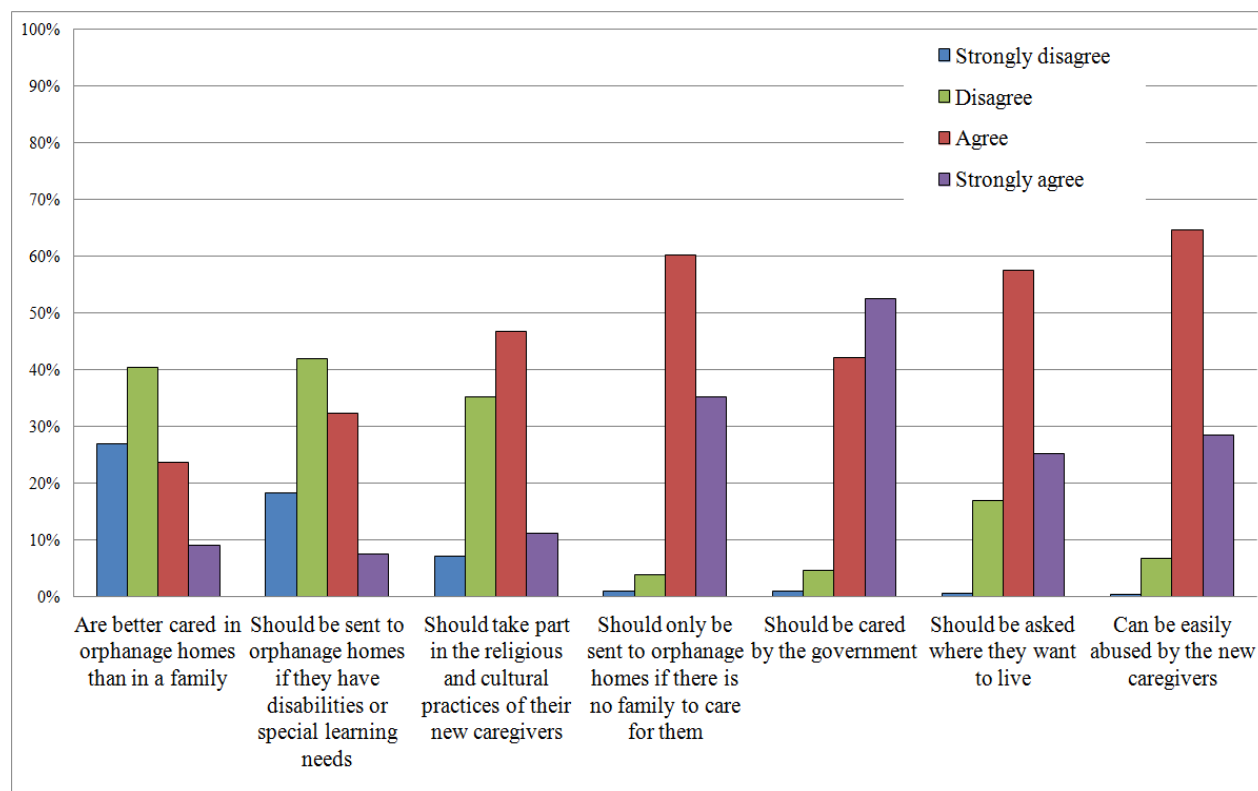
## 6 ATTITUDES

Behaviour can be affected by a number of factors such as social influence, perception of oneself, and economic factors. There is accumulating evidence that attitudes can also influence our behaviors or be influenced by behaviors<sup>34</sup>. In the field of public health, for example, Prislin and colleagues found that parent's beliefs about childhood immunization predicted their attitude towards it and, as a result, the immunization status of their children<sup>35</sup>. In the context of child protection, this KAP survey measured beliefs and attitudes towards certain key issues directly or indirectly related to children not living with their parents. Attitudes were measured with a 4-point scale for caregivers and a binary choice for children.

### 6.1 Children without parental care

One question assessed the level of agreement of respondents with a list of statements on care arrangements for children who are not living with their parents. The overall distribution of caregivers' responses is quite balanced along the scale for statements such as "[children] should take part in the religious and cultural practices of their new caregivers" or "should be sent to orphanage homes if they have disabilities or special learning needs." In contrast, other issues generate more polarized attitudes. For example, 94 percent of caregivers consider that children who are not living with their parents should be cared by the government and only 6 percent disagree to some extent with that statement (Figure 7). Like adults, most children agree that children who are not living with their parents should be cared by the government (92 percent).

**Figure 7 Situation of children who are not living with their parents according to caregivers**



**A strong preference for family care is revealed by 95 percent of caregivers and 83 percent of children who agree that children should only be sent to orphanage homes if there is no family to care for them. A certain paradox exists, though,** with about one third of caregivers (mostly outside of GM) and children considering that children who are not living with their parents are better cared in orphanage homes than in a family. This position was also described by a Chief elder in a rural community, who insisted that “children should [also] be sent to an orphanage home for care and protection.” Whether this contradiction reveals duality on this issue on the part of respondents or a misunderstanding of the question is unclear. Awareness of the risk of abuse by caregivers is high (93 percent of caregivers and 81 percent of children) and so it is a positive attitude towards asking children where they want to live (82 percent of caregivers and 86 percent of children).

## 6.2 Child beating: Caregivers’ perspectives

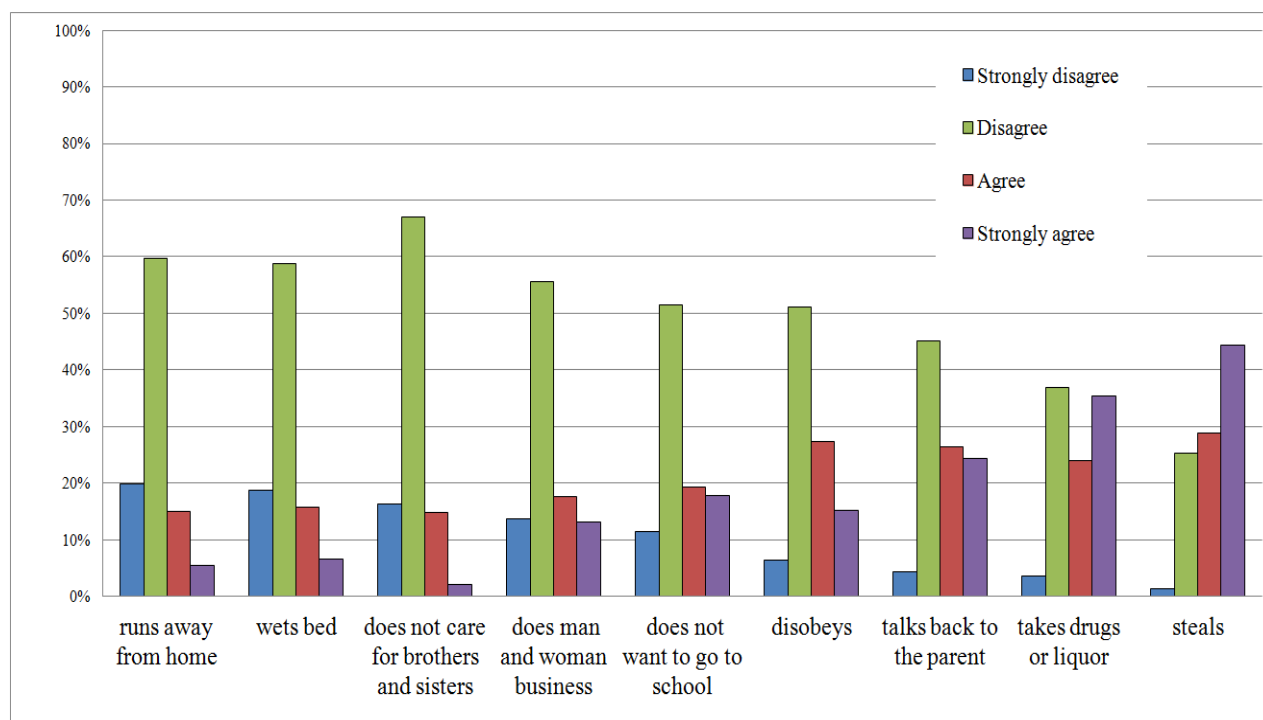
In the context of children’s right to protection from all forms of violence, the Committee on the Rights of the Child has consistently interpreted the CRC as requiring prohibition and elimination of corporal punishment and other cruel or degrading forms of punishment of children<sup>36</sup>. By ratifying the CRC as well as the African Charter on the Rights and Welfare of the Child (ACRWC), Liberia is called to ensure that all discipline used by parents, teachers, and other caregivers respects the child’s dignity, avoiding all inhuman or degrading treatment<sup>37</sup>. In contrast, the Biblical proverb “Spare the rod, spoil the child” (meaning that if you do not discipline the child, you will spoil the child) is frequently used by many parents, teachers, and other caregivers in Liberia. Supporters of this position consider physical forms of punishment (e.g., beating with a belt or putting ground hot peppers in the child’s orifices) and harsh verbal reprimands to be necessary to bring up good citizens and consider it an indicator

of good parenting<sup>38</sup>. This position was described by one of the KIs interviewed, who said: “They [people who cannot read and write] always say “I will handle my child with strong hand so that he/she will be a good child for tomorrow.” This attitude does not seem to be limited to illiterate people, though.

Although corporal punishment is not a hidden practice in Liberia, measures were taken to ensure the validity of the data and the security of respondents and interviewers when inquiring about this issue. Not only were interviews conducted in a private space but, more importantly, this question was worded in a way that would not be threatening for respondents. In the case of caregivers, they were asked whether, in their view, parents are right to beat their children in a predetermined list of situations. By measuring attitude rather than behaviour, respondents were less likely to modify their answers to protect themselves or please the interviewer. As for children, they were not asked about practices at home but rather in their community. Because for children this was a behaviour rather than an attitude question, their responses are provided in the Practices Section.

The question was worded as follows: “Sometimes, when parents or the people who take care of children are *vexed* (i.e., annoyed) by things that children do, they will beat children (hard). In your view, are parents right to beat their children in the following situations? Please tell me whether you ‘agree’ or ‘disagree’ and how strongly you feel that they can do this.” **Two-thirds of caregivers agree with at least three reasons for beating** (78 percent in rural, 68 percent in urban, and 55 percent in GM). Overall, according to caregivers, the main reasons that justify beating a child are if the child steals (73 percent), takes drugs or liquor (60 percent), or talks back to the parent/caregiver (50 percent). Most disagreement with the use of this type of discipline is shown in situations in which children do not care for brothers and sisters (83 percent), runs away from home (80 percent), or wets the bed (78 percent). More than half of respondents do not think that it is justified to beat a child in all circumstances listed except for stealing, using substances, and talking back to the parent. Agreement with all acceptable reasons to beat children is higher in rural areas (Figure 8).

**Figure 8 Situations in which it is justified to beat a child according to caregivers**



### 6.3 Differential treatment of children

The large majority of adults and adolescents disagree that it is better to send one's own children to school than to send other children in the house (95 percent caregivers and 92 percent children) or to send able children to school than to send disabled children (96 percent caregivers and 94 percent children). According to children, it is not better to send boys than girls to school either (97 percent). However, results from another HS question and the interviews largely contradict this in practice.

Children were asked whether, from what they see and hear around them, all children in the house (i.e., biological children of the head of the household, family children, and other children 'who are just living there') are treated the same way. Seventy percent of children respond 'no' to this question, and all of them indicate that biological children are the ones who are treated better. Better treatment translates into better/more clothes (76 percent), food (64 percent), schools (46 percent), sleeping place (8 percent), and time for themselves (e.g., to play or study) (24 percent). They are also sent to school while other children work (54 percent). These results were all confirmed through the individual and group interviews.

A KI from Kakata indicated that "most parents have multiple homes and will only care for the children of the home they cherish and turn their back on the other children." Many references to differential treatment of children vis-à-vis adults as well as among different types of relations within the household were made in FGDs. Children being secondary to adults was illustrated by adolescent when saying that "Some parents don't provide balanced meals for their family especially the children [...] Some give us 'farina'<sup>3</sup> for our whole day food." More attention was paid, however, to inequitable treatment of children across relationships in the household. Numerous examples were provided of some children (biological children, able children, etc) receiving preferential care including better/more food, clothing, or sleeping conditions; opportunities for better education and health care; and more time to play or study while other children carry out work. Following are some quotes from FGD participants classified by theme:

**Schooling** When some parents have more children they send only few to school and leave [the] majority of them at home.

In some places parents and caretakers are in the habit of sending their children to private school and sending the family or other children to government school.

Some of them [parents/caregivers] send the children they like to school, and don't send the ones they hate to school.

[Some parents] only send the ones that are clever to school and leave the ones that are not clever.

**Free time** Some parents/caretakers will give you, the child, more work to do so that you, the child, will have no time to go to your friends to play.

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<sup>3</sup> **Farina** as known in Liberia is referred to as "gari" in other parts of West Africa. It is a fine to coarse granular flour of varying texture made from cassava tubers (also called cassava roots) which are cleaned after harvesting, grated, water and starch squeezed out of it, left to ferment and then fried either in palm oil or without palm oil and serves as a quick meal while the family is waiting for the main food to cook. It is commonly consumed either by being soaked in cold water with sugar, milk, groundnuts or palm oil.

- Food** A few parents and caretakers are still letting children, especially those of family members and other people, cook their own food with less ingredients; [...] they and their own children eat the good food.
- Some parents [are] in the habit of giving more and better food to their own children and not giving enough food to other people's children that are living with them, [...] Some [parents] even don't make sure to give other people's children food on time.
- Clothing** Some parents don't buy the same quality of clothes for the children in the house, [...] They will buy expensive clothes for their own children and buy used clothes for the other children. It makes the other children feel bad and less important.
- Sleeping conditions** Some parents/caretakers let their own children sleep on beds with mattresses while family or other children sleep on the floor; [...] the children catch cold and get sick from the cold floor.
- Parent-child relations** If they [parents] have 6 – 8 children they will always curse/insult some of them [...] the ones they don't love.
- [Some parents] celebrate their own children's birthday and leave other children out.

#### 6.4 Kinship care & willingness to foster

Fostering, in the broadest sense used in the study, refers to the informal practice of nurturing or providing family-based care to children other than biological children.<sup>4</sup> In the study sample, caregivers reported that 89 percent of the households had at least one biological child, 57 percent housed at least one family child, and 7 percent included other children. A common practice in the target area, 73 percent of caregivers would send a child to live with a relative. Fewer positive attitudes towards sending a child to live with a non-relative (35 percent) or in an orphanage home (21 percent) suggest more concerns about these arrangements. Caregivers in rural areas seem more supportive of all these practices.

Willingness to foster was assessed through a series of five statements. Each statement focused on a different group of children. Almost all caregivers would foster or take a child who is a relative (99 percent), a child from a different ethnic group (92 percent), or a non-relative (91 percent). Eighty-two percent would foster a child who has a disability and over half of them would foster a child who is HIV positive (55 percent); this attitude seems more extended among caregivers in GM. Several key informants described a common practice of bringing children from rural areas into the cities to do domestic work; certain 'stereotypes' exist as of what ethnic groups are more docile and hard working and, in consequence, the practice of taking a child in who does not belong to the same ethnic group as the head of the household is common. Without an appraisal of this practice, it is not possible to know the extent to which caregiver's generally positive attitude towards fostering across ethnicity comes from the customary practice of caring for children in the community or from a need to have domestic assistance at home.

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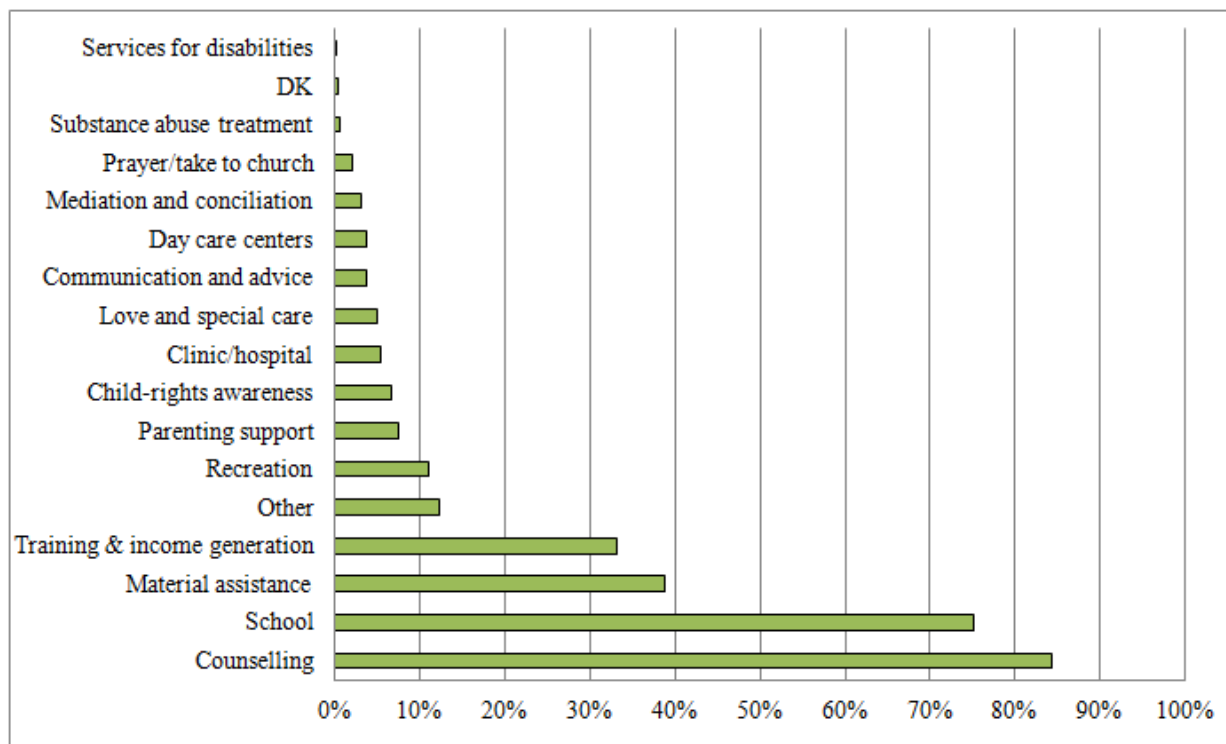
<sup>4</sup> This informal arrangement differs from formal foster care in which "children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family, that has been selected, qualified, approved and supervised for providing such care" (Guidelines for the Alternative Care of Children). The new Child Law gives priority to the child's extended family to provide foster care (Section 70-76).

The parallel question for children reveals that 80 percent of adolescents would not have a problem going to live with someone from their family, whereas only one in three would feel that way about moving with a non-relative and one in four would not mind going to live in an orphanage home .

### 6.5 Reunification of children living in the streets

The majority of caregivers (98 percent) and children (96 percent) think that it is possible to bring children who are living in the streets back with their families. All caregivers in GM believe so whereas 10 percent of those in rural areas doubt it to be possible. In order to facilitate the reunification, caregivers identify types of services that would help to bring these children back so that they stay. These include mostly counseling or psycho-social support for children and/or parents (84 percent), schooling (75 percent), material assistance (39 percent), and vocational/skills training and opportunity for income generation (33 percent) (Figure 9). Children prioritize the same resources, plus recreation/safe playgrounds or football field (10 percent).

**Figure 9 Services needed to bring children living in the streets back with their families according to caregivers**



Reunification of children living in the streets was also the object of group discussion with children and adults. Two positions were put forward. The majority of participants thought that it was possible and good for children living in the streets to go back to their families. However, there were some conditions for success. First, the child needs to be ready and manifest an interest him/herself. In the words of some boys in transition out of the streets: “they can only go back when they decide [...] Some are used to the street life so they do not want to go home [...] When they realize their wrong and want people to talk for them to go home [...] Talking will not change them but they will change themselves.” Second, it is important to offer them “better services than what they get from the streets”. This includes good care at home as well as training programs and opportunities to keep them busy with



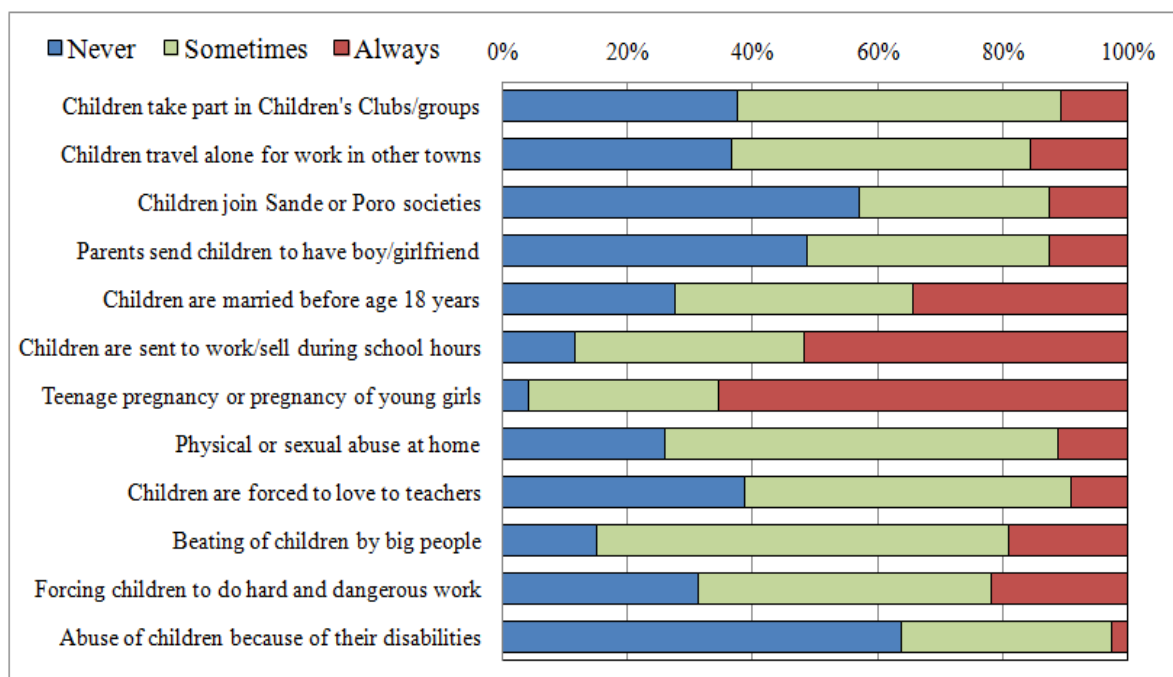
support from I/NGOs, the GOL, etc (e.g., to build a learning center for them). Third, counseling, encouragement, spiritual intervention (including praying for the child and taking the child to church), and love. Finally, restricting their movement when they come back home and sending the police on the child when necessary. A few participants did not think that children could be brought back from the streets either because the child does not want to go back, or the community does not accept him/her (e.g., armed robbers), or “because some have been in the street so long that they can no longer live with others.”

## 7 PRACTICES

### 7.1 Perceived Prevalence of Risk & Protection Practices, including children without parental care

In order to assess prevalence of selected issues that children can face in different communities, two questions were asked. First, interviewers read, one by one, a list of child protection issues and asked respondents to please indicate whether they happened in their community and, if they did happen, whether they happened ‘always’ or just ‘sometimes.’ As throughout the questionnaire, references to parents included also other adults who care for children in the house. Abuse of children with disabilities or special needs and children joining Sande or Poro societies are the most infrequent issues, with 64 and 57 percent of caregivers indicating they do not happen in their communities respectively (Figure 10). Teenage pregnancy has the largest prevalence as per caregivers’ assessment (95 percent indicate it occurs in their community). This contrasts with responses to the open-ended question described earlier, thus suggesting that not everyone considers this practice to be harmful. FGD participants, for the most part, shared concern about it too. Sending children to work in a farm or mine or to sell on the street during school hours and adults beating children are widespread in the target districts too (89 and 85 percent respectively). Differences by type of residence exist. For example, Children’s Clubs are less common outside of GM whereas children joining Sande and Poro societies is less prevalent in GM.

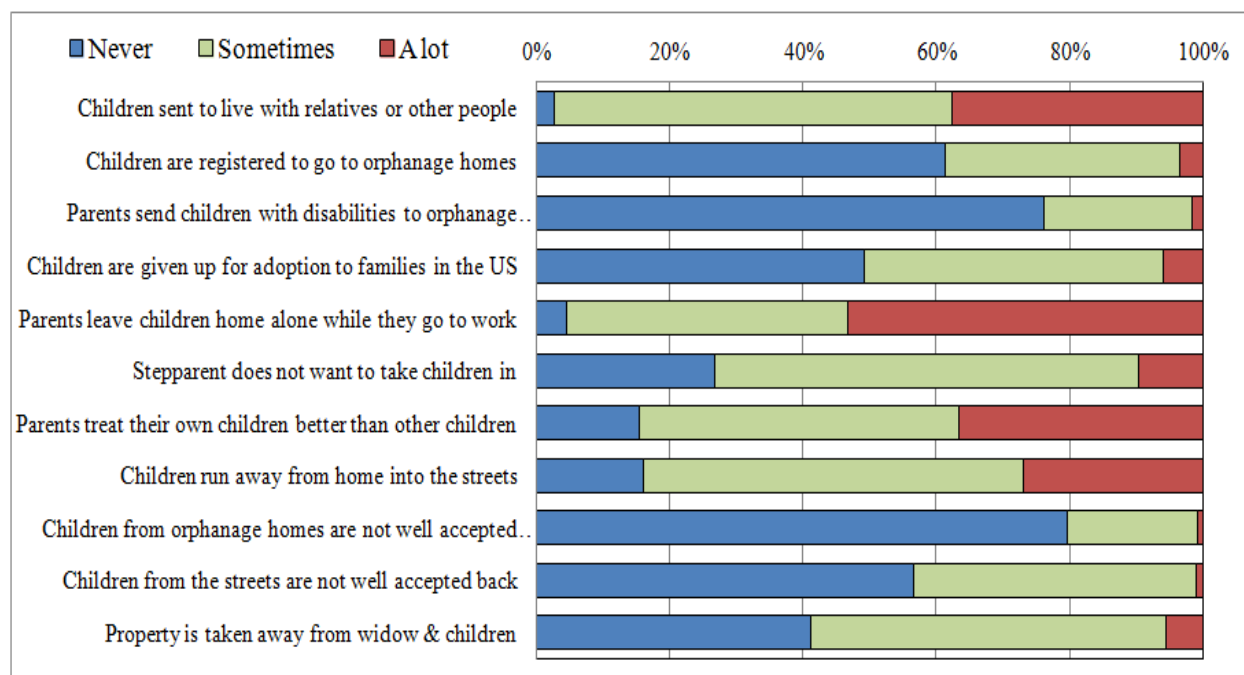
**Figure 10 Prevalence of child protection issues in the community according to caregivers**



Like adults, children indicate teenage pregnancy (92 percent), child beating by adults (89 percent), and sending children to work in a farm, mine or street during school hours (88 percent) as the most common of the situations listed. Forcing children to do hard and dangerous work (71 percent), physical or sexual abuse at home (65 percent), and unsafe migration (59 percent) are also frequent. A sizeable proportion of children don't know or refuse to estimate the prevalence of several of the situations listed, mostly parents sending children to have boy/girlfriend (34 percent), children being forced to love to teachers (31 percent), and children joining Sande or Poro societies (24 percent).

The second question focused on practices related to children who are not living with at least one of their parents for whatever reason. Again, interviewers read a list of situations and asked respondents to assess whether these 'did not happen', 'happened sometimes', or 'happened a lot' in their communities. At least three out of every four adults consider that children from orphanage homes are always well accepted back in the community (80 percent) and that parents never send children with physical or learning disabilities to orphanage homes (76 percent) (Figure 11). The other practices vary more across communities, although sending children to live with relatives and other people (98 percent) and leaving children home alone while parents go to work are reported to happen in most of them (95 percent), and differential treatment of children within the household is also common (85 percent). Over one-third of adults indicate that registration of children to go to orphanages occurs sometimes or always in their communities (39 percent); this, inter-country adoption, and children running into the streets are reported less frequently in rural areas. Although not a common practice, the fact that 21 – 58 percent of respondents (rural and GM respectively) indicate that children in their communities are sometimes or always given up for inter-country adoption further suggests failure to recall in the previous question.

**Figure 11 Prevalence of child care issues in the community according to caregivers**



In the view of children, parents leaving children home alone while they go to work and sending children to live with relatives or other people are the most common of the practices listed (95 percent each). Differential treatment of children (86 percent), children running away from home (81 percent), and stepparents' refusal to take children in (73 percent) also happen sometimes or a lot in these communities. Low prevalence and substantial proportion of children not knowing or wanting to answer questions about orphanage homes such as registration of children (37 percent), parents sending children with disabilities (40 percent), or children from orphanage homes not being well accepted back in the community (58 percent) may partly suggest lack of familiarity with residential care, particularly outside of urbanized areas. Results from the FGDs supports this interpretation.

Whereas some adult and adolescent FGD participants in family-based care agreed that it was possible to bring children back from orphanages into their families, several pointed out that "it is possible but not too easy," "it requires a lot of time," or clearly indicated that it was not possible "because it is not easy to cooperate with the family at the house" and/or because "it is good for orphans to stay in the orphanage because the community is loose." The former statement, voiced in a group discussion (versus the more representative assessment provided by the household survey) nonetheless raises an issue requiring further exploration, namely to what extent do orphanage homes provide increased supervision and protection from dangers in the community as compared to family-based settings. Calls were made for the GOL to support their schooling and to build an institution for those who do not have a family; for parents to 'revisit the orphanage homes and say that they can now cater for their children so they can join them;' and for NGOs and other 'good' people to help those without relatives.

## **7.2 Child discipline & child beating: Children's experiences**

Sometimes, when parents or the people who take care of children are *vexed* (i.e., annoyed) by things that children do, they may beat children (hard). Children were asked to indicate how often (never, sometimes, or always) parents beat children in their community in preset situations. Stealing (96 percent) and taking drugs or liquor (82 percent) are the two reasons that more consistently take that punishment although other behaviors, mainly disobedience (93 percent) and talking back to the parent (93 percent), are sometimes or always linked to beating too.

The HS asked about child beating in the context of parent/caregiver-child relations, yet some KIs and FGD participants commented on the use of physical punishment by other individuals in a position of authority. One member of a town elders' group indicated, for example, that there is a need for "ways for teachers to stop beating on children students." Discussions with children and caregivers revealed that many other forms of discipline and punishment are used and that the diversity of situations which can trigger their use is wide too. Figure 3 lists circumstances that can make parents/caregivers *vexed* as well as the reactions they may have. Whether a particular behaviour led to a certain reaction varies across individuals and situations. Direct, causal link should, thus, not be drawn as listed; rather, this figure provides a broad picture of types of discipline used and the situations which may prompt them.

**Figure 3 Situations that make parents or caregivers vexed & their reactions**

Situations	Parents/caregiver's reactions	
	Positive	Negative
Disrespecting parents or shouting at parents (e.g., when parent talks, child talks back to parent)	Talk to/counsel the child (e.g., take child for a walk and talk to him or her about what dissatisfies you)	Not give the child food for the whole day /reduce child's food for two days (nobody should give child food)
Disobedience (e.g., mother tells child not to go out/to a certain place and s/he goes or child refuses to come to parent's call)	Tell child it is wrong to disrespect parents	Lock the child up in the room/house
Child does not want to do work for parents (e.g., parents tell child to wake up and make hot water for them to take bath and child refuses to get up)	Tell children you love them and you would love them better when they change	Beat child ("and some time break some part of child's body")
Refusing/forgetting to help with household chores		Make the child to pump tire (squatting and standing up without stopping (up and down motion))
When your parents tell you to do something and you begin to murmur		Make child wash all the children's clothes or sweep for one week.
Refusing to go to school		If child can't take the advice, you punish child from playing with friends
Not doing your assignment/ Refusing to study but go out to play		Make the child squat or stand on one leg for a long period of time.
Not listening to advice/doing the right thing		Tell the child to leave the yard or house
Acting like you are the mother in the home		If you are not their own child, they will plan to sell you
Fighting and abusing friends/in the yard		Child to sit flat on the floor with hands up and fly airplane
Peer pressure (e.g., following bad friends or going against parents because of peer pressure)		Call child animal names (dog, cat, rat) or stupid
Stealing (e.g., picking over food that is not yours, stealing parent's money or from people in the community)		Clean blackboard with tongue, licking (teacher at school)
Gambling		
Lying (e.g., when parent asks child about something s/he has done and child denies it)		
Running away from home		
When your mother tells you to move from the street and you end up in the police station		
Coming in the house late at night		
Child gets pregnant		
Going after boys who cannot help you		
When people take your complaint to your mother		
When child can't tell parent any reason for doing what he did		

### 7.3 Reporting abuse

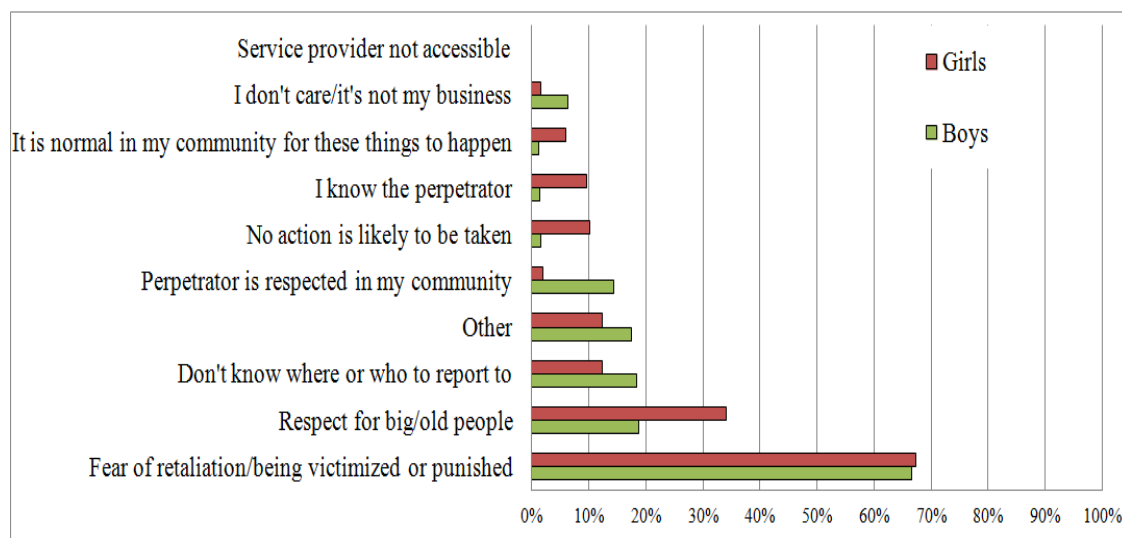
Over two-thirds of caregivers say they report if they see or hear of children experiencing abuse at home or in the community (68 percent). Caregivers normally report to the WACPS/LNP (84 percent); the Chief, Community chairperson or Camp Master (55 percent); and to a lesser degree, to family and friends (17 percent). The fact that few reports are made to the Courts (9 percent), Social or health workers from the MOHSW or the MOGD (5 percent), NGO workers (3 percent), and CWCs (1 percent) may be largely explained by the lack of such individuals and institutions in many communities. Analysis by type of residence also suggests this to be a plausible reason.

Caregivers who do not report abuse, generally confront the perpetrator (22 percent). A few comfort the child (3 percent) or do nothing (6 percent). The main reason not to report is to caution the perpetrator first (21 percent). Other reasons include fear of retaliation/being victimized, service provider not accessible, or caregivers not caring or believing that it is not their business (5 percent each). Familiarity with the perpetrator (1 percent), the perpetrator being respected in the community (1 percent), or not knowing where or who to report to (< 1percent) are rarely reasons not to report.

In order of prevalence, more caregivers report child abuse in urban areas (72 percent) than in rural areas (69 percent), and GM (67 percent). Reporting to family members or friends is rare in GM in contrast with other areas (8 percent vs. 40 percent urban and 38 percent rural). Most reporting in GM (92 percent) and urban areas (79 percent) is done to the WACPS/LNP whereas Chiefs, Community Chairpersons, or Camp Masters are the ones more often approached in rural areas (81 percent). NGOs play a significant role in urban areas (13 percent), and so too the Courts in rural and urban areas (23 and 24 percent respectively).

Children’s question is worded to rather measure intention to report, yet results are presented here to facilitate analysis. More than three in four children would report if they saw or heard that one of their friends or another child was abused at home or in the community. Children would report to the WACPS/LNP (72 percent), a family member or close friend (51 percent), or to the Chief, Community chairperson, or Camp Master (27 percent). Although some variation exists between boys and girls, in general, fear of retaliation or being victimized or punished (67 percent), respect for big/old people (27 percent), and not knowing where or who to report to (15 percent) are the main reasons why almost one out of every four children would not report child abuse (Figure 12).

**Figure 12 Reasons for not reporting abuse according to children by sex of respondent**



## 7.4 Enabling environment

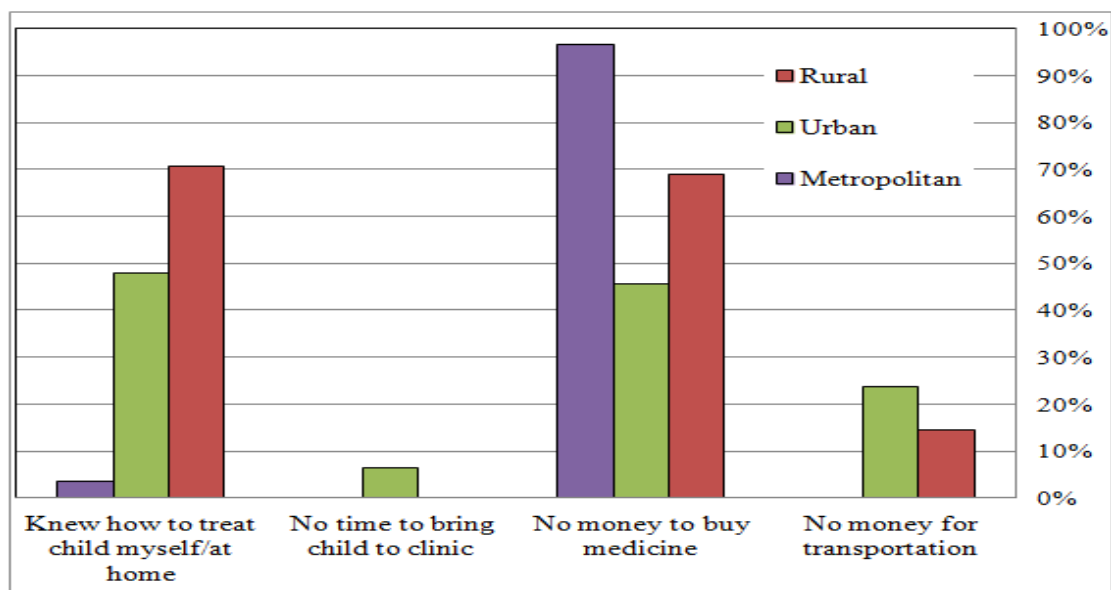
### 7.4.1 Children health status & healthcare treatment seeking behaviour

This section presents an overview of the reported children's health status and healthcare seeking behaviour for caregivers and children. The results show that at least one child has been sick or injured in most households since the beginning of the year (82 percent), with a marked difference by type of residence. Fewer caregivers in GM report any child in their care being sick or injured during that period (79 percent vs. 89 and 91 percent in rural and urban areas, respectively). In 98 percent of cases, caregivers go for health care treatment. Treatment is primarily sought in health facility/clinics (96 percent) or drug shops (13 percent) in all areas, with drug shops being used more frequently in urban areas. Residents outside of GM (particularly rural areas) also resort to blackbag doctors, herbalists/country doctors and, to a much lesser extent, Trained Traditional Midwives (TTMs).

For the very few caregivers who do not go for treatment, the main reasons are lack of money to buy medicine (88 percent) or for transportation (4 percent) and knowing how to treat the child at home (16 percent). No time to bring the child to clinic is only heard in urban areas (6 percent) (Figure 13). The overall assessment of children health status and healthcare seeking behaviour does not vary by sex of respondent. However, lack of money seems more of a reason for females not to seek care while knowing how to treat the child at home is more frequently mentioned by men.

Over half of children 12 – 17 years have been sick since the beginning of the year (57 percent). The vast majority of them went for healthcare treatment (90 percent), with no difference by sex. As caregivers report, most treatment is received at health facilities (75 percent) (particularly by girls) and drug shops (31 percent), although children report larger use of the latter. Like caregivers too, children who did not go for healthcare indicate home treatment (52 percent), lack of money for medicines (30 percent) and no time to go to the clinic (18 percent) as the main reasons not to seek care. Not knowing where to get services does not seem to be a reason not to seek healthcare treatment by either caregivers or children.

**Figure 13 Caregivers' reasons not to take child for treatment by residence**



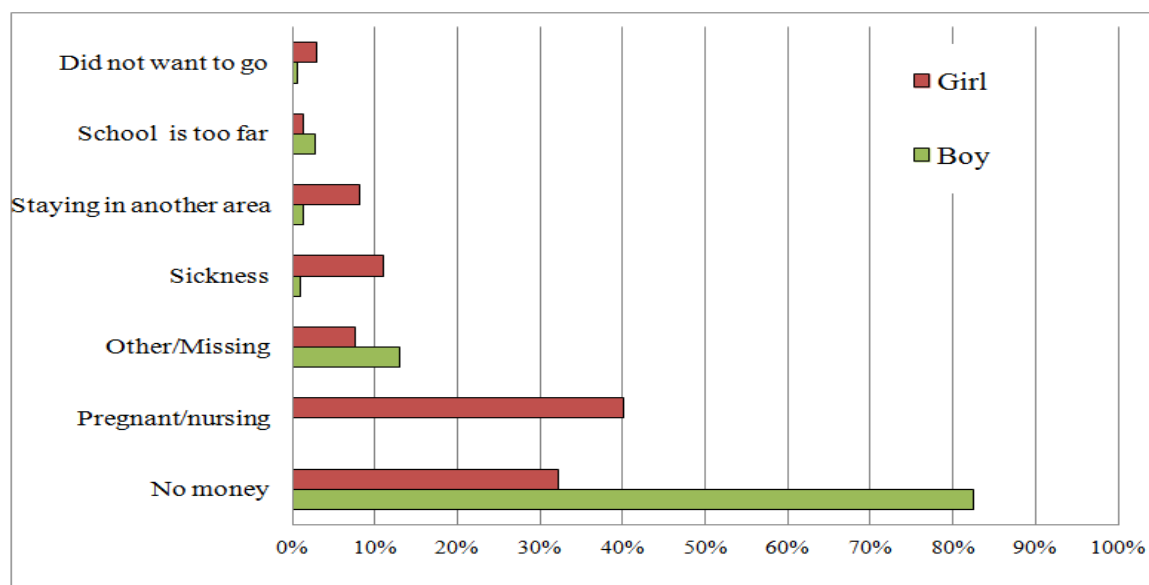
### 7.4.2 School attendance & absenteeism

The survey asked about current school attendance among children in the household. presents school attendance by all children in the household since the beginning of the school year (when it was not vacation or holidays) and the reasons why some children are not going to school. Overall, all children are attending school in 59 percent of the households. If looking only at households with all children in school-going age, 74 percent of these households have all children in school; the difference by type of residence is lost in this case suggesting that young age, and not only barriers to access, may contribute to the disparity across location.

Indeed, among all reasons for children not to go to school, the most frequent ones are child(ren) not having reached school-going age (61 percent) and lack of money for fees, uniform, books, or transportation (50 percent). The latter is prominent in GM (63 percent) while distance to school is more common in rural areas (7 percent) and other reasons such as recent relocation (i.e., arrived in the community when school was already in session) are listed in urban centers (7 percent) as compared to the other residence areas. Higher attendance rates in urban areas and financial constraints as a major reason for school absenteeism are consistent with LDHS data <sup>2</sup>.

Overall, 82 percent of both boys and girls aged 12 – 17 are attending school. Among children who are not going to school, the main reason is lack of funds for school fees, uniform, books, or transportation (56 percent), particularly for males. Pregnancy or nursing is an important reason for girls’ absenteeism (40 percent) (Figure 14). As documented by the LDHS, having to work is not a significant reason for children’s absence from school <sup>2</sup>. Nonetheless, it is also possible that this group is actually counted within the first one (i.e., lack of funds) as many children have to work due to financial difficulties in their families. Although the data do not show any obvious defect that would indicate significant over reporting, a GOL official interviewed described how “many children are not going to school. But if you ask them in the morning they will tell you that they are attending in the afternoon and if you met them in afternoon they will tell you that they are attending in the morning. Parents and foster [parents] have trained them to use this strategy.”

**Figure 14 Reasons not to go to school according to children by sex of respondent**



Note: Only reasons mentioned by more than 1 percent of respondents are presented.

### 7.4.3 Daily routine

#### As shown on

Going to school/studying (81 percent), helping to do housework (74 percent), and playing or getting together with friends (23 percent) take most of children’s daytime. Girls seem to spend more time taking care of young children or helping with housework while boys work in a (brick) factory/garage or rock mine or get together with friends to play.

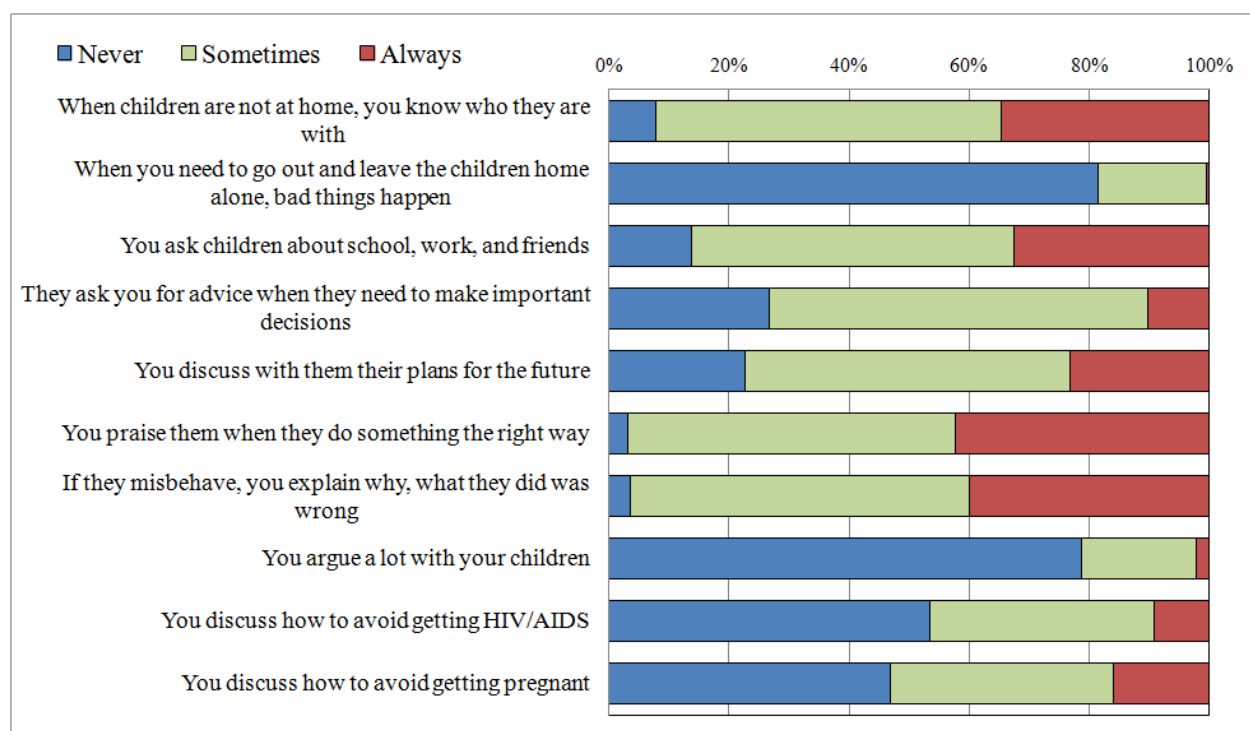
### 7.4.4 Social relationships

Parent-child relations are at the core of family life, the development of human bonding, the understanding of child behaviour, and the adjustment of children to their community and their environment<sup>39</sup>. Children and youth need a sense of belonging to their families and communities. Extensive research shows that social networks play a key role in enhancing or obstructing social integration and wellbeing by facilitating, hindering, or directing the flow of social and material resources. Social connectedness and support are also widely recognized as protective factors for children<sup>40,41</sup>.

#### 7.4.4.1 Parental monitoring & parent-child communication

There is accumulating evidence that positive parenting practices such as quality parent-child communication, and parental monitoring and supervision, play a protective role on child development and adjustment<sup>42,43</sup>. Respondents were provided with a list of situations regarding parent-child relations and asked whether these ever happened in their homes, and if so how frequently (Figure 15). Although this list of practices incorporates input from caregivers and children through initial FGDs, a closer look at local understandings of support, autonomy, and parental control is needed in the future as insufficient attention is often paid to culturally distinct dimensions of parenting and parent-child relationships<sup>44</sup>.

**Figure 15 Parenting practices according to caregivers**





**Parental monitoring:** according to caregivers, when children are not at home, they sometimes (58 percent) or always (35 percent) know who they are with. A similar description is provided by child respondents. According to both caregivers (82 percent) and children (87 percent), when parents need to go out and leave the children home alone, bad things never happen. This seems to be mostly the case in GM. Information from the KIs and FGDs corroborate some of these findings. For example, several references were made to the practice of leaving children left home alone while their parents go to the farm or to the market. “Kids are left alone while parents go fetch,” said an interviewee from Kakata. No details were provided as to the presence of others (e.g., siblings or neighbours) to supervise children in those situations.

### **Verbal Parent-Child Communication:**

#### *Parent-Child Communication on daily life*

Several statements were used to assess different traits of parent-child communications. Most caregivers sometimes (54 percent) or always (33 percent) ask children about school, work, and friends yet 14 percent never asks. Also, about three out of every four caregivers discuss with children their plans for the future and/or give them advice when they need to make important decisions. Men report being sought for advice more often. The prevalence of these practices is consistent with children’s reports too. There is nonetheless a sizeable proportion (23 – 27 percent) of caregivers who never communicates on these matters with the children in their care. Non-verbal forms of communication were not assessed. FGD participants identified parents encouraging and giving advice to children as a protective practice.

#### *Validation & transmission of a moral order*

In most cases, if children misbehave, caregivers sometimes or always explain the reason why what they did was wrong (97 percent of both caregivers and children). Similarly, they praise children when they do something right (97 percent of caregivers and 98 percent of children). These practices are said to happen consistently in about one-third of cases. This is in contrast with findings from the FGDs, in which these behaviors were either rarely described (the former) or complains about parents not praising children for their efforts and hard work was voiced by children. Input from the FGDs reflects children’s appreciation when parents treat them with respect. For example one adolescent said “If my parents are harsh in sending me, I will not feel good. But if my parents say ‘please’, I will go about doing it.”

#### *Communication around sensitive issues: sexual intimacy*

Approximately half of caregivers never discuss how to avoid getting HIV/AIDS (54 percent) or getting pregnant (47 percent) with the children in their care. This is particularly so outside of GM. More children indicate never discussing with their parents how to avoid getting HIV/AIDS (60 percent) or getting pregnant (50 percent). Certain over reporting by caregivers and diverse practices by sex of child (e.g. fewer boys than girls discuss with their parents how to avoid getting pregnant (56 vs. 45 percent respectively) may be part of the explanation.

#### **7.4.4.2 External sources of support**

Besides family separation as a result of the war or migration (e.g., for work or other reasons), parents are used to relying on extended family and community members to support raising children<sup>45</sup>. When they have a serious problem with the children in the house, caregivers usually turn to their family of birth (67 percent); their husband/wife, boyfriend/girlfriend, or the parent of the child (49 percent); friends or neighbours (25 percent), and to a lesser degree, to a religious leader (8 percent), a community chief or elder (7 percent), and to the husband’s

or wife's family (8 percent). Teachers or health workers are rarely approached, particularly in GM. These support networks are similar for men and women, although men seem to turn more to friends/neighbours in these situations. Residents of urban and rural areas more frequently mention not having anybody to turn to (20 and 18 percent urban and rural respectively vs. 8 percent in GM).

Different types of relationships provide different kinds of support<sup>46</sup>. From family, children can learn continuity, interconnectedness, and a sense of moral order, whereas peers, neighbours, and teachers can expose them to new information and a diversity of attitudes and behaviors<sup>47</sup>. There is also evidence that relationships with siblings and grandparents may play protective and support functions, particularly in times of family transition or crisis<sup>48</sup>. Questions for children explored different types of support. Practically all children have someone to turn to information and advice, emotional support, and material assistance. Family members are the main sources of all three types of support--parents, aunts/uncles, siblings, and grandparents. Friends/neighbours are also approached, particularly for material support. Other community members, particularly those in a position of authority (e.g., chiefs, teachers, and religious leaders), are rarely approached for any of these three types of support.

### **7.5 Sources of information about child care and safety**

In order to plan a communications campaign on child protection, it is important to know by what means people obtain this type of information. Access to information is needed in order to increase people's knowledge and ultimately influence their attitudes and behaviors. In the words of one of the KI interviewed, "there is a need to continue to discuss about the importance of good care for their children on the radio and public places." In the survey, both adult and child respondents were asked where they get information on child care and safety.

The survey also asked caregivers and children to list different types of media used to obtain information on child care and protection. For caregivers, the radio (75 percent), and family, friends, neighbours, and colleagues (54 percent) are the main sources of information across all residence areas. Other lesser sources are newspapers and magazines (23 percent), community groups (e.g., CWCs or Children's Clubs) (16 percent), billboards (14 percent), the TV (13 percent), and CBOs/NGOs (12 percent). Larger diversity of media used in GM is consistent with existing information on ownership of amenities and access to mass media, which are markedly different between rural and urban areas<sup>2,5</sup>. In contradiction, however, there is a the relatively large use of cell phones for the purpose of getting information on child protection in rural (20 percent) and urban (13 percent) areas yet not in GM (< 1 percent). This category was created from coding open responses; lack of consistent recording of those by some interviewers may have contributed to this discrepancy. Larger use of printed media by men than women are consistent with lower literacy rates and access to mass media for females in Liberia<sup>2</sup>. Children get information about child care and safety largely through family, friends, neighbours and colleagues (63 percent); radio (57 percent); schools, teachers, and Parent-Teacher Associations (PTAs) (42 percent); and the TV (18 percent).

## **8 CHILDREN RIGHTS AND PROTECTION**

When asked about child rights and protection, polarized opinions emerge in almost every setting. In fact, resistance to change certain customary practices (e.g., FGM/C) delayed the passing of the Children's Law (the prohibition of this practice was ultimately removed following discussion in the Legislature) and it is still cause of disagreement at the Senate<sup>20</sup>. Whereas some are very supportive, many believe "human rights spoil our children" and yet others show confusion about what child rights mean and their applications. According to adolescents, parents "feel bad about child rights because they feel that all their rights have

been taken” away and child rights “make children to go against their family.” One adolescent girl shared her parent’s words on this regard: “When I am beating you and child right comes, I will jump on them.” Indeed, a rights-based argument is often put forward in the context of child discipline; to the extent that one adult FGD participant defined child rights as “when children are fighting among themselves and you stop them.” Indeed, arguments often heard from those who are against child rights include “because when you want to discipline your child you are afraid of the law” or “because it makes our children loose.” In the words of an adult, “child right made when we send our children to do something and they refused and we want to beat them, child right will tell you that it is his/her right.” Others, however, approve of child rights. They consider it ‘a good thing’ yet they add that rights “should go along with responsibilities,” and “most children [are] not listening to their parents.” They are aware that “the way the children understand it is different.” Several KIs interviewed shared these latter assessments by FGD participants. Many community members “do not believe in children rights. According to them, it is Western idea.”

As a result, many community leaders called for the GOL, SC, and other agencies “to come and teach us human rights and tell the children what obligation they have to us as parents” and to “create awareness for parents to know their limitation.” An elder leader in GM suggested that “both parents and children need to attend a workshop” because the issue of human/child rights and responsibilities is being misunderstood. Several of the KI interviewed underlined that there is a need for parent to be trained on how take care of children. “I think some parents don't know how to talk or treat their children that leads to some moving in the street,” explained a retired GOL official. Similarly, children should be trained “to help them understand how to respect us the parents.” Awareness-raising should extend to a variety of community members and utilize different media. Action is also needed in the legal front. As expressed by study participants:

- “We need intensive awareness in communities, schools and with families.”
- “Need to bring parents and children together to explain these rights.”
- “There is a need to work with the religious leaders to raise awareness.”
- “To raise the awareness and sensitization profile, get the local authority involvement in the development of key messages.”
- “Child to child education (peer education) Train and encourage peer education of youth. SC to support the establishment of children clubs at community and district levels.”
- “The only thing I think we can do is to create/raise more awareness and especially by using the different structures like women/youth groups in the communities and also the community policing forum will play a key role in this.”

Awareness messages and media:

- “Awareness messages to communities about child protection should be very clear (...) [and] in local dialects for those that are not educated.”
- “Drama displaying child protection messages in various communities, through community outreach, radio talk should to give parents the opportunity to express their view on the law.”

Intervention and assessment:

- “The protection activities design should consider the involvement of community people.”

- “We need coordination and collaborated efforts from our international and local partners who are in the field of child protection. The Police need the NGOs to support us with shelter, food and clothing for vulnerable children whom we come in contact with.”
- “Organize program to appreciate parents who are properly catering to their children as a means of encouraging other parents to provide proper support and care to their children.”
- “Training of parents in child protection mechanism and properly monitor the community.”

Legal action:

- “We need strong laws and policy on child caring.”
- “There is a need for law that will compel parents to stop ill-treating children.”

## 9 CONCLUSION

In line with the purpose and objectives of the KAP study, this report has established a baseline picture of the survey population. This study formally captured the perspectives and experiences of almost 1,800 people, including children 7 – 17 years and adults. It documented protective beliefs and practices such as shared monitoring of child wellbeing (‘a child is everyone’s child’), sending children to school, reporting of child abuse, positive discipline and parent-child communication, support networks, and youth involvement in community child mobilization. Caregivers and children also showed awareness of a number of child protection risks in their communities, including children in conflict with the law (e.g., stealing), substance abuse, teenage pregnancy, basic needs not met, and men and ` legislation and CWCs) as well as in the translation of child protection knowledge into practice. For example, misconceptions exist around adoption and residential care— regulations, orphanhood status of children in residential care, and opportunity to migrate following inter-country adoption. Widespread use of harsh physical punishment and other practices among caregivers suggests that customary beliefs and attitudes mediate awareness on certain sensitive issues, thus calling for a closer study of cultural norms and active dialogue across age groups and ethno-cultural communities. Open discussion and media coverage (mostly radio) could contribute to dispelling the myths surrounding orphanage homes and adoption, and educate the public about child protection, alternative care, and stakeholders’ rights and obligations (including those of children, parents/guardians, the GOL, etc).

According to findings in this study, there is a strong preference for family care in the project target areas. Unfortunately, parental and kinship care are not always synonymous of good care. Common risks in this regard are forcing children to work during school hours, differential treatment of children in the household, abuse by caregivers, and sickness, disability, and basic needs not met. To prevent family separation and facilitate reunification, a protective environment must be built for children at different levels. A clear legal framework is essential to protect children from unnecessary separation from their parents and to protect those away from their parents from abuse and discrimination. Initiatives that help parents and caregivers provide for their families (e.g., through the creation of employment opportunities, skills training, and daycare) and access basic services such as healthcare and education must be part of any intervention. Children migrating to pursue education or employment and lack of food, clothing, and adequate housing were mentioned in this study as reasons for children

to leave their parental home as well as for failure to reunify children who are living in the streets.

Positive attitudes towards non-discrimination in sending children to school or in fostering—including children from a different ethnic group or with disabilities, could facilitate finding a family environment for children who cannot be cared for by their families. Nonetheless, contradictions with practice were often heard. This serves as a reminder of the need to extend support and training to foster-caregivers and to children, and to monitor foster care closely. Indeed, regular data collection and analysis on the situation of children without parental care is needed to increase accountability and ensure effective child protection.

## **9.1 Recommendations**

The KAP study revealed that there are some gaps in knowledge, both positive and negative attitudes towards child protection, and conflicting practices. As a result, the following interventions are recommended to translate the study findings into action:

### **9.1.1 Strengthening the legal & policy system**

This KAP study compiled a significant amount of information useful to support continued advocacy for implementation and enforcement of the Children’s Law. This comprehensive law defines and regulates the rights and responsibilities of all major stakeholders for the wellbeing and protection of children in Liberia, including alternative care. The Children’s Law brings domestic legislation in line with the principles and provisions of the CRC and clarifies key concepts (e.g., ‘child’ and ‘alternative care’). Caregivers’ very limited knowledge of the applicable legal framework calls for training and public education of adults and children at the community, county, and national levels. The results of this study can help the GOL and its partners to implement the Children’s Law through evidence-based planning (e.g., prioritizing most common misconceptions on alternative care or the role of CWCs). This may be done partly through the development of child protection guidelines for professionals in family courts, child services agencies, orphanage homes, and the general public. Public legal education should focus on the Liberian statutory legal framework that applies to parent-child relations and to child care and protection more broadly. The study also documented great confusion on basic terminology regarding alternative care among children and adults, including caregivers and representatives from governmental and non-governmental organizations. Public education should be done in collaboration with community groups and local leaders, and may include a ‘child friendly’ translation of the law. The study also documented other policies and legislation to address the determinants of child abuse and neglect, such as laws that restrict the opening of video clubs to non-school hours, laws setting age limits to the purchase and consumption of alcohol, or banning the Bush school in certain geographic location (e.g., Gbarma) and/or while schools are in session.

### **9.1.2 Raising awareness to create a supportive environment**

The use of these data in communication is recommended to change public attitudes and promote better practices. Raising awareness is an important step towards keeping families together (e.g., combating the misunderstanding that inter-country adoption may facilitate migration to the US). Analysis of the data suggests that education and media communications should cover prevention and consequences for children of family separation with a focus on clarifying misconceptions about alternative care (particularly adoption and residential care); and child protection risks which exist in the target communities despite failure of respondents to name them. For example, SC and partners may include KAP findings in information materials for political, religious, and other community leaders and mass media to show knowledge gaps and identify especially vulnerable populations (e.g., children who run away

from home); develop educational materials to encourage and illustrate both positive discipline and children's respect for their parents; and identify factors affecting child protection and care for discussion in community meetings or in capacity building programs for caregivers, children in schools, and other stakeholders.

A mass media communications campaign should be accompanied by workshops and trainings with different groups of children and adults. It is also advisable to employ the media channels that the KAP survey identifies to be the most accessible and preferred by children and adults, diversifying as much as possible communication channels. For example, child-to-child approaches may be utilized with adolescents (primarily males) as the study identified friends as important sources of information and advice. Involve communities in planning specific campaigns to better target advertisements and effectively reach the target population and to make the best selection of relevant information (e.g., identify local places of safety and support). For example, when planning and conducting awareness campaigns, work closely with the GOL, the UN, other NGOs, local authorities, faith-based organizations, and special interest groups (e.g., CWCs, Children's Clubs, etc) and consider using role models, celebrities, community leaders, and religious fora.

### **9.1.3 Supporting parents and promoting dialogue**

The widespread perception that children's rights undermine parental authority should not be ignored. To protect children, strengthening parental legitimacy broadly speaking is important. In consequence, messages regarding children rights should focus as much on children duties; local norms and understandings of what constitutes good parenting should be explored and open discussion about culture and acceptable types of discipline<sup>48</sup> and initiation should be promoted. Children have been directly involved in developing positive alternatives to corporal punishment. There is evidence that a harshly punitive environment may have long-term detrimental effects on children<sup>49-51</sup>. Build on customary norms that protect children. This KAP study revealed forms of discipline other than beating which can have even more harmful consequences for children such as refusal of food and shelter. Further reflection on those issues locally are needed to avoid shifting forms of discipline that inadvertently gives light to other problems (e.g., children running away from home) if not replaced by positive practices<sup>52</sup>.

### **9.1.4 Mobilizing and strengthening community-based responses**

Findings from this study show that there is very low awareness or, more likely, few communities that have local groups of children or adults to create awareness, monitor, and adequately respond to child wellbeing and protection at the community level; and that those in existence are often weak and not very effective. Yet, alternative options to institutionalization require setting up/strengthening community-based systems to monitor and promote child wellbeing and protection. Efforts to strengthen or support communities' work to establish CWCs, child-to-child clubs, and other special interest groups are needed, starting with the particular locations where the project will be implemented. Upon arrival in the community, an assessment of available resources and key individuals for child protection should be developed. This will allow to identify potential partners. Community members' awareness and ownership of their CWC(s) is crucial for their effectiveness and utilization. Indeed, collaboration with local chiefs, religious leaders, and other community groups is crucial to ensure sustainable change. For example, religious leaders emerge as the main source of support outside of the family when caregivers have serious problems with their children. Similarly, when reporting cases of abuse, local leaders (rural) and WACPS are approached often; collaborating with them to offer protection and support to those who report

(notably children) is advised. Help build networks of support and enhance the legitimacy and efficiency of these groups by providing training and facilitating coordination.

Similarly, it is necessary to strengthen the logistical capacity of key agencies to respond to their mandates. For example, to allow the WACPS/LNP to conduct regular awareness-raising visits to rural communities; the Department of Social Welfare (MOHSW) to implement the necessary visits to children's communities of origin to carry out proper investigation on pending (adoption) cases; and the Union of Orphanages to be able to carry out periodic visits to create awareness among its constituency and facilitate the implementation and monitoring of official standards of care.

### **9.1.5 Strengthening the capacity of families to protect and care for children**

Improving the livelihood opportunities for children and their families is essential to prevent family separation as well as to facilitate a successful family reunification. Additional resources may also contribute to increasing equity in how different types of children are treated within the household. An assessment of the specific needs and opportunities of each community where the project is implemented should be carried out. Some interventions indicated in this study include the provision of vocational training as well as income generation opportunities for families at community level. Cash transfers and other models of family support could also be considered to reduce school absenteeism as the cost of fees, uniform, and materials was indicated as a major reason for school non-attendance.

### **9.1.6 Expanding research and monitoring intervention**

This KAP survey provides baseline information on selected child protection issues in 12 districts from 6 counties in Central and Western Liberia, including Greater Monrovia (i.e., Grand Cape Mount, Bomi, Margibi, Gbarpolu, Bong, and parts of Montserrado). It is recommended that the study is replicated in other counties and districts in the country. Besides widening the geographic scope of the study, it would be advisable to elicit the perspectives of caregivers in institutional settings as well as children across all age groups, including those younger than 7 years. Although acknowledging the need for information on a range of child protection issues, caution should be paid not to widen the focus so that in-depth understanding of core areas of interest is not compromised in exchange for a more superficial coverage of a larger number of topics.

This KAP study should serve as a baseline to monitor the quality of the intervention in the twelve target districts. A system of data collection should be developed, including indicators disaggregated by gender, age, and RUM areas, and these data should be used periodically for monitoring the effective implementation of the program. Qualitative and quantitative data on selected project outcomes should be collected during the intervention to better understand the mechanisms influencing the outcomes as well as how the intervention varied across sites. Carefully designed procedures to document child reunifications are particularly needed and would allow for the development of in-depth case studies to understand what makes a successful reunification. Collaboration and exchange of information with other stakeholders (e.g., schools) will also be important to assess children's access to services. Additionally, this KAP baseline survey should be followed by an endline KAP survey to measure changes in people's knowledge, attitudes and practices in response to specific interventions, such as outreach or education. A shorter questionnaire, larger sample size and number of PSUs, yet fewer interviews conducted in each one of them, will increase reliability of estimates. Lessons learned from this exercise as well as the capacity built throughout the process should facilitate considerably the implementation of future surveys.

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## APPENDICES

### A.1 Persons and institutions involved in the KAP Survey directly or indirectly

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- USAID Liberia
- World Learning - Liberia Grants Solicitation and Management
- Department of Social Welfare of the Ministry of Health and Social Welfare.
  - UNICEF
  - Don Bosco Homes
- CSSS de la Montagne, especially the Ethics Review Board
  - GIS/LIGIS
- Mother Pattern College of Health Sciences
  - National Traditional Council of Liberia
  - National Union of orphanages of Liberia

## **INTERNATIONAL CONSULTANTS**

Dr. Mónica Ruiz-Casares

*“Child Protection Knowledge, Attitudes, and Behaviors Survey”*  
Save the Children-UK, Liberia

### 1. Informed Consent (Survey)

Hello, my name is <name> and I am working with Save the Children. We have been working in Liberia for the last 20 years. I am part of a team that is looking at ways to support children and families in your district, including issues related to child care and children living outside of a family setting. We are conducting this study in 6 counties, including Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado. The information we collect will help Save the Children to plan their programs.

Your household was selected for the study. If you want to be in the study, I will ask you some questions and I will write down your answers. The questions will be about your experience caring for children in your family and your community as well as your ideas about how to help families to care for their children. The interview will take about \_\_ minutes.

I assure you that everything you tell me will be kept confidential and will not be shared with anyone other than my supervisor, and s/he would only visit to make sure that I conducted the interview properly. When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

You can decide whether you wish to take part in the interview or to answer any or all of my questions. If you decide not to take part, it will not affect your situation with Save the Children. If you agree to talk with me, you may refuse to answer any question you don't want to answer or you can stop the interview at any time. As far as the research team is aware, there are no risks for you to participate. You will not be given money or anything else to participate in this study, but it is opportunity to help Save the Children better understand the issues facing children and families in this community.

You can ask questions about this study at any time during the interview. If you have additional questions about this study, you can contact the research team at <contact information>. Do you have any questions now?

May I proceed with the interview?

Yes        1  
No         2

**Person Obtaining Consent:**

*I have discussed this study with the participant and answered all the participant's questions in a language s/he understands. I believe the participant understood this explanation and voluntarily agreed to participate in this study.*

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

Version Date: April 5, 2011

*“Child Protection Knowledge, Attitudes, and Behaviors Survey”  
Save the Children-UK, Liberia*

## 2. Informed Assent (Survey)

Hello, my name is <name> and I am working with Save the Children. We have been working in Liberia for the last 20 years. I am part of a team that is looking at ways to support children and families in your community. The study is not limited only to your village. It is being carried out in villages and towns in 6 counties: Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado.

If you want to be in the study, I will ask you some questions and I will write down your answers. The questions will be about your experience growing up in your family and your community. I will also ask for your ideas on how to help families to care for their children. You may feel embarrassed or sad when we ask you some questions but remember that you do not have to answer any question that you don't want to answer and that what you tell me will be kept private. I will only share your answers with my supervisor, and particularly if you tell me information that indicate that you are in danger. When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

The interview should take no longer than \_\_\_ minutes, but if you decide at any time not to finish, you may stop whenever you want and no one will be mad at you. Remember, these questions are only about what you think or what you have observed around you.

You will not be given money or anything else to take part in this study. Being in this study may not help you directly but you may feel good knowing that what we find out from this study may help other children in Liberia.

You can ask questions about this study at any time during the interview. Afterwards, you can talk to your parents, guardian or anyone on the research team. You can contact the research team at <contact>.

### **Child Authorization:**

Your mom or dad (or guardian) has given permission for you to be in this study if you decide you want to participate. If you would like to be in the study, you just have to tell me and I will write it down. Do you have any questions for me at this time?

Do you want to participate?

Yes	1
No	2

### **Person Obtaining Assent:**

*I have discussed this study with the child and answered all the child's questions in a language s/he understands. I have told the participant that s/he can stop and ask questions at any time. I believe the participant understood this explanation and assented to participate in this study.*

\_\_\_\_\_

Printed Name of Child Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Obtaining Consent

\_\_\_\_\_

Printed Name of Person Obtaining Consent  
2011

Version Date: April 5,

“Child Protection Knowledge, Attitudes, and Behaviors Survey”  
Save the Children-UK, Liberia

### 3. Informed Consent (Focus Groups)

Hello, and thank you for coming today. My name is <name moderator> and this is <name note taker> and we are working with Save the Children. We have been working in Liberia for the last 20 years. We are part of a team that is looking at ways to support children and families in your community, including issues related to child care and children living outside of a family setting. The study is being carried out in 6 counties, including Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado.

Group discussions are helpful in understanding how people feel about certain issues. We are here to learn about your experience bringing up children in this community as well as the kinds of support and care that are available for children and families. Some of these issues may be difficult to discuss in public, but it is really important for us to hear your opinions and ideas. There are no right or wrong answers so as long as we talk in order, you may agree or disagree with each other’s opinions.

All comments and responses are confidential. That means that your responses here today will not be linked to your names in any way. We will be writing down your views and opinions, but we will not use your name and no one but the researchers will know who said what. The information you give us today will be compiled with other similar discussions that are taking place across the other counties.

The discussion will take about 1-1/2 hours and will involve different activities. You will not be given money or anything else to take part in this discussion. However, Save the Children will use what we learn today to plan programs to support children and families.

We are very interested to know about your views, but if you do not want to talk to us you do not have to. If you decide to leave, this will not have any negative consequences in your relation to Save the Children. You can also leave at any time if you decide you don’t want to stay or you may not answer any question that you don’t want to answer. If you would like to participate, you just have to stay and sign name/thumb print the attendance list. Do you have any questions for me at this time? Does everyone want to stay and talk with us?

**Person Obtaining Consent:**

*I have discussed this study with the participants and answered all the participants’ questions in a language they understand. I believe the participants understood this explanation and voluntarily agreed to participate in this study.*

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Witness/Note Taker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness/Note Taker



*“Child Protection Knowledge, Attitudes, and Behaviors Survey”*  
*Save the Children-UK, Liberia*

#### 4. Informed Assent (Focus Group)

Hello, and thank you for coming today. My name is <name moderator> and this is <name note taker> and we are working with Save the Children. We have been working in Liberia for the last 20 years. We are part of a team that is looking at ways to support children and families in your community. The research is not limited only to your village. It is being carried out in villages and towns in 6 counties, including Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado.

We are here to learn about your experience growing up in this community as well as the kinds of support and care that are available for children and families. Some of these issues may be difficult to discuss in public, but it is really important for us to hear your opinions and ideas. There are no right or wrong answers so as long as we talk in order, you may agree or disagree with each other’s opinions.

All comments and responses are confidential. That means that your responses here today will not be linked to your names in any way. We will be writing down your views and opinions, but we will not use your name and no one but the researchers will know who said what. The information you give us today will be compiled with other similar discussions that are taking place across the other counties.

The discussion will take about 1-1/2 hours and will involve different activities. You will not be given money or anything else to take part in this discussion. However, Save the Children will use what we learn today to plan programs to support children and families.

Your parents (or guardians) have given permission for you to participate if you decide you want to. We are very interested to know about your views, but if you do not want to talk to us you do not have to. If you decide to leave, this will not have any negative consequences in your relation to Save the Children. You can also leave at any time if you decide you don’t want to stay or you may not answer any question that you don’t want to answer. If you would like to participate, you just have to stay. Do you have any questions for me at this time? Does everyone want to stay and talk with us?

**Person Obtaining Assent:**

*I have discussed this study with the participants and answered all the participants’ questions in a language they understand. I believe the participants understood this explanation and voluntarily agreed to participate in this study.*

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Witness/Note Taker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness/Note Taker

Version Date: April 5, 2011

*“Child Protection Knowledge, Attitudes, and Behaviors Survey”*  
*Save the Children-UK, Liberia*

### 5. Informed Parental/Guardian Consent

Hello, my name is <name> and I am doing a study with Save the Children. We have been working in Liberia for the last 20 years. I am part of a team that is looking at ways to support children and families in your community. The study is being carried out in 6 counties, including Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado.

Your child has been identified to participate in this study because s/he will be able to represent other children’s views about the situation of children in your community. The interview will take about \_\_\_ minutes and your child will be able to ask questions at any time. His/her responses will be kept confidential and s/he will not have to answer any question that s/he does not want to answer. I will only share the child’s answers with my supervisor, who makes sure that I conduct the interview properly. I will tell him/her if I think the child is in danger.

As far as we are aware, participating in this study will not cause any damage to you, your community or your child. It will not bring any material benefit to you either. However, we hope that this study will help improve the situation of children in Liberia. When we are finished with this study we will write a report about the situation of children in Liberia, including adults and children perspectives. We will share these results with other agencies and government interested in child protection. This report will not include your child’s name or any other information that would help to identify you. We will explain the same to your child, and invite him/her to participate.

Do you have any questions for me? If you have any questions about the study later, you can contact the research team at <contact>.

Do you agree to your child to participate?

- Yes        1
- No         2

**Person Obtaining Consent:**

*I have discussed this study with the respondent and answered all his/her questions in a language s/he understands. I believe the respondent understood this explanation and agreed to the child to participate in this study.*

\_\_\_\_\_

Printed Name of Child Participant

\_\_\_\_\_

Age

\_\_\_\_\_

Signature/Thumb print of Carer

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Carer

\_\_\_\_\_

Father/mother/ extended family member/customary carer

\_\_\_\_\_

Signature of Person Obtaining Consent

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Person Obtaining Consent

*“Child Protection Knowledge, Attitudes, and Behaviors Survey”  
Save the Children-UK, Liberia*

### 6. Informed Consent (Key Informant)

My name is <name>, and I am working with Save the Children in the development of a study on child protection in Liberia. This study will establish a baseline on adults’ and children’s current levels of knowledge, beliefs, and practices with regards to child protection, particularly children without adequate family care in 6 counties, including Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado. SAVE THE CHILDREN will use this information to plan programs and a public communications campaign as well as for monitoring and evaluation.

We have identified you for interview because of your position and your knowledge of child protection issues and the local situation in Liberia. Today, I am seeking your permission to participate in an interview that will take approximately \_\_ minutes.

There will be no direct benefit to you if you agree to be interviewed today, but participating in this study is an opportunity to help improve the services that are offered to families in Liberia/your community. As far as the research team is aware, there are no risks for you.

You can decide whether you wish to take part in the interview or to answer any or all of my questions. Everything you say will be kept confidential. If the results from this study are published or presented in public, we will never link your name to any statements, unless you give me explicit permission to do it.

I hope this will be a dialogue. As we go along, if you have any questions, please do not hesitate to ask them. If you have additional questions about this study, please contact <SC program manager> at <contact information>. Do you have any questions now?

May I proceed with the interview?

- Yes        1
- No         2

**Person Obtaining Consent:**

*I have discussed this study with the participant and answered all the participant’s questions in a language s/he understands. I believe the participant understood this explanation and voluntarily agreed to participate in this study.*

\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Obtaining Consent

\_\_\_\_\_

Printed Name of Person Obtaining Consent

Child Protection Knowledge Attitudes and Practices (KAP) Survey

## Caregiver Questionnaire

**1. Questionnaire Number**

After all questionnaires for the household have been completed, fill in the following information:

**2. District**

- |                |                    |                |
|----------------|--------------------|----------------|
| 1 Bopolu       | 5 Gibi             | 9 Kpail        |
| 2 Careysburg   | 6 Greater Monrovia | 10 Senjeh      |
| 3 Commonwealth | 7 Jorquelleh       | 11 Swehn Mecca |
| 4 Gbarma       | 8 Kakata           | 12 Tewor       |

**3. Clan** \_\_\_\_\_

**4. Cluster Number** \_\_\_\_\_

**5. Date of interview (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**6. Start Time:** \_\_\_\_:\_\_\_\_ **Finish Time:** \_\_\_\_:\_\_\_\_

**7. Number of caregiver questionnaires completed in this house:** \_\_\_\_\_

**8. Number of child questionnaires completed in this house:** \_\_\_\_\_

**9. Total number of visits to this house:** \_\_\_\_\_

**10. Result of caregiver interview:**

- |  |   |
|--|---|
| 1 Fully completed                      | 4 Entire household absent for extended period of time |
| 2 Partially completed                  | 5 Refused   |
| 3 Caregiver absent at time of visit(s) | 6 Other ( <i>specify</i> )                            |

**11. Language of interview**

- |                    |         |                             |
|--------------------|---------|-----------------------------|
| 1 English          | 4 Bassa | 7 Kru                       |
| 2 Liberian English | 5 Grebo | 8 Mano                      |
| 3 Kpelle           | 6 Gio   | 9 Other ( <i>specify</i> ): |

**12. Type of floor of housing unit**

- |                   |                  |                             |
|-------------------|------------------|-----------------------------|
| 1 Cement/concrete | 3 Wood           | 5 Floor mat/linoleum/vinyl  |
| 2 Ceramic tiles   | 4 Mud/earth/sand | 6 Other ( <i>specify</i> ): |

**13. Interviewer Name:** \_\_\_\_\_ **Interviewer Code:** \_\_\_\_\_

**14. Supervisor Name:** \_\_\_\_\_ **Supervisor Code:** \_\_\_\_\_

**15. Office Editor/Coder Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**16. Entry Clerk Name:** \_\_\_\_\_ **Date completed:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## SECTION 1. RANDOM SELECTION OF HOUSEHOLD & RESPONDENT

Hello. My name is \_\_\_\_\_. I am working with Save the Children. We are conducting a survey on child issues in six counties. We wish to interview a person from this house. To choose this person, I need to ask you a few questions about the people living in this house. Can we begin?

- 1 Yes → If YES, continue with random selection of household & respondent
- 2 No → If NO, end interview and discuss this result with your supervisor



H O U S E H O L D	How many families live in this house? I mean “ <b>people who live here and eat from the same pot</b> ”? No families _____			
	If there is more than one household, you select the household for interview based on <b>Table A</b> (below).			
		HH		HH
	Household 1:		Household 6:	
	Household 2:		Household 7:	
	Household 3:		Household 8:	
Household 4:		Household 9:		
Household 5:		Household 10:		
17. Household # for selected household:		<input style="width: 50px; height: 20px;" type="text"/>	May I speak with someone from [selected household]?	



R E S P O N D E N T	Once you have selected a household, ask a respondent from that household:		
	1. How many people in this house <b>have their own children or care for other children</b> ? Please tell me only those who are now at home, or will be at home later today. _____		
	2. Of those, how many are 18 years or older including yourself? _____		
	Write the ages down in the following table:		
		Age	Man/Woman
	Respondent 1: Of these, who is the oldest person [18 years and above]?		
	Respondent 2: Who is the next oldest? [age]		
	Respondent 3: Who is the next oldest? [age]		
	Respondent 4: Who is the next oldest? [age]		
	Respondent 5: Who is the next oldest? [age]		
Respondent 6: Who is the next oldest? [age]			
Respondent 7: Who is the next oldest? [age]			
Respondent 8: Who is the next oldest? [age]			
<b>If there is more than one household member who is a parent or caregiver and aged 18 years and above in the household, as per the above table, you select the respondent for interview based on the following table:</b>			



**21. Have you ever been to school? If yes, what is the highest education/grade you have completed?**

*Do not read aloud. Select only one*

- 1 Never attended school
- 2 Pre-primary or some primary education (grades 1-5)
- 3 Primary education completed (grade 6)
- 4 Some junior secondary education (grades 7-8)
- 5 Junior High School (grade 9) completed
- 6 Some senior secondary education (grades 10-11)
- 7 Senior High School (grade 12) completed
- 8 Some university education
- 9 University education completed
- 10 Vocational education
- 11 Adult literacy
- 12 Other (specify)

**22. Are you married (with ring or kola) or living with your boy/girlfriend or fiancé(e)?**

*If married, ask 'Do you have more than one wife' (men) or 'apart from yourself, does your husband have any other wives?' (women). If not married, ask 'Are you divorced, separated, or you have never been married?'*

- |   |   |               |
|---|---|---------------|
| 1 | Married – monogamy                        | → Skip to Q24 |
| 2 | Married – polygamy                        | → Go to Q23   |
| 3 | Living together (boyfriend/girlfriend)    | → Skip to Q24 |
| 4 | In a relationship but not living together | → Skip to Q24 |
| 5 | Divorced/Separated                        | → Skip to Q24 |
| 6 | Single (never married)                    | → Skip to Q24 |
| 7 | Widow/Widower                             | → Skip to Q24 |

→ **23. [If living in a polygamous marriage] How many wives are there? (counting respondent) \_\_\_\_\_ [Don't know: 97]**

**24. What is your ethnicity ('tribe')?**

*Do not read aloud. Select only one*

- |   |        |    |          |    |                  |
|---|--------|----|----------|----|------------------|
| 1 | Bassa  | 7  | Grebo    | 13 | Mano             |
| 2 | Belle  | 8  | Kpelle   | 14 | Mende            |
| 3 | Dey    | 9  | Krahn    | 15 | Kissi            |
| 4 | Gbandi | 10 | Kru      | 16 | Sapo             |
| 5 | Gio    | 11 | Lorma    | 17 | Vai              |
| 6 | Gola   | 12 | Mandingo | 18 | Other (specify): |

**25. What is your religion? Do not read aloud. Select only one**

- 1 Christian
- 2 Muslim
- 3 Traditional
- 4 No religion
- 5 Other religion (specify):

**26. What is the main activity that you and your family do to get income/money?**

*Do not read aloud. Select only one*

- 1 Farming
- 2 Fishing
- 3 Hunting
- 4 Wages and salaries
- 5 Pension
- 6 Business activities (non-farming)
- 7 Money transfer/cash remittance
- 8 Other (specify):

**27. How many rooms does your household use for sleeping in this house?**

*Do not read aloud. Select only one*

- 1 One
- 2 Two
- 3 Three or more

**Now, I would like to ask you some questions about the people who are living here with you, especially children.**

**28. Are you the head of the household? (This is the person making the important decisions for this home)**

- 1 Yes →Skip to Q31
- 2 No →Go to Q29

**29. What is your relationship to the head of the household?**

- 1 Husband/wife or boyfriend/girlfriend
- 2 Son/daughter
- 3 Brother/sister
- 4 Parent
- 5 Step-child
- 6 Sister/brother-in-law
- 7 Other (specify)

**30. Who is the head of this household? Is it a man or a woman?**

- 1 Man
- 2 Woman

**31. How many of the following people eat from the same pot in your home? When I say child, I am talking about a person under 18 years of age.**

*Read list and write down how many people in each category*

**Relation**

**How many**

- |  |                      |
|--|----------------------|
| a. Biological children ('from the same papa')        | _____                |
| b. Family children                                   | _____                |
| c. Other children ('just living with you')           | _____                |
| d. Husband/wife or boyfriend/girlfriend              | _____                |
| e. Other big people apart from you (& husband/wife)  | _____                |
| f. <b>Total</b> number of persons including yourself | <input type="text"/> |



**32. Are there other children who used to live with you but are not living with you here now?**

- 1 Yes → Go to Q33
- 2 No → Skip to Q35

**33. Where did they go?**

*Do not read aloud. Circle all that apply. Note number of children in each category*

	<b><u>How many</u> <u>children</u></b>
a. Living with biological parent(s)	a. _____
b. Living with relative	b. _____
c. Living with non-relative	c. _____
d. Orphanage home	d. _____
e. Living with husband/wife, boy/girlfriend	e. _____
f. Adopted by family outside of Liberia	f. _____
g. Adopted by family in Liberia	g. _____
h. Living in the street	h. _____
i. Away on vacation (temporary)	i. _____
j. Don't know	j. _____
k. Other (specify)	k. _____

**34. Why are they not living with you?**

*Do not read aloud. Circle all that apply*

- a. Moved out for schooling
- b. Moved to help family or friends
- c. Lack of basic needs at home (food, clothing)
- d. Lack of services for child disability
- e. Lack of recreation services
- f. Went to live with husband/wife, boyfriend/girlfriend
- g. Went to live with biological parent(s)
- h. Child moved to work
- i. Child adopted
- j. Child run away from home
- k. Child wanted more autonomy
- l. Don't know
- m. Other (specify)

**SECTION 4. RAISING CHILDREN: ENABLING ENVIRONMENT**

**Now, I would now like to ask you some questions about access to care, education, and other services and things for the children in the house.**

**35. Since the beginning of the year, have any of the children in your care been sick or injured?**

- 1 Yes → Go to Q36
- 2 No → Skip to Q39
- 97 Don't know/not sure → Skip to Q39

→ **36. At that time, did you go for health care treatment?**

- 1 Yes → Skip to Q38
- 2 No → Go to Q37
- 97 Don't know/not sure → Skip to Q39

→ **37. [If NO,] Why didn't you go for treatment?**

*Do not read aloud. Circle all that apply. Probe once: "Anything else?"*

- a. No money for transportation
- b. No money to buy medicine
- c. No time to bring child to clinic (e.g., work full time)
- d. Did not know where to go
- e. Knew how to treat child myself/at home
- f. Other (specify):

→ **38. [If YES,] Where did you get treatment? Do not read aloud. Circle all that apply**

- a. Health center/clinic
- b. Drug shop
- c. Herbalist/country doctor
- d. Trained Traditional Midwife (TTMs)
- e. Blackbag doctor
- f. Other (specify):

**39. In the last week, how many times a day did the children in your care eat?**

*Do not read aloud. Select only one*

- 1 One
- 2 Two
- 3 Three or more
- 96 Not applicable
- 98 DWA

**40. Do children in your care have clothes for occasions?**

*Do not read aloud. Select only one*

- 1 No
- 2 Some do and some don't
- 3 Yes, all have clothes for occasions
- 96 Not applicable
- 98 DWA

**41. Since the beginning of the school year, have all the children in your care been going to school?**

1 Yes → Skip to Q43

2 No → Go to Q42

96 Not applicable → Skip to Q43

→ **42. [If NO,] Why aren't they going to school when it is not vacation or holidays?**

*Do not read aloud. Circle all that apply*

- a. The child(ren) was sick
- b. The child had to care for a sick relative
- c. The child had to work
- d. The child had to go and stay with family/friends in another area
- e. The child is mistreated in school
- f. No money for fees, uniform, books, or transportation
- g. The child was pregnant
- h. The child did not want to go
- i. The school is too far
- j. The child(ren) has not reached school-going age
- k. School not open
- l. Other (specify):

**43. Last week, did any of the children in your care work outside of the household? I am interested only on children 14 years and younger. If yes, did they work for pay?**

1 Yes, work for pay

2 Yes, work NOT for pay

3 Yes, but I don't know if child received pay

4 No

96 Not applicable

**The next few questions are about the people that you can go to for help, and the children who live with you. Remember that these persons will never know what you said, so you can say the truth.**

**44. When you have a serious problem with the children in the house, who do you go to?**

*Do not read list. Circle up to 3. Probe once: "Anybody else?"*

- a. Husband/wife, boyfriend/girlfriend
- b. Birth family
- c. Husband/wife's family
- d. Friends/neighbors
- e. Community elder/chief
- f. Religious leader (Imam, Karmoh, Pastor, Priest, Weyongarar)
- g. Teacher or health worker
- h. Herbalist/country doctor
- i. Police
- j. Nobody
- k. I don't need assistance
- l. Other (specify):
- m. Don't know

**45. Do the following ever happen in your home? Tell me whether these happen ‘never’, ‘sometimes’, or ‘always’.**

*Read list and select frequency for each statement. If respondent says ‘yes’, remember to ask if this happens ‘sometimes’ or ‘always’.*

	Never	Sometimes	Always	DK	DWA
a. When children are not at home, you know who they are with	1	2	3	97	98
b. When you need to go out and leave the children home alone, bad things happen	1	2	3	97	98
c. You ask children about school, work, and friends	1	2	3	97	98
d. They ask you for advice when they need to make important decisions	1	2	3	97	98
e. You discuss with them their plans for the future	1	2	3	97	98
f. You praise them when they do something the right way	1	2	3	97	98
g. If they misbehave, you explain why, what they did was wrong	1	2	3	97	98
h. You argue a lot with your children	1	2	3	97	98
i. You discuss how to avoid getting HIV/AIDS	1	2	3	97	98
j. You discuss how to avoid getting pregnant	1	2	3	97	98

**46. Sometimes, when parents or the people who take care of children are vexed by things that children do, they will beat children (hard). In your view, are parents right to beat their children in the following situations? Please tell me whether you ‘agree’ or ‘disagree’ and how strongly you feel that they can do this.**

*Read list and select level of agreement for each statement*

	Strongly disagree	Disagree	Agree	Strongly agree	DK	DWA
a. if the child is disobedient	1	2	3	4	97	98
b. if the child talks back to the parent	1	2	3	4	97	98
c. if the child runs away from home	1	2	3	4	97	98
d. if the child does not want to go to school	1	2	3	4	97	98
e. if the child does not care for brothers and sisters	1	2	3	4	97	98
f. if the child is doing man and woman business	1	2	3	4	97	98
g. if the child wets bed	1	2	3	4	97	98
h. if the child steals	1	2	3	4	97	98
i. if the child takes drugs or liquor	1	2	3	4	97	98

## SECTION 5. KNOWLEDGE OF CHILD PROTECTION

**I am now going to ask you some questions about children and some issues that children face, and I would like you to think about those in your community.**

**47. What are some of the situations that put children in danger in your community?**

*Do not read out. Circle all that are mentioned. Probe twice: "Anything else?"*

- |   |  |
|---|--|
| a. Basic needs not met (food, shelter, clothing)    | l. Dangerous child labour                                    |
| b. No access to school or to health care            | m. Drugs or liquor   |
| c. Domestic violence                                | n. Children living in the streets                            |
| d. Teenage pregnancy                                | o. Giving children to other people                           |
| e. Abuse and exploitation of children               | p. Illicit adoption  |
| f. Forced or under-age marriage                     | q. Ritualistic killing of children/witchcraft                |
| g. Discipline                                       | r. Stealing  |
| h. Unsafe migration (e.g., child goes away to work) | s. "Stubbornness of children" (or "bad behaviours children") |
| i. Men and women business or prostitution           | t. Peer pressure   |
| j. FGM/C and/or initiation                          | u. Don't know  |
| k. Abandonment by parent or guardian                | v. Other (specify)   |

**48. I will read some issues that children can face in different communities. Please tell me whether they happen in your community and, if they do happen, whether they happen 'always' or just 'sometimes.' Again, when I say parent, I am referring also to big people who care for children in the house.**

*Read aloud and mark frequency for each statement. If respondent says 'yes', remember to ask if this happens 'sometimes' or 'always'.*

	Never	Sometimes	Always	DK	DWA
a. Children take part in Children's Clubs/groups	1	2	3	97	98
b. Children travel alone for work in other towns, farms, or mines	1	2	3	97	98
c. Children join Sande or Poro societies	1	2	3	97	98
d. Parents send children to have boy/girlfriend	1	2	3	97	98
e. Children are married before the age of 18 years	1	2	3	97	98
f. Children are sent to work in a farm or mine or to sell on the street during school hours	1	2	3	97	98
g. Teenage pregnancy or pregnancy of young girls	1	2	3	97	98
h. Physical or sexual abuse at home	1	2	3	97	98
i. Children are forced to love to teachers	1	2	3	97	98
j. Beating of children by big people	1	2	3	97	98
k. Forcing children to do hard and dangerous work	1	2	3	97	98
l. Abuse of children because of their disabilities or special needs	1	2	3	97	98

Now, I would like to ask you questions about children who are not living with at least one of their parents for whatever reason.

**49. Do any of these issues happen in your community? Please tell me whether they ‘do not happen’, ‘happen sometimes’, or ‘happen a lot’.**

*Read aloud and mark frequency for each statement. If respondent says ‘yes’, remember to ask if this happens ‘sometimes’ or ‘always’.*

	Never	Sometimes	A lot	DK	DWA
a. Children sent to live with relatives or other people	1	2	3	97	98
b. Children are registered to go to orphanage homes	1	2	3	97	98
c. Parents send children with physical or learning disabilities to orphanage homes	1	2	3	97	98
d. Children are given up for adoption to families in the US or other countries	1	2	3	97	98
e. Parents leave children home alone while they go to work	1	2	3	97	98
f. Stepparent does not want to take children in	1	2	3	97	98
g. Parents treat their own children better than other children in the house	1	2	3	97	98
h. Children run away from home into the streets	1	2	3	97	98
i. Children from orphanage homes are not well accepted back in the community	1	2	3	97	98
j. Children who have lived in the streets are not well accepted back in the community	1	2	3	97	98
k. Property of dead husband is taken away from the widow and children by the husband’s family	1	2	3	97	98

**50. Have you heard of any problems that can happen when children are not living with their parents?**

- 1 Yes →Go to Q51
- 2 No →Skip to Q52
- 97 Don’t know/not sure →Skip to Q52

→ **51. [If YES,] What problems have you heard of?**

*Do not read aloud. Circle all that mentioned*

- a. Forced to work during school hours
- b. Abused by caregivers
- c. Abused by employers
- d. Treated worse than other children in the family
- e. Sickness and/or basic needs not met
- f. Emotional distress
- g. Adopted
- h. Murdered
- i. Kidnapped or trafficked
- j. Children in the street are abused by strangers
- k. Children in the street are abused by the police
- l. Children enter in conflict with the law (e.g., stealing)
- m. Other (specify)

**52. As far as you know, are the following statements true or not true?**

	True	Not true	DK	DWA
a. When parents cannot care for children, the law in Liberia says that children should be sent to orphanage homes	1	2	97	98
b. Most children in orphanage homes do not have living parents	1	2	97	98
c. When they go to an orphanage home, children may have their name changed	1	2	97	98
d. When a child is sent to an <u>orphanage home</u> , the parents do not have any more rights and obligations with that child	1	2	97	98
e. If parents give their child up for adoption out of the country, they may be able to go to the US	1	2	97	98
f. When a child is given up for <u>adoption</u> , the birth parents do not have any more rights and obligations with that child	1	2	97	98
g. All orphanage homes in Liberia are licensed with the Government	1	2	97	98
h. Leaving young children home alone is not a problem if it is only for some time	1	2	97	98

**SECTION 6. ATTITUDES**

**53. Please tell me whether you ‘agree’ or ‘disagree’ with the following statements and how strongly you feel about that: Children who are not living with their parents...**

*Read aloud and let respondent indicate whether s/he agrees or not. Then probe for strength of dis/agreement. Repeat the leading sentence before each statement.*

	Strongly disagree	Disagree	Agree	Strongly agree	DK	DWA
a. Are better cared in orphanage homes than in a family	1	2	3	4	97	98
b. Can be easily abused by the new caregivers	1	2	3	4	97	98
c. Should take part in the religious and cultural practices of their new caregivers	1	2	3	4	97	98
d. Should be sent to orphanage homes if they have disabilities or special learning needs	1	2	3	4	97	98
e. Should be asked where they want to live	1	2	3	4	97	98
f. Should be cared by the government	1	2	3	4	97	98
g. Should <u>only</u> be sent to orphanage homes if there is no family to care for them	1	2	3	4	97	98

**54. Again, please tell me whether you agree or disagree with the following statements, and how strongly you feel about that:**

*Read aloud and let respondent indicate whether s/he agrees or not. Then probe for strength of dis/agreement.*

	Strongly disagree	No/Disagree	Yes/Agree	Strongly agree	DK	DWA
a. It is better to send one's own children to school than to send other children in the house	1	2	3	4	97	98
b. It is better to send able children to school than to send disabled children	1	2	3	4	97	98
c. I would send a child to live with a relative	1	2	3	4	97	98
d. I would send a child to live with a non-relative	1	2	3	4	97	98
e. I would send a child to live in an orphanage home	1	2	3	4	97	98
f. I would foster/take a child who is a relative	1	2	3	4	97	98
g. I would foster/take a child who is not a relative	1	2	3	4	97	98
h. I would foster/take a child from a different ethnic group	1	2	3	4	97	98
i. I would foster a child who is HIV positive	1	2	3	4	97	98
j. I would foster a child who has a disability	1	2	3	4	97	98

## SECTION 7. SYSTEMS OF CHILD CARE & PROTECTION

Now, I am going to ask you about the systems that exist for the care and safety of children.

**55. Do you know of any laws in Liberia about the care and safety of children?**

- 1 Yes →Go to Q56
- 2 No →Skip to Q57
- 97 Don't know/not sure →Skip to Q57

→ **56. [If YES] Which laws?**

*Do not read aloud. Circle all responses given*

- a. Domestic Relations Act
- b. Adoption Bill (proposed)
- c. Children's Bill
- d. Act to Ban Trafficking
- e. Rape Act
- f. Human Rights Legislation (e.g., CRC)
- g. Cannot name specific act
- h. Other (specify)



**57. Is there any place in or near this community where children can go if they are abused by their parents or if they run away from home?**

- 1 Yes →Go to Q58
- 2 No →Skip to Q59
- 97 Don't know/not sure →Skip to Q59

→ **58. [If YES,] Where?**

*Do not read aloud. Circle all that mentioned*

- a. A community member's house (e.g., CWC)
- b. Chief
- c. Social worker (from MOHSW or MGD)
- d. Church/Mosque
- e. LNP/Women's & Children's Protection Section
- f. NGO/CBO (includes safe homes)
- g. Orphanage home
- h. Cannot name specific place/not sure
- i. Other (specify)

**59. What do you do when you see or hear of children experiencing abuse at home or in the community?**

- 1 I report →Go to Q60
- 2 I confront the perpetrator →Skip to Q61
- 3 I comfort the child →Skip to Q61
- 4 I keep quiet/do nothing →Skip to Q61
- 5 Other (specify) →Skip to Q61

→ **60. [If you report these incidents,] Whom do you normally report to? Do not read aloud. Circle all that mentioned. If family member mentioned, probe: 'what if it that person was the one doing you harm?'**

- a. Family member/close friend
- b. Chief/Community chairperson
- c. CWC
- d. Religious leader
- e. Zoe/Sande or Poro societies
- f. School/PTA
- g. Social or health worker (MOHSW/MGD)
- h. LNP/Women's & Children's Protection Section
- i. Court
- j. NGO workers
- k. Other (specify)

} → Skip to Q62

→ **61. [If you do not report,] What are the reasons for not reporting?**

*Do not read aloud. Circle all that mentioned.*

- a. Don't know where or who to report to
- b. No action is likely to be taken
- c. I don't care/it's not my business
- d. It is normal for these things to happen here
- e. Perpetrator is respected in my community
- f. I know the perpetrator
- g. Fear of retaliation/being victimized
- h. Service provider not accessible
- i. I want to caution perpetrator first
- j. Other (specify)

**62. Have you heard of Child Welfare Committees ('CWCs') in your community?**

- 1 Yes →Go to Q63
- 2 No →Skip to Q65
- 97 Don't know/not sure →Skip to Q65

→ **63. [If YES,] What do you think is the role of Child Welfare Committees?**

*Do not read aloud. Circle all that mentioned. Probe once: "Anything else?"*

- a. Raise awareness on child rights
- b. Monitor child protection in the community/identify vulnerable children
- c. Give advice to children, parents, and other community members
- d. Report cases to LNP/Women's & Children's Protection Section
- e. Refer cases to social workers
- f. Other (specify)
- g. Don't know

→ **64. In general, how effective are the Child Welfare Committees in protecting children in your community? Are they 'very effective', 'somewhat effective', or 'not very effective.'**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 No CWC in my community
- 97 Do not know/not certain

**65. Do you think it is possible to bring children who are living in the streets back with their families?**

- 1 Yes →Go to Q66
- 2 No →Skip to Q67
- 97 Don't know/not sure →Skip to Q67

→ **66. [If YES,] What types of services would help to bring these children back so that they stay?**

*Do not read aloud. Circle all that mentioned. Probe once: "Anything else?"*

- a. Material assistance (reintegration incentive)
- b. Opportunity for income generation
- c. School
- d. Day care centers
- e. Clinic/hospital
- f. Counselling/psycho-social support for children and/or parents
- g. Parenting courses/meetings with other families
- h. Mediation and conciliation services
- i. Substance abuse treatment for adults and youth
- j. Services for parents and children with disabilities
- k. Recreation/Safe playgrounds or football field
- l. Child-rights awareness in the community (< stigma)
- m. Don't know
- n. Other(specify)

**SECTION 8. EXPOSURE TO INTERVENTIONS**

**Before we end, I would now like to ask you a question about the ways you get information on the issues we have been discussing today.**

**67. Where do people like you get information on child care and safety?**

*Do not read aloud. Circle all that mentioned. Probe once: "Anything else?"*

- |   |   |
|---|---|
| a. Radio  | i. Teachers/Schools/PTAs                            |
| b. TV   | j. Social/health workers (MOHSW, MGD)               |
| c. Newspapers and magazines                       | k. CBOs/NGOs  |
| d. Brochures, posters and other printed materials | l. Community groups (e.g., CWC or children's clubs) |
| e. Billboards                                     | m. Town crier                                       |
| f. Family, friends, neighbours and colleagues     | n. LNP  |
| g. Chiefs/community elders                        | o. Other (specify)                                  |
| h. Religious leaders                              | p. Don't know                                       |

**THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION!**

*Thank the respondent for his/her help and reassure him/her about the confidentiality of his/her answers. Move on to your next interview. Record finish time & other information on cover page. If there are any responses that you think are unreliable, write under "comments" which questions and why you think that they are unreliable.*

<b>Interviewer's comments</b>	<b>Supervisor's comments</b>
Interviewer assessment of interview 1 Reliable 2 Unreliable	

Supervisor Check of Missing Values, print name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20\_\_

# of missing values/mistakes found by Supervisor: \_\_\_\_\_

# of *unexpected* missing values: resolved: \_\_\_\_\_ unresolved: \_\_\_\_\_

Interviewer Review of Missing Values, print name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20\_\_

When questionnaire is complete/in its best state, sign below and send to central office:

**Interviewer's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

Child Protection Knowledge Attitudes and Practices (KAP) Survey

## Child Questionnaire

**68. Questionnaire Number**

<b>1</b>	—				
----------	---	--	--	--	--

*Copy caregiver questionnaire number*

**69. Date of interview (DD/MM/YYYY):** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_ \_\_\_

**70. Start Time:** \_\_\_:\_\_\_ **Finish Time:** \_\_\_:\_\_\_

**71. Result of child interview:**

- 1 Fully completed
- 2 Partially completed
- 3 Child absent at time of visit(s)
- 4 Refused

**72. Language of interview**

- |                    |         |                    |
|--------------------|---------|--------------------|
| 1 English          | 4 Bassa | 7 Kru              |
| 2 Liberian English | 5 Grebo | 8 Mano             |
| 3 Kpelle           | 6 Gio   | 9 Other (specify): |

**73. Interviewer Name:** \_\_\_\_\_ **Interviewer Code:** \_\_\_\_\_

**74. Supervisor Name:** \_\_\_\_\_ **Supervisor Code:** \_\_\_\_\_

**75. Office Editor/Coder Name:** \_\_\_\_\_ **Date:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_ \_\_\_

**76. Entry Clerk Name:** \_\_\_\_\_ **Date completed:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_ \_\_\_

**SECTION 9. RANDOM SELECTION OF RESPONDENT**

<b>C H I L D  R E S P O N D E N T</b>	Ask adult respondent from that household:																											
	How many children live in this house aged 12-17 years? I mean “ <b>children who live here and eat from the same pot</b> ”? Please tell me only those who are now at home, or will be at home later today. _____																											
	Write the ages down in the following table:																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Age</th> <th style="width: 15%; text-align: center;">Boy/Girl</th> </tr> </thead> <tbody> <tr> <td><b>Child 1:</b> Of these, who is the oldest child [12-17 years]?</td> <td></td> <td></td> </tr> <tr> <td><b>Child 2:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 3:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 4:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 5:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 6:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 7:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> <tr> <td><b>Child 8:</b> Who is the next oldest? [age]</td> <td></td> <td></td> </tr> </tbody> </table>		Age	Boy/Girl	<b>Child 1:</b> Of these, who is the oldest child [12-17 years]?			<b>Child 2:</b> Who is the next oldest? [age]			<b>Child 3:</b> Who is the next oldest? [age]			<b>Child 4:</b> Who is the next oldest? [age]			<b>Child 5:</b> Who is the next oldest? [age]			<b>Child 6:</b> Who is the next oldest? [age]			<b>Child 7:</b> Who is the next oldest? [age]			<b>Child 8:</b> Who is the next oldest? [age]		
		Age	Boy/Girl																									
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	<b>Child 5:</b> Who is the next oldest? [age]																											
<b>Child 6:</b> Who is the next oldest? [age]																												
<b>Child 7:</b> Who is the next oldest? [age]																												
<b>Child 8:</b> Who is the next oldest? [age]																												
<b>If there is more than one household member who is a parent or caregiver and aged 18 years and above in the household, as per the above table, you select the respondent for interview based on the following table:</b>																												

TABLE A	Total Number of Eligible Households/Respondents in the Household							
	Last digit of questionnaire number	1	2	3	4	5	6	7
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

77. Respondent # for selected child: \_\_\_\_\_. I would like to request your permission to speak with [selected child].

**SECTION 10. RESPONDENT CONSENT/ASSENT**

**\* Make sure that the Informed Parental/Guardian Consent AND Informed Assent forms are signed before proceeding\***

If assent not obtained, end the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete information on the cover page.



**83. Are you married?**

*If married woman, ask 'Apart from yourself, does your husband have any other wives?'*

- 1 Married – monogamy
- 2 Married – polygamy
- 3 Living together (boyfriend/girlfriend)
- 4 In a relationship but not living together
- 5 Single (never married)

**84. Do you have any children of your own? (children may be living elsewhere)**

- 1 Yes
- 2 No

**Now, I would like to ask you some questions about the people who live here with you, particularly children.**

**85. What is your relationship to the head of the household—that is, the main person making decisions in this house?**

- 1 I am the head of the household (child-headed household)
- 2 Husband/wife or boyfriend/girlfriend
- 3 Son/daughter
- 4 Brother/sister
- 5 Niece/nephew
- 6 Step-child
- 7 Grandson/granddaughter
- 8 Not family-related
- 9 Other (specify)

**86. Are you living with your papa and your mama?**

- 1 Yes, living with both parents → Skip to Q21
- 2 No, living with one parent → Go to Q20
- 3 Not living with either parent → Go to Q20

→ **87. [If child not living with both biological parents,] are your biological parents alive?**

- 1 Father dead/think dead
- 2 Mother dead/think dead
- 3 Both parents dead/think dead
- 4 Both parents alive/think both alive
- 97 Don't know
- 98 DWA

**SECTION 12. RAISING CHILDREN: ENABLING ENVIRONMENT**

**Now, I would now like to ask you some questions about access to treatment, school, and other things.**

**88. Since the beginning of the year, have you been sick or injured?**

- 1 Yes → Go to Q22
- 2 No → Skip to Q25
- 97 DK/not sure → Skip to Q25

→ **89. At that time, did you go for health care treatment?**

- 1 Yes → Skip to Q24
- 2 No → Go to Q23
- 97 DK/not sure → Skip to Q25

→ **90. [If NO,] Why didn't you go for treatment?**

*Do not read aloud. Circle all that apply. Probe once: "Anything else?"*

- g. No money for transportation
- h. No money to buy medicine
- i. No time to bring child to clinic (e.g., work full time)
- j. Did not know where to go
- k. Knew how to treat child at home
- l. Other (specify):

→ **91. [If YES,] Where did you get treatment?**

*Do not read aloud. Circle all that apply.*

- g. Health center/clinic
- h. Drug shop
- i. Herbalist/country doctor
- j. Trained Traditional Midwife (TTMs)
- k. Blackbag doctor
- l. Other (specify):

**92. In the last week, how many times a day did you eat at home? Do not read aloud. Select only one**

- 1 One
- 2 Two
- 3 Three or more
- 98 DWA

**93. Do you have clothes for occasions? Do not read aloud. Select only one**

- 1 No
- 2 Yes
- 98 DWA

**94. What do you normally do in the daytime? Do not read aloud. Circle all that apply. Probe once: 'Anything else?'**

- k. Go to school
- b. Take care of brothers and sisters
- c. Help my mama to do housework
- d. Help my papa in the farm/in his trade outside
- e. Work as domestic worker
- f. Work in other people's farm for money
- g. Work in the factory/garages
- h. Work as street vendor
- i. Play/get together with friends
- j. Do nothing
- k. Other (specify):



**95. [If child is 14 years or younger] Last week, did you work outside of the household? If yes, did you work for pay? What did you get?**

*Do not read aloud. Select one*

- 1 Yes, work for pay
- 2 Yes, work NOT for pay
- 3 No
- 96 Not applicable

**96. In many houses, there are different children—the biological children (of the head of the household), family children, and other children who are just living there. From what you see and hear around you, are all children in the house treated the same way?**

- 1 Yes → Skip to Q32
- 2 No → Go to Q30
- 3 It depends → Go to Q30
- 97 Don't know → Skip to Q32

→ **97. [If NO/DEPENDS,] What children are treated better?**

*Do not read aloud. Select only one.*

- 1 Biological children
- 2 Family children
- 3 Other children
- 97 Don't know
- 98 DWA

→ **98. How are they treated better?**

*Do not read aloud. Circle all that apply*

- a. Get more/better food
- b. Get more/better clothes
- c. Sent to better schools
- d. Sent to school while other children work
- e. Disciplined less harshly
- f. Get more time for themselves (e.g., to play or study)
- g. Get better sleeping place
- h. Other (specify)
- i. Don't know
- j. DWA

**The next questions are about the people that you can go to for help, and the people who live with you. Remember that these persons will never know what you said, so you can say the truth.**

**99. When you need advice or information, who do you go to?**

*Do not read list. Circle up to 3. Probe once: "Anybody else?"*

- |  |                                      |
|--|--------------------------------------|
| a. Father/mother   | j. Employer                          |
| b. Aunt/Uncle  | k. Teacher or health worker          |
| c. Grandparent   | l. Social worker or community worker |
| d. Sister/brother  | m. Herbalist/country doctor          |
| e. Other relative  | n. Nobody                            |
| f. Friends/neighbors   | o. I don't need assistance           |
| g. Boy/girlfriend or lover                                     | p. Other (specify):                  |
| h. Community elder/chief                                       | q. Don't know                        |
| i. Religious leader (Imam, Karmoh, Pastor, Priest, Weyongarar) |                                      |

**100. If you need food, clothes, or some money, who do you go to?**

*Do not read list. Circle up to 3. Probe once: "Anybody else?"*

- |                            |                                      |
|----------------------------|--------------------------------------|
| a. Father/mother           | j. Employer                          |
| b. Aunt/Uncle              | k. Teacher or health worker          |
| c. Grandparent             | l. Social worker or community worker |
| d. Sister/brother          | m. Herbalist/country doctor          |
| e. Other relative          | n. Nobody                            |
| f. Friends/neighbors       | o. I don't need assistance           |
| g. Boy/girlfriend or lover | p. Other (specify):                  |
| h. Community elder/chief   | q. Don't know                        |
| i. Religious leader        |                                      |

**101. If you want to talk about something that nobody knows about or something that you know you were not supposed to do, who do you talk to?**

*Do not read list. Circle up to 3. Probe once: "Anybody else?"*

- |                            |                                      |
|----------------------------|--------------------------------------|
| a. Father/mother           | j. Employer                          |
| b. Aunt/Uncle              | k. Teacher or health worker          |
| c. Grandparent             | l. Social worker or community worker |
| d. Sister/brother          | m. Herbalist/country doctor          |
| e. Other relative          | n. Nobody                            |
| f. Friends/neighbors       | o. I don't need assistance           |
| g. Boy/girlfriend or lover | p. Other (specify):                  |
| h. Community elder/chief   | q. Don't know                        |
| i. Religious leader        |                                      |

**102. I am now going to read about the relations between parents and children. When I say ‘parent’, I am also referring to big people who take care of you at home. Tell me if these situations ever happen in your home and, if they do, whether these happen ‘sometimes’ or ‘always’.**

*Read list and select frequency for each statement*

	Never	Sometimes	Always	DK	DWA
a. When you are not at home, your parents know who you are with	1	2	3	97	98
b. When your parents go out and leave you and the children home alone, bad things happen	1	2	3	97	98
c. Your parents ask you about school, work, and friends	1	2	3	97	98
d. You ask your parents for advice when you need to make important decisions	1	2	3	97	98
e. You discuss your plans for the future with your parents	1	2	3	97	98
f. They praise you when you do something the right way	1	2	3	97	98
g. If you do something wrong, they explain why, what you did was wrong	1	2	3	97	98
h. You argue a lot with your parents	1	2	3	97	98
i. You discuss how to avoid getting HIV/AIDS	1	2	3	97	98
j. You discuss how to avoid getting pregnant	1	2	3	97	98

**103. Sometimes, when parents or the people who take care of children are vexed by things that children do, they will beat children (hard). Tell me how often do parents beat children in your community in the following situations. Tell me whether these happen ‘never’, ‘sometimes’, or ‘always.’**

*Read list and select level of frequency for each statement*

	Never	Sometimes	Always	DK	DWA
j. if the child is disobedient	1	2	3	97	98
k. if the child talks back to the parent	1	2	3	97	98
l. if the child runs away from home	1	2	3	97	98
m. if the child does not want to go to school	1	2	3	97	98
n. if the child does not care for brothers and sisters	1	2	3	97	98
o. if the child is doing man and woman business	1	2	3	97	98
p. if the child wets bed	1	2	4	97	98
q. if the child steals	1	2	3	97	98
r. if the child takes drugs or liquor	1	2	3	97	98

## SECTION 13. KNOWLEDGE OF CHILD PROTECTION

I am now going to ask you some questions about children and some issues that children face, and I would like you to think about those in your community.

### 104. What situations put children in danger in your community?

*Do not read out. Circle all that are mentioned. Probe twice: "Anything else?"*

- |   |  |
|---|--|
| b. Basic needs not met (food, shelter, clothing)    | m. Dangerous child labour                                    |
| c. No access to school or to health care            | n. Drugs or liquor   |
| d. Domestic violence                                | o. Children living in the streets                            |
| e. Teenage pregnancy                                | p. Giving children to other people                           |
| f. Abuse and exploitation of children               | q. Illicit adoption  |
| g. Forced or under-age marriage                     | r. Ritualistic killing of children/witchcraft                |
| h. Discipline                                       | s. Stealing  |
| i. Unsafe migration (e.g., child goes away to work) | t. "Stubbornness of children" (or "bad behaviours children") |
| j. Men and women business or prostitution           | u. Peer pressure   |
| k. FGM/C and/or initiation                          | v. Don't know  |
| l. Abandonment by parent or guardian                | w. Other (specify)   |

### 105. I will read some issues that children can face in different communities. Tell me whether they happen in your community and, if they do happen, whether they happen 'a lot' or just 'sometimes.' Again, when I say parent, I am referring also to big people who care for children in the house. If you do not understand anything I say, please ask me and I will explain, OK?

*Read aloud and mark frequency for each statement.*

	Never	Sometimes	A lot	DK	DWA
m. Children take part in Children's Clubs/groups	1	2	3	97	98
n. Children travel alone for work in other towns, farms, or mines	1	2	3	97	98
o. Children join Sande or Poro societies	1	2	3	97	98
p. Parents send children to have boyfriend/girlfriend	1	2	3	97	98
q. Children are married before the age of 18 years	1	2	3	97	98
r. Children are sent to work in a farm or mine or to sell on the street during school hours	1	2	3	97	98
s. Teenage pregnancy or pregnancy of young girls	1	2	3	97	98
t. Physical or sexual abuse at home	1	2	3	97	98
u. Children are forced to love to teachers	1	2	3	97	98
v. Beating of children by big people	1	2	3	97	98
w. Forcing children to do hard and dangerous work	1	2	3	97	98
x. Abuse of children because of their disabilities or special learning needs	1	2	3	97	98

Now, I would like to ask you questions about children who are not living with at least one of their parents for whatever reason.

**106. Do any of these issues happen in your community? Again, tell me whether they ‘do not happen’, ‘happen sometimes’, or ‘happen a lot’.**

*Read aloud and mark frequency for each statement.*

	Never	Sometimes	A lot	DK	DWA
l. Children sent to live with relatives or other people	1	2	3	97	98
m. Children are registered to go to orphanage homes	1	2	3	97	98
n. Children with physical or learning disabilities are sent to orphanage homes	1	2	3	97	98
o. Children are given up for adoption to families in the US or other countries	1	2	3	97	98
p. Parents leave children home alone while they go to work	1	2	3	97	98
q. Stepparent does not want to take children in	1	2	3	97	98
r. Parents treat their own children better than other children in the house	1	2	3	97	98
s. Children run away from home into the streets	1	2	3	97	98
t. Children from orphanage homes are not well accepted back in the community	1	2	3	97	98
u. Children who have lived in the streets are not well accepted back in the community	1	2	3	97	98
v. Property of dead husband is taken away from the widow and children by the husband’s family	1	2	3	97	98

**107. Have you heard of any problems that can happen when children are not living with their parents?**

- 1 Yes → Go to Q41
- 2 No → Skip to Q42
- 97 Don’t know/not sure → Skip to Q42

▶ **108. [If YES,] What problems have you heard of? Do not read aloud. Circle all mentioned**

- n. Forced to work during school hours
- o. Abused by caregivers
- p. Abused by employers
- q. Treated worse than other children in the family
- r. Sickness and/or basic needs not met
- s. Emotional distress
- t. Adopted
- u. Murdered
- v. Kidnapped or trafficked
- w. Children in the street are abused by strangers
- x. Children in the street are abused by the police
- y. Children enter in conflict with the law (e.g., stealing)
- z. Other (specify)

## SECTION 14. ATTITUDES

**109. Please tell me whether you agree or not with the following statements. Again, let me know without fear if anything I say is not clear and I will explain, OK?: Children who are not living with their parents...**

*Read aloud and let child indicate whether s/he agrees or not. Repeat the leading sentence before each statement.*

	Disagree	Agree	DK	DWA
h. Are better cared in orphanage homes than in a family	1	2	97	98
i. Can be easily abused by their new caregivers	1	2	97	98
j. Should take part in the religious and cultural practices of their new caregivers	1	2	97	98
k. Should be sent to orphanage homes if they have disabilities or special learning needs	1	2	97	98
l. Should be asked where they want to live	1	2	97	98
m. Should be cared by the government	1	2	97	98
n. Should <u>only</u> be sent to orphanage homes if there is no family to care for them	1	2	97	98

**110. Again, please tell me whether you agree or disagree with the following statements:**

*Read aloud and let respondent indicate whether s/he agrees or not.*

	Disagree	Agree	DK	DWA
a. It is better to send your own children to school than to send other children in the house	1	2	97	98
b. It is better to send able children to school than to send disabled children	1	2	97	98
c. It is better to send boys to school than to send girls	1	2	97	98
d. I would not have a problem going to live with someone from my family	1	2	97	98
e. I would not have a problem going to live with someone who is not from my family	1	2	97	98
f. I would not have a problem going to live in an orphanage home	1	2	97	98

**SECTION 15. SYSTEMS OF CHILD CARE & PROTECTION**

**111. Do you know of any laws in Liberia about the care and safety of children?**

- 1 Yes → Go to Q45
- 2 No → Skip to Q46
- 97 Don't know/not sure → Skip to Q46

▶ **112. [If YES] Which laws?**

*Do not read aloud. Circle all responses given*

- i. Domestic Relations Ac
- j. Adoption Bill (proposed)
- k. Children's Bill
- l. Act to Ban Trafficking
- m. Rape Act
- n. Human Rights Legislation (e.g., CRC)
- o. Cannot name specific act
- p. Other (specify)

**113. Is there any place in or near this community where children can go if they are abused by their parents or if they run away from home?**

- 1 Yes → Go to Q47
- 2 No → Skip to Q48
- 97 Don't know/not sure → Skip to Q48

▶ **114. [If YES,] Where?**

*Do not read aloud. Circle all that mentioned*

- j. A community member's house (e.g., CWC)
- k. Chief
- l. Social worker (from MOHSW or MGD)
- m. Church/Mosque
- n. LNP/Women's & Children's Protection Section
- o. NGO/CBO (includes safe homes)
- p. Orphanage home
- q. Cannot name specific place/not sure
- r. Other (specify)

**115. What would you do if you saw or heard that one of your friends or another child was abused at home or in the community?**

- 1 I report →Go to Q49
- 2 I confront the perpetrator →Skip to Q50
- 3 I comfort the child →Skip to Q50
- 4 I keep quiet/do nothing →Skip to Q50
- 5 Other (specify) →Skip to Q50

**116. [If would report,] Who would you report to?**

*Do not read aloud. Circle all that mentioned. If family member mentioned, probe: 'what if it that person was the one doing you harm?'*

- l. Family member/close friend
  - m. Chief/Community chairperson
  - n. CWC
  - o. Religious leader
  - p. Zoe/Sande or Poro societies
  - q. School/PTA
  - r. Social or health worker (MOHSW/MGD)
  - s. LNP/Women's & Children's Protection Section
  - t. Court
  - u. NGO workers
  - v. Other (specify)
- } → Skip to Q51

**117. [If would NOT report,] Why wouldn't you report?**

*Do not read aloud. Circle all that mentioned*

- b. Don't know where or who to report to
- c. No action is likely to be taken
- d. I don't care/it's not my business
- e. It is normal in my community for these things to happen
- f. Perpetrator is respected in my community
- g. I know the perpetrator
- h. Fear of retaliation/being victimized
- i. Service provider not accessible
- j. Respect for big/old people
- k. Other (specify)



**118. Have you heard of Child Welfare Committees (‘CWCs’) in your community?**

- 1 Yes →Go to Q52
- 2 No →Skip to Q54
- 97 Don’t know/not sure →Skip to Q54

**119. [If YES,] What do you think is the role of the Child Welfare Committees?**

*Do not read aloud. Circle all that mentioned. Probe once: “Anything else?”*

- h. Raise awareness on child rights
- i. Monitor child protection in the community/identify vulnerable children
- j. Give advice to children, parents, and other community members
- k. Report cases to LNP/Women’s & Children’s Protection Section
- l. Refer cases to social workers
- m. Other (specify)
- n. Don’t know

**120. In general, how effective are the Child Welfare Committees in protecting children in your community? Are they ‘very effective’, ‘somewhat effective’, or ‘not very effective.’**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 No CWC in my community
- 97 Do not know/not certain

**121. Do you think it is possible to bring children who are living in the streets back with their families?**

- 1 Yes → Go to Q55
- 2 No → Skip to Q56
- 97 Don’t know/not sure → Skip to Q56

**122. [If YES,] What types of services would help to bring these children back so that they stay?**

*Do not read aloud. Circle all that mentioned. Probe once: “Anything else?”*

- o. Material assistance (reintegration incentive)
- p. Opportunity for income generation
- q. School
- r. Day care centers
- s. Clinic/hospital
- t. Counselling/psycho-social support for children and/or parents
- u. Parenting courses/meetings with other families
- v. Mediation and conciliation services
- w. Substance abuse treatment for adults and youth
- x. Services for parents and children with disabilities
- y. Recreation/Safe playgrounds or football field
- z. Child-rights awareness in the community (< stigma)
- aa. Don’t know
- bb. Other(specify)

## SECTION 16. EXPOSURE TO INTERVENTIONS

Now, I would now like to ask you a question about the ways you get information on child care and safety.

### 123. Where do you or people like you get information on child care and safety?

*Do not read aloud. Circle all that mentioned. Probe once: "Anything else?"*

- |   |   |
|---|---|
| i. Radio  | q. Teachers/Schools/PTAs                            |
| j. TV   | r. Social/health workers (MOHSW, MGD)               |
| k. Newspapers and magazines                       | s. CBOs/NGOs  |
| l. Brochures, posters and other printed materials | t. Community groups (e.g., CWC or children's clubs) |
| m. Billboards                                     | u. Town crier                                       |
| n. Family, friends, neighbours and colleagues     | v. LNP  |
| o. Chiefs/community elders                        | w. Other (specify)                                  |
| p. Religious leaders                              | x. Don't know                                       |

## SECTION 17. PSYCHO-SOCIAL WELLBEING

Before we end, I would like to ask you some questions about how you feel about some aspects of life.

### 124. Please tell me whether you feel 'not happy at all', 'somewhat happy', or 'very happy'. How do you feel about your...

	Not happy at all	Somewhat happy	Very happy	N/A
a. School	1	2	3	96
b. Housework	1	2	3	96
c. Family	1	2	3	96
d. Friends	1	2	3	96
e. The way you look	1	2	3	96
f. Your whole life	1	2	3	96

### 125. In the last month, have you been feeling...

*Obtain first a Yes/No answer; if YES, probe if child has felt that way 'sometimes' or 'always'.*

	Never	Sometimes	Always	DK
a. Sad	1	2	3	97
b. Worried	1	2	3	97
c. Vexed	1	2	3	97
d. Tired	1	2	3	97
e. Strong	1	2	3	97
f. Full of energy	1	2	3	97
g. Happy	1	2	3	97
h. Helpful	1	2	3	97

**126. Have these feelings changed your activities or the way you relate to people? Would you say ‘a lot’, ‘a little’, or ‘not at all’?**

- 1 A lot
- 2 A little
- 3 Not at all
- 97 Don’t know/not sure
- 98 DWA

**THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION!**

*Thank the child for his/her help and reassure him/her about the confidentiality of his/her answers. Move on to your next interview. Record finish time & other information on cover page. If there are any responses that you think are unreliable, write under "comments" which questions and why you think that they are unreliable.*

**Interviewer’s comments**

**Supervisor’s comments**

Interviewer assessment of interview

- 1 Reliable
- 2 Unreliable

Supervisor Check of Missing Values, print name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20\_\_\_

# of missing values/mistakes found by Supervisor: \_\_\_\_\_

# of *unexpected* missing values: resolved: \_\_\_\_\_ unresolved: \_\_\_\_\_

Interviewer Review of Missing Values, print name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20\_\_\_

When questionnaire is complete/in its best state, sign below and send to central office:

**Interviewer’s Signature:** \_\_\_\_\_

**Supervisor’s Signature:** \_\_\_\_\_

**A.4 FGD Protocols**

Child Protection Knowledge Attitudes and Practices Survey  
**Group Discussion Guide**

<b>FGD DATE, TIME &amp; LOCATION</b>	Date (DD/MM/YYYY): ____/____/2011 Start Time: ____:____ Finish Time: ____:____ Total Time: _____ Location: _____
<b>NUMBER OF PARTICIPANTS</b>	_____ Boys _____ Girls
<b>NAME OF FACILITATOR</b>	
<b>NAME OF NOTE-TAKER (S)</b>	
<b>TARGET GROUP</b>	<i>Children 7-11 years old (family-based care)</i>

**PLEASE PROBE THROUGHOUT FOR STORIES AND EXAMPLES**

**PART I. OBJECTIVE OF THE DISCUSSION & ASSENT (5 mins)**

MODERATOR—Make sure that Parental/Guardian Consent and Informed Assent is obtained before starting the discussion. Make a pause to allow for children who do not want to stay to leave unnoticed.

**PART II. PARTICIPANTS INTRODUCTION (5 mins)**

Begin with a song or culturally appropriate way

To start with, we will go around the circle and introduce ourselves to the group. Please tell us:

- Your name
- How many ‘people eat from the same pot in your house’
  - How many are children from the same papa
  - How many are family children
  - How many are other children (just living with you)

Note taker should assign each participant a unique identifying letter to facilitate documentation.

**PART III. PERSPECTIVES ON CHILD WELLBEING AND PROTECTION (50 mins)**

1. Let me start by asking you something: To you, what is a child?
  - a. At what age do you think a boy becomes a man?
  - b. At what age do you think a girl becomes a woman?
  - c. At what age do you think that children can start doing the following things:
    - Draw water or tote wood
    - Cook
    - Walk alone to school
    - Walk alone to the market
    - Care for brothers and sisters [when there are no big people around]
    - Cut grass

- Expected to earn money to buy their own things
- Expected to contribute money to the family

2. First, let's talk about what you do every (week) day:

- a. What do you do when you wake up in the morning? (Probe for time)
- b. What else do you do in the house? (Probe for housework)
- c. What time do you go to bed? Where do you sleep/who do you sleep with? (Probe for differential sleeping arrangements)
- d. What time do you eat? What sort of food do you eat? (Probe for all meals)
- e. Do you go to school? What time do you go to school? How do you get there?
- f. Where do you play? What sort of games do you play?
- g. Do you belong to any clubs? (Probe for information on these groups)

3. We are now going to play with some photos and pictures we have brought. Look at all of them and chose two:

- one that you like and makes you feel good and safe; and
- one that you do not like or makes you feel bad and unsafe.

When all children have taken two pictures, tell them: Now, we are going to put all the pictures of the things you like in one group and the pictures of the things they don't like in another group. Lightly glue those to two large boards or sheets of paper so they may stay during the discussion. You may draw a smiley/sad face on them to distinguish the two groups. Then, **one by one**, probe about **each** picture (Check for dis/agreement):

- "Tell a story" about each of the photos you chose (What happens to these children?)
- How do you feel about this picture? (What do you like/dislike about it?) Why? Why not?
- Does this happen in your community? How could it be better?
  - What could these children do?
  - Where/who could they go for help?
  - Would they feel safe asking for help?

<b>Neutral probes</b>	
<ul style="list-style-type: none"> <li>- Tell me more</li> <li>- Please give me an example?</li> <li>- What do others think?</li> <li>- How does that work?</li> <li>- Can you tell me more about that?</li> </ul>	<ul style="list-style-type: none"> <li>- What else?</li> <li>- Why? Why not?</li> <li>- What happens next?</li> <li>- Please explain</li> <li>- What do you mean?</li> </ul>

Probe especially for child protection focus areas, as highlighted during training (see table below).

Note taker should identify each picture to facilitate analysis of discussion. At the end of the meeting, label, fold, and securely store large sheets/boards with attached pictures.

**\*MODERATOR—Take 5 minutes break for toilet\***

#### PART IV. CHILDREN WITHOUT PARENTAL CARE (20 mins)

Begin with a brief song or energizer

4. Not all children live with their parents. Do you know children who live without their parents?

Probe particularly for:

- children sent away to live with **relatives**
- children registered to go to **orphanage homes**
- children given up for **adoption overseas**
- children run away/live **in the street**

Ask the following questions about each group:

- Tell me a story about it
  - Why are they living on their own? Any other reason?
  - Who cares for them?
  - How do they care for them? (Probe for quality of care and children's satisfaction with care)
  - Where/who can they go to for help?
- What would help them?

#### PART V. CLOSURE (5 mins)

5. Where do you or children like you get news on how to stay safe?
6. Before we finish, is there anything else you would like to tell us about the way you live in this community, or do you have any questions for us?

**Thank you for your time and your ideas! Let's share some refreshments.**

#### **Child Protection Focus Areas**

These are some of the child protection areas in which you should probe to gain a deeper understanding as they may influence the separation of children from their parents:

- **Child abuse** (Physical, sexual, psychological, severe neglect)
- **Domestic/School violence**
- **Child discipline**
- **Child exploitation** (child labour, child trafficking)
- **Discrimination on the basis of disability**
- **Access to basic education & health care** (including mental health)
- **Harmful cultural practices** (child marriage, FGM/C, discrimination)
- **Family/community supports**
- **Parenting skills and knowledge of child development**

**At the end of the group discussion:**

- a. Record any **comments** you have about this session, including whether participants seemed open and actively engaged, whether the group seemed to be dominated by one person, whether there was anyone else present in the room, whether there were interruptions or some people arrived late and how were those handled, etc. Any incidents and decisions made in response to those should be clearly described.
- b. Collect all the cards, photos, flip-chart paper, etc. Make sure that each sheet, card, and photo is properly labelled and number them. Staple the sheets together, then fold them together and label the outside with the following information:
  - Target group
  - Location:
  - Date:
  - Facilitator:
  - Note taker(s):
- c. Place all of these materials in an envelope and label the envelope with the same information.
- d. Take a few hours **as soon as possible** following the group discussion to fill out your notes and ensure that you have captured all the necessary information. You must have completed your notes **on the same day** that the group discussion took place. You will also be asked to type your notes into a Microsoft Word document as soon as you are back in town.

Child Protection Knowledge Attitudes and Practices Survey

## Group Discussion Guide

<b>FGD DATE, TIME &amp; LOCATION</b>	Date (DD/MM/YYYY): ____/____/2011
	Start Time: ____:____ Finish Time: ____:____
	Total Time: _____
	Location: _____
<b>NUMBER OF PARTICIPANTS</b>	_____ Men/Boys _____ Women/Girls
<b>NAME OF FACILITATOR</b>	_____
<b>NAME OF NOTE-TAKER (S)</b>	_____
<b>TARGET GROUP</b>	_____ <i>Adults</i> _____ <i>Children 12-17 years (family-based care)</i>

**PLEASE PROBE THROUGHOUT FOR STORIES AND EXAMPLES**

**PART VI. OBJECTIVE OF THE DISCUSSION & ASSENT**  
(7 mins)

MODERATOR—Make sure that Informed Consent (or Parental/Guardian Consent and Informed Assent) are obtained before starting the discussion. Make a pause to allow for respondents who do not want to stay to leave unnoticed.

**PART VII. PARTICIPANTS' INTRODUCTION (5 mins)**

Begin with a song or culturally appropriate way. You may also do an icebreaker exercise to make people more relaxed and open.

To start with, we will go around the circle and introduce ourselves to the group. Please tell us:

- Your name
- How many 'people eat from the same pot in your house'
  - How many are children from the same papa
  - How many are family children
  - How many are other children (just living with you)

Note taker should assign each participant a unique identifying letter or number to facilitate documentation.

**PART VIII. PERSPECTIVES ON CHILD WELLBEING AND PROTECTION (45 mins)**

1. To start our discussion today, I would like first to ask you: To you, what is a child? (Probe for distinction child—youth—adult)
  - a. At what age do you think a boy becomes a man?
  - b. At what age do you think a girl becomes a woman?



- c. At what age do you think that children can start doing the following things:
- Draw water or tote wood
  - Cook
  - Walk alone to school
  - Walk alone to the market
  - Care for brothers and sisters [when there are no big people around]
  - Cut grass
  - Expected to earn money to buy their own things
  - Expected to contribute money to the family
2. Now, I would like you to think of families in your community, and the way that children are living here.
- a. What are some of the factors that make children feel **bad and unsafe**. The note-taker or a pre-identified group recorder will write or draw these on index cards.
- ✓ Probe for situations put children in danger in this community. Consider our focus child protection areas (parenting, harmful beliefs and practices, lack of services, law enforcement, etc).
  - ✓ Probe for factors at home [or in orphanage home] AND in the community.
  - ✓ Probe for differences across religion, boys and girls, able and disabled children, orphan and non-orphan, economic status.
- b. Is there **something else that should** be considered?
- c. Now, let's rank all of the answers in order of importance along this line/ribbon that we have created on the ground (see below). Please discuss among yourselves **why** you think things should be ranked one way or another. Remember that you are encouraged to voice your opinion, particularly if you disagree with what others are saying. (Give participants time to discuss among themselves)

**Very important** \_\_\_\_\_ **Less important**

- d. Once the ranking has been finalized ask the group to explain **why** this ranking was agreed upon and highlight areas of doubt or where disagreement could not be resolved.
- ✓ Probe for customary laws and practices that make children un/safe in this community.
  - ✓ Probe for the role of chiefs, religious leaders, and community groups.
- e. Repeat steps (1 to 4) to answer the question of: **what makes children feel good and safe?**
- ✓ Probe for factors at home [or in orphanage home] AND in the community.

MODERATOR— Ask the following questions if these issues have not been discussed already

3. Now, I would like for us to talk about raising children. Sometimes, children can make parents vexed. What are some of the things that children can do that make parents really vexed? What can parents do with that child?
  - a. Probe for types of discipline/punishment needed to raise a child/depending on the circumstances
  - b. Probe for agreement/disagreement.
4. Some children are having children. Does this happen in your community? How do you feel about it?
  - a. If a problem, what can be done about it?

**\*MODERATOR—If necessary, take 5 minutes break or do a brief energizer\***

#### PART IX. CHILDREN WITHOUT PARENTAL CARE (20 mins)

Not all children live with their parents. Think about the children you know and children and families living in this community...

5. **Why** do some children not live with their parents?
  - ✓ Probe for benefits to the child, the sending family, and the receiving family
6. **Who** cares for them? List all options, then, one by one, ask why and how frequently does this happen in your community?
  - a. Why are children sent to live with relatives?
  - b. Why are children sent to orphanage homes? (Probe for difference between orphanage homes and mission schools). How often do they see their families? Why?
  - c. Why are children living in the streets? (Probe: Customary laws (e.g., property dispossession after parental death)
  - d. Why are children given up for adoption overseas or here in Liberia?
  - e. To you, what is the government's role in caring for (any of) these children?
7. **How** are children living with \_\_\_\_\_? Do they provide good care?
  - Have you heard of any problems that happen when children live away from their parents?
  - Probe for differential treatment across types of children in the house: Sleeping arrangements, food, clothing, school, work, etc
8. What would **help** them?

## PART X. SERVICES NEEDED & AVAILABLE (25 min)

I am now going to read a short story about a child having a problem. As you listen to this story, I would like you to think about what might happen to this child if this happened in your community.

Read aloud the story. The story should also be written or drawn on a flip chart that is visible to all participants. Make sure that everyone has understood the story well. You may even ask a participant to retell the story. Then ask the group the following questions:

This is a story about a 13-year old girl living with her family. Her mother is often away at the market, where she has a small business. Sometimes she has to travel out of town for her work. For the last several months, whenever she is away, her husband has been harassing the girl. This happens mostly when he comes back from the video club or if he has been out drinking with friends. The girl is having trouble sleeping and is always afraid of being at home when her mother is not around. She tells her mother what is going on but her mother dismisses her fears. One day, the girl runs away from home...

9. If this happened in your community...
  1. **What** could this child do?
    - ✓ Probe about the process for dealing with such issues in the community (reporting, referring, family mediation, etc)
  2. **Where/who** could this child go for help? Would she feel safe asking for help?
    - a. Probe for individuals, groups or organizations, and types of services available within/outside the community
  3. **Who else** should be involved in the process? What could be changed so that they become involved in the future?
    - a. Probe for people in the community or outside the community
  4. **How** would the problem be resolved of the final outcome? What would happen in the end to the child/perpetrator/mother, etc?
  5. Is the risk that the harm will re-occur still present? If so, what could be done to minimize this risk?
  6. Do you think it is **possible to get children who are living in the streets back** with their parents/in their communities? Why? or Why not?
    - a. If yes, how could this be done so that it 'works'/it is successful?
      - ✓ Probe for barriers at the level of community, family, and child; differences by sex, differently-able, etc
  7. What about **children living in orphanage homes**? Do you think that it is possible to bring them back with their parents? Why? or Why not?
    - a. If yes, how could this be done so that it 'works'/it is successful?
      - ✓ Probe for barriers at the level of community, family, and child; differences by sex, differently-able, etc

## PART XI. CLOSURE (10 min)

Before we end, I would like to ask you a couple of questions about what people think about child protection and how can you and other people in your community learn more about it.

10. When you hear ‘child protection’, what comes to mind? How do people in your community feel about ‘child protection’? Let the group respond to these questions before asking the next.
  - a. What about ‘child rights’? How do people in your community feel about ‘child rights’?
11. Where do you or other people in this community get information on child protection?
12. Before we finish, is there anything else you would like to tell us about the way you live in this community, or do you have any questions for us?

**Thank you for your time and your ideas!**

### **At the end of the group discussion:**

- e. Record any **comments** you have about this session, including whether participants seemed open and actively engaged, whether the group seemed to be dominated by one person, whether there was anyone else present in the room, whether there were interruptions or some people arrived late and how were those handled, etc. Any incidents and decisions made in response to those should be clearly described.
- f. Collect all the cards, photos, flip-chart paper, etc. Make sure that each sheet, card, and photo is properly labelled and number them. Staple the sheets together, then fold them together and label the outside with the following information:
  - Target group
  - Location:
  - Date:
  - Facilitator:
  - Note taker(s):
- g. Place all of these materials in an envelope and label the envelope with the same information.
- h. Take a few hours **as soon as possible** following the group discussion to fill out your notes and ensure that you have captured all the necessary information. You must have completed your notes **on the same day** that the group discussion took place. You will also be asked to type your notes into a Microsoft Word document as soon as you are back in town.

Child Protection Knowledge Attitudes and Practices Survey

## Group Discussion Guide

<b>FGD DATE, TIME &amp; LOCATION</b>	Date (DD/MM/YYYY): ____/____/2011 Start Time: ____:____ Finish Time: ____:____ Total Time: _____ Location: _____
<b>NUMBER OF PARTICIPANTS</b>	_____ Boys _____ Girls
<b>NAME OF FACILITATOR</b>	_____
<b>NAME OF NOTE-TAKER (S)</b>	_____
<b>TARGET GROUP</b>	<i>Children 7-11 years in institutional care</i>

**PLEASE PROBE THROUGHOUT FOR STORIES AND EXAMPLES**

**PART XII. OBJECTIVE OF THE DISCUSSION & ASSENT (5 mins)**

MODERATOR—Make sure that Parental/Guardian Consent and Informed Assent is obtained before starting the discussion. Make a pause to allow for children who do not want to stay to leave unnoticed.

**PART XIII. PARTICIPANTS INTRODUCTION (5 mins)**

Begin with a song or culturally appropriate way

To start with, we will go around the circle and introduce ourselves to the group. Please tell us:

- Your name
- Where do you come from?
- How long have you lived here?

Note taker should assign each participant a unique identifying letter to facilitate documentation.

**PART XIV. PERSPECTIVES ON CHILD WELLBEING AND PROTECTION (50 mins)**

7. Let me start by asking you something: To you, what is a child?
  - d. At what age do you think a boy becomes a man?
  - e. At what age do you think a girl becomes a woman?
  - f. At what age do you think that children can start doing the following things:
    - Draw water or tote wood
    - Cook
    - Walk alone to school
    - Walk alone to the market
    - Care for brothers and sisters [when there are no big people around]
    - Cut grass
    - Expected to earn money to buy their own things
    - Expected to contribute money to the family

8. First, let's talk about what you do every (week) day:
  - h. What do you do when you wake up in the morning? (Probe for time)
  - i. What else do you do in the house? (Probe for housework)
  - j. What time do you go to bed? Where do you sleep/who do you sleep with? (Probe for differential sleeping arrangements)
  - k. What time do you eat? What sort of food do you eat? (Probe for all meals)
  - l. Do you go to school? What time do you go to school? How do you get there?
  - m. Where do you play? What sort of games do you play?
  - n. Do you belong to any clubs? (Probe for information on these groups)
  - o. Family bonds
    - Do you have brothers or sisters? Where are they? How often do you see them?
    - Do you have adult relatives or guardian? How often do you see them?
    - Who made the decision for you to stay at <Orphanage home's name>?
9. We are now going to play with some photos and pictures we have brought. Look at all of them and chose two:
  - one that you like and makes you feel good and safe; and
  - one that you do not like or makes you feel bad and unsafe.

When all children have taken two pictures, tell them: Now, we are going to put all the pictures of the things you like in one group and the pictures of the things they don't like in another group. Lightly glue those to two large boards or sheets of paper so they may stay during the discussion. You may draw a smiley/sad face on them to distinguish the two groups. Then, **one by one**, probe about **each** picture (Check for dis/agreement):

- "Tell a story" about each of the photos you chose (What happens to these children?)
- How do you feel about this picture? (What do you like/dislike about it?) Why? Why not?
- Does this happen in your community? How could it be better?
  - What could these children do?
  - Where/who could they go for help?
  - Would they feel safe asking for help?

<b>Neutral probes</b>	
<ul style="list-style-type: none"> <li>- Tell me more</li> <li>- Please give me an example?</li> <li>- What do others think?</li> <li>- How does that work?</li> <li>- Can you tell me more about that?</li> </ul>	<ul style="list-style-type: none"> <li>- What else?</li> <li>- Why? Why not?</li> <li>- What happens next?</li> <li>- Please explain</li> <li>- What do you mean?</li> </ul>

Probe especially for child protection focus areas, as highlighted during training (see table below).

Note taker should identify each picture to facilitate analysis of discussion. At the end of the meeting, label, fold, and securely store large sheets/boards with attached pictures.

**\*MODERATOR—Take 5 minutes break for toilet\***

**PART XV. CHILDREN WITHOUT PARENTAL CARE (20 mins)**

Begin with a brief song or energizer

10. Not all children live with their parents. Do you know children who live without their parents?

Probe particularly for:

- children sent away to live with **relatives**
- children registered to go to **orphanage homes**
- children given up for **adoption overseas**
- children run away/live **in the street**

Ask the following questions about each group:

- Tell me a story about it
  - Why are they living on their own? Any other reason?
  - Who cares for them?
  - How do they care for them? (Probe for quality of care and children's satisfaction with care)
  - Where/who can they go to for help?
- What would help them?

**PART XVI. CLOSURE (5 mins)**

11. Where do you or children like you get news on how to stay safe?

12. Before we finish, is there anything else you would like to tell us about the way you live in this community, or do you have any questions for us?

**Thank you for your time and your ideas! Let's share some refreshments.**

**Child Protection Focus Areas**

These are some of the child protection areas in which you should probe to gain a deeper understanding as they may influence the separation of children from their parents:

- **Child abuse** (Physical, sexual, psychological, severe neglect)
- **Domestic/School violence**
- **Child discipline**
- **Child exploitation** (child labour, child trafficking)
- **Discrimination on the basis of disability**
- **Access to basic education & health care** (including mental health)
- **Harmful cultural practices** (child marriage, FGM/C, discrimination)
- **Family/community supports**
- **Parenting skills and knowledge of child development**

### **At the end of the group discussion:**

- i. Record any **comments** you have about this session, including whether participants seemed open and actively engaged, whether the group seemed to be dominated by one person, whether there was anyone else present in the room, whether there were interruptions or some people arrived late and how were those handled, etc. Any incidents and decisions made in response to those should be clearly described.
- j. Collect all the cards, photos, flip-chart paper, etc. Make sure that each sheet, card, and photo is properly labelled and number them. Staple the sheets together, then fold them together and label the outside with the following information:
  - Target group
  - Location:
  - Date:
  - Facilitator:
  - Note taker(s):
- k. Place all of these materials in an envelope and label the envelope with the same information.
- l. Take a few hours **as soon as possible** following the group discussion to fill out your notes and ensure that you have captured all the necessary information. You must have completed your notes **on the same day** that the group discussion took place. You will also be asked to type your notes into a Microsoft Word document as soon as you are back in town.



Child Protection Knowledge Attitudes and Practices Survey

## Group Discussion Guide

<b>FGD DATE, TIME &amp; LOCATION</b>	Date (DD/MM/YYYY): ____/____/2011
	Start Time: ____:____ Finish Time: ____:____
	Total Time: _____
	Location: _____
<b>NUMBER OF PARTICIPANTS</b>	_____ Boys _____ Girls
<b>NAME OF FACILITATOR</b>	_____
<b>NAME OF NOTE-TAKER (S)</b>	_____
<b>TARGET GROUP</b>	<i>Children 12-17 years in institutional care</i>

**PLEASE PROBE THROUGHOUT FOR STORIES AND EXAMPLES**

**PART XVII. OBJECTIVE OF THE DISCUSSION & ASSENT (7 mins)**

MODERATOR—Make sure that Informed Consent (or Parental/Guardian Consent and Informed Assent) are obtained before starting the discussion. Make a pause to allow for respondents who do not want to stay to leave unnoticed.

**PART XVIII. PARTICIPANTS' INTRODUCTION (5 mins)**

Begin with a song or culturally appropriate way. You may also do an icebreaker exercise to make people more relaxed and open.

To start with, we will go around the circle and introduce ourselves to the group. Please tell us:

- Your name
- Where do you come from?
- How long have you lived here?

Note taker should assign each participant a unique identifying letter or number to facilitate documentation.

**PART XIX. PERSPECTIVES ON CHILD WELLBEING AND PROTECTION (50 mins)**

3. To start our discussion today, I would like first to ask you: To you, what is a child? (Probe for distinction child—youth—adult)
  - d. At what age do you think a boy becomes a man?
  - e. At what age do you think a girl becomes a woman?
  - f. At what age do you think that children can start doing the following things:

- Draw water or tote wood
- Cook
- Walk alone to school
- Walk alone to the market
- Care for brothers and sisters [when there are no big people around]
- Cut grass
- Expected to earn money to buy their own things
- Expected to contribute money to the family

4. First, let's talk about what you do every (week) day:

- p. What do you do when you wake up in the morning? (Probe for time)
- q. What else do you do in the house? (Probe for housework)
- r. What time do you go to bed? Where do you sleep/who do you sleep with? (Probe for differential sleeping arrangements)
- s. What time do you eat? What sort of food do you eat? (Probe for all meals)
- t. Do you go to school every day? What time do you go to school? How do you get there?
- u. Where do you play? What sort of games do you play?
- v. Do you belong to any clubs? (Probe for information on these groups)
- w. Family bonds
  - Do you have brothers or sisters? Where are they? How often do you see them?
  - Do you have adult relatives or guardian? How often do you see them?
  - Who made the decision for you to stay at <Orphanage home's name>?

5. Now, I would like you to think of families in your community, and the way that children are living here.

- f. What are some of the factors that make children feel **bad and unsafe**. The note-taker or a pre-identified group recorder will write or draw these on index cards.
  - ✓ Probe for situations put children in danger in this community. Consider our focus child protection areas (parenting, harmful beliefs and practices, lack of services, law enforcement, etc).
  - ✓ Probe for factors at home [or in orphanage home] AND in the community.
  - ✓ Probe for differences across religion, boys and girls, able and disabled children, orphan and non-orphan, economic status.
- g. Is there **something else that should** be considered?
- h. Now, let's rank all of the answers in order of importance along this line/ribbon that we have created on the ground (see below). Please discuss among yourselves **why** you think things should be ranked one way or another. Remember that you are encouraged to voice

your opinion, particularly if you disagree with what others are saying. (Give participants time to discuss among themselves)

**Very important** \_\_\_\_\_ **Less important**

- i. Once the ranking has been finalized ask the group to explain **why** this ranking was agreed upon and highlight areas of doubt or where disagreement could not be resolved.
  - ✓ Probe for customary laws and practices that make children un/safe in this community.
  - ✓ Probe for the role of chiefs, religious leaders, and community groups.
- j. Repeat steps (1 to 4) to answer the question of: **what makes children feel good and safe?**
  - ✓ Probe for factors at home [or in orphanage home] AND in the community.

MODERATOR— Ask the following questions if these issues have not been discussed already

13. Now, I would like for us to talk about raising children. Sometimes, children can make parents vexed. What are some of the things that children can do that make parents really vexed? What can parents do with that child?
  - a. Probe for types of discipline/punishment needed to raise a child/depending on the circumstances
  - b. Probe for agreement/disagreement.
14. Some children are having children. Does this happen in your community? How do you feel about it?
  - a. If a problem, what can be done about it?

**\*MODERATOR—If necessary, take 5 minutes break or do a brief energizer\***

## PART XX. CHILDREN WITHOUT PARENTAL CARE (25 mins)

Not all children live with their parents. Think about the children you know and children and families living in this community...

15. **Why** do some children not live with their parents?
  - ✓ Probe for benefits to the child, the sending family, and the receiving family
16. **Who** cares for them? List all options, then, one by one, ask why and how frequently does this happen in your community?
  - f. Why are children sent to live with relatives?
  - g. Why are children sent to orphanage homes? (Probe for difference between orphanage homes and mission schools). How often do they see their families? Why?

- h. Why are children living in the streets? (Probe: Customary laws (e.g., property dispossession after parental death))
  - i. Why are children given up for adoption overseas or here in Liberia?
  - j. To you, what is the government's role in caring for (any of) these children?
17. **How** are children living with \_\_\_\_\_? Do they provide good care?
- Have you heard of any problems that happen when children live away from their parents?
  - Probe for differential treatment across types of children in the house: Sleeping arrangements, food, clothing, school, work, etc
18. What would **help** them?
- Who/where can they go to when they need help? (Probe for help with feelings, material needs, information)
  - How are problems resolved? (Probe for orphanage home)
19. Do you think it is **possible to get children who are not living with their parents back to their families/communities**? Why? or Why not? (children in streets & orphanage homes)
- b. If yes, how could this be done so that it 'works'/it is successful?
    - ✓ Probe for barriers at the level of community, family, and child; differences by sex, differently-able, etc

#### PART XXI. CLOSURE (10 min)

Before we end, I would like to ask you a couple of questions about what people think about child protection and how can you and other people in your community learn more about it.

20. When you hear 'child protection', what comes to mind? How do people in your community feel about 'child protection'? Let the group respond to these questions before asking the next.
- a. What about 'child rights'? How do people in your community feel about 'child rights'?
21. Where do you or other people in this community get information on child protection?
22. Before we finish, is there anything else you would like to tell us about the way you live in this community, or do you have any questions for us?

**Thank you for your time and your ideas!**

### **At the end of the group discussion:**

- m. Record any **comments** you have about this session, including whether participants seemed open and actively engaged, whether the group seemed to be dominated by one person, whether there was anyone else present in the room, whether there were interruptions or some people arrived late and how were those handled, etc. Any incidents and decisions made in response to those should be clearly described.
- n. Collect all the cards, photos, flip-chart paper, etc. Make sure that each sheet, card, and photo is properly labelled and number them. Staple the sheets together, then fold them together and label the outside with the following information:
  - Target group
  - Location:
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- o. Place all of these materials in an envelope and label the envelope with the same information.
- p. Take a few hours **as soon as possible** following the group discussion to fill out your notes and ensure that you have captured all the necessary information. You must have completed your notes **on the same day** that the group discussion took place. You will also be asked to type your notes into a Microsoft Word document as soon as you are back in town.

## A.5 Photographs from the KAP study



HS Training



FGD Training



Things that make children feel sad and unsafe from FGD with 7-11 year olds



Interviewer recording answers during KI interview



SC Child Protection Staff with HS Research Teams preparing to leave for the field, May 2011



HS Supervisor working with community leaders to identify cluster borders & features



HS Research Teams accessing selected communities



HS Research Team members randomly selecting starting direction and numbering selected households



HS Research Team member conducting HS interview

KAP Study Research Team final reflection session



Locked storage for KAP study information





## A.6 Child Risk Factors by Type of Residence and Respondent

Residence	Method/Respondent	Responses	Sample Quotes/Notes	
Rural	KI	<ul style="list-style-type: none"> <li>- Lack of support from parents/guardians &amp; step-parents</li> <li>- Parents talking to children harshly</li> <li>- Parents pressuring girls to enter into exploitative relations</li> <li>- Peer pressure</li> <li>- Dangerous child labour (e.g., fishing in open ocean)</li> <li>- Sending children to sell in the street</li> <li>- Sending children to the farm alone to work</li> <li>- Sending children to live with friends/relatives</li> <li>- Not sending children to school</li> <li>- Sending children alone to complete schooling in another town</li> <li>- Video clubs (allowing children to watch films day &amp; night)</li> <li>- Traditional harmful practices (Sande &amp; Poro societies)</li> <li>- Teenage marriage (traditional marriage law)</li> </ul>	<ul style="list-style-type: none"> <li>- ... step-parents are not actually willing to care for step-children because they are of the belief that these children will not benefit them. Secondly, the issue of early marriage is still a concern for us especially for our girl children who are involved in early sex and it is the belief of the parents that once the child is engaged in early sex, it is right to marry them.</li> <li>- The traditional marriage law that says a girl child diary be paid as early as possible. The traditional school that delays schooling and leaves some psychological impact on girls.</li> </ul>	
	FGD	7-11 years	<ul style="list-style-type: none"> <li>- Lack of basic needs (food, clothing)</li> <li>- Burning (fire &amp; candle)</li> <li>- Parents fighting over children</li> <li>- Smoking</li> <li>- Harming children through <i>witch power</i></li> <li>- Guns</li> </ul>	<ul style="list-style-type: none"> <li>- Guns killed plenty of children in Liberia; this is what my mother told me.</li> <li>- I feel bad because the child is not walking just sitting on the ground; maybe bad people did something to the child (for example, sit on the child foot by witch power).</li> </ul>
		12-17 years	<ul style="list-style-type: none"> <li>- Fathers fail to support the family</li> <li>- Parents/guardians not treating all children equally</li> <li>- Parents/Step-parents not sending (all) children to school or buying materials</li> <li>- Step-parents making children work all the time</li> <li>- Step-parents refusing food to children</li> <li>- Step-parents making orphan children feel rejected</li> <li>- Parents and teachers pressuring girls to enter into exploitative/sexual relations</li> <li>- Teachers make children clean blackboard with their tongue</li> <li>- Parents/guardians insulting children, addressing them harshly,</li> </ul>	<ul style="list-style-type: none"> <li>- Being with many friends will encourage you to do the same bad things</li> <li>- When [men] impregnate you, they don't have time again</li> <li>- The men in the community can call small girls to wash their clothes [...] When men rape you your parents can settle it as family matter.</li> <li>- I can try to pass in my lesson but the teacher will pretend like I fail to take money from me [...] I am a victim of it. I passed but because I didn't give him money, I was not the dux of the class.</li> <li>- I don't like to see teachers asking girls for sex.</li> </ul>

- & making them feel guilty
- Teachers asking money for grades
- Child beating (parents & teachers)
- Locking hand pump
- Early marriage
- Early/teenage pregnancy
- Peer pressure
- Men raping girls in the community
- Parents/guardians not taking children for healthcare
- Parents making boys work only (not girls)
- Parents quarrelling or insulting each other (outside)
- Substance abuse (fathers & teachers drinking)

- Some teachers drink to beat on students [...] Some teachers can not teach if he is not drunk.
- Parents giving their girl child to big man for money [...] some parents like money more than their girl children.
- My father forced me to love to the son of a senator; he refused to send me to school because of that.
- Most of our parents and caretakers don't even send some of the children that live with them to hospital if they get sick [...] They will go to the drug store and get you some 'Paracetamol'; that's all.
- Most of our friends are working for people who only send their own children to school.
- When parents die and stepfather keep say things that make children feel hopeless (e.g., , you're good for nothing).
- Step parents make step children work all day for the rest of the children.
- Some parents beat children without a just cause: beating makes some children fall off/faint.
- The law enforcement officers are involved in the same thing [early marriage] so they don't take anything serious.

	18>	<ul style="list-style-type: none"> <li>- Parents not providing basic needs (food, clothing, shelter, toys)</li> <li>- Parents keeping children dirty</li> <li>- Parents not sending children to school</li> <li>- Parents not allowing children time to play games</li> <li>- Parents insulting/talking to children harshly</li> <li>- Parents/step-parents not treating children equally</li> <li>- Parents not buying gifts for children</li> <li>- Negative discipline (harsh punishment)</li> <li>- Parents beating children</li> <li>- Parents failing to praise children</li> <li>- Lack of playground</li> <li>- Parental death, quarrelling, separation, and divorce</li> <li>- Children disrespecting parents</li> <li>- Parents failing to support children</li> <li>- Parents not showing love to children</li> </ul>	<ul style="list-style-type: none"> <li>- Disrespect will cause me not to love the child.</li> <li>- Sending children to work while they're hungry from school.</li> <li>- When they [children] are given hard punishment; example pumping tire until the one punishing tells the child to stop.</li> <li>- Not giving the child food to eat as a punishment.</li> <li>- No money to send your child to school and if you don't have food in the house your child will not respect you [...] [When there is no money at home] children grow up their own way.</li> <li>- Not willing to provide guidance for children.</li> <li>- Foster parents care only for biological/belly-born children/ [...] Child is always left out from family circle.</li> <li>- Lack of support, too harsh and arrogant to children.</li> <li>- Poor understanding between mama and papa; attitude of quarrelling and fighting.</li> </ul>
Urban	KI	<ul style="list-style-type: none"> <li>- Lack of support from parents/guardians (poverty)</li> <li>- Lack of parents/guardians and child-headed households (+ girls)</li> <li>- Lack of positive discipline</li> <li>- Lack of supervision (+ single/working parents)</li> <li>- Parents pressuring girls to enter into exploitative relations</li> <li>- Young children expected to contribute financially to the family</li> <li>- Sending children to sell in the street</li> <li>- Sending children to the farm (work) or creek (get water) alone</li> <li>- Sending children to live with friends/relatives</li> <li>- Not sending children to school/supporting studying</li> <li>- Substance abuse by parents</li> <li>- Parents having sex in the presence of their children</li> <li>- Video clubs (allowing children to watch pornographic films)</li> <li>- Allowing children to stay out late unsupervised</li> </ul>	<ul style="list-style-type: none"> <li>- Adopted children... the majority of these children are on the street selling for their internal adopted parents. They sometimes sleep in the market places. Children in orphanage homes are in great need [too] and also children brought from the village to stay with friends or relatives. (...) Taking girls children in the Sande bush when school is in session. This [is] a common practice (...)</li> <li>- [Particularly vulnerable are] Children who are living with relatives and non relatives, children who are brought from neighbouring countries like Sierra Leone and Ghana by fishermen and other business men and women.</li> <li>- I think the Western practices that stress the rights of children put some children at risk. It causes them to get involved in dangerous activities like joining bad friends, drinking and smoking and getting involved into early sexual activities. They also challenge their parents and some times leave the home for the street.</li> </ul>

		<ul style="list-style-type: none"> <li>- Children living in the street</li> <li>- Marginalization of children with disabilities</li> <li>- Traditional harmful practices (Sande &amp; Poro societies)</li> <li>- Forced and early/teenage marriage</li> <li>- Rape</li> </ul>	<ul style="list-style-type: none"> <li>- Some times; some of the families leave their children out in the town up to 12 midnight and they are at bed or asleep. (...) [Other times, families] sent their children to near-by towns and villages at night to buy things. The parents only focus on school supplies, not on studying.</li> </ul>
<b>FGD</b>	<b>7-11 years</b>	<ul style="list-style-type: none"> <li>- Dirty environment</li> <li>- Smoking</li> <li>- Child beating</li> <li>- Locking children up</li> <li>- Guns</li> </ul>	<ul style="list-style-type: none"> <li>- The army man showing gun to the children; I don't like people pointing gun at me it can make me feel bad. I don't like this photo because war can make you to run away from your home, the soldier will come and take all your good things from your house and burn it.</li> <li>- It is not good to put children in jail.</li> </ul>
	<b>12-17 years</b>	<ul style="list-style-type: none"> <li>- Parents/guardians not sending children to school</li> <li>- Parents not treating all children equally</li> <li>- Child beating</li> <li>- Parents shouting to, cursing, &amp; insulting children (name calling; confusion)</li> <li>- Parents/guardians not appreciating children's efforts</li> <li>- Parents/guardians lying to children</li> <li>- Lack of supervision</li> <li>- Children's views not heard/allowed to participate in discussion</li> <li>- Parents sending children to Bush School (Sande &amp; Poro societies)</li> <li>- Rape</li> </ul>	<ul style="list-style-type: none"> <li>- Some parents leave their children alone and go out for the day.</li> <li>- When care is giving only to your own children more than the other family children.</li> <li>- Some parents or caretakers lie on the children to save themselves from shame.</li> <li>- Calling them [children] by domestic animal names makes them act like the animals.</li> <li>- Some parents or caretakers never appreciate what children do; whatever they do is wrong in their sight.</li> <li>- [Bush school] is bad because some of the children die in the process.</li> </ul>
	<b>18&gt;</b>	<ul style="list-style-type: none"> <li>- Lack of good care/support from parents/guardians (food, clothing)</li> <li>- Parents/guardians not sending children to school</li> <li>- Parents not respecting children's views</li> <li>- Parents not giving advise to children</li> <li>- Parents not ensuring that children are clean</li> <li>- Parents not giving children any freedom</li> <li>- Child beating</li> <li>- Lack of good communication between parents and children</li> </ul>	<ul style="list-style-type: none"> <li>- [Not providing good care for children] makes child to leave home to follow friends [...] It brings about wayward and street children [...] It makes the child to disrespect you.</li> <li>- Don't deny children of their freedom, it will destroy their growth [...] Show love and don't see children as items or animals.</li> <li>- 'Work without play makes jack a dull boy' so every child needs some freedom to live freely.</li> </ul>

			<ul style="list-style-type: none"> <li>- If parents talk a lot and don't talk on things that are helpful; for example counseling, advice, etc</li> <li>- Poor communication between children and parents and caretakers, this leads to children being far from parents and caretakers. Sooner or later the child gets on his/her own because no line of communication.</li> </ul>
<b>Metropolitan</b>	<b>KI</b>	<ul style="list-style-type: none"> <li>- Lack of support from parents/guardians (poverty)</li> <li>- Family abandonment (by father)</li> <li>- Negative discipline</li> <li>- Young children expected to contribute financially to the family</li> <li>- Substance use by children (drinking, smoking, etc)</li> <li>- Early sex</li> <li>- Early/teenage marriage</li> <li>- Traditional harmful practices (Sande &amp; Poro societies)</li> <li>- Religious laws that discriminate against children and women</li> </ul>	<ul style="list-style-type: none"> <li>- There are certain places [where] children are not allowed to go. They can go to these places only with adults. Some of these places are areas where materials of the mask dances are kept. If a child goes and touches them, he or she might get sick or if a child is caught in such areas, he will be punished.</li> <li>- Some children believe that when they engage in either drinking or smoking, they see themselves as grown-up and even [doing] early men and women business.</li> <li>- Sometimes parents starve children when the children make them vexed.</li> <li>- Some parents believe that their children are supposed to help with family financial need. They send them to work for money at an early age.</li> </ul>
	<b>FGD</b>	<ul style="list-style-type: none"> <li>- Child beating</li> <li>- Substance use by children (smoking)</li> <li>- Children (<i>toting heavy rocks</i>)</li> <li>- Teachers yelling at students</li> <li>- Parents fighting over children</li> <li>- Greediness [comment over photograph of smiling boy with big basket full of vegetables]</li> <li>- Guns</li> </ul>	<ul style="list-style-type: none"> <li>- It is not good to fight war; this boy is holding a gun he could kill anybody [...] No one to go to for help because he is holding a gun</li> <li>- The boy is greedy; if a child is greedy he or she could get killed; someone can fool him and carry him because of food and harm him/her.</li> <li>- People beat their children like this in this community when the children insult other people; some children can be beaten by people in the street.</li> </ul>
		<ul style="list-style-type: none"> <li>- Lack of support from parents/guardians (food, good sleeping place)</li> <li>- Parents not buying clothes for special occasions</li> <li>- Children not living with their parents (<i>absence of ma and pa</i>)</li> </ul>	<ul style="list-style-type: none"> <li>- Some parents and caretakers send children to sell in the market but they don't take some of the money to buy clothes for them on special holidays (New Year, Independence, and Christmas day celebration) [...] We</li> </ul>

	<ul style="list-style-type: none"> <li>- Guardians preventing children from visiting parents</li> <li>- Child labour (making children do work they cannot do)</li> <li>- Parents/guardians not allowing children time to play/socialize (make children work all the time)</li> <li>- Parents not sending children to school</li> <li>- Parents not treating all children equally (<i>selective birthday celebration, food, sleeping place, etc</i>)</li> <li>- Parents talking to children harshly/without respect</li> <li>- Parents not treating children fairly</li> <li>- Negative discipline (e.g., locking in room without food, beating without reason)</li> <li>- Parents/guardians not appreciating children's efforts</li> <li>- MOHSW and NGOs not supplying mosquito nets for all children</li> <li>- Lying to children</li> <li>- Talking to dead parents of children</li> <li>- Parents insulting/abusing children</li> <li>- Revealing child's negative history</li> <li>- Parents <i>talking plenty</i> to children (confusion)</li> <li>- Parents treating children like they are not important</li> <li>- Waking children up early</li> <li>- Violence &amp; crime (fighting, stealing, rape, murder)</li> </ul>	<ul style="list-style-type: none"> <li>wear the same clothes on Sundays and special holidays.</li> <li>- Some parents and caretakers give the children more assignments than they are really able to do and have no time for any other activity [...] They keep you working until you have no time to do anything for yourself.</li> <li>- Some parents and caretakers are in the habit of shouting at children when they want to make a point in a family discussion [...] They even call you stupid boy or girl.</li> <li>- Most parents declare their children to be stupid and inferior to them. It is not good.</li> <li>- Parents insulting children make them shame.</li> <li>- Parents' vexation can cause children to run away from home.</li> <li>- Some parents beat children when their husbands make them vex by cheating on them.</li> <li>- Beating on the child everyday, you could make mistake and hurt the child [...] You could break the child's hands.</li> <li>- Beating [because it] leaves scars on the body.</li> <li>- I want to go home to see my ma but I cannot go.</li> <li>- Locking the child in the room as punishment without food makes the child feel bad and unsafe.</li> <li>- When parents or caretakers do not appreciate what you do. Some do not say anything good to you when you work.</li> <li>- When ma and pa don't care about your school.</li> <li>- When people or authority explain the reason why I was brought here [orphanage].</li> </ul>
18>	<ul style="list-style-type: none"> <li>- Not providing for basic needs of children (food)</li> <li>- Parents beating children</li> <li>- Parents giving children too many instructions (<i>confusion</i>)</li> <li>- Parents not allowing children time to play</li> <li>- Parents treating children unfairly</li> <li>- Parents not showing love to children/hatred</li> <li>- Parents shunning and shouting to children</li> </ul>	<ul style="list-style-type: none"> <li>- If you keep the child hungry he/she will not listen to you; this will cause him/her to go in the street.</li> <li>- Beating makes the child to run away from home.</li> <li>- Hatred makes the child to run away from the house, make the children not have time for parents.</li> </ul>

### A.7 Child Protective Factors by Type of Residence and Respondent

Residence	Method/Respondent	Responses	Sample Quotes/Notes	
Rural	KI	<ul style="list-style-type: none"> <li>- Cultural norms that set limits to child abuse</li> <li>- Community monitoring &amp; socialization (Sande &amp; Poro societies)</li> <li>- Shared supervision of young children</li> <li>- Girls are now encouraged to go to school</li> <li>- Local law that prohibits taking children to Sande &amp; Poro societies</li> <li>- Parents encourage children to attend church or mosque.</li> <li>- Children clubs (cultural awareness &amp; child involvement)</li> <li>- Keeping children at home</li> <li>- Parents disapprove of early sex</li> <li>- [Several respondents did not know any protective beliefs/practices]</li> </ul>	<ul style="list-style-type: none"> <li>- The traditional practices that are protective are that no one is allowed to beat another persons' child in the community. For the women, they believe that every child is everybody's child; therefore, when a child is in need, a woman responds promptly.</li> <li>- The Poro and Sande societies (bush school) have helped to protect children. Sometimes when older people want to ill-treat a child that is a member, other adults around will say: "our culture does not permit us to do it" and that person will not ill-treat the child.</li> <li>- Cultural discipline in the bush school has helped both boys and girls. Children learn how to take care of the home and respect people, avoid early sex, and listen to [their] parents' advice</li> <li>- Providing cultural materials to children in children clubs. This has helped to keep children together and off the street. Also having games and involving them [children] in creating awareness.'</li> </ul>	
	FGD	7-11 years	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, clothing)</li> <li>- Parents supporting/reading with children</li> <li>- Parents/guardians show love to children</li> <li>- Allowing children to play games &amp; playing with parents</li> <li>- Allowing children to sing, dance, and practice sports</li> <li>- Buying football for children to play</li> <li>- Bluffing [displaying one's beauty or means of life]</li> <li>- Guns</li> <li>- Access to transportation [to go to GM]</li> </ul>	<ul style="list-style-type: none"> <li>- When your mother loves you, you feel good and safe.</li> <li>- When the war comes to Liberia, I will be safe when I am holding a gun. Nobody will kill me.</li> </ul>
		12-17 years	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (good food, good clothing, shelter, healthcare)</li> <li>- Parents addressing children with respect</li> </ul>	<ul style="list-style-type: none"> <li>- Good food makes you well but bad food reduces your weight.</li> <li>- Good wearings [clothing] stop you from catching a cold.</li> <li>- If big day like [the] 26<sup>th</sup> (Independence Day) or Christmas</li> </ul>

		<ul style="list-style-type: none"> <li>- Parents treating all children equally</li> <li>- Parents talking &amp; playing with children</li> <li>- Parents not keeping secrets from children</li> <li>- Parents encouraging children to bathe daily</li> <li>- Parents give children time to study &amp; play</li> <li>- Teachers giving advice to children</li> <li>- Having playground</li> <li>- Child supervision</li> <li>- Sending children to school (free) &amp; supporting study</li> <li>- Both parents living at home</li> <li>- Parents showing love to children</li> </ul>	<p>Day comes and parents buy clothes for the children, [this] will make them happy and safe.</p> <ul style="list-style-type: none"> <li>- When parents see to it that their children take their bath every day and night, it will make children feel good.</li> <li>- If parents do not pick and choose among the children, it will them feel good and safe.</li> <li>- My friend will not laugh at me I carry money to school [to buy what I want].</li> <li>- If I am sleeping and no rain leaking on me, I can feel good [...] Sleeping in my own house makes me happy and safe</li> <li>- When teachers advice me not to put my hand in early sex or marriage, I can feel good</li> <li>- If my parents are harsh in sending me, I will not feel good. But if my parents say 'please', I will go about doing it.</li> </ul>
	18>	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, clothing, good shelter, healthcare)</li> <li>- Parents not giving hard punishment</li> <li>- Parents addressing children with respect</li> <li>- Parents encouraging &amp; giving advice to children</li> <li>- Stopping harmful talk towards others</li> <li>- Parents treating all children equally</li> <li>- Parents talking &amp; playing with children</li> <li>- Allowing children time to play</li> <li>- Sending children to school (free) &amp; supporting study</li> <li>- Both parents living at home</li> <li>- Clean environment</li> <li>- Parents surprise children with gifts/give money to children</li> </ul>	<ul style="list-style-type: none"> <li>- Stop the child from saying bad things to others in the community and with friends</li> <li>- Talk to the child quietly [...] Allow child to tell you things and listen to him/her [...] Give child chance to talk how he feels about things.</li> <li>- Take the child to the market and buy what he/she wants.</li> <li>- When child does good things, buy for the child and thank him openly.</li> <li>- Some are loved because they are smart and some are hated because they are dull [...] It is good to love child, play with them. It will be easy to know their feelings.</li> <li>- Communicate with your children as friends.</li> <li>- Avoid confusion and settle dispute among friends.</li> </ul>
Urban	KI	<ul style="list-style-type: none"> <li>- Shared monitoring of child wellbeing (belief that <i>a child is everyone's child</i>)</li> <li>- Parents' belief that <i>children should be respected and be cared for</i> (+ biological children)</li> <li>- Sending children to school (boys &amp; girls)</li> <li>- Daycare center for supervision of children of working</li> </ul>	<ul style="list-style-type: none"> <li>- One belief we have is that children are the future of our family and we must do everything to protect them.</li> <li>- The traditional belief that a child is everyone's child so it helps to protect children in whatever situation that they are faced with</li> <li>- For our setting the belief is that children of biological parents</li> </ul>



		<ul style="list-style-type: none"> <li>parents</li> <li>– Parents giving advice to children</li> <li>– Police arrest children in streets &amp; summon parents</li> <li>– Youth involvement in child mobilization, sports, and other activities</li> <li>– Religious values, practice, &amp; study at home/community</li> <li>– Limits to movie screening during school hours</li> <li>– Parents help keep children off the street</li> <li>– [Several respondents did not know any protective beliefs/practices]</li> </ul>	<p>should be loved and cherished. For this it is often said in our local dialect that "a parent will never love a child who is not theirs." The people also feel that fostering or adopting a child can be a waste of time because, when that child is old enough, they might leave in search of their biological family.</p> <ul style="list-style-type: none"> <li>– Here in Kakata, (...) the police in most cases arrest children who sell or [are] found roaming the streets late at night and the parents are invited to the station. We have also prevented the showing of movies during school hours which has helped a lot in keeping children in school.</li> <li>– It depends on the parents [Some] Parents believe that advising the child can have impact on his /her life.</li> <li>– Churches give our children Christian values which are very important in their upbringing. Listening to the word of God at home helped many of us with positive disciplines</li> <li>– Some Muslims put their children out because they refused to become Muslim. And some are even disowned.</li> <li>– The youth in the community help in mobilizing the children for moral support. Parents conducting daily devotion at home. Children are also engaged in community activity such as sporting and bible study.</li> <li>– Parents believed that keeping children at home with out association, they will be better trained especially for females/girls.</li> </ul>
<b>FGD</b>	<b>7-11 years</b>	<ul style="list-style-type: none"> <li>– Providing for basic needs of children (food)</li> <li>– Children allowed to play games/sports and to sing</li> <li>– Parents play &amp; joke with children</li> <li>– Sending children to school</li> <li>– Healthcare providers helping people to get well</li> <li>– Praying &amp; attending services</li> <li>– Allowing children to play games</li> <li>– Children helping parents at home</li> <li>– Children living with parents</li> </ul>	<ul style="list-style-type: none"> <li>– When you go to medical school, it is good because you will treat people when they are sick.</li> <li>– When you get money, you will buy your small things &amp; food</li> <li>– When your mother plays with you, you feel happy and good</li> <li>– I like to help my mother in the kitchen.</li> <li>– It is good to hear the pastor. I will be safe.</li> <li>– They are hulling load because they will get pay. I feel good when I get pay.</li> <li>– The boy holding a gun makes me feel safe because the gun</li> </ul>

		<ul style="list-style-type: none"> <li>- Access to transportation</li> <li>- Giving money to children [this comment came up twice, once triggered by picture of children loading rocks in a mine...]</li> <li>- Guns</li> </ul>	will protect him from bad people.
	<b>12-17 years</b>	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, clean clothing, shelter, medicine)</li> <li>- Giving children good sleeping place</li> <li>- Parents show children love</li> <li>- Sending children to school &amp; support study</li> <li>- Children's views are respected</li> <li>- Parents/guardians treat all children equally</li> <li>- Positive discipline</li> <li>- Parents comfort children</li> <li>- Parents supervise children</li> <li>- Protecting children from rape &amp; harm</li> </ul>	<ul style="list-style-type: none"> <li>- Some parents have money but they do not send their children to good school [...] They use the money on their own clothes.</li> <li>- Some parents don't know how to make us feel happy.</li> <li>- Most parents do not praise their children [...] Appreciation can make us do better and more.</li> <li>- Children sleeping in good places is good.</li> <li>- Some parents don't encourage their children even if they perform well at home or school [...] If the parents encourage the children, they also will compete to keep it up.</li> <li>- Taking the child to the ice cream shop can make the child happy [...] It is good to take the child out to see things</li> </ul>
	<b>18&gt;</b>	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, good shelter/sleeping place)</li> <li>- Parents showing love to children (<i>talk nice</i>)</li> <li>- Parents allowing children time to play</li> <li>- Parents giving advice/talk to children</li> <li>- Parents sending children to school &amp; support study</li> <li>- Parents/guardians treating all children equally</li> <li>- Protecting children from danger/harm</li> <li>- Parents involving children in family decisions</li> </ul>	<ul style="list-style-type: none"> <li>- Child must eat good food and on time so that his body can be strong.</li> <li>- Good education will make the nation to have good citizens [...] Good education will prevent the children from being armed robbers [...] It will make the child to embrace his ambition.</li> <li>- There is a saying that "Work without play makes Jack a lazy boy", so it is good that some time be given to the child to play [...] Play makes the child to know how to behave among his friends. Play is good but not all day.</li> <li>- [Talking to children] builds in the child's self respect [...] This kind of relationship opens up the child's mind and builds in him/her a sense of expression on issues.</li> <li>- Children must also be involved in the decision making of the home</li> </ul>
<b>Metropolitan</b>	<b>KI</b>	<ul style="list-style-type: none"> <li>- Community leaders advise/mediate parents-children</li> <li>- Set limits to child discipline</li> </ul>	<ul style="list-style-type: none"> <li>- Protection is a big thing; we cannot afford to really take care of our children. Many children are self-reared, little children</li> </ul>

		<ul style="list-style-type: none"> <li>- Cultural norms &amp; Western ways (“<i>tradition vs. civilization</i>”) coexist.</li> </ul>	<p>go to open wells to fetch water for themselves,... so just imagine how sorrowful a living condition here it is. We live here as a family; as such, we try to protect our children. As leadership, we try to talk to both parents and children. It is good to punish a child but to a reasonable level</p> <ul style="list-style-type: none"> <li>- Some families try to train their children in the civilized way by interacting with them while others hold to culture norms that requires some punishment as a deterrent.</li> </ul>
<b>FGD</b>	<b>7-11 years</b>	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, clothing)</li> <li>- Parents supporting/reading with children</li> <li>- Parents play with children</li> <li>- Healthcare providers helping people to get well</li> <li>- Children allowed to play games/sports</li> <li>- Praying &amp; attending services</li> <li>- Parents not beating children without love</li> </ul>	
	<b>12-17 years</b>	<ul style="list-style-type: none"> <li>- Providing for basic needs of children (food, clothing/footwear; clean, safe, &amp; good shelter, healthcare)</li> <li>- Giving children good sleeping place</li> <li>- Sending children to (good) school &amp; support study</li> <li>- Allowing children time to play games</li> <li>- Taking good care of children all the time</li> <li>- Parents giving advice to children</li> <li>- Parents/guardians treat all children equally</li> <li>- Reporting child abuse to authorities or child protection agencies</li> <li>- Parents taking children out for entertainment &amp; education</li> <li>- Parents showing children love</li> <li>- Parents encouraging &amp; validating children</li> <li>- Parents protect children against diseases</li> <li>- Children living with their parents (well)</li> <li>- Parents allowing children to have good friends</li> <li>- Protecting children from rape</li> <li>- Parents surprise children with gifts/celebrate all birthdays</li> </ul>	<ul style="list-style-type: none"> <li>- When your parents advise you, it means they are protecting you.</li> <li>- Anything negative that happens to any child should be reported to the community head, LNP or SC workers if one is in the county.</li> <li>- When parents are celebrating all the children that will be living with them birthdays; it will make them feel good and safe.</li> <li>- Most parents give their children dirty and worn out mattresses to sleep [...] Some of us even sleep on the bare floor.</li> <li>- All children need certain protection from harmful diseases like HIV and TB, malaria and all other killer diseases.</li> <li>- Some parents talk to children in the open about wrong things that they do but it not good.</li> <li>- When children know that they are treated the same way, they will have mutual respect for one another. There will be not [feel] hatred.</li> <li>- If your people give you lunch and breakfast, you will pay</li> </ul>

	<ul style="list-style-type: none"> <li>- Children's views are respected</li> <li>- Positive discipline</li> <li>- Parents comfort children</li> <li>- Parents supervise children</li> </ul>	<p>attention in class.</p> <ul style="list-style-type: none"> <li>- When your school pay, your friend will not laugh at you</li> <li>- Some parents don't encourage their children even if they perform well at home or school [...] If the parents encourage the children they also will compete to keep it up.</li> </ul>
<b>18&gt;</b>	N/A	

**A.8 Services available in selected communities by location and categories of children according to key informants**

Location	Orphan children or children whose parents/caretakers have DIED	Children who are abandoned by their parents or whose parents are unable to provide adequate care for	Children who are abused or run away from home/live in the streets	Children with physical or learning/mental disabilities	Other vulnerable groups
Bopolu, Gbarpolu	Orphanage home (Bopolu Bible Mission); Family/relatives; Child Fund and the Ministry of Gender are providing training on child rights, responsibilities and participation	NGOs - Child Fund implementing a child survival project providing materials to schools to support children in need. local NGO (Gbonkuma) is providing assistance for child mothers (loan) and day care for their children (ECCD). The Bopolu Bible Mission Orphanage and Zuo mission also has orphanage home to develop such children	No special services except for Rape cases that are taken to court. Survivors get psychosocial support from Child Fund		
Gbao town, Bomi	Extended relatives. One (privately owned) orphanage home in Swehn town was closed down due to poor care and management	Extended relatives send the children to school, buy them clothes and provide them with food. Another KII indicated that there were no abandoned children in this community	No services available; however, some children who are in the street are from here.	Parents and extended relatives help to feed and cloth the children	Single mothers with many children (no services indicated)

<p>Gbarma, Gbarpolu</p>	<p>Relatives and non-relatives. During the time SC was here, drugs were supplied to the clinic to help all children. Mosquito nets are provided or given to family. No, services or resources here to support these children.</p>	<p>Relatives and non-relatives (food &amp; school materials). INGO like NRC (education materials), Action Aid (helped girls), and SC used to help but have left. There is no particular service for them.</p>	<p>The Police assist children who are abused, arrest abusers and send them to court. The clinic provides free treatment for abused children. There is no temporary shelter nor facilities to help abused or run away children in the entire County. Some of the children who run away from the home go to the gold camp to look for money.</p>	<p>These types of children are not assisted by anyone. They are in the community walking around or sitting one place until death comes their way. Only one lady I know that has mental problem. She goes around washing people clothes for money and food. At night, she sleeps in market place or abandoned homes [Another KI indicated "I have not seen such children here"]</p>	<p>Children leaving from surrounding towns or villages coming to Gbarma.</p>
<p>Gbargna, Bong</p>	<p>Orphanage homes, alternative/foster care. Services for orphans are limited. Before the war could end, Orphanage home (OH) was established to seek the wellbeing of children. Christian Aid Ministry (CAM) assists Rainbow OH in Gbarnga. County Health Team (CHT) provides medication. MOGD provide psychosocial support and follow up on cases of abuse. SC supports MOHSW with training and reunification of children. Government try to help by providing some money to orphanage homes. There are homes taking care of these children but they</p>	<p>There are no services/resources available for these children. These children fetch for themselves to make ends meet/are on the street. Sometimes we carry them to OHs and some adults take them in their home.</p>	<p>There is no service/shelter for these children in this County. Child Fund (CF) and IRC had safe homes but they have been closed down. The Ministry of Gender is presently constructing one. Only the Gender Coordinator office, LNP women and children department.</p>	<p>There is no service/home to cater to children with disabilities. Center for the Victim of Torture (CVT) assisted this category of children but could not continue. LAP has no resources. Organizations like 'Group of 77' which seek the interest of disabled people are here trying to help. We are looking up to</p>	<p>Street children living with very old parents, child-headed household, and children of single parents</p>

	can not meet the needs of the children.		partners like SC to help.
GM, Montserrado	No services provided/organization. Relatives take care of them or even friends of their dead families but it is not enough.	No service provider/organization. Though children are not really abandoned but don't receive adequate care from parents. Parents only try to share the little they have with their children. Many fetch for themselves or depend on other children [Ohter KI 'We have not identified abandoned children, they may exist']	There is no real care/service provided for children. Abused children are in this community. I think some parents don't know how to talk or treat their children that leads to some moving in the street. There is no group based here, only Don Bosco brings back children who ran from their parents [Another KI 'This case is rare, if it happened but not to my knowledge']  No service/temporary shelter for such group; children with disabilities stay with families

Kakata, Margibi	Christian institutions care for orphans through OHs. There is an OH that provides physical, spiritual and financial care for the orphans, yet care is poor due to lack of support from government or NGOs. In Margibi, there are SC, NRC, MOGD, WACPS/LNP, and Liberian Youth Network that runs psychological program for kids [Another KI: 'It is very rare to come across orphan children here, so I don't know about services for them']	No services for abandoned children in the County. Some relatives and friends provide in some cases.	No services available. NRC facilitates medical assistance, psychosocial support and counseling to children who are abused sexually. The Police support the prosecution and provide family reunification for run-away or missing children [Another KI: 'I don't know because I have not across anyone here.']	No services available. I don't know because disability children are not socializing in any form. A lot of the disadvantage groups are not even attending schools because no one wants to spoil their money. They feel that these type of children don't normally come up good.	Sub-standard school for blind children. Missing children who the police keeps until the families are identified. Children brought to the city under the pretence of attending school. They become bread winners for the families that bring them to the city.
Palala, Bong	The Kpaa Rural Women Structure provides hot meal for all vulnerable children.	Same as 5.1	The Kpaa Rural Women Structure Center cater to children who experienced domestic violence at home. Staff provides supportive talks and mediation between parents and children.	These type of children only benefit from services (hot meal) provided by the Kpaa Rural Women Structure.	Children taken from other towns and villages are some times abused by their carers (trafficking).



<p>Robertsport, Grand Cape Mount</p>	<p>Orphan children in most cases are taken to orphanages but in recent times, the MOGD and MOHSW have been working with community members and extended families to provide care. Besides counseling, there are no other services available for these children</p>	<p>Shelter is provided for this group of children by SOS; Child Fund is raising awareness on child protection; UNMIL Human Rights Section provides assistance to children who cannot afford tuition fees. Yet this is not enough to address the needs of these children</p>	<p>Not aware of organization providing any services for such group of children in Cape Mount. LNP-WACPS provides protection and safety for survivors of rape, physical abuse and ensure medical attention and court proceedings. MOGD works with the Police and UNMIL to reunify these children.</p>	<p>No services exist in this county; only SOS admitting children in their homes but they have their criteria</p>	
<p>Tiene, Tewor</p>	<p>"Yes we have an orphanage home here that has been helping in providing care for such groups of children such as food, and shelter, besides that there is no other group that I know of.</p>	<p>It is difficult to find such group of children in this district. If they are found, some person will take in the child and we are also working with the Police to ensure that parents take responsibility for the care of their children.</p>	<p>Ministry of Gender and Development is currently constructing a safe home to provide support to this category of children. Child Fund was here but we no longer see them so for now the orphanage home and some relatives play a major role here but the orphanage does not have the capacity for this kind of cases.</p>	<p>As far as I know there is no one providing support and services to children with disabilities and I will say this is the neglected group when it comes to service provision.</p>	<p>Another group I know of is the girls who are making their living through exploitative relationships and or prostitution</p>

Worhn town, Margibi	There is only one certified midwife assigned at the SC clinic who used to take orphans but she has left and gone to Monrovia. Some of the families including myself have these orphans at orphanages	Mothers and some extended relatives (food primarily; sometimes education and clothes).	No services. Only goodwill community people try to help them (only food)	Extended relatives and parents provide food and clothing
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