CHILD VULNERABILITY IN THE IRAQW AND DATOGA OF HAYDOM VILLAGE, NORTHERN TANZANIA

by

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DECLARATION

I declare that CHILD VULNERABILITY IN THE IRAQW AND DATOGA OF HAYDOM VILLAGE, NORTHERN TANZANIA is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

....	....
Signature	**Date**
(Mrs Angela Ruth Savage)	

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CHILD VULNERABILITY IN THE IRAQW AND DATOGA OF HAYDOM VILLAGE, NORTHERN TANZANIA

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ABSTRACT

Child vulnerability is a complex human phenomenon that varies contextually. This thesis explores the views of Iraqw and Datoga residents of Haydom village relating to child vulnerability using a concept analysis. The study is a mixed methods study carried out in three stages. The first stage is a non-empirical qualitative literature review; findings from this stage were used to construct questions for the subsequent stage of the study. The second stage of the study is empirical and qualitative, using a focused ethnographic approach. Semi-structured interviews were conducted with thirty-two adults of the Iraqw and Datoga ethnic groups. Five main themes emerged from a thematic analysis of these interviews; 1) antecedents: lack of resources, 2) contributing antecedents: intentional mistreatment, 3) defining attributes: deprivations in a young individual, 4) consequences: losses suffered, and 5) strategies: dealing with deprivation. Informants' views were used to construct items for a questionnaire, which was administered in the third stage of the study. This quantitative stage involved eighty young adult respondents of the Iraqw and Datoga ethnic groups. The data in the third stage of the study was analysed statistically, and generally supported the findings of the second stage of the study.

Significant Haydom findings congruent with the literature include that poverty and parental alcoholism are antecedents for child vulnerability, that fathers may be unreliable and that some children cope by persevering and working hard. Findings in Haydom that differ from the literature include the following:

- some people perceive large family size as a protective factor
- handicapped, illegitimate and foster children may be mistreated
- former wealth may predispose to lacking coping skills
- children as a resource

- child vulnerability has potential for deterioration, stasis or improvement
- informants suggested a limited range of strategies, including institutional care, with little stress on volunteerism
- unrelated fostering is unusual but acceptable to many people.

This study recommends local identification of and advocacy for vulnerable children's rights, and planning of evidence based but culturally acceptable strategies to help them.

KEY CONCEPTS

Child vulnerability, Haydom, Manyara Region, Tanzania, Iraqw ethnic group, Datoga ethnic group, concept analysis, transcultural nursing, mixed methods research, focused ethnography.

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CHAPTER 1
ORIENTATION TO THE STUDY

> *"How each of us should behave towards our fellow beings is the central ethical question. If anything it is of greatest importance in health work, which has the express purpose of helping the vulnerable" (Seedhouse 1998:49-50).*

1.1 INTRODUCTION

While living and working in Haydom village, in Manyara Region of Tanzania, between August 2004 and July 2009, the researcher observed many children who appeared to be suffering in different ways. This study was designed to help understand the nature of this suffering and how it might be addressed. A preliminary exploration into the concept 'child vulnerability' suggested that this term would encompass the subject of interest.

The opportunity to undertake some research arose in Haydom when the researcher had some time available outside working hours. The research appeared to be feasible since her employer was sympathetic to granting some study leave annually and the local village executive office is known to be cooperative with researchers. A previous researcher was able to recommend a reliable research assistant who is conversant with Swahili, Datoga and Iraqw languages.

A preliminary literature search confirmed that while different definitions of 'child vulnerability' exist, the need for local, culturally appropriate definitions has been identified; "a clear understanding of the community's perspective is required" (Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo 2006:620). There is also a need to develop local culturally acceptable strategies (Budgen & Cameron 1999:273), developed with input from 'grass-roots caregivers' (Delva, Vercoutere, Dehaene, Willems, Temmerman & Annemans 2005:657), and from those who have experienced vulnerability themselves (World Health Organization (WHO) 2002:138-139). These views in the literature confirmed the importance of investigating child vulnerability in order to provide people with information; the researcher should "not tell people what they should desire as ends" (May 1997:51).

The impact of social, economic, political and cultural issues should be considered when strategies to reduce child vulnerability are planned (Boyden 1997:197); for this reason background information about the context of Haydom is presented in this chapter and

background anthropological data relating to the Iraqw and Datoga ethnic groups is presented in chapter 2. Chapter 9 provides some pictorial background to help the reader visualise the context of the study. The researcher in this study is aware of the importance of identifying vulnerable children according to local parameters, while also aware that data collected needs to be used with care; for example 'labelling' a particular group in society has risks including producing stereotypes and stigmatisation (Hammersley & Atkinson 2007:27-28; Skinner et al 2006:620).

This study investigated the concept of child vulnerability in the Iraqw and Datoga ethnic groups in Haydom village, using qualitative and quantitative methods. The results of this study can subsequently guide practice, given that evidence based practice involves clinical research, clinical expertise, community values and cost considerations (Sundelin G. 2009. Kilimanjaro Christian Medical Centre clinical conference lecture, 30 September. Moshi). An example of good practice is the appropriate identification of students most needing support, or to justify continuation and expansion of current appropriate and acceptable efforts (as discussed in section 1.8). Many different factors such as social, historical, economic and cultural factors influence how child vulnerability is constructed. An understanding of the local construction of child vulnerability and which strategies to help vulnerable children are culturally acceptable make planned interventions more likely to be effective.

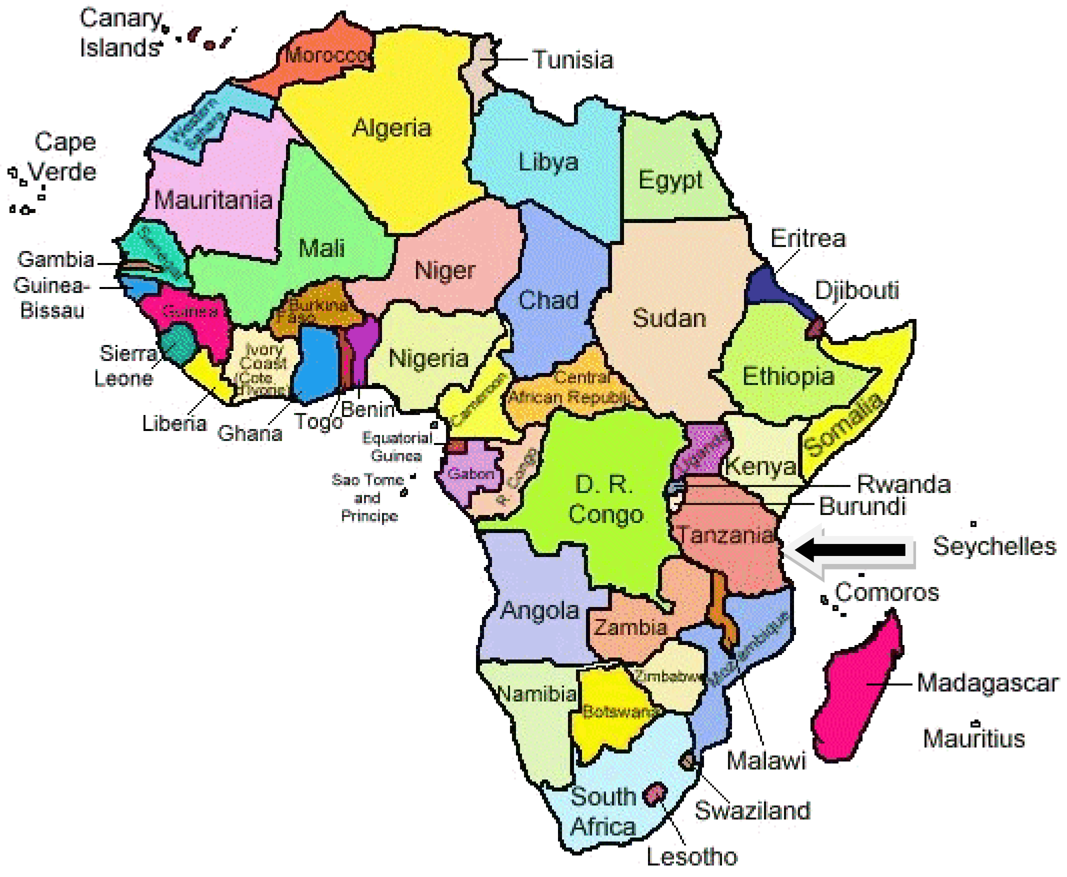
1.2 BACKGROUND TO THE PROBLEM

Background information relates to issues in Tanzania, Manyara region, Mbulu district and Haydom village. Information presented relates to geography, population size, economic status, health indicators, Haydom village, health services, childhood activities, orphans and handicapped children, resources for vulnerable children, challenges to meeting vulnerable children's needs in Haydom and previous studies in the Haydom area. Information which is found in the literature and relates directly to the phenomenon of child vulnerability is presented in chapter four.

1.2.1 Geography

Tanzania is situated in East Africa, surrounded by Kenya, Zambia, Malawi, Mozambique, Uganda, Burundi, Rwanda and the Democratic Republic of Congo, as shown in figure 1.1. Many of these surrounding countries have experienced

political instability in recent years, and are amongst the most economically deprived in the world (as discussed in section 1.2.3).

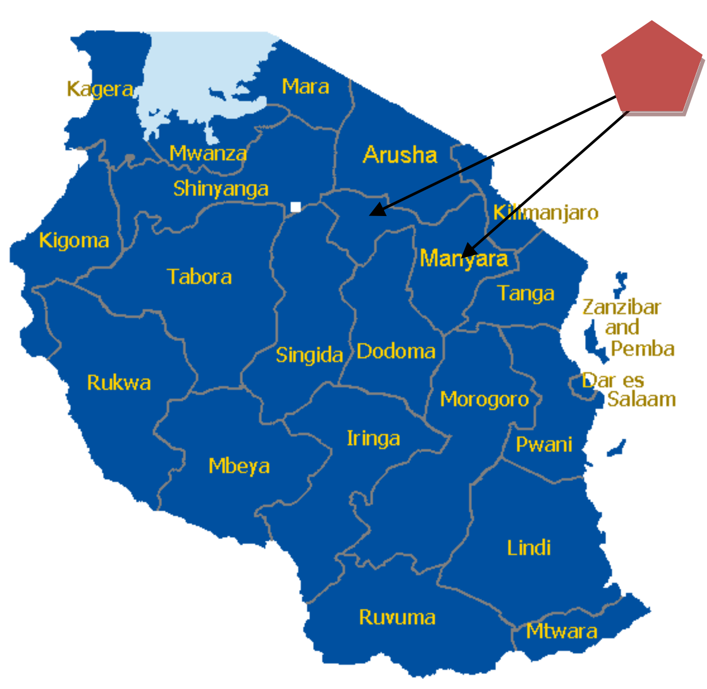


AfricaBib.org 2005

Figure 1.1 Location of Tanzania within Africa

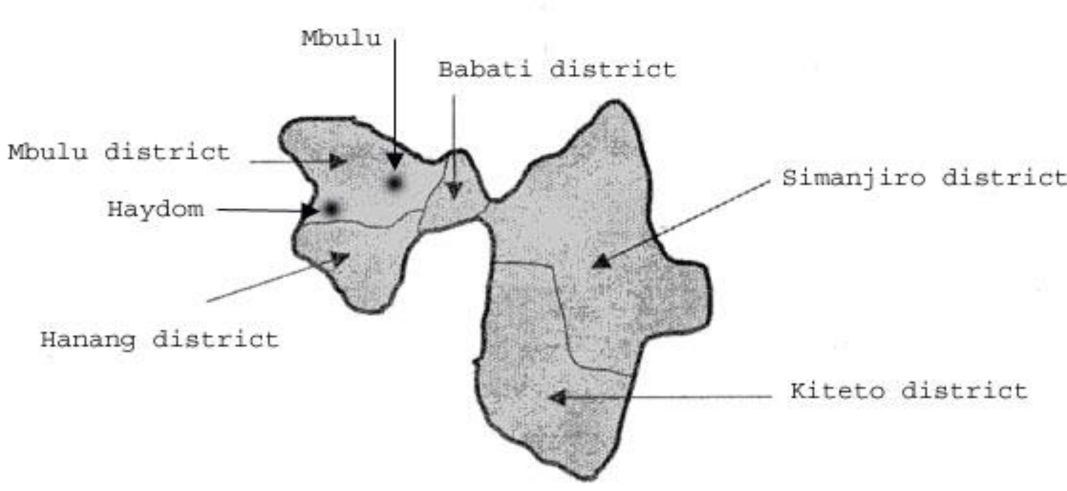
Tanzania is divided into administrative regions as shown in figure 1.2; Manyara region is in the north-east of the country, is land-locked and is surrounded by other Tanzanian regions. Each region is composed of districts; Manyara region is composed of Babati, Mbulu, Hanang, Simanjiro and Kiteto districts as shown in figure 1.3. The town of Babati is the regional centre for Manyara. Haydom, where this study was conducted, is situated in Mbulu district, Manyara region.

Manyara region has two rainy seasons, the long rainy season *(masika)* experienced between March and May and the short rainy season *(vuli)* occurring between October and December. Manyara is in a part of the country that has relatively low rainfall; in 2006 there was between 600 and 900 mm (United Republic of Tanzania. Bureau of Statistics, Ministry of Planning, Economy and Empowerment 2007:13-14). The low rainfall affects the agricultural potential of the region, and thus the economic well-being of the population.



World Gazetteer 2009

Figure 1.2 Tanzania Administrative Regions



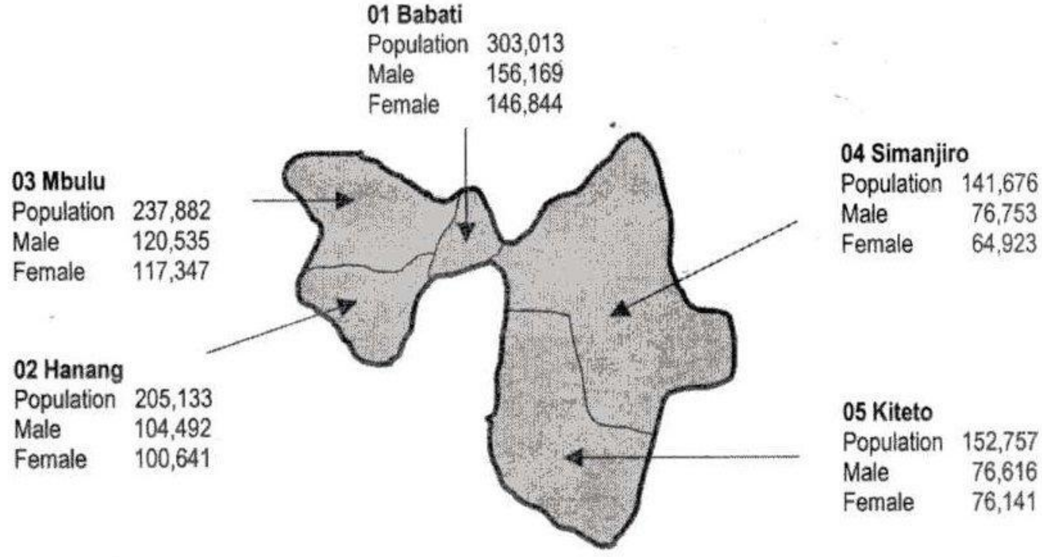
United Republic of Tanzania 2003a:171

Figure 1.3 Manyara region of Tanzania, showing positions of Haydom village and Mbulu town

Manyara temperatures were in the range of approximately 18-39^{0}C and 15-26^{0}C in January 2006 and July 2006 respectively (United Republic of Tanzania. Bureau of Statistics, Ministry of Planning, Economy and Empowerment 2007:15-17).

1.2.2 Population characteristics

In the latest national census of 2002, Tanzania had a total population of 34 569 232, which was estimated to be growing at a rate of 2.5% between 1996 and 2006. The WHO estimated the total population size in 2006 was 39 459 000. In 2002, Manyara Region had a population of 1 040 461, with an average household size of 5.2 persons, and a relatively low population density of 23 persons per square kilometre, while Mbulu district had a population of 237 882, of whom only 19 121 were living in urban areas (United Republic of Tanzania. 2004; WHO 2008:102). In 2002, Haydom ward had an average household size of 6.2 (United Republic of Tanzania 2003a:175); this implies that many families are large, with the possibility of few resources available per person compared to small families. In 2002, the area designated as Haydom rural area had a population of 18 362, while Haydom urban area had a population of 4 551, giving a population of 22 913 in Haydom ward as a whole. The median age of the population of all of Haydom ward was found to be 17.5 years (United Republic of Tanzania 2005a:43). Population estimates for districts in Manyara Region are shown in figure 1.4.



United Republic of Tanzania 2003a:171

Figure 1.4 Manyara region of Tanzania, showing districts and census data

The total fertility rate (TFR) of Tanzania, which is the “[n]umber of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates” (United Nations Children’s Fund (UNICEF) 2008:141) is amongst the 15 highest of 137 countries in 2007 reported by UNICEF. The TFR in Tanzania was estimated to be 5.2 in 2007, while

the world average was 2.6 and the industrialised countries average was estimated to be 1.7. Fertility rates are higher in rural areas than urban areas; 2004-5 figures suggest an average TFR of 3.6 in urban Tanzania and 6.5 in rural Tanzania (UNICEF 2008:141; United Republic of Tanzania. National Bureau of Statistics (NBS) & ORC Macro. 2005:60). The low median age of the population and the high fertility rate in the area suggest a large proportion of dependent children compared to adults; this may have an impact on child vulnerability in the area.

1.2.3 Economic status

Social determinants of health include socio-economic conditions which affect morbidity and mortality (Claeson & Waldman 2000:1234); "[p]overty is one of the greatest obstacles to survival and development of children" (Gordon, Nandy, Pantazis, Pemberton & Townsend 2003:1). The percentage of the population living below the international poverty line of US$1.25 per day was reported by 81 countries of the world in 2005. In that year, 5 of the 6 highest included Tanzania and its neighbouring countries. The highest reported percentage of the population living below the international poverty line was 88% which was in Tanzania; the percentage was 81% in Burundi, 77% in Rwanda, 75% in Mozambique and 74% in Malawi (UNICEF 2008:142-145).

In terms of gross national income per capita in 2006, Tanzania is amongst the 4 poorest of 193 nations listed in WHO statistics (WHO 2008:96-103); gross domestic product per capita in 2006 was US$319 (United Republic of Tanzania. Bureau of Statistics, Ministry of Planning, Economy and Empowerment 2007:21). There is no state pension for the elderly in Tanzania; only the small proportion of elderly people who have worked for a Government funded organisation or whose employer have made special pension provision receive any sort of pension (William, P. 2007. Personal interview, 12 December. Haydom).

It is estimated that 49% of the population of Mbulu district is living 'below the poverty line' (United Republic of Tanzania 2005b:104) even though "Tanzania's poverty line is low from an international and a regional perspective" (United Republic of Tanzania 2005b:114). This rate of poverty makes Mbulu district the 9th poorest of 119 districts in the country (United Republic of Tanzania 2005b:104-108). This data suggests that the population of Mbulu are amongst the most economically deprived in the world, which

impacts on children and their levels of vulnerability. The issue of poverty is discussed further in section 4.7.3.1 of this study.

1.2.4 Health indicators

In 2007 Tanzania had an estimated under-five mortality rate of 116/1000 live births, compared to the average world under-five mortality rate of 68/1000 live births. This figure made Tanzania rank 29 (when rank one was the worst) out of 194 listed countries of the world. In 2007, the infant mortality rate was estimated to be 73/1000 live births in Tanzania, compared to the world average of 47/1000 live births. Life expectancy at birth in Tanzania in 2007 was 52 years, compared to the world average of 68 years (UNICEF 2008:117,121).

Immunisation rates of children aged one year in Tanzania in 2007 are reported to be high, for example 89% of children were said to have had BCG vaccination and 90% were said to have had measles vaccination (UNICEF 2008:129). Local Haydom figures awaiting publication, particularly for measles, appear to be considerably lower than these reported figures (Kruger 2009. Personal interview, 14 June. Haydom).

Communicable diseases continue to be the most common reason for attendance at health facilities in Tanzania, for example, Haydom Lutheran Hospital (HLH) reports that seven of the ten commonest reasons for admission of children under five years in 2008 were related to communicable diseases, as shown in table 1.1.

Malaria, pneumonia and gastroenteritis are by far the commonest reasons for admission, and reflect the local problems with water supply and environmental hygiene. The eighth item in table 1.1 is malnutrition, which relates to poverty and food insecurity; the use of unprotected wood fires (as shown in figure 9.1) for cooking contributes to the incidence of burns which is the tenth item in table 1.1.

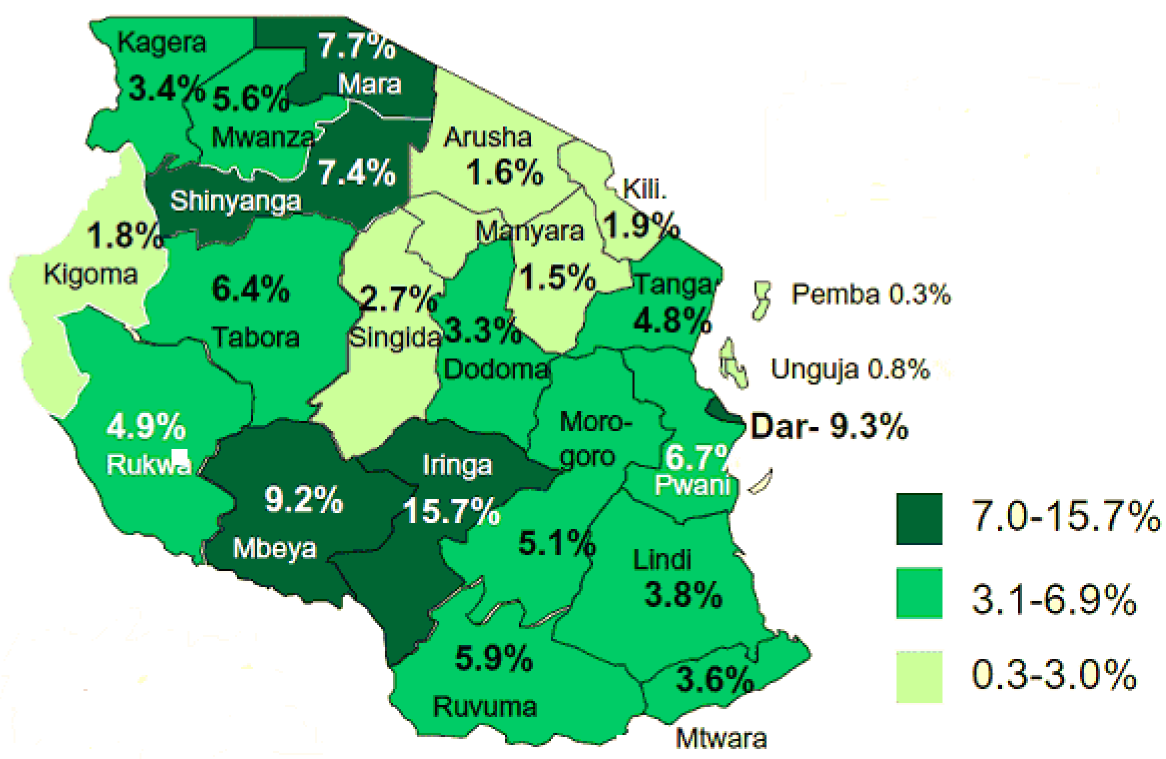
TABLE 1.1: TEN COMMONEST REASONS FOR ADMISSION TO HAYDOM LUTHERAN HOSPITAL FOR CHILDREN UNDER THE AGE OF 5 YEARS IN 2008

RANK	CONDITION	NUMBER OF ADMISSIONS OF CHILDREN UNDER FIVE YEARS
1	Malaria	1246
2	Pneumonia	859
3	Gastroenteritis	488
4	Prematurity	81
5	Diarrhoea	62
6	Amoebiasis	56
7	Septicaemia	55
8	Malnutrition	48
9	Cellulitis	43
10	Burn	42

(HLH 2009:3)

The estimated prevalence of HIV/AIDS (infection with human immunodeficiency virus / acquired immune deficiency syndrome) in Tanzania as a whole in adults aged 15 - 49 years was 5 909 / 100 000 population in 2005; this prevalence was 15th highest of 193 nations listed by the WHO (WHO 2008:46-55) which can be compared to the lowest reported rate of 52 / 100 000 (Cuba), and the highest reported rate of 34 457 / 100 000 (Swaziland) in the same year (WHO 2008:46-55). Data collected in Tanzania in 2007-2008 suggested a national average adult HIV infection rate of 5.7%, with considerable differences between regions (Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission, NBS, Office of the Chief Government Statistician, and Macro International Inc. 2008:116). Manyara has the lowest rate at 1.5%; this is likely to be related to its relative isolation and poor infrastructure. This data is shown in figure 1.5.

Research carried out in the area served by HLH between December 2003 and May 2004 suggested that almost 50% of men had multiple sexual partners and 78% of the population had never used a condom. The research concluded that these sexual risk behaviours make it likely that HIV infection will escalate rapidly in this area (Yahya-Malima, Matee, Evjen-Olsen & Fylkesnes 2007). The HIV prevalence in blood donors at HLH was less than 2% in 1997, and has fluctuated up to the end of 2008, when the highest rate yet of 8.6% was reported, as shown in table 1.2.



TACAIDS et al 2008:116

Figure 1.5 Percentage of women and men aged 15-49 years in Tanzania who were HIV positive in 2007-8

TABLE 1.2: HIV PREVALENCE IN BLOOD DONORS AT HAYDOM LUTHERAN HOSPITAL, 1997-2008

YEAR	HIV POSITIVE	TOTAL TESTS TAKEN	HIV POSITIVE RESULTS IN %
1997	10	617	1.6
1998	14	694	2
1999	16	676	2.4
2000	40	1010	4
2001	131	1749	7.5
2002	113	1449	7.8
2003	77	1558	4.9
2004	52	1944	2.7
2005	33	1113	3.0
2006	27	1139	2.4
2007	10	822	1.2
2008	282	3566	8.6

(HLH 2004:55; HLH 2009:45; Simon 2002:26)

Children in Haydom are at risk of preventable diseases such as malnutrition, malaria, amoebiasis and HIV infection. The overall trend of a rise of HIV prevalence and

presence of risk behaviours in the community suggest the need to plan early for the health needs of HIV positive adults and the growing number of AIDS orphans that can be expected. Other issues relating to health indicators are discussed in chapter 4 of this study, for example, deprivation of water and sanitation is discussed in section 4.7.4.2 and nutritional deprivation is discussed in section 4.7.5.1.

1.2.5 Haydom village

Haydom village is about 80 kilometres from Mbulu, the district administrative centre, and about 300 kilometres from the nearest urban centre of Arusha. It is recognisable from a distance by the distinctive shape of 'Haydom Mountain', a small local hill whose shape resembles the shape of the local cattle as shown in figure 9.2. Since independence in 1961, Tanzanian society has been organised into the following units:

- Ten-house cell (*'ubalozi'*)
- Sub-village (*'kitongoji'*)
- Village (*'kijiji'*)
- Ward ('*kata'*)
- Division (*'tarafa'*)
- District (*'wilaya'*)
- Region (*'mkoa'*)
- Nation ('*taifa'*) (Rekdal 1999:37).

The village executive officer works with the village chairman and the village government of 25 elected representatives. Haydom village has two sub-villages, both of which have chairpersons. Each sub-village has at least 12 ten-cell leaders. Ten cell leaders are elected by the local community, and were originally expected to be responsible for ten households. In Haydom, ten-cell leaders who were contacted during the course of this research appeared to know their households well although they reported having responsibility for up to fifty households; they attributed this increased workload to the rapid expansion of the village. The village authorities are responsible for many issues relating to the community including education, environmental hygiene, water, roads, and land allocation. They deal with minor disputes, and refer serious cases to the police (Bura, A. 2009. Personal interview, 1 July. Haydom).

Haydom is in a rural setting, reached by poor quality untarred roads, and is thus relatively isolated and undeveloped. Figure 9.3 shows the main road in the centre of Haydom. Haydom has suffered from drought and famine in recent years. It is situated on a ridge between two rift valleys, in an area that only 60 years ago was populated by game, and was largely uninhabited by humans because of the presence of Tsetse fly. Settlement in the area was encouraged by the British Colonial Rule of that time. Many of the villagers of Haydom survive solely by subsistence farming; some also work in small retail outlets, small grain mills, primary and secondary schools, and the hospital. There are no industries and limited natural resources (Patil 2004:30-31). The front entrance to the hospital is shown in figure 9.4.

The extent of subsistence farming in Haydom is reflected in the demographic statistics of Mbulu district; 76 343 out of a population of 82 950 were farmers or livestock keepers according to the 2002 Tanzania census (United Republic of Tanzania 2004:75). Haydom residents rely on growing crops for their own consumption, especially maize, beans and sunflower as shown in figure 9.5; in ‘good’ years when there is excess they sell some. There is a shortage of available agricultural land close to Haydom village, so Haydom residents may farm land at a considerable distance from the village (Bura, A. 2009. Personal interview, 1 July. Haydom; William, P. 2007. Personal interview, 12 December. Haydom).

Many houses in Haydom are built with bricks with mud between since cement is affordable to few people; in the central part of Haydom village, houses have corrugated iron roofs, as shown in figure 9.6. Not far from the centre of Haydom, most houses are built of traditional mud and thatch, as shown in figure 9.7, and some traditionally built houses are of the *‘tembe’* style with a flat mud roof, as shown in figure 9.8. Many villagers have few possessions inside their houses as shown in figure 9.1.

The village of Haydom has a small ‘bus station’, a small market selling fruit and vegetables (an example of a market stall is shown in figure 9.9), wayside vendors (as shown in figure 9.10) and quite a number of small shops selling a limited range of commodities. It acquired a police station in 2007, and a bank functioning part-time was opened in June 2009, but it does not yet have a post office. Bars and clubs are plentiful in Haydom and a variety of alcoholic drinks are served including local brews. Many people can be seen using alcohol at these venues, as shown in figures 9.11 and 9.12.

The visitor may be struck by the need for road improvement (figure 9.13 shows a road near Haydom during the rainy season) and problems with water supply (villagers have to queue at water supply points as shown in figure 9.14; only the hospital has its own supply). The visitor may also note the need for improved sanitation (while building of pit latrines is encouraged, human excreta fouls some public areas), and the need for rubbish management (there is a lot of litter all over the village). Villagers generally travel by foot; some have bicycles and a few people have a motorcycle (as shown in figures 9.15 and 9.16) which are used to transport goods and commonly an additional person (often a wife, as shown in figure 9.17); a very few business or professional people have a motor vehicle such as a car or van. Public transport to distant places is by 'Land cruiser' or bus (as shown in figure 9.18).

Local residents also note the need for more teachers, health workers and agricultural improvement experts. Although the village has only developed in the last 50 years, there appears to be a considerable degree of community cohesion when an individual or family faces a crisis, such as the disappearance of a child, or attack by a hyena. In such a crisis, a 'cry' goes up, and a large group of people gather to form a task force (William, P. 2007. Personal interview, 12 December. Haydom).

The population of Haydom has limited access to information; there are few newspapers and some people have access to a radio; a minority have access to television and a few people have access to the internet. Data from the 2004-5 Demographic and Health Survey suggested that 6.5% of men and 40.1% of women in Manyara Region of Tanzania had no access to media of any type (United Republic of Tanzania. NBS & ORC Macro. 2005:34-36).

Various factors in Haydom village may have an impact on child vulnerability, such as the heavy dependence on agriculture in an area with limited and unpredictable rainfall, limited availability of water and poor environmental hygiene. The relative isolation because of poor roads has hampered development, but has perhaps delayed the spread of HIV/AIDS.

1.2.6 Health services

Health services in Tanzania are provided by the Government and a variety of non-governmental organisations. In 2005, there were reported to be 219 hospitals, 481

health centres and 4 679 dispensaries in Tanzania, and 170 000 inhabitants per hospital (United Republic of Tanzania. NBS, Ministry of Planning, Economy and Empowerment 2007:30). There are relatively few health personnel available to the Tanzanian population; examples of personnel ratios are shown in table 1.3.

TABLE 1.3: HEALTH PERSONNEL AVAILABLE PER 10,000 INHABITANTS

	HEALTH PERSONNEL AVAILABLE / 10,000 INHABITANTS			
AREA	**NURSING AND MIDWIFERY PERSONNEL**	**DENTISTRY PERSONNEL**	**PHARMA-CEUTICAL PERSONNEL**	**PHYSICIANS**
Tanzania	4	<1	<1	<1
Global	28	3	4	13

(WHO 2008:82)

It is acknowledged that “the quality of health services remains a problem due to a number of factors, including human resource problems (currently only 30% of health posts are filled) and inadequate medical equipment. Health care charges (user fees / cost sharing) and other ‘unofficial’ costs also pose challenges for issues of governance and accountability, and for waiver schemes meant for the most vulnerable and disadvantaged groups” (United Republic of Tanzania 2006:3).

HLH (as shown in figure 9.4) is situated in Haydom village, and is a non-governmental organisation under the auspices of the Evangelical Lutheran Church of Tanzania (ELCT). It serves an estimated catchment population of 580 000, and has outpatient facilities, 400 beds for inpatients and a staff of 370. There were a total of 15 209 admissions, 4 752 deliveries and 60 508 outpatient attendances in 2008 (HLH 2009:1,16,31). In HLH, children obtain health care without payment only below the age of six months, although vaccinations are free of charge. HLH patients are not charged for registration or consultation, anti-tuberculosis treatment or antiretroviral therapy; outpatients pay for drugs (from 200 shillings, about US$0.2) and investigations such as blood tests (from 600 shillings, about US$0.5) and radiological examinations (from 2 000 to 80 000 shillings, about US$2 to US$65). HLH inpatients pay a daily fee of 4 000 shillings (about US$3) and fees for investigations and surgical procedures. There is an alcoholic treatment centre in HLH which is unique in the country, although it treats a small number of people (Mshashi, J. 2009. Personal interview, 10 May. Haydom; Naman, E. 2009. Personal interview, 1 July. Haydom).

The system for identifying people who cannot afford treatment at HLH currently involves members of the medical records department interviewing the individual concerned. HLH staff report that some clients are exempted on the basis of this interview, and those who bring documentation from the village office to support their claim are provided with services free of charge (Mshashi, J. 2008. Personal interview, 15 January. Haydom).

Government health facilities provide free health services to children under the age of five years of age. The nearest Government health facility is in Endahargadat, which is a dispensary (the smallest kind of static health facility in Tanzania) opened in 2007 about seven kilometres from Haydom. This has a clinical officer (medical personnel with 3 years of training) and a nurse-midwife, and offers basic services including free treatment for children under five years, but does not have facilities for vaccinations at the time of writing. Government facilities can be accessed by paying 5 000 shillings (about US$4) a year per family, or 500 shillings (about US$0.4) per visit. Medicines and supplies are then provided free of charge when available; when not available patients are sent to the nearest shop selling medicine where they have to pay the retail price. The closest government hospital to Haydom is in Mbulu, at a distance of 80 kilometres (Kifutumu, F. 2009. Personal interview, 28 June. Haydom; Mshashi, J. 2009. Personal interview, 10 May. Haydom; Nuwass, P. 2009. Personal interview, 24 June. Haydom).

Residents of Haydom needing health services can currently choose from various options. Traditional healers of different kinds (discussed in section 2.6) are available; there are several shops selling medicines (without pharmaceutical personnel), there is the mission hospital (HLH) and there are government facilities (for those who can travel to them).

1.2.7 Activities for Haydom children

By the time of independence from British Colonial rule in 1961, there were 3 primary schools in Mbulu district, and no secondary school. A Universal Primary Education programme was started in 1977, and since then there has been a gradual increase in educational opportunities (Bura 1984:21). Those who attend primary school learn to read and write Swahili; many elderly members of the Haydom community have not attended primary school and only know their tribal language (usually the Iraqw or Datoga language). The primary school is shown in figure 9.19. There has been a secondary school in Haydom since 1994 (as shown in figure 9.20), but form five and six

level education (pre-university education) has only been available in Haydom since 2007, and is currently only available for girls due to shortage of hostel accommodation. There are currently three fee paying pre-school nurseries in Haydom (William, P. 2007. Personal interview, 12 December. Haydom).

Although primary school education is supposed to be free of charge, students are expected to be in school uniform, and depending on the school, various ‘contributions’ are expected from parents, such as for building. This means in practice that primary school expenses are currently about 30 000 Tanzanian shillings per year per child (about US$25), and maize and beans must be contributed for meals consumed while at school for primary and secondary school children. While secondary school costs of 20 000 Tanzanian shillings per year (about US$17) are affordable to many families, the additional costs of boarding, which may be 120 000 Tanzanian shillings (about US$100 per year) or accommodation, uniforms and contributions are said to be difficult for many families. Actual costs of between 150 000 and 200 000 Tanzanian shillings (about US$125 to US$170) per year per child, in Government secondary schools, are reported. Children who fail the end of primary school examination, or the second year of secondary school are usually unable to continue their studies in Government funded schools; privately run schools are beyond the reach of the majority of the population as many charge more than 300 000 Tanzanian shillings (about US$250) per year (Wema, J. 2007. Personal interview, 28 October. Basotu; William, P. 2007. Personal interview, 12 December. Haydom).

The poor quality and quantity of educational opportunities in the region is a problem identified locally, and presents an obstacle for many children from economically disadvantaged families. Students at the local schools are at a disadvantage educationally, because of large class sizes, few teachers (posting in rural areas are generally not popular with teachers), few boarding house opportunities and virtually no library facilities. Many students leave local schools with very low passes at form four (after 11 years of schooling) which limits their future prospects. The majority of parents who have the means send their children to distant schools in order to give them a higher standard of education (Martine, M. 2007. Personal interview, 18 November. Haydom; Wema, J. 2007. Personal interview, 28 October. Basotu).

The overall literacy rate in Tanzania between 2000 and 2005 was estimated at 66.8%, compared to a global literacy rate of 78.4% (WHO 2008:103). The Datoga literacy rate has been estimated to be about 1% and there has been very little written material available in their language (Jenkins 2005a).

The region has only two vocational training centres in Bashanet (about 65 kilometers from Haydom) and Dareda (about 90 kilometers from Haydom), and several health related programmes. Vocational and tertiary educational programmes are not available in Haydom, apart from Haydom School of Nursing (HSN) which takes about 40 new student nurses annually. While some individuals from Haydom have entered vocational and tertiary education programmes outside Haydom, many of them have been supported by donors through HLH. Entering employment in Haydom is a challenge. The general state of the economy is very poor, and there are already quite a number of people working in different trades such as seamstresses, carpenters and builders. Moreover, there are already many small retail outlets, and a twice monthly market. There are a handful of visitors from outside Haydom who may buy locally produced handicrafts such as baskets and bead work, but there is little local market for handicrafts (William, P. 2007. Personal interview, 12 December. Haydom).

Children are often seen working in Haydom, for example ploughing and herding animals (as shown in figures 9.21 and 9.22), doing household duties such as caring for younger siblings and running errands (as shown in figures 9.23 to 9.25). Work activities of Tanzanian children are further discussed in section 4.7.3.5.3.

Street children are discussed in section 4.7.4.5; while 'children *of* the street' (that is, full time street children) are not apparent in Haydom, there are 'children *on* the street' (that is, spending at least part of their day wandering around on the streets) and there are daily road links to Arusha, 300 kilometres away, the largest urban centre in Arusha region, Tanzania. Street children are currently seen in Mbulu, a town 80 kilometres from Haydom, and in Babati, a town 130 kilometres away; some of these children appear to be 'children *of* the street' (Baynit, H. 2007. Personal interview, 15 July. Basonyagwe, Mbulu district).

Many Tanzanian children do not attend school full-time (discussed in section 4.7.4.1), and the majority are involved in work activities (as discussed in section 4.7.3.5.3).

Doubts have been raised about the quality of education in rural areas such as Haydom, and there are few vocational training opportunities. The actual costs of schooling are beyond the means of many local residents.

1.2.8 Local resources for vulnerable children

Six programmes coordinated by the Tanzanian government to help vulnerable children in Tanzania have been reported. These have targeted basic needs of vulnerable children, child labour, poor urban children and HIV/AIDS victims. However, these are small scale programmes, targeting only certain categories of children, have limited geographic coverage, and are almost all funded by international donors. Continuity and sustainability are therefore not ensured (United Republic of Tanzania 2003b:83-84). It is reported that "[v]ulnerable children, including the growing number of orphaned children, require a much greater level of support than is now being provided … There should be a marked shift beyond the rhetoric and workshops on or about vulnerable children and [there is a need to] take practical action like, for instance, enforcing of policies, laws and, the respective by-laws … and a wider access to Vocational Education and Training Centres" (United Republic of Tanzania 2003b:88).

Manyara Region has few special projects for vulnerable children. There is a group children's home near Basotu, which is about 30 kilometres from Haydom. A foster mother looks after more than 20 children, most of whom are orphans of the Datoga ethnic group. The foster mother uses her own salary and some private donations to provide for the children. All the children cooperate with domestic chores and farming activities, like other children in the community, and they all go to school. This home has more applications than it can accommodate (Wema, J. 2006. Personal interview, 24 June. Haydom).

An orphanage at Dongobesh in Mbulu District which was run by HLH was closed several years ago. A project in Mbulu is run by Compassion International, and assists 280 children within a five kilometre radius of its office. These children are identified by a needs assessment exercise, on the basis of poor economic status of the family or orphanhood. Children included in the scheme are identified when aged five to eight years. They are helped with school fees and uniforms, and report to the Compassion International office every Saturday. The intention of this organisation is to continue to

support these identified children through primary and secondary school (Paskali, G. 2007. Personal interview by telephone, 4 January. Haydom to Mbulu).

A small number of orphans from hospital and community maternal deaths, and infants who are abandoned in the community are admitted to HLH. They were being looked after in the maternity ward, until March 2009 when a new child care unit was opened at HLH, which is a crisis nursery (children being cared for there in September 2009 are shown in figure 9.26). This has a policy of returning orphans to their extended families at nine months of age; in July 2009 there were seven babies in the care of this child care unit (Jackson, A. 2009. Personal interview, 1 July. Haydom).

While in former years, orphans were absorbed into the extended family, the increasing numbers of orphans related to HIV/AIDS appears to be leaving some local children without adequate support (Naman, E. 2006. Personal interview, 17 June. Haydom; Wema, J. 2006. Personal interview, 24 June. Haydom). There appear to be no 'child-headed' households in Haydom at the present time; double orphans in Haydom are reported to be living with their grandmothers or some other relative. However, some children are effectively the head of the household where grandparents are aged, or parents are ill or alcoholic (Elia, Z. 2009. Personal interview, 28 June. Haydom; Gado, J. 2009. Personal interview, 8 June. Haydom; Naman, E. 2009. Personal interview, 1 July. Haydom; William, P. 2009. Personal interview, 1 July. Haydom).

There is a school for blind children in Basotu (about 30 kilometres from Haydom), and a school in Dongobesh takes in deaf children (about 45 kilometres from Haydom). There is a Compassion International project helping children in Katesh (about 75 kilometres from Haydom in Hanang District) and an organisation called Child Health and Social Ecology (CHASE) in Katesh helps female students with secondary school and vocational training fees. Mbulu District Council provides support for several very poor secondary school students, through the village executive office. An organisation called *'Maseawjanda'* based in Haydom collects donations to help very poor local children with school fees; the majority of children helped are in secondary school. *'Maseawjanda'* helped 65 children in 2007 and 72 children in 2008. A project channelling donor support to help secondary school students unable to afford school expenses has been announced to villagers in June 2009; it is not yet clear how many children will be helped. There are many families who are fostering related children including orphans in

Haydom, although adoption is not practised (Bura, A. 2009. Personal interview, 1 July. Haydom; Mshashi, S. 2007. Personal interview, 25 July. Haydom; Samo, J. 2009. Personal interview, 1 July. Haydom; William, P. 2009. Personal interview, 1 July. Haydom).

There is a small-scale project which helps vulnerable children in Haydom, associated with the palliative care programme, under the auspices of the ELCT. This began in 2007 (after this study was commenced and unrelated to it), and is helping 27 children in Haydom and 29 children in Basotu (30 kilometres away) at the time of writing. Identified children under the age of 2 years are given half a litre of milk daily and identified primary school children are given school uniforms and shoes, stationery, a mattress, a blanket and a sheet. Children are identified through the local evangelists; local ten-cell leaders are consulted and the family is visited by the field coordinator (Mr Joshua Gado) and members of the palliative care team. Priority is given to children who have at least one parent who is chronically or terminally ill, alcoholic, or has died or abandoned the family. This project has identified large scale need, and secondary school children have not yet been helped by this project. Children who have been helped are reported to be showing significant improvement in their well-being (Gado, J. 2009. Personal interview, 8 June. Haydom). The informants of this study who were in need and were willing to receive assistance from any source were referred to the local organisers of this project for assessment and possible assistance, and a summary of this study will be provided to the ELCT directors, in support of the recommendation to continue and expand this project.

1.2.9 Challenges to meeting vulnerable children's needs in Haydom

Even though children are active social beings, involved in constructing and determining their lives (Prout & James 1997:8-9), "there are few instances of children becoming organised at a 'grass roots' level to represent themselves independently. On the contrary, almost all political, educational, legal and administrative processes have profound effects on children but they [the children] have little or no influence over them" (Prout & James 1997:29).

Added to the lack of political power of children in general and vulnerable children in particular, the needs of vulnerable children may not be met in the area around Haydom because the Iraqw ethnic group (which makes up the majority of the Haydom

population) have been characterised as being fatalistic and not proactive (referred to in section 2.10).

A reason for there being few locally initiated voluntary programmes may be that many people in Haydom are economically disadvantaged (as discussed in section 1.2.3) and are occupied with their survival needs and struggle to find resources to care for their biological children (Naman, E. 2006. Personal communication, 12 July. Haydom). This possible explanation for a lack of voluntary programmes was expressed by Patil who notes that people living in this locality are afraid to look after additional children because of the costs of health care and education (2004:196-198).

The history of fear of certain handicaps in some cultural groups who are residents of Haydom (as discussed in section 2.14) may be reducing, but might lead to discrimination against handicapped children (Blystad 2000:121; Blystad & Rekdal 2004:632; Klima 1970:46-7; Thornton 1980:40).

There are some ‘street children’ in Haydom who roam about picking up scraps of food and begging; they are reported to be the children of alcoholic parents. Families where parents are alcoholic are said to be especially difficult to help, as the parents tend to misuse money or even food given to help the children (Bura, A. 2009. Personal interview, 1 July. Haydom; Naman, E. 2009. Personal interview, 1 July. Haydom).

Supervision of fostering to reduce the risk of discrimination or abuse is difficult in situations where social workers are few and resources and infrastructure are limited (Subbarao & Coury 2004:31-32). This appears to be the situation pertaining to Haydom, where the closest Government social work offices are in Mbulu (80 kilometres away from Haydom) and Babati (about 130 kilometres away from Haydom) (Nade, J. 2006. Personal interview, 10 September. Haydom).

1.2.10 Previous studies in the Haydom area

There have been many research studies carried out in the Haydom area. The HLH website currently lists 46 researchers who have recently undertaken studies in the locality, or are currently working at HLH, and also lists some earlier studies and their authors. Some of these researchers have completed many different studies. Of the anthropological studies, the majority relate to the Datoga (sometimes spelt Datooga or

Tatoga), several relate to the Iraqw, several to the Hadza (or Hadzabe), and one compares Datoga and Iraqw practices. Other studies carried out in the Haydom area are medical, including many studies relating to HIV/AIDS, tuberculosis, neurological conditions, maternal mortality, perinatal mortality, nutrition and nursing practice. Many of these studies are accessible through the HLH website (http://www.haydom.no/), and there is a collection of earlier studies in the library at HLH. While the HLH website cites many different anthropological and medical studies, there are no studies cited directly related to orphans and vulnerable children based in Haydom. (The four publications about orphans which are cited are of studies undertaken in Uganda which were co-authored by an anthropologist, Astrid Blystad, who has studied the Datoga in a location not far from Haydom.) Data from previous studies in the area is incorporated into chapters 2 and 4 of this study.

1.3 PROBLEM STATEMENT

The issues discussed in this chapter are external factors which affect children in Tanzania in general and Haydom in particular; many of these factors contribute to the creation of child vulnerability.

It is acknowledged that “the meaning of vulnerability – and exactly who is most vulnerable, under what conditions and why – is unclear. This ambiguity limits the capacity of institutions to chart effective courses of action. Therefore, it is critically important to develop an evidence-based framework for understanding vulnerability” (United Republic of Tanzania. Research and Analysis Working Group 2004:16).

The need for greater clarity, and local operational definitions was also stressed by researchers of The United Republic of Tanzania; they identified indicators of child vulnerability as child disability, orphanhood, living in child-headed households or in households with adults aged 60 and above, and poverty. They note that “given the limited set of indicators provided by the 2002 Housing and Population Census, it is not possible to assess all aspects of children’s vulnerability … This analysis needs to be complemented by more qualitative, sociological analyses and more specific follow-up in smaller areas of the country where the indications are that children, households and communities are disproportionately more vulnerable” (2005b:44).

Skinner et al observe that when the scope of the term ‘orphanhood’ was found to be too limited in relation to problems created for children by HIV/AIDS, the term ‘orphans and vulnerable children (OVC)’ was introduced. However, “[t]he term OVC in turn has its own difficulties as a construct, since it has no implicit definition or clear statement of inclusion or exclusion. It therefore works as a theoretical construct, but requires explanation and definition at ground level” (2006).

In her study in Swaziland, Jones concludes that criteria such as orphanhood do not fully represent child vulnerability. Her assertion that “any intervention should therefore target the most vulnerable children as identified by the community” (2005:161) supports the exploration of local views of child vulnerability.

Child vulnerability is contextually understood, but there have been no previous studies to investigate this phenomenon in the context of Haydom village amongst the two main ethnic groups who are resident there. This lack of data makes it difficult to plan culturally congruent strategies to help vulnerable children in Haydom.

1.4 RESEARCH QUESTION

The following research question was formulated:

“What is understood by the concept of child vulnerability in the Iraqw and Datoga of Haydom village, northern Tanzania, and what culturally congruent strategies could be implemented to help vulnerable children there?”

1.5 PURPOSE OF THE STUDY

The purpose of the study was to explore the views of Iraqw and Datoga residents of Haydom village relating to child vulnerability in terms of antecedents, defining attributes, consequences and appropriate strategies, to arrive at an ‘evidence based’ definition of child vulnerability.

1.6 OBJECTIVES OF THE RESEARCH

Objectives identified for the first stage of this study were to investigate the concept of child vulnerability in the literature to clarify:

- antecedents of child vulnerability
- defining attributes of child vulnerability

- consequences of child vulnerability
- strategies that help vulnerable children.

The second stage of this study was qualitative and aimed to explore and clarify the concept of child vulnerability in Haydom village with respect to:

- local antecedents of child vulnerability
- local defining attributes of child vulnerability
- local consequences of child vulnerability
- locally acceptable strategies that help vulnerable children.

The third stage of the study was quantitative and aimed to test the validity of the analysed data from the second stage of the study with young adult respondents resident in Haydom village.

The research design and process used in this study is summarised in figure 1.6, and is discussed further in chapter 3.

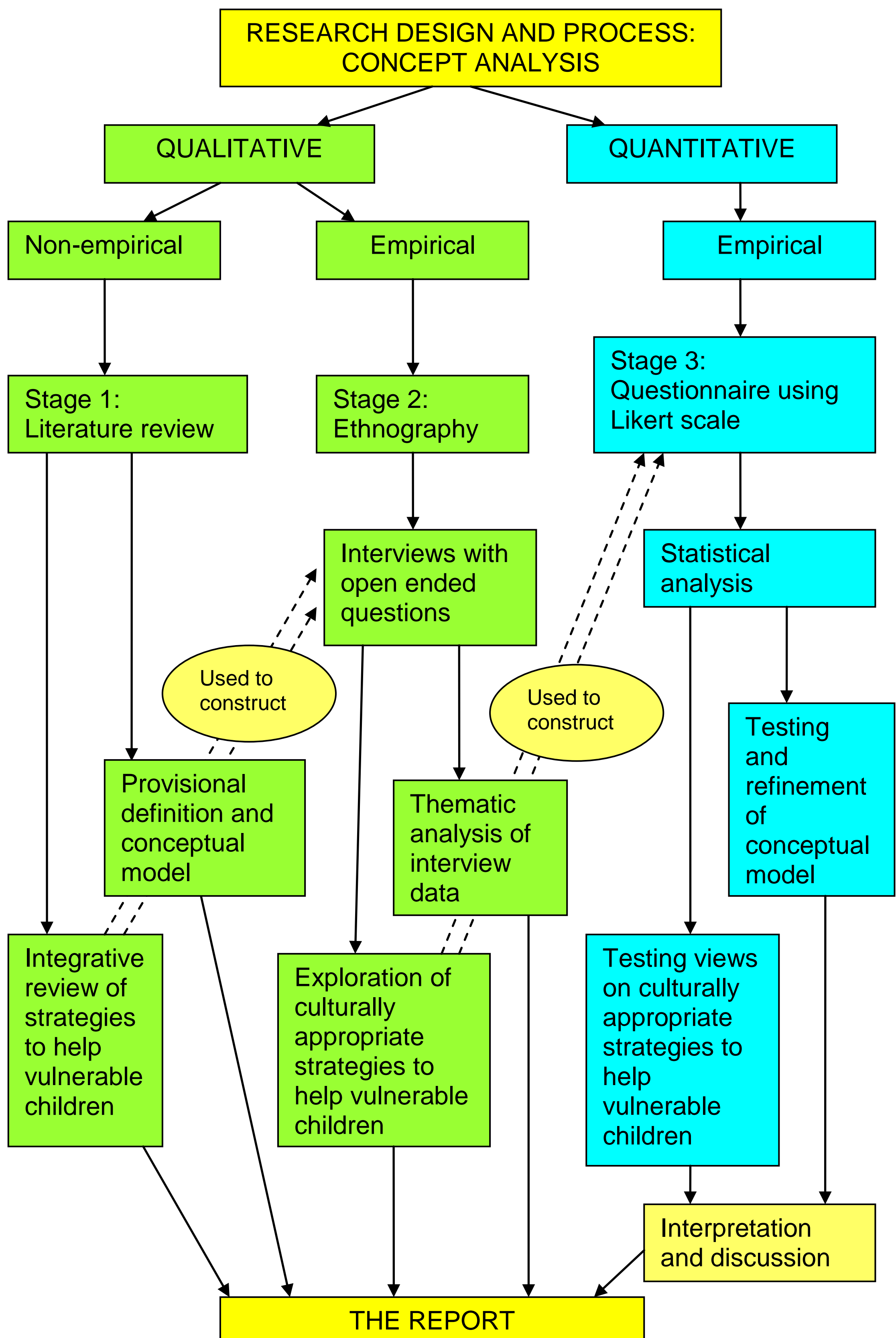


Figure 1.6 Diagram to show research design and process used in this study

1.7 ASSUMPTIONS

Assumptions are untested statements which are taken to be 'true' in a given situation (Polit & Beck 2006:495; The New Penguin English Dictionary 2001a:80). These assumptions can be categorised as relating to ontology, epistemology and methodology (Mouton 1996:123-124; Porter 2000:142-149).

Assumptions in qualitative research take the place that a formal theoretical or conceptual model would take in quantitative research. The assumptions of qualitative research in health science are derived from its philosophical underpinnings; these include the beliefs associated with holism, naturalism, emotionalism, post-modernism, interpretivism and constructivism. The assumptions of quantitative research are rooted in positivism, modernism, reductionism and determinism, from which the postpositivist paradigm developed (Brink & Wood 1998:338; Parahoo 2006:48-52; Polit & Beck 2006:14-17; Sale, Lohfeld & Brazil 2002:45; Silverman 2005:98)

The assumptions of these two paradigms are alternative viewpoints, both of which have intrinsic value in examining a complex human phenomenon such as child vulnerability. The complex world of human phenomena involves contact with multiple perspectives and worldviews, for example, in transcultural nursing there are the 'emic' and 'etic' perspectives; there are many different religious and political perspectives. The researcher who uses mixed methods accepts that different paradigms have value as 'lenses' with which to view the world; the researcher can strive to identify 'reality' and 'truth' in a variety of ways; "learning about and respecting both approaches to disciplined enquiry and recognizing the strengths and limitations of each are important" (Polit & Beck 2006:18). Mixed methods allow for complementarity in which the strengths of one method improve the performance of the other (Leininger 1991:83-90; Polit & Beck 2006:14-18,245).

1.7.1 Assumptions relating to the non-empirical and empirical qualitative stages of the study

Assumptions related to the first and second stages of this study relate to the worldview that underpins qualitative research methods.

1.7.1.1 Assumptions related to ontology

Ontology is concerned with questions about reality and what exists (Mouton 1996:124;

Porter 2000: 143-144), the nature and relations of being (Cohen & Omery 1994:137) or a specification of a conceptualisation (Gruber 2007:1). Ontological assumptions of the qualitative stages of this study include:

- Humans are complex and experience life in individual ways
- Lived experience is reality; people's subjective experience and context are of concern and interest
- The nature of reality cannot be known, except how people perceive and interpret it
- There are multiple realities, but a meaningful constructed reality is possible through a variety of communication methods
- Reality is not fixed; it changes and develops according to people's experiences and contexts
- Human behaviour, expectations and perceptions are strongly influenced by the culture of the individual

(Polit & Beck 2006:13-18; Porter 2000:143; Streubert & Carpenter 1995:9).

1.7.1.2 Assumptions related to epistemology

Epistemology is concerned with what is truth, what is the nature and grounds of knowledge and science (Cohen & Omery 1994:137; Mouton 1996:123), providing a "valid and reliable understanding of reality" (Mouton & Marais 1990:8) or what can be known about what exists (Porter 2000:144). Epistemological assumptions of the first and second stages of this study include:

- Knowledge of reality or truth concerns knowledge of people's experiences and understandings
- Truth is subjective and not fixed
- There are aspects of knowledge that are embedded in all cultures (universality) and others that are specific to particular cultures (diversity)
- Neither culture nor time are static phenomena, implying that research findings in one culture, place and time cannot be expected to be generalisable to other situations
- Tradition, culture, politics, education, economy, environment and worldview shape knowledge and ideas about truth; truth is socially constructed
- Knowledge of social reality will always be coloured by the interpretations of the researcher
- The truth about child vulnerability for Iraqw and Datoga residents of Haydom

village is related to individual experience, worldview and cultural and social structure dimensions of life

- 'Experts' in child vulnerability of Iraqw and Datoga ethnic groups in Haydom include the Iraqw and Datoga residents of Haydom

(Aamodt 1991:48-50; Creswell 2003:8-9; Leininger 1991:44-46,83-90; Leininger 2002a:86-88; Munhall 1998:337-338; Parahoo 2006:273; Porter 2000:144).

1.7.1.3 Assumptions related to methodology

Assumptions related to methodology consider how knowledge can be gained about what exists (Porter 2000:145), or what are appropriate research methods to use to gather the required data (Mouton 1996:124). Assumptions relating to methodology in the first and second stages of this study include:

- Qualitative research is concerned with methods that make sense of social reality, which involves the meaningful actions and interactions of individuals
- The researcher is an active participant in the study; an awareness of her involvement and impact can be maintained and monitored, but not eliminated, through reflexivity
- Qualitative methods are useful in concept analysis
- The researcher is concerned with and committed to the informants' subjective points of view and experiences
- The literature can be analysed thematically to gather longitudinal data and allow comparison between multiple sources
- A comprehensive literature review prior to an ethnographic phase can serve as an orienting framework; it raises questions and allows the researcher to clarify and expand her knowledge base, promoting reflexivity
- It is appropriate to use an ethnographic design to gather cross-sectional data about child vulnerability, in view of the possible impact of ethnicity and the prolonged experience of the researcher with these ethnic groups
- Informants' stories can be heard and interpreted by a researcher who remains aware of the factors that influence her interpretation
- The phenomenon under investigation can be sufficiently described from the verbalised accounts of a sample of the total population
- The reporting of the research findings should include themes derived from the literature and informants and examples of actual statements made by them

(Creswell 2003:30; Morse, Hupcey, Mitcham & Lenz 1997:80-82; Polit & Beck 2006:13-18; Porter 2000:145-149; Roper & Shapira 2000:11-28; Streubert & Carpenter 1995:10).

1.7.2 Assumptions relating to the empirical quantitative stage of the study

Assumptions related to the third stage of this study relate to the worldview that guides quantitative research methods.

1.7.2.1 Assumptions related to ontology

Ontological assumptions relevant to the quantitative stage of this study include:

- Humans are part of a real world that is part of an ordered objective reality
- There is a single reality which can be ascertained with reasonable certainty
- Outcomes are related to real natural causes that can be determined
- The world is governed by laws or theories that shape external reality and can be tested or verified
- Human behaviour follows patterns that can be investigated, and the underlying motivations for this behaviour can be determined
- The researcher is external to research, is able to be reasonably objective, and is independent from the subjects of research

(Creswell 2003:7-8; Parahoo 2006:48-52; Polit & Beck 2006:13-17).

1.7.2.2 Assumptions related to epistemology

Epistemological assumptions relevant to the quantitative stage of this study include:

- Knowledge is shaped by quantifiable facts or data, evidence and rational considerations
- Quantitative research involves making claims which are then refined, tested and may be rejected or supported
- Truth is objective, measurable and attempts can be made to verify it although research evidence is fallible and hypotheses are never finally ‘proved’
- The truth about child vulnerability for Iraqw and Datoga residents of Haydom village can be validated by the use of a statistical approach

(Creswell 2003:7-8; Parahoo 2006:48-52; Polit & Beck 2006:13-17).

1.7.2.3 Assumptions related to methodology

Methodological assumptions relevant to the quantitative stage of this study include:

- Quantitative research is concerned with investigation of phenomena that occur
- The researcher is concerned with following orderly and prespecified research plans that aim to reduce bias and enhance objectivity
- Quantitative methods allow researchers to test hypotheses about the likely true nature of a phenomenon, including its ‘face validity’
- ‘Experts’ in child vulnerability of Iraqw and Datoga ethnic groups in Haydom include those Iraqw and Datoga people living in Haydom who have experienced child vulnerability themselves
- Quantitative techniques can be used to refine conceptual models developed by qualitative methods; this is a valid strategy in concept analysis
- The reporting of research findings should include statistical data derived from respondents’ views

(Creswell 2003:7-8; Morse et al 1997:86-88; Parahoo 2006:48-52; Polit & Beck 2006:13-17).

1.8 SIGNIFICANCE OF THE STUDY

Apart from personal interest, the significance of a study relates to issues including whether practical applications may stem from the research, whether the study findings extend or refine previous knowledge, whether the study helps to develop theory, and whether the study addresses identified research priorities (Polit & Beck 2006:125).

The personal significance of the study to the researcher is that in her work and life in Haydom she repeatedly sees children who appear to be vulnerable. She has been approached by many children, young people and parents who request assistance with money which is often for school expenses, or food. Many of them have recounted life stories full of hardships. The researcher became concerned to understand the phenomenon of child vulnerability, with the hope of becoming better able to advocate for those in difficulty. The belief that research should allow the subjects of a study to benefit is congruent with the view that “the researcher who conducts research on children without becoming an advocate for them embarks on a course that makes research futile” (Yamba 2005:209).

This research has basic and applied research features. The development of the concept ‘child vulnerability’, which extends the base of nursing knowledge is complemented by

the applied research feature of exploring strategies that can be of practical use to vulnerable children. There is an identified need to extend and refine previous knowledge about child vulnerability to specific local contexts, as discussed in section 1.3. This study explores child vulnerability in the local context of Haydom village. It is expected that this research effort will help to raise interest in vulnerable children in Haydom, and may facilitate efforts to provide appropriate care and protection for these children. For example, representatives of Global Alliance for Africa visited HSN to discuss identifying secondary school completers who are interested in becoming nurses but who cannot manage to pay the HSN fees. This organisation is interested in sponsoring a number of students of this kind, and would like to have access to the findings of this research which may assist them to make appropriate choices of students (Capaul, M. 2007. Personal interview, 16 November. Haydom). Another practical application of this study may be to lend support to efforts to continue and expand the ELCT vulnerable children project in Haydom (as discussed in section 1.2.8).

Another practical use of this study is to provide some insights for the many visitors and workers who come to Haydom who are not familiar with Iraqw or Datoga culture; this may help them to develop cultural competence and sensitivity, and reduce cultural mismanagement (Andrews & Boyle 1999:8-9; Andrews 2003a:15-18; Giger & Davidhizar 1995:9; Holland & Hogg 2001:61-77; Schott & Henley 1996:21-2). Research priorities in Tanzania include ‘addressing poverty and health in East Africa’ and ‘child health’ (National Institute for Medical Research (NIMR) 2007). This study addresses these issues.

1.9 CONCEPTUAL FRAMEWORK AND RESEARCH METHODS

This research was undertaken as a transcultural nursing study using concept analysis methods developed by Walker and Avant throughout (2005:63-84). The assumptions of Leininger’s theory of nursing: culture care and diversity and universality (Leininger 1991:44-46; Leininger 2002a:79) guided the second and third stages of the study. The research methods are discussed in detail in chapter 3 of this study, and are presented as a diagram in figure 1.6 to show the research design and process used in the study. Stage one of this study uses the literature; stage two refines the concept analysis in the local context of Haydom and stage three tests the findings of the second stage.

The research method employed in the first stage of the study was a non-empirical concept analysis. The study population was all the literature published about child vulnerability and the sample was the literature published about child vulnerability that was available to the researcher. This stage explored the concept of child vulnerability in relation to antecedents, defining attributes, consequences and strategies.

In the second stage of the study an ethnographic design was applied which involved use of qualitative interviews. The study population in this stage was the adult population of Haydom village; the sample was 32 Iraqw and Datoga informants, and was a non-probability purposive sample. This stage also analysed the concept of child vulnerability, but from the perspective of the Iraqw and Datoga Haydom resident.

The third stage of the study used a quantitative design with analysis of statistical data from researcher administered questionnaires. The study population in this stage was the Iraqw and Datoga residents of Haydom village aged 18 to 30 years with personal experience of child vulnerability; the sample were those identified as respondents by the two research assistants. This stage was also part of the concept analysis in that it tested and refined the findings of the second stage.

1.10 SCOPE AND LIMITATIONS

The study aimed to explore the views of Iraqw and Datoga adults relating to child vulnerability in terms of antecedents, defining attributes, consequences and appropriate strategies, and for logistical reasons was limited to residents of the immediate locality of Haydom village. For ethical reasons the study was limited to adult participants (as discussed in section 3.2.4.1.4). It was not possible to obtain a random sample of Haydom residents as there is no list of residents that could have been used to construct a sampling frame. The researcher was dependent on the cooperation of ten-cell leaders who agreed to volunteer their time at the request of the village executive officer, in the second stage of the study. These ten-cell leaders were asked to introduce the researcher to a variety of local informants, male and female, Iraqw and Datoga, of different age groups and economic levels. Other variables that may have been influential, such as religious affiliation, were not considered. The ten-cell leaders may not have chosen a fully representative sample of informants. However, completeness of description is a more important consideration than generalisability in qualitative

research; the findings are specific for Haydom village and are not intended for generalisation (Maxwell 2005:115-116).

The respondents in the third stage of the study may not have been completely representative of the 18-30 year old Iraqw and Datoga Haydom residents, because they were found during the daytime in their homes (for reasons of research assistant availability and personal safety) when some of this group would have been at their work places. These sampling difficulties may have produced a sample not fully representative of all the Iraqw and Datoga residents of Haydom. The study results cannot be considered to be generalisable to all Iraqw and Datoga people living in other locations, or at different points in time. Logistical considerations did not allow the researcher to collect data from other ethnic minority groups such as the Nyaturu, Iramba and Chagga residents of Haydom, so the study cannot claim to be representative of all of the residents of this village.

Another limitation was that the researcher is obviously not a local resident, and local residents have particular expectations of expatriate visitors. The researcher was not able to revisit all of the informants, so there was limited time to develop a trusting relationship with them. This may have reduced the quality of the interview data collected. Informants who could not speak Swahili were interviewed through a translator. Some loss of quality of data may have occurred with the process of translation.

The third stage of the study was intended to test the findings of the second stage of the study, but the informants who provided qualitative data may have been more representative of the community as a whole, and were a more heterogeneous group than the respondents. The informants had a broader range of ages, educational levels and economic levels compared to the respondents. These differences might be expected to produce a lower level of agreement than if the informants and respondents had been matched for demographic variables.

In spite of its limitations, this study is able to provide some pointers to issues of importance when considering child vulnerability in Haydom and other parts of Tanzania. These pointers may facilitate the development of or continuing support of strategies to help vulnerable children.

1.11 ETHICAL CONSIDERATIONS

Important ethical issues in this study relate to protecting study participants, protecting the community and the scientific integrity of the researcher (Van der Wal 2005:151-162). Protecting study participants needs to consider the principles of beneficence, respect for human dignity, justice and vulnerable subjects. Ethical issues are discussed in more detail in section 3.2.4 of this study.

1.12 ORGANISATION OF THE REPORT

This report is organised into ten chapters, summarised here, which are followed by annexures.

Chapter 1. Orientation to the study. This provides an introduction to the concept of child vulnerability, background information relating to Haydom village, a problem statement, research question, purpose and objectives of the study. It discusses the assumptions and significance of the study, conceptual framework and research methods, scope and limitations and ethical considerations.

Chapter 2. Anthropological background to the Iraqw and Datoga ethnic groups. This provides information from the literature about different aspects of Iraqw and Datoga culture including ethnic identity and history, population size, organisation of society, health beliefs and health seeking behaviour, dress, values, spiritual beliefs, behaviour stereotypes, relationships between the Datoga and Iraqw, alcohol use, views on sexual relations and illegitimacy, attitudes to children and views on the impact of change.

Chapter 3. Research methodology. This chapter discusses the methodology of the three stages of the study; the overall methodology was that of a concept analysis. The first stage of the study was non-empirical, and was a literature review which used concept analysis techniques to explore the concept of child vulnerability. The second stage of the study was empirical, and used a qualitative ethnographic design, in order to explore Haydom residents' views about the concept of child vulnerability. The third stage of the study was empirical and used a quantitative cross-sectional survey design to test the findings from the second stage of the concept analysis with young adults in Haydom. Issues related to this design such as sampling, validity and reliability and ethical issues are discussed in this chapter.

Chapter 4. Concept analysis from a review of the literature. This chapter analyses concepts of importance to this study including 'child', 'vulnerability' 'orphan', 'resilience' and 'culture', but focuses on the concept of 'child vulnerability'. Antecedents, defining attributes and consequences are considered, and cases constructed, using principles developed by Walker and Avant (2005). A model of child vulnerability based on the conceptual definition is presented in figure 4.8.

Chapter 5. Strategies that help vulnerable children. This chapter presents findings from the literature about different strategies that help vulnerable children, including community based and institutional strategies. Definitions, advantages, disadvantages and recommendations relating to the identified strategies are presented.

Chapter 6. Analysis of qualitative data. This chapter presents findings from the analysis of qualitative interviews with informants. Major themes include the antecedents (lack of internal and external resources and the contributing antecedent of mistreatment), defining attributes (of the terms 'child', 'vulnerability' and the compound term 'child vulnerability'), consequences (physical and psycho-social losses) and strategies relating to child vulnerability (child initiated and adult initiated strategies).

Chapter 7. Results of quantitative data analysis. This chapter provides the results of the statistical analysis of data from the structured interviews with respondents.

Chapter 8. Discussion, recommendations and conclusion. Chapter 8 considers the meaning and significance of the findings of the study, which have been presented in chapters 4, 5, 6 and 7. It integrates these findings and makes recommendations for practice.

Chapter 9. Pictures. Chapter 9 presents pictures from Haydom and its close environment to complement the written material of the other chapters.

Chapter 10. List of sources. Chapter 10 provides details of the sources referred to in this study.

1.13 SUMMARY

Chapter one provides an orientation to this study. It provides background information related to the geography, population size, description of Haydom village, economic status, health indicators and education in Tanzania and locally. This chapter outlines the problem statement, research question, purpose of the study and objectives of the research. It discusses assumptions relating to the study, in relation to ontology, epistemology and methodology, and considers the significance of the study. It describes the conceptual framework and research methods used, and considers the scope and limitations of the study. Ethical considerations are mentioned, to be discussed in more detail in chapter 3, and the overall organisation of the report is presented.

CHAPTER 2
ANTHROPOLOGICAL BACKGROUND TO THE IRAQW AND DATOGA ETHNIC GROUPS

> *"A child's development as a social being is embedded in the beliefs, practices and values of his or her cultural upbringing and environment. Interventions must respect and accommodate local beliefs and practices so that project activities are culturally appropriate and relevant" (Arntson & Knudsen 2004:24).*

2.1 INTRODUCTION

This chapter provides anthropological information about the two largest ethnic groups residing in the Haydom area, that is, the Iraqw and the Datoga groups. This chapter forms part of the background to the current study.

2.2 OVERVIEW OF CULTURAL GROUPS LIVING IN HAYDOM VILLAGE

The four major African language groups are represented in Haydom and the surrounding area; the Cushitic language group in Haydom is the Iraqw, the Nilotic language group is the Datoga, the Khoisan language group is the Hadza, and the Bantu language group is represented by various ethnic groups including the Nyaturu, Ihanzu, Irangi, Gogo and Iramba (Blystad 2000:xiv; HLH 2005b; Thornton 1980:2,4). The Iraqw, Datoga and Hadza ethnic groups "belong to the 5% of non-Bantu peoples of the approximately 120 ethnic groups in Tanzania … and must as such be regarded as distinct both language- and culture-wise from the majority of peoples in the country" (Blystad 1992:5). There are also small numbers of 'immigrants' from other parts of Tanzania including Chaggas, whose traditional home is in Kilimanjaro Region, and a small number of expatriate (largely Norwegian) medical missionaries have been present during the last 55 years.

The Iraqw and Datoga ethnic groups are minority ethnic groups in Tanzania in respect to their culture and language and are also geographically distant from Tanzania's main centre of trade, Dar es Salaam. These factors have had a negative impact in terms of political and economic development, which in turn impacts on child vulnerability.

The inhabitants of Haydom have a wide variety of traditional practices and beliefs. An evolution of these practices and beliefs can be expected in this community where there is contact and interaction between the different ethnic groups, for example through the

ten-cell system of community organisation (Rekdal 1999:37) as outlined in section 1.2.5, through religious and political groups and through the hospital. There is increasing contact with 'the outside world' with radios, daily transport to and from Arusha and Mwanza, and the recent arrival of television and internet facilities. This evolution points to the need to look not only at 'traditional' values and their impact when considering the issue of child vulnerability in the Iraqw and Datoga of Haydom village, but also to consider current attitudes and practices.

The following findings relate to research data collected between 1953 and the present time, and data from key informants who have helped to clarify the current practices in Haydom. In this context, the term 'traditional' is used to mean an aspect of culture that has been observed repeatedly in the past, is remembered by the present population, may still be practised, or is less practised than formerly or no longer practised. It is accepted that "what is seen as an 'authentic' tradition in the present is a perceptual creation invented at some time in the past. People therefore not only receive and accept the invention as an invention and 'label' it tradition, but they also take an active part in the process of the (initial) invention" (Simon 2002:13).

It should also be noted that neither the Iraqw nor the Datoga ethnic groups can be considered to be entirely homogeneous groups, although they are distinct in language and in various cultural aspects (Simon 2002:24). Studies involving cultural groups run the risk of creating stereotypes, and when stereotypes are negative, this can lead to prejudice (Kavanagh 2003:297-299). The researcher was concerned to avoid stereotyping, because "[s]tereotypes are like images frozen in time and cause one to see what one expects to see, even when reality differs from that. Descriptive generalizations, in contrast, serve only as changeable starting places" (Andrews & Boyle 1999:234-235).

The following discussion includes aspects of general interest that impact children indirectly and aspects which may directly affect the well-being of children and consequently what is locally understood by the term 'child vulnerability'.

The idea that 'tribes' are fixed and independent has been challenged by various anthropologists who have worked in Mbulu District, for example, Wakazi refers to tribal mixing, cooperation between ethnic groups and bilingualism (1970:47-48). Later

anthropologists, such as Snyder, dispense with the term ‘tribe’ and use the term ‘ethnic group’, while still acknowledging that “ethnicity must be thought of as a fluid, often ‘situational’ and ‘invented’ concept” (1993:6). However, “[ethnicity] is an important feature of the mental and political landscapes today … African villagers themselves speak of their own ethnic groups in a variety of ways … that attest to the staying power of the concept itself” (Gottlieb 1992, cited in Snyder 1993:6).

2.3 ETHNIC IDENTITY AND HISTORY

The identity and history of the Iraqw and Datoga ethnic groups as reported in the available literature are considered here.

2.3.1 Ethnic identity and history of the Iraqw

The Iraqw are sometimes referred to as *‘wambulu’*; Mbulu is a Bantu word referring to a person who says meaningless sounds and words (Hauge 1981:7), and Mbulu is the name of the district in which Haydom is situated, and its administrative centre. The Iraqw are classified linguistically as Cushitic, along with the Gorowa, Alagwea and the Burungi of Tanzania, and southern Cushitic language groups in Ethiopia and northern Kenya. It has been noted that while the Iraqw share many aspects of culture with other groups around them, they are unique in their language in the locality (Finke 2003:446; Thornton 1980:189). “The remote linguistic ancestry shared with the Cushitic peoples of northern Kenya and Ethiopia appears to be paralleled by physical similarities, features which visibly set the Iraqw apart from most of the neighbouring groups in the area where they live” (Rekdal 1999:31). The Iraqw are identifiable by finer facial features including a longer, thinner nose than many Bantu individuals (as shown in figure 9.27). Many Iraqw men are of slight build, of varying height, although a considerable number are of relatively short stature. Many of the women are also of slight build, although some gain weight from the age of about 30 onwards (Martine, M. 2007. Personal interview, 18 November. Haydom). Within Tanzania, the Iraqw are recognisably ‘different’ from other ethnic groups in terms of physical appearance and language, which may have affected their political and economic development.

The highland area of Irqwar Da’aw near to Mbulu is referred to by the Iraqw as their homeland, although it is clearly not their place of origin. Their history is “a fascinating enigma, though the theory that they originally came from Mesopotamia (Iraq, no less) is too simplistic to be likely” (Finke 2003:446). When the Iraqw arrived in Tanzania is not

clear; it may have been before the first millennium BC. It has been suggested that they migrated from Ethiopia, into Kenya and the Rift Valley of Northern Tanzania. Some anthropologists suggest that the settlement in Irqwar Da'aw was begun some 300 to 400 years ago, and migration out of this area did not begin until the late 1800's (Bura 1984:9; Snyder 1993:13-23). According to their own legends, "the Iraqw came from Arabia or from the easternmost parts of Africa. They tell that they have been driven away from these parts by other invading groups from Asia" (Hauge 1981:8).

Many Iraqw have settled in the Mbulu and Hanang districts of Manyara Region. There appears to have been a rapid expansion of the population in the last 75 years, which has been suggested to be related to large family size, successful territorial expansion and a reduction in infanticide, serious diseases and warfare. A large family size results in children inheriting smaller and smaller areas of land on which to farm; this creates the risk of inadequate food production, which increases a child's vulnerability. The Iraqw are traditionally agro-pastoralists, who have developed terracing techniques, crop rotation and use manure from stall-fed cattle (Finke 2003:446; Ng'aida 1975:1-25; Snyder 1993:30,33,202-215; Thornton 1980:2-7).

Rekdal notes that there are no definite criteria by which an individual can be classified as Iraqw or Datoga; clan affiliation does not always 'match' with language spoken and customs followed, and an individual may describe himself as Iraqw in one situation and Datoga in another. "Nevertheless, the vast majority of people in southern Mbulu and Hanang are unambiguously categorised by themselves and by others as being either Iraqw or Datoga" (Rekdal 1999:43).

2.3.2 Ethnic identity and history of the Datoga

The Datoga ethnic group are a Nilotic people, related to southern Nilotic peoples in Kenya. It is thought that they migrated to northern Tanzania about 1 000 years ago, expanded to dominate as far south as Dodoma, but were displaced by the Maasai expansion, perhaps as late as 1840. The Datoga are mainly found in Manyara, Arusha, Dodoma, Singida and Shinyanga regions; they have lost much of their prime grazing land as a result of political decisions and displacement by Iraqw (Huntingford 1953:9,127; Sieff 1995:19-21).

The Datoga ethnic group were traditionally pastoralists whose main livestock were cattle; within the last 60 years there has been a gradual shift to agro-pastoralism as they have started to cultivate crops such as maize and millet (Huntingford 1953:96; Ndagala 1990:51). Many are still recognisable from their facial scarification, pierced and extended earlobes, and dress (as shown in figure 9.28).

The colonial and post-independence Tanzanian authorities stereotyped the Datoga as primitive, barbaric and savage, and tried to do away with their way of life and repeatedly violated their human rights (Blystad & Rekdal 2004:630-631). The Datoga have been seriously affected by 'resettlement', and land and resource loss (Ndagala 1990:60-61; Ndagala 1991:71-82; Sieff 1995:35). "They have become radically marginalised in recent years, and the population is haunted by stigmatisation and negative cultural stereotypes … Barabaig [meaning Datoga] society is today threatened by final dislocation" (Blystad 1992:6). The Datoga have been an economically and politically disadvantaged ethnic group, increasing the risk for child vulnerability.

There is some controversy about the 'correct' name for the Datoga. Sieff reports that the colonial administration had more contact with the Barabaig (sometimes spelled Barbaigw or Barbaig) subgroup of the Datoga, and so the name Barabaig became synonymous with Datoga in some quarters (1995:19). This view is reflected in a recent Tanzania Government report which states that the indigenous ethnic subgroups in Mbulu are "the Iraqw, the Barbaigw (Tatoga) and Hadzabe… History wrongly names the Barbaigw as the Tatoga. Tatoga is the language spoken by the Barbaigw" (United Republic of Tanzania 2005c:7).

Sieff reports that Datoga is the name that this ethnic group call themselves (1995:19), however other ethnic groups refer to them as the Mang'ati, which is derived from the Maasai word meaning 'enemy'. The Sukuma and some other ethnic groups are reported to call the Datoga and their language 'Taturu' (Jenkins 2005b).

The anthropologists Blystad and Rekdal consider the name Datoga to apply to both the language and the ethnic group (2004:629). Anthropological studies suggest that the Barabaig is the largest subgroup of the Datoga (Huntingford 1953:92; Jenkins 2005b; Klima 1970:7; Ndagala 1990:59; Sieff 1995:19).

2.4 POPULATION SIZE OF THE IRAQW AND DATOGA

The Tanzania Census of 1957 reported 193 199 inhabitants of the Mbulu area, of more than 28 different tribal groups. At that time, about 65% of the population (131 463) was of the Iraqw ethnic group, and the next largest group was the Barabaig (the largest sub-group of the Datoga). The Barabaig were then about 14% (27 218) of the total population (Yoneyama 1969:86).

Sieff reports that there were estimated to be between 62 300 and 81 900 Datoga in 1978 (1995:19). By 1990, there was an estimated population total of 50 000 to 100 000 Datogas and 500 000 Iraqws (Rekdal & Blystad 1999:126). In 1996, Lane estimated the Datoga population in Hanang district as being around 30 000, while "the total number in Tanzania is probably several times that number" (Blystad & Rekdal 2004:630). While the World Christian Database estimates that in 2000 there were about 150 000 to 200 000 Datogas, in 2005 it suggests a total population of 87 798 (cited in Jenkins 2005b). Population estimates are shown in table 2.1.

TABLE 2.1: POPULATION ESTIMATES OF IRAQW AND DATOGA ETHNIC GROUPS

YEAR	ETHNIC GROUP	POPULATION ESTIMATE
1957	Iraqw	131 463
1957	Barabaig	27 218
1978	Datoga	62 300 - 81 900
1990	Iraqw	500 000
1990	Datoga	50 000 – 100 000
2005	Datoga	87 798

(Jenkins 2005b; Rekdal & Blystad 1999:126; Sieff 1995:19; Yoneyama 1969:86)

The most recent national census appears to have collected data geographically and not along ethnic lines. While the Iraqw are the dominant ethnic group in Mbulu and Hanang districts, they are also found in large numbers in Babati and Karatu districts, while many of the Datoga live in Babati district (shown in figure 1.3). The annual population growth in Manyara region between 1988 and 2002 was reported to be 3.8%. It is difficult to estimate the numbers of the ethnic groups as there are many other ethnic groups represented in these districts, and some Iraqw and Datoga also live in other districts

and regions of the country. The Datoga are said to have dispersed more widely than the Iraqw, and may be found in Morogoro, Singida, Dodoma and Tanga regions. In 2002, the district populations where Iraqw and Datoga are found in large numbers (but are not the only ethnic groups) was a total of 924 462, shown in table 2.2.

TABLE 2.2: POPULATION ESTIMATES FOR TANZANIAN DISTRICTS WHERE IRAQW AND DATOGA ARE FOUND IN LARGE NUMBERS, 2002

DISTRICT	**REGION**	**ESTIMATED POPULATION**
Mbulu	Manyara	237 882
Hanang	Manyara	205 133
Babati	Manyara	303 013
Karatu	Arusha	178 434
Total of 4 districts		**924 462**

(United Republic of Tanzania 2003a:39,171-176)

In the context of Tanzania's total population of 34 569 232 (according to the national census of 2002), the Iraqw and Datoga are ethnic minorities; being minority groups may have a negative impact on political decisions affecting their development.

2.5 ORGANISATION OF IRAQW AND DATOGA SOCIETY

There are some reported differences between the traditional organisation of Iraqw and Datoga society.

2.5.1 Organisation of Iraqw society

The number of patrilineal Iraqw clans has been estimated at more than a hundred (Simon 2002:24) and one hundred and fifty (Rekdal 1999:31). They are strictly exogamous, which means that they may not marry anyone from the same clan. While "spatial categories appear to be *relatively* important when the organising principles of Iraqw society are compared with those of other peoples in the area … kinship ties and kinship ideology played important roles in people's daily and ritual lives" (Rekdal 1999:32-33). The extended family ties are an important 'safety net' for the care of vulnerable children such as orphans (Foster 2000:56-59).

Community decisions involve mobilising the relevant clan elders, youth or women, to meet together. Issues are resolved through debate and efforts to reach consensus. This community meeting can impose sanctions which range from a small fine to a formal curse (Rekdal 1999:35-36). While clans and extended families are very important in Haydom village, neighbourhood groups are also important especially in situations of distress (Martine, M. 2007. Personal interview, 18 November. Haydom). Residents of Haydom are organised into 'ten-house' cells under the village government system, as described in section 1.2.5, although there are currently more than the original ten houses in each group.

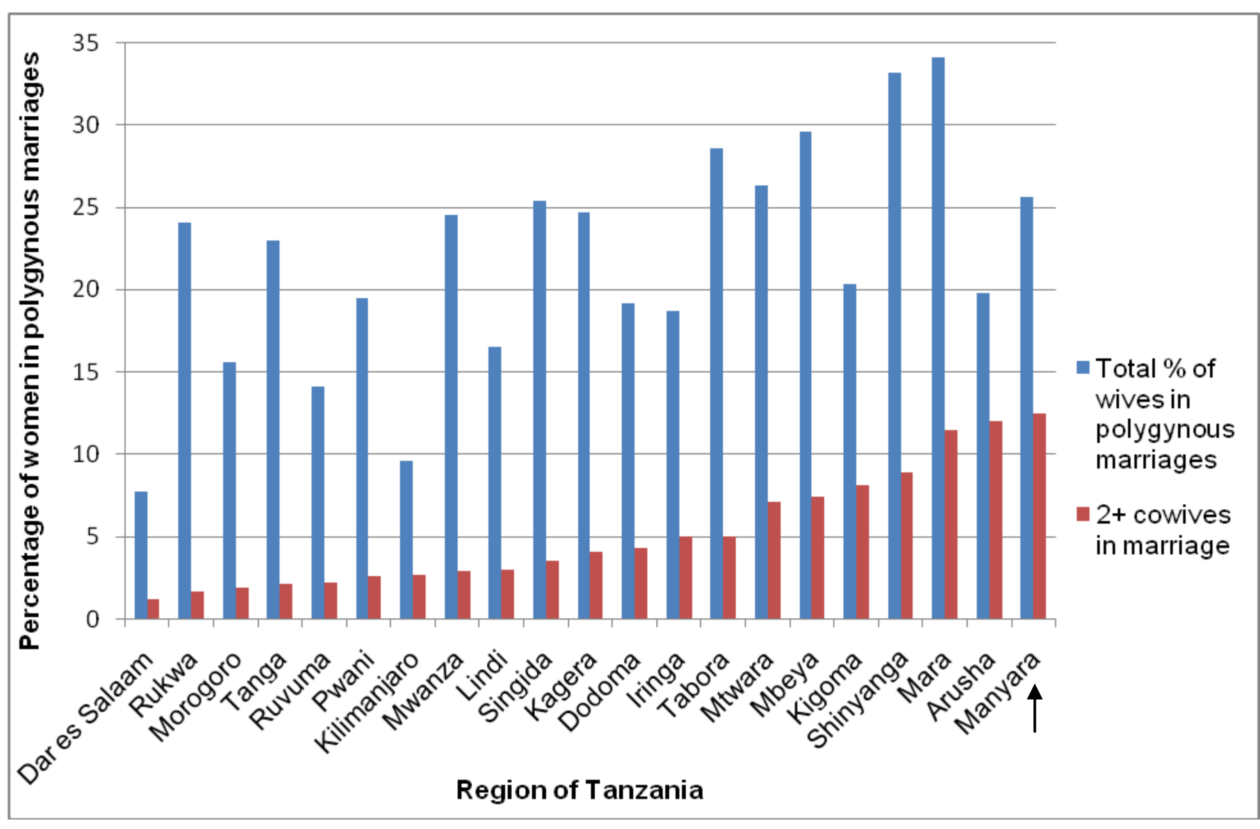
The Iraqw house "is quite independent of its neighbours. This independence is emphasized by many Iraqw as a distinctive feature of their way of life. It is different, for example, from their Bantu-speaking neighbours who build in villages and share the produce of the fields, or of the Masai who build their shelters in fenced and defensible circles" (Thornton 1980:32). Snyder observes that neighbours cooperated in farm work and house building, and reports an Iraqw saying as being "the death of a family member who lives at a distance is better than the death of your neighbour" which is particularly applicable in an isolated rural setting (1993:35). In Haydom village, it seems that Iraqw adults do not regularly visit each other's homes socially, although close friendships are important to them, and young people visit each other. Social interaction for adults was traditionally for men's beer drinking sessions or women's meetings, and these days, occurs in large groups at special occasions such as weddings and confirmation parties (Elkana, E. 2007. Personal interview, 27 January. Haydom; Masuja, J. 2006. Personal interview, 10 November. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom).

In traditional Iraqw culture, "the house, *do'*, defines a group of people by virtue of their living in one place … It may include, together with biologically related family, numbers of adopted children, or children acquired in exchange for maize during famine years (if the family is well off). Each household group is an independent unit of production, consumption and trade" (Thornton 1980:251). A traditional Iraqw *'tembe' house* is a flat, low roofed structure which may be dug into the ground or the hillside, and these are common in the rural areas close to Haydom (as shown in figure 9.8), together with taller round or square grass roofed structures known as *'kambi',* which are constructed with wooden supporting posts, interlacing sticks filled in with mud, and grass roofs (as shown

in figure 9.7). In Haydom village, many houses are built from bricks (often with mud in between) with corrugated iron roofs (as shown in figure 9.6), although houses of the poor are of the *'kambi'* type (Martine, M. 2007. Personal interview, 18 November. Haydom).

Iraqw society is male and adult dominated, and an Iraqw wife is expected to be deferential and obedient to her mother in law, and not uncommonly lives close to her. The expectations of deference and obedience may be fulfilled, or may be one cause of family tensions (Snyder 1993:135-137). During data collection in this study, it was noted that when an Iraqw husband and wife were present at the time of interview, the wife would be reluctant to speak; when a question was directed to her she would answer briefly and defer to her husband for his opinion. If an Iraqw woman was interviewed without her husband present, she would be more forthcoming (Personal experience 2008). While Iraqw women have a reputation for being more passive than Datoga women, they have been known to occasionally organise protests against local injustices (Klima 1966:12-19). Roles and behaviour of Iraqw men and women are clearly differentiated, for example, Iraqw women have the main responsibility for fetching provisions such as water and firewood (as shown in figures 9.27, 9.29 and 9.30); it is rare to see an Iraqw man carrying anything on his head. Women are responsible for providing child care, cooking (as shown in figures 9.1 and 9.31) and running the home. They are more likely than their men folk to give priority to issues such as children's needs and vulnerabilities. In this male dominated society where men make decisions about household resource allocation, there is the risk that children's needs may not be prioritised, especially if the father of the house is not open to advice from his womenfolk, or abuses alcohol. This is likely to impact on vulnerable children in economically poor households. When maternal orphans remain with their father, some needs, such as for clothes, may not be met (Martine, M. 2007. Personal interview, 18 November. Haydom).

The anthropologist Hauge notes that the Iraqw practised polygyny (one man with more than one wife) with a patrilinear kinship, men often having two wives but sometimes three or more, as shown in figure 2.1. A man's social standing and respect were said to increase in proportion to the number of his children (Hauge 1981:9-11). Polygyny is still practised amongst the Iraqw (Elkana, E. 2007. Personal interview, 27 January. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom). The possible impact of polygyny is discussed below.



United Republic of Tanzania, NBS and ORC Macro. 2005:99

Figure 2.1 Women in polygynous households in regions of Tanzania, 2004

Attendance at funerals is considered an important social obligation with large numbers of people attending some funerals. Weddings may also be large social gatherings; "[w]edding celebrations display wider tensions in Iraqw society between elders and juniors, men and women, and in a most pronounced way, between Christians and non-Christians" (Snyder 1993:137).

2.5.2 Organisation of Datoga society

There are about 60 Barabaig clans, the Barabaig being the largest subgroup of the Datoga ethnic group. Each Barabaig clan is said to have up to several hundred members, and the dispersal of clan members has resulted in community leadership operating on neighbourhood lines (Klima 1970:80-4). "Each neighbourhood group is a separate ritual congregation with regard to the performance of collective ritual action" (Klima 1970:87). Anthropologists vary in their reports of 'sections' or 'sub-tribes' within the Datoga ethnic group; Kjaerby (1976) reports only eight 'sections' retaining their original identity and considerable assimilation of others by neighbouring groups, while Tomikawa (1979) reports thirteen 'sections' (cited in Ndagala 1990:59).

Datoga society is male dominated, although Datoga women have a ‘wives meeting’ which is able to enforce sanctions against men who threaten their well-being or procreation. Datoga women also have status as mediators between humans and the ancestral spirits (Blystad 1999:187-188). Although the Datoga have been described as patrilineal with a strong ‘warrior’ tradition and male domination of social and political life, “women are central actors in Datoga political and religious life” (Blystad & Rekdal 2004:630).

Various cultural practices and beliefs may have a particular impact on vulnerable children. These include polygyny which was so widely practised in the Datoga culture that a study in the Eyasi region in 1992 found married men to have an average of 3.7 wives over their lifetimes (data on polygyny are shown in figure 2.1) (Borgerhoff Mulder 1992, cited in Sieff 1995:27). Polygyny is still widely practised amongst the Datoga (Elkana, E. 2007. Personal interview, 27 January. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom).

Figure 2.1 shows that although Manyara region has the 6th highest rate of polygyny in Tanzania, it has the highest rate of women reporting 2 or more co-wives. It is reported that women and children of Iraqw polygynous families usually live in different locations and are visited by the husband, whereas Datoga polygynous families are likely to live in one household. This contributes to the greater likelihood of a maternal orphan being cared for by a co-wife in case of the Datoga compared to the Iraqw. Polygyny might impact on children negatively, for example, if a husband decides to give preferential treatment to one wife and her children, another wife and children may be neglected. Polygyny is also likely to result in large families with the risk of economic deprivation. While orphanhood may relate only to the death of a biological parent, polygyny may affect the local understanding of the term ‘orphan’ and possible care options. (Martine, M. 2007. Personal interview, 18 November. Haydom; Naman, E. 2009. Personal interview, 1 July. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom).

Traditionally, the Datoga lived in semi-permanent homesteads occupied by a family group of a married man (the head of the household), his wives and children (Sieff 1995:21-27), although family members from different generational groups might live together in one homestead (Blystad 1992:51). A collection of eight to fifteen Barabaig

homesteads were traditionally grouped together, and “[t]he members of the homesteads which belong to a certain neighbourhood have continuous contact and both men and women gather frequently for informal chatting or for more formal social, political, economic or religious activity” (Blystad 1992:53).

While Datoga cherish the ideal of peaceful cooperation between a man and his wife or wives, conflicts and violent outbursts have been noted to occur commonly in Datoga households, with a man ‘punishing’ a wife who has not fulfilled her obligations (Blystad & Rekdal 2004:637).

Datoga have been found to be heterogeneous in respect to economic status; one researcher notes that “[p]reliminary analysis from this study [of the Datoga lifestyle] shows sharp wealth differentials among families … indications are that the present is not entirely atypical of the pre-colonial situation” (Borgerhoff Mulder 1991:186).

2.6 HEALTH BELIEFS AND HEALTH SEEKING BEHAVIOUR IN HAYDOM

Section 1.2.6 of this study outlined the health facilities available to Haydom residents which include ‘Western’ and ‘traditional’ options. The traditional healers practising may be categorised as diviners, herbalists and local healers. The diviners specialise in the use of different means to diagnose a patient’s problems, such as ‘counting stones’, ‘spitting’, and night time séances. Herbalists sell powdered medicines from natural sources. Local healers differentiate between ‘illnesses of God’ where there is believed to be no supernatural cause, and ‘illnesses of people’ where witchcraft or some other sinister intervention is believed to have taken place (Vaga 2004:45-49). The majority of local traditional healers are herbalist, some of whom claim to be able to cure HIV infection (Naman, E. 2009. Personal interview, 1 July. Haydom).

It has been found that “many patients use treatment from both health sectors [professional and traditional] at one and the same time, and shuttle back and forth between the treatment options” (Vaga 2004:52). The factors affecting health seeking behaviour are complex, but appear to be variably affected by factors including economy, distance from healer or facility, educational status of those involved in decision making, as well as diverse cultural, religious and social factors (Vaga 2004:52-65). While Mbulu district residents appear to use healers from their own ethnic groups, they also value healers from other ethnic groups (Blystad & Rekdal 2004:631).

Some traditional beliefs (such as that epilepsy is caused by supernatural forces) and poverty may increase some children’s level of vulnerability if they do not have access to appropriate health services (Martine, M. 2007. Personal interview, 18 November. Haydom).

2.7 IRAQW AND DATOGA TRADITIONAL DRESS

Traditional dress varied between the Iraqw and Datoga ethnic groups, and the Datoga are commonly seen to continue using traditional dress.

2.7.1 Iraqw traditional dress

Traditional dress of the male Iraqw was a piece of leather hung over one shoulder. A piece of woven cloth, sold under the name of a ‘Maasai blanket’ (*‘mgorori’*; often of a red colour), worn over European style shorts or trousers and shirts (usually from a second hand clothes stall), has replaced this (as shown in figures 9.32 and 9.33). Iraqw and Datoga men often carry a wooden stick which is wide at the upper end; this is carried when walking, dancing and even when riding a bicycle.

Traditionally, Iraqw women had leather skirts decorated with beads (Huntingford 1953:131). Most Iraqw women now wear European style dresses or skirts obtained from second hand clothes stalls, covered with a piece of light cotton cloth, called a *kanga*, from the waist down, when doing any manual work. They add a matching piece of *kanga* around the upper part of the body if the weather is cool, when going visiting, and for more formal occasions such as funerals (as shown in figure 9.34) (William, P. 2007. Personal interview, 12 December. Haydom).

2.7.2 Datoga traditional dress

Traditional dress for Datoga men and women is commonly seen in and around Haydom, especially in the rural areas. Men wear a ‘Maasai blanket’, often of a red colour, around their shoulders over short trousers and a shirt, and carry a stick with a widened end (as shown in figures 9.35 to 9.38). Women traditionally wear a leather cape, or a piece of woven cloth, often of a red colour. Married women are distinguished by a special skirt made of thin strips of leather. Women are often adorned with metal neck, arm, ear and ankle ornaments, and beads may be sewn on to clothes or worn as decoration (as shown in figures 9.38 and 9.39) (Blystad 1992:70; Blystad & Rekdal 2004:630; Huntingford 1953:101; Jenkins 2005a; Klima 1970:8-9).

2.8 VALUES OF THE IRAQW AND DATOGA

Iraqw moral ideology involves the belief that “consensus, unity and goodwill are necessary for the health and fertility of the community and the land” (Snyder 1993:4,310). When conflicts occur, meetings are held to discuss the problem, and if the differences are irreconcilable, a state of ‘formalised enmity’ may occur, and a curse may be pronounced (Snyder 1993:222-236). The Iraqw are reported to “abhor violence and constantly preach the virtues of peaceful interaction amongst themselves”, and have been said to adhere to this philosophy in practice, although they would be willing to fight courageously in self-defence or in defence of their livestock (Snyder 1993:311-312; Winter 1978:56). If a child is judged to have misbehaved, he or she will be warned and / or physically punished; physical punishment of children by parents and school teachers is common. Perceived injustices also arise, such as when a child is beaten by a drunk adult or by a teacher who has a grudge against the child’s father. Physical abuse of wives is reported to be common amongst Iraqw and Datoga families (Elkana E. 2007. Personal interview, 20 January. Haydom; Martine, M. 2007. Personal interview, 18 November. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom). A community’s views and practices concerning physical abuse and punishment may impact on the local understanding of the term ‘abuse’ which may be a factor in child vulnerability.

Communal pastures, community work parties and cattle loans appear to reflect the belief in the importance of peaceful interaction, although loans and competition for pasturage are sources of tension. When communal assistance based on shared kinship and ethnic background are emphasised by leaders, this may be beneficial to economically deprived Iraqw, although wealthier members of the community can feel burdened (Snyder 1993:93-5). The issue of who has the authority to decide on responsibilities within the community may have a direct impact on the care of some vulnerable children.

States of ‘pollution’ occurred following delivery of a stillborn or illegitimate baby, the death of a neonate or a husband, which required prescribed ritual activities and separation of the affected persons to end the state of ‘pollution’. It was considered to be a serious pollution for a daughter to give birth to a child within her parents’ house. In former times this encouraged the practice of Iraqw children settling in a location considerably distant to their parents (Snyder 1993:174-201). The traditional Iraqw

pollution beliefs do not appear to be rigidly adhered to these days, and in Haydom village many parents live in the same compound or close to their adult children (Elkana, E. 2007. Personal interview, 20 January. Haydom).

Codes of behaviour for the Iraqw include avoiding pregnancy outside marriage, avoiding injuring another individual, and avoiding discussion of any matter pertaining to sex, however indirect, with people of other generations or of the other gender (Snyder 1993:215-221,239). This may be a barrier to disseminating HIV/AIDS education; HIV/AIDS is a growing threat to the community and has many adverse effects on children. Societal disapproval of illegitimacy may have an impact on some children.

Iraqw view wealth as cultivated fields and livestock; Datoga view wealth as cattle. The Datoga are said to cherish their cows above all their possessions, which reflects their dependence on them for many aspects of survival such as food (milk being a staple of the diet), clothes (of leather), and house building (using cow dung) (Klima 1970:10-13). Some Datoga parents value the traditional pastoralist lifestyle to the extent that they have obstructed their children's entry into schools (Blystad 2000:235-236; Jenkins 2005a). This means that some children have not had their right to education respected.

Traditionally the Datoga have considerable respect for the dying, as the dead are believed to become guardian spirits. However, they fear corpses; those in contact with the dead, or who have had a miscarriage, have restricted contact with others for prolonged periods. 'Ordinary' people may be buried in the living compound, but every year, a small number of revered elders are buried in grand communal funerals in large cone-shaped mounds (Blystad & Rekdal 2004:637).

It has been observed that Datoga value their migrating pastoral lifestyle, their traditional dances and dress, and their councils (including the 'open meeting', 'clan meeting', 'youth meeting', 'married women's meeting'), beer drinks, and festivals when honey mead is consumed (Blystad & Rekdal 2004:630-6; Wilson 1952:39,46-7). These meetings appear to no longer occur in Haydom village; cross-cultural groups are called together to meet when a community crisis arises, such as a child getting lost, as noted in section 1.2.5 (William, P. 2007. Personal interview, 12 December. Haydom).

2.9 SPIRITUAL BELIEFS

Both the Iraqw and Datoga have the traditional religious belief in ancestral spirits and also in a high god, who affects life but is distant from people. The Iraqw ancestral spirits are believed to be able to produce problems for the living, and sacrifices were made to appease them, although they do not appear to have the significance that is accorded them by the Datoga (Rekdal & Blystad 1999:139-145).

In traditional Iraqw society, illness and misfortune were considered to be payment for wrong doing against Loa (the omnipotent, benevolent, female sun deity), the ancestral spirits, other people or breach of a taboo, the malicious activities of ‘evil medicine men or women’, or the malevolent influence of Netlang’w (the male, evil deity who lives in water). Loa was appealed to in prayer to maintain health and prosperity, or counter adversity, and traditional medicine men were called upon to divine the cause of an illness by throwing bones or shells and prescribe rituals and sacrifices (Hauge 1981:11-20). While Thornton reports that Iraqw rarely practice witchcraft, this view is challenged by Snyder, who suggests that the incidence of the practice may have increased in the period between their studies (Ng’aida 1975:1-25; Snyder 1993:30,33,202-215; Thornton 1980:2-7).

Christianity has been present in the area for over a century. “Christianity first entered Iraqw society in the late 19th century with the arrival of the Germans. Since that time, the most powerful religion in Mbulu District has been Catholicism … All Christian churches denounce much of indigenous Iraqw religion as the work of the devil” (Snyder 1993:170). An Iraqw Bible has been available for several years.

It has been noted that Iraqw dominated areas have been relatively slow to convert to Christianity, and Islam is almost entirely restricted to immigrants in the area. The percentage of Iraqw primarily attached to traditional religion has been estimated as 88% (in 1957), 90% (in 1979) and 80% (in 1981), while a localised village survey in 1993 suggested a rate of 60% (Rekdal 1999:39). “Although many younger people denounce the ways of their parents and grandparents, and draw upon Christian doctrine to reinforce their position, it remains difficult to revolt completely against traditional taboos regarding, for example, marriage rules, or pollution, because elders still have control over land and livestock resources … ostracism is a powerful weapon against those who do not conform to what is considered acceptable behaviour” (Snyder 1993:173). Simon

relates various case histories to illustrate that amongst the Iraqw, "people not only practice modern religion (Christianity) but also they have not detached from traditional beliefs. Practising Christianity and traditional religion in the area is therefore not mutually exclusive" (2002:67).

The Datoga deity is Aseeta, "an androgynous, powerful, and inherently good deity, invested with immense creative potential" (Blystad & Rekdal 2004:630) who can be communicated with by the mediation of ancestral spirits. These ancestral spirits talk to diviners, are appealed to in prayer, and can bless or punish (Rekdal & Blystad 1999:139-145). The majority of Datoga maintain animistic beliefs and practices, and respect ancestors. They are said to practice divination, rain-making, witchcraft and sorcery. About 1% of Datoga are thought to be Christian (Jenkins 2005a). A Datoga Bible is currently in preparation.

Many Iraqw and Datoga in the urban part of Haydom village are now practising Christians; the Lutheran church (as shown in figure 9.40) has the largest membership, while the Catholic church is also well attended and there are several smaller churches of other denominations, some of which are Pentecostal. The churches appear to be important and influential institutions in the village, and have helped in food distribution in times of famine. They preach the importance of helping others less fortunate than oneself, although there is currently only one small-scale organised programme to assist vulnerable individuals in society (as discussed in section 1.2.8) (Elkana, E. 2007. Personal interview, 27 January. Haydom; Martine, M. 2007. Personal interview, 18 November. Haydom; Nade, J. 2007. Personal interview, 14 October. Haydom).

2.10 BEHAVIOUR STEREOTYPES OF THE IRAQW AND DATOGA ETHNIC GROUPS

In the colonial era, Iraqw and Datoga were considered by the administration of the time as "docile and peaceful agropastoralists and aggressive pastoralists" respectively, and the Datoga faced public execution, arbitrary imprisonment and discrimination in resource allocation (Rekdal & Blystad 1999:128).

Some of the other ethnic groups in Tanzania have tended to consider the Iraqw and Datoga as 'backward' or 'primitive', and have commented on their perceived resistance to education and development. Being considered to be 'different' from other ethnic

groups has probably impacted negatively on their economic development, and thereby increased poverty levels with subsequent risk to children. “Neighbouring peoples tend to classify the Iraqw, together with other ‘conservative’ peoples like the Maasai or the Datooga, as *watu wa kabila,* literally ‘tribal people’ … At the same time, Iraqw society has been characterised by profound changes throughout the last century, and the study of those changes seems to reveal a remarkable degree of adaptability and flexibility” (Rekdal 1996:381).

The Iraqw have been described as generally conservative, fatalistic and not proactive in dealing with problems; this may relate to Yoneyama’s observation that “all misfortunes and troubles are thought to be caused by some supernatural power or being” (1969:111). This has implications when considering how to identify and assist vulnerable children. They have also been described as loyal, honest and faithful, slow to share their feelings, but generous to others in adversity (Harri 1989:6; Yoneyama 1969:77). Snyder has concurred that the Iraqw are relatively secretive about their affairs, especially with outsiders, preferring to use curses or diviners to obtain justice rather than open confrontation (1993:31). A cultural group that is not willing to disclose information may pose a challenge to needs assessments and research; this may have a negative impact on vulnerable children. However, they may be providing support and care for vulnerable children without making it obvious. This ‘secretive’ characteristic is contrasted with the behaviour of Datoga informants. Rekdal and Blystad note that “[i]t was our almost daily experience that Datooga would share large and small events with us, talking openly about their thoughts and frequently their longings, worries, fears and pain. In contrast to this, even after years of acquaintance, many Iraqw would talk to us only after thoroughly questioning us about our motives and only after being reassured that no one, neither Iraqw or Datooga, was listening” (1999:131). These observations were noted by the researcher when planning the methodology of the current study, and may affect planning and implementation of strategies to help vulnerable children.

The Datoga have been renowned for their bravery in repelling Maasai attacks (the Maasai being their long-term enemies), and have been branded as a primitive, fierce, uncontrollable and dangerous people. Great prestige was accorded to a young man who had killed a dangerous animal, and in former years, a man of another tribe (Blystad 1992:88-95; Borgerhoff Mulder 1991:183-5; Faust 1969:1-7; Klima 1970:58-62; Pike & Patil 2006:300). While the stereotype of an aggressive, war-loving and even murderous

Datoga has been perpetrated (Setreus 1991:9-13), it has also been argued that "the inter-ethnic clashes are largely of extraneous origin; the Maasai expansion, German colonialism, Iraqw expansion, large-scale wheat farming" (Setreus 1991:19).

'Historical' stereotypes suggest significant differences between the Iraqw and Datoga ethnic groups. Pike and Patil suggest that "[t]his area of Tanzania is remote ... and is undergoing dramatic social and economic changes. Iraqw and Datoga reside in close proximity and often intermarry but have different cultural and subsistence responses to this rapid social change" (2006:299). Pike and Patil found some differences between the responses of Iraqw and Datoga women in relation to reported psycho-social health; cultural, linguistic and economic differences between the two groups were considered to be possible factors that affected the responses (2006:299-330).

2.11 RELATIONSHIP BETWEEN THE DATOGA AND IRAQW ETHNIC GROUPS

The two ethnic groups in Haydom with the greatest affinity are the Iraqw and Datoga (Snyder 1993:23), to the extent that "[s]ometimes, Datoga people may live with the Iraqw and they are considered another lineage, rather than members of a different tribe" (Yoneyama 1970:97). The Iraqw and the Barabaig have interacted to the extent that some consider that they now have core cultural features in common (Blystad 1992:5). For example, in a study of the Datoga in a village in Mbulu District, Tomikawa (1979:26) notes that "for joint defense against the Maasai, therefore, the Iraqw followed the war rituals of the Datoga. The latter, on the other hand, have adopted an Iraqw custom called *mitimani* [in Swahili; in Iraqw *meeta*], according to which anyone who has come into contact with death … is considered impure and must keep away from the house for a certain period. The Datoga call this taboo *mitida,* and by observing it are able to maintain relations with Iraqw families. If they leave Mangola to live, for example, in Sukuma, they do not continue to practise it" (1979:26).

The mixing of the Iraqw and Datoga has blurred the distinction between the two groups so that "[t]hese ethnic labels thus increasingly appear as flexible categories, internally ambiguous and contradictory and open to strategic manipulation", for example, an individual may introduce himself with a different ethnic label in different situations (Rekdal & Blystad 1999:130). This use of different ethnic labels may not really be 'dishonest' given that intermarriage between the Datoga and the Iraqw is common

(Ndagala 1990:59). Reasons for intermarriage may be different in the two ethnic groups; it is suggested that relatively undesirable Datoga men sought Iraqw wives in order to have children and to gain cultivating skills, while relatively successful Iraqw sought Datoga wives to increase their access to grazing land (Rekdal & Blystad 1999:137).

While these two ethnic groups consider each other to be allies, there are areas of tension, for example relating to appropriation of former Datoga land by Iraqws, which has caused some Datogas to refer to Iraqws as 'annoying weeds', and Datogas blame Iraqws for introducing witchcraft into the area (Rekdal & Blystad 1999:133,135). Conversely, it is reported that some Iraqws consider that Datogas are indiscreet and impulsive, while they consider themselves to be careful and inventive (Rekdal & Blystad 1999:132-3). "The quiet comments about the other's dubious or evil traits and mischief in one context, however, are substituted by open demonstrations of friendship and brotherhood in other contexts. While conflict and controversy continue to go hand in hand with comradeship and cooperation, the crux of the problem is visibly apparent to everyone: Iraqw are taking over Datooga land" (Rekdal & Blystad 1999:138). The friendly and at times blurred relationship between these two ethnic groups with areas of tension, raises questions related to cooperation on communal societal problems such as care of vulnerable children.

2.12 USE OF ALCOHOL IN HAYDOM VILLAGE

The Iraqw have traditionally used a variety of alcoholic drinks, of which sorghum beer is the most common. This was traditionally used following activities such as house building or harvesting in which many members of a community may have helped. Alcoholic drinks were used as offerings to ancestral spirits, and at initiation ceremonies; they may be made and sold as a source of income (Fukui 1970:127-141). The traditional sorghum beer was used in a ritualised way, as an expression of solidarity or reconciliation, and the emphasis was on participation and not on intoxication (Simon 2002:43-62). An Iraqw anthropologist claims that in the Iraqw people "[m]igration and urbanisation, monetisation of traditional brews, and the introduction of new types of beverages containing alcohol have all reduced the regulating power of traditional norms and values … leaving a scenario where uncontrolled consumption of alcohol beverages has become a serious problem for society in general, and in relation to the spread of HIV in particular" (Simon 2002:43). Excessive use of alcohol amongst men and women is a recognised problem amongst the Iraqw people (Meindertsma & Kessler 1997, cited in

Simon 2002:50), and an increasing use of illegal locally brewed spirits with a high concentration of alcohol has been noted (Simon 2002:55-60).

For the Datoga, dancing and brewing of honey beer is associated with special occasions such as funerals (Blystad 1992:113; Klima 1970:56,102). “With the tremendous transformations taking place in Datoga communities, not the least with the increase in contact with outside peoples who brew a large variety of brews on which there is no customary restrictions, the consumption of alcohol has increased substantially” (Blystad & Rekdal 2004:636).

The growing problem of alcohol abuse in all the ethnic groups of Haydom village and surrounding areas has been noted by the mental health clinic of HLH (HLH 2005a:9) as well as by anthropologists (Blystad & Rekdal 2004:636; Patil 2004:197). Increased use of ‘*bangi’*, which is a locally available type of marijuana, has also been reported (Oyasaeter & Eilertsen 2006:35). Marijuana and alcohol appear to be the currently reported addictive substances commonly used in Haydom. It is said that parents who abuse alcohol may sell maize intended for family food in order to buy alcohol. Children may then go hungry, and also be deprived of clothes and school fees; they may face family violence (Martine, M. 2007. Personal interview, 18 November. Haydom).

2.13 VIEWS ON SEXUAL RELATIONS AND ILLEGITIMACY

Unmarried mothers in the traditional Iraqw culture were ostracised (Snyder 1993:185-193). Bura reports that “the boys and girls who come of age are taught by their seniors about the technique of coitus interruptus … if a girl becomes pregnant before marriage, she cannot be allowed to deliver in her father’s house because it is a taboo” (1984:49), and she is considered to be a source of pollution. The traditional practice was to marry off an unmarried pregnant girl as soon as possible, or leave her in a small hut in the bush to deliver alone (Bura 1984:49-51), or in a small house at the far edge of the family’s lands where food would be brought periodically (Elkana, E. 2007. Personal interview, 27 January. Haydom). Some unmarried pregnant women move to towns or special guesthouses; in this situation, away from their family, there is a risk of running short of money and entering into commercial sex (Simon 2002:47-48). Illegitimate Iraqw children were not entitled to any inheritance of land (Snyder 1993:191); this would leave them disadvantaged and make the transition to independent adult life difficult.

The Datoga traditionally condemned pregnancy out of wedlock (Blystad 1995:90-92). It is reported that “a child born to unmarried parents can suffer severe hardship, since he or she will lack not only a legitimate father from whom to gain a clan name, but also a category of relatives from whom to receive gifts of cattle, protection and support. The elaborate ritual impurity customs related to premarital pregnancies and births are greatly feared … [with] long-term isolation for the mother and her child in a special hut” (Olsen 2002:122). Thus the illegitimate Datoga child was highly disadvantaged and vulnerable, and would have many obstacles to becoming an independent adult.

In traditional Datoga culture, it is acceptable to have sexual relations with specified people other than one’s spouse. It has been reported that while many marriages lack warmth, sexual relationships between a woman and her husband’s younger brother are common, and may have a romantic element not present in the marriage relationship. This puts the Datoga at high risk of HIV infection (Blystad 1995:92-94), which in turn affects the well-being of children by depleting family resources while paying for health care as well as producing orphans.

2.14 ATTITUDE TO CHILDREN

The Iraqw appear to value fertility, and see children as ‘wealth’ or assets of the household or clan (Snyder 1993:99). It is reported that in Mbulu and Hanang districts, “[c]hildren are associated with status, security, creation of a workforce, and the meaning of life itself” (Olsen 2002:120). Many Iraqw women aged 50 years or more have given birth to more than ten children, although current wishes for family size appear to be affected by various factors, notably level of education. Thornton reports that in traditional Iraqw culture, children born with serious defects or delivered abnormally, such as a breech delivery, were placed on the threshold of the hut and cattle driven over them to kill them (1980:40). Although neglect of illegitimate children was the norm, there appears to be some change in thinking; some families now say that ‘a child is a child’, meaning that all children have the right to have their needs met. The outcome for an illegitimate child may depend on whether the child’s biological father marries the mother or not, or whether grandparents care for the child (Elkana, E. 2007. Personal interview, 27 January. Haydom; Martine, M. 2007. Personal interview, 18 November. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom). It is possible that discrimination against handicapped and illegitimate children might still occur in Iraqw society.

Fostering is seen to occur in Iraqw society. A childless couple may have a request granted to look after a child from the extended family, or rarely from outside the extended family. The fate of double orphans is decided after the funeral of the second parent; the family allocates responsibilities either to paternal relatives or to maternal and paternal relatives following discussion and general consensus, and allocated responsibilities are expected to be carried out. If problems with this allocation arise later, changes may be made. Handicapped children would be hard to allocate. This may relate to fear associated with handicaps (discussed below), or to the lack of later 'compensation' in terms of help with the family workload that is normally expected of children. The risk of preferential treatment of biological children exists when foster children are taken into a family. Neighbours and friends are not expected to take responsibility, although if an offer of help was made from outside the family, it would be considered by the extended family (Martine, M. 2007. Personal interview, 18 November. Haydom; Naman, E. 2006. Personal interview, 12 July. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom). Related fostering appears to be an important strategy option for vulnerable children.

As noted above, in traditional Datoga society, the illegitimate child was considered to be clanless. Moreover, "[a]doption of Barabaig by Barabaig is not practised. But there is a system of adoption of foreigners into the clan and tribe" including Nyaturu who had been enlisted to help with herding, whose employers treated them as their own children, for example, by providing cattle for bride wealth (Huntingford 1953:98-99). Klima reports that a high mortality rate in Barabaig children necessitated "the institution of sale and adoption of children from neighbouring tribes" (1970:48). This unwillingness of Datoga to foster Datoga is still reported to be a feature of the culture, and fostering of a handicapped child would be considered highly unusual in Datoga culture. An orphan would be cared for by a relative allocated for the task, but not by a neighbour (Lohay, Z. 2006. Personal interview, 3 December. Haydom; Nade, J. 2006. Personal interview, 10 December. Haydom; Nuwass, Y. 2007. Personal interview, 17 November. Haydom).

Children are valued by the Datoga, indeed it is suggested that "Datoga men and women intensely desire children" (Blystad & Rekdal 2004:632). Children born outside marriage are considered the property of the mother's father. Child fostering in which a child is transferred to the care of a woman other than his natural mother, has been observed in Datoga families, for example, as company and help for a widowed grandmother, to

obtain extra help with herding, or if a family is too poor to feed a child they may allow him to be fostered by a wealthier family, who benefit from the child's labour (Sieff 1995:21-27). A childless couple will often be given a child or two by relatives who have many children (Blystad & Rekdal 2004:633).

It has been noted that school attendance in Datoga is low, as a result of Datoga fathers valuing the traditional pastoralist lifestyle above education (Blystad & Rekdal 2004:630). It has been reported that there is a fear of having a handicapped child amongst Datoga women, particularly if the child has a skeletal abnormality, such as lacking fingers, toes or a limb (Blystad 2000:121; Blystad & Rekdal 2004:632; Klima 1970:46-7). This relates to the belief that semen is responsible for bone formation, and that poor semen results in bony abnormalities. "Such handicaps have caused expulsions and fear of infants as well as of adults throughout the known history of Datoga" (Blystad & Rekdal 2004:632), with handicapped babies being left out in the bush to die (Elkana, E. 2007. Personal interview, 27 January. Haydom). Klima noted that blind Datoga children were largely restricted to the kraal and a small area outside the gate (1970:52), and Blystad and Rekdal report that deafness, dumbness or blindness were not feared (2004:632). Datoga children have been traditionally expected to help with household chores and herding animals; "[b]y the time a girl reaches four or five years of age, she is engaged in productive domestic labour" (Klima 1970:54). In her study, Sieff found that Datoga children as young as four years old herd adult cattle close to home during the rainy season, and even three year old children look after calves and small stock (1995:194). It has been repeatedly reported that some Datoga families resist education, which has impacted on their children (Blystad 2000:235-236; Jenkins 2005a). Datoga handicapped children may risk discrimination, and Datoga children may perhaps risk educational deprivation.

The visitor to Haydom will notice some children who are clean and well-dressed (as shown in figure 9.6) and many who are not (as shown in figure 9.41). Children are commonly seen in groups, rarely attended by an adult (as shown in figure 9.42). While groups of children may be seen playing, they are also expected to help with growing crops, running errands, helping with household duties and herding (as shown in figures 9.21 to 9.25).

2.15 SOCIETAL CHANGE

Cultures are not static; this is illustrated in figure 9.43 which is of a wedding in Haydom in 2006. The bridegroom's father is Datoga and his mother is Iraqw, and the styles of dress used at the wedding varied from local traditional to European. The anthropologist Snyder describes the mixing of 'modern' and 'traditional' practices related to Iraqw wedding ceremonies, and suggests that "[p]arents and kin want to incorporate the new couple more fully into their web of obligations ... while young couples prefer to establish their independence and their links to their educated peers and to modern institutions such as the church" (2002:164).

It is reported that "Iraqw customs exhibit greater flexibility [than Datoga customs] in response to changing ideologies of governments" (Pike & Patil 2006:301). Moreover, when comparing the impact of changes in the course of the twentieth century, it is reported that Datoga and Iraqw view this impact differently. For the Datoga, "processes of marginalization, impoverishment and disintegration are today highly visible, and Datooga increasingly perceive their future prospects as bleak … [while] the Iracq … commonly talk of themselves as relatively successful and prosperous and as a people who manage to manoeuvre victoriously through the challenges the modern world poses" (Rekdal & Blystad 1999:125).

While findings from early anthropological studies provide interesting background data, Iraqw society has undoubtedly undergone many changes. Snyder, who lived in a rural Iraqw community for two years, spent time with elders of the community and notes "their sadness in seeing what they believed were their 'traditions' slipping away … younger Christians had their own picture of Iraqw society that they wanted to construct and present – one in which the 'uncivilised' beliefs of the past had been cast aside for a more 'modern' life of progress" (Snyder 1993:iv-v).

The anthropologist Klima, expressed concern that the Barabaig culture was in danger of being lost. "The independent government of Tanzania has decided the cultural fate of the Barabaig. It has banned the wearing of traditional clothing and is seeking to force the Barabaig to settle down in a permanent location, to give up cattle-herding, and to practise garden cultivation. All of these changes and more will eventually destroy the traditional life-ways the Barabaig have created over the centuries. Another island of cultural diversity will have disappeared into oblivion" (1970:112). These dire predictions

have not yet come to pass, and although damage has been done, current Tanzanian government policy appears to be show respect to different cultural groups (Elkana, E. 2007. Personal interview, 27 January. Haydom).

2.16 SUMMARY

The Iraqw and Datoga of Haydom village are minority ethnic groups in an economically deprived area of Tanzania. These ethnic groups are male dominated and community problem solving has traditionally been by consensus, although the Iraqw are characterised as not being proactive in identifying and solving problems. Some Datoga groups have resisted education for their children, and the Datoga have suffered from discrimination and resource loss. Poverty, polygyny, increasing misuse of alcohol, fostering practices, and discrimination against illegitimate, epileptic and handicapped children may be some of the relevant issues to be considered when studying the meaning of child vulnerability in Haydom.

CHAPTER 3
RESEARCH METHODOLOGY

> *"Concept development generally has been limited to the obviously abstract … the full potential of concept analysis, as well as other means to develop concepts, has yet to be tapped by nurse scholars" (Rodgers & Knafl 2000:4).*

3.1 INTRODUCTION

Methodology refers to the choices made relating to the conduct of a study, such as which cases to study, data collection techniques, and data analysis techniques (Silverman 2005:99). The research paradigm or meta-theory underlying the research serves as the main framework guiding such choices, ascertaining internal consistency, congruency and logic with regard to the relationship among the different phases and operations during the research process. The two main paradigms, and also the two paradigms considered during the current research are the qualitative and the quantitative paradigms. Words (narratives) and numbers (measurement and statistics) are the two main 'languages' of human communication, and these 'languages' are used by qualitative and quantitative paradigms respectively. A sequential mixed methods approach (Creswell 2003:208-225) was used in this study, which is guided by Walker and Avant's concept analysis techniques (Walker & Avant 2005:63-84). The description of the research methodology precedes the literature review in this study, because the literature review is part of the data collection / concept analysis.

3.1.1 Mixed-method research techniques

Researchers have increasingly been using mixed-method techniques to help them capture the complexity of human phenomena (Sandelowski 2000:246). Clark argues that since post-positivistic philosophy has replaced positivism as the philosophy underlying quantitative research, the quantitative and qualitative paradigms are not mutually incompatible or as diverse as they were formerly considered to be (Clark 1998:1243).

It can be argued that mixed method approaches allow for methodological triangulation, a term "used to describe techniques which attempt to obtain a rounded picture of a particular phenomenon by studying it from multiple viewpoints" (Devine & Heath 1999:48). However, this view has been contested with the argument that quantitative and qualitative paradigms do not study the same phenomena, and are grounded in

different ontological positions. This latter view advises that mixed methods cannot be used for triangulation purposes, but can be used for complementary purposes (Sale et al 2002:43-46).

Integrating qualitative and quantitative approaches has advantages of complementarity, incrementality, enhanced validity and creating new frontiers in research. The reason for using a mixed methods approach during the current study was to allow for complementarity in which the strengths of one method improve the performance of the other (Morgan 1998:365). In addition, an application of an integrated design is to test and refine a construct. The first stage of the study refined and expanded the researcher's views of child vulnerability. The qualitative stage of this study explored the culturally situated perspective of the Iraqw and Datoga. The third stage of the study further refined the views expressed in the second stage of the study (Polit, Beck & Hungler 2001:217-8; Polit & Beck 2006:245).

Mixed method designs require priority and sequence decisions. The principal data collection method has strengths that are most important to the goals of the study, and the secondary data collection method supports this. In this study, the exploration and clarification of the concept 'child vulnerability' in the context of Haydom village are the central issues in this study. Validating the findings of this exploration is a secondary, although important, issue that depends on data from the qualitative stages of the study. Thus, the priority method for this study is qualitative. The sequence decision assigns methods as preliminary or follow-up. This decision depends on the purpose of the different stages. A follow-up quantitative study allows for evaluation or interpretation of results from a principal qualitative study; evaluation of results from the qualitative stages is the purpose of the quantitative phase in this study (Morgan 1998:366-371).

3.1.2 Overview of the research methodology in this study

As indicated in figure 3.1 the current study was a concept analysis which progressed through three stages. The concept analysis used principles outlined by Walker and Avant (2005:63-74). The approach followed during the current research can in its entirety be classified as a 'transformative design', since the study was value-based and concerned with discrimination and oppression in society, and incorporated a cultural perspective (Creswell 2003:136-139,219).

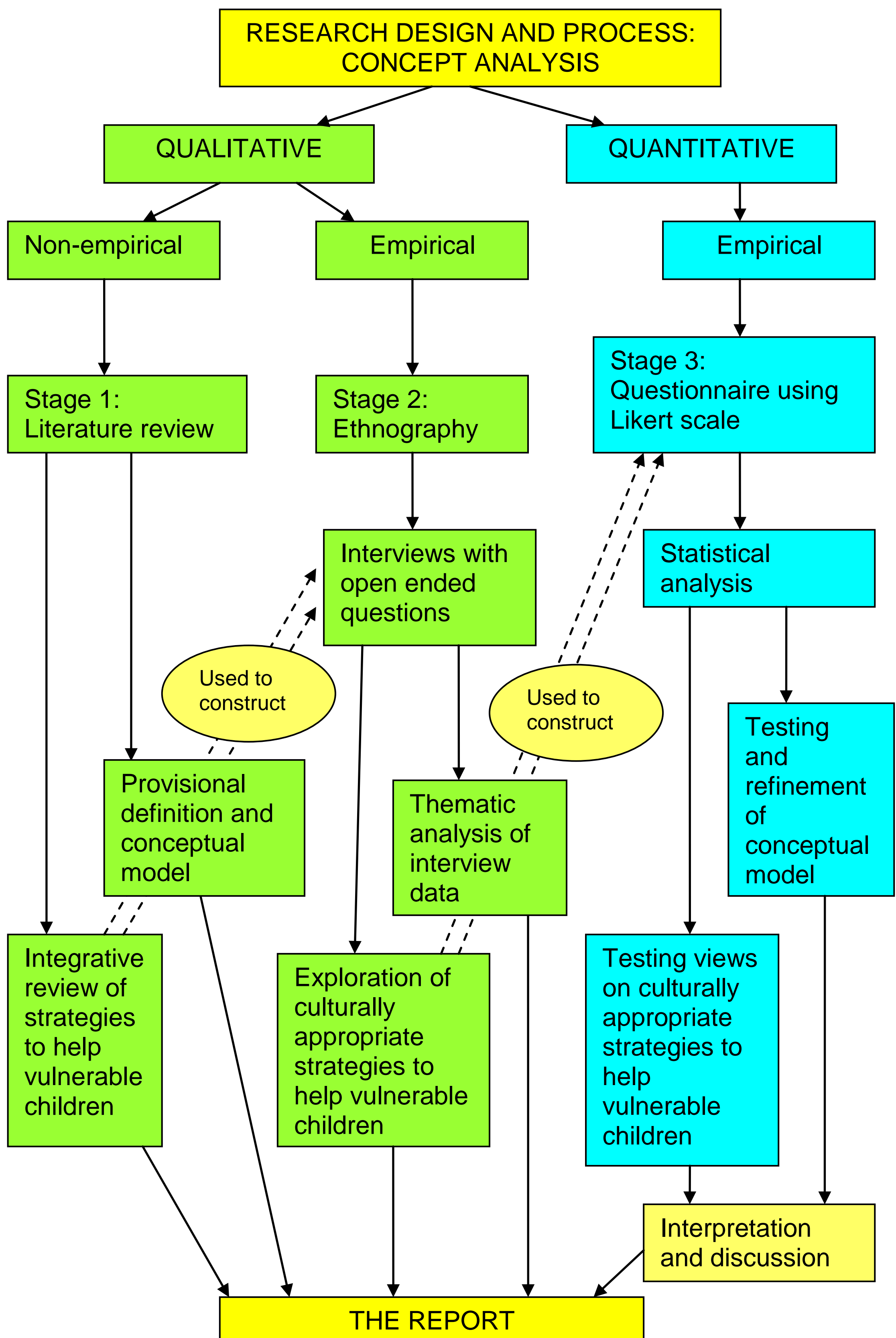


Figure 3.1 Diagram to show research design and process used in this study

In this study, the term 'respondent' is used to refer to local residents who provided data in the quantitative part of the study, 'informant' to those who provided data in the

qualitative part of the study and the term ‘participant’ is used to refer to informants and respondents (Polit & Beck 2006:31-32).

3.1.2.1 First stage of the study

The first stage of the study was non-empirical. It used a review of the literature in order to construct a provisional definition and conceptual model of the concept ‘child vulnerability’, and considered advantages and disadvantages of different strategies used to help vulnerable children. The concept analysis from the literature review explored antecedents, defining attributes and consequences of the concept ‘child vulnerability’ which is reported on in chapter 4 of this report. A review of strategies to help vulnerable children identified in the literature is outlined in chapter 5 of this report.

3.1.2.2 Second stage of the study

The second stage of this study used the provisional conceptual model and definitions from the first stage of the study as a starting point. It used an ethnographic design in the qualitative paradigm, which used interaction with local residents of Haydom to explore the concept of concern using the language of words. Data were collected related to locally, culturally relevant aspects of the concept ‘child vulnerability’.

3.1.2.3 Third stage of the study

The third stage of this study used the language of numbers and subsequent statistical analysis to further explore the concepts of interest (Polit et al 2001:217-218). This strategy has been referred to as “[e]mbedding quantitative measures into an ethnography” (Polit & Beck 2006:248). It involved quantitative testing of local findings (Hupcey, Morse, Lenz & Tason 1997:7,13). This allowed for the construction of a locally and culturally appropriate operational definition of the term ‘child vulnerability’ (Morse et al 1997:80-82,86-88) and development of recommendations relating to appropriate strategies.

3.2 METHODOLOGIES FOR THE DIFFERENT STAGES OF THE RESEARCH

The methodologies for the different stages of the research relate to a literature review, ethnography and quantitative design.

3.2.1 Stage 1: Literature review

The literature review involved formulating objectives, performing a concept analysis of child vulnerability and compiling an integrative review of strategies available to help vulnerable children.

3.2.1.1 Objectives

Objectives identified for the first stage of this study were to investigate the concept of child vulnerability in the literature to clarify:

- antecedents of child vulnerability
- defining attributes of child vulnerability
- consequences of child vulnerability
- strategies that help vulnerable children.

The first three of these objectives correspond to steps 4 and 7 of Walker and Avant's suggested procedure for concept analysis (Walker & Avant 2005:65).

3.2.1.2 Processes used in the literature review

The investigation of the concept of child vulnerability involved a concept analysis and an integrative review.

3.2.1.2.1 Concept analysis

This study as a whole (including the literature review) used the concept analysis and development process expanded on by Walker and Avant (1995:37-46; 2005:63-74), which suggests that following selection of a concept, the aims and purposes of the analysis should be clarified (Hupcey et al 1997:7-8). The current concept analysis aimed to first explore the concept of child vulnerability as depicted by literature. A refinement of the concept to be culturally congruent for the Iraqw and Datoga people of Haydom village follows in the empirical qualitative phase of the research.

Concept analysis involves an examination of the characteristics of a concept (Walker & Avant 2005:63). A concept is a "complex mental formulation of experience" (Chinn & Kramer 2008:294). A phenomenon is "an observable fact or event ... an object of sense perception rather than of thought or intuition" (The New Penguin English Dictionary 2001b:1043). This study considers the concept and phenomenon of child vulnerability, in the sense that not only ideas were considered but also informants' personal

experiences and observations, researcher's observations and photographic material were utilised. Walker and Avant include 'defining empirical referents' in their suggested steps; this step is given particular attention in the second stage of this study so as to allow for the development of locally applicable indicators.

Early concept analyses in the nursing literature were based on Wilson's method (1963); this method was further developed by other theorists such as Walker and Avant (Hupcey et al 1997:4-15; Walker & Avant 2005:65-74). The steps of concept analysis formulated by Walker and Avant are used in this study, which involve selection of a concept, determining the aims and purpose of the analysis, identifying uses of the concept (scientific and colloquial), determining defining attributes, constructing a model case, borderline, related, contrary, invented and illegitimate cases, identification of antecedents and consequences and defining empirical referents (Hupcey et al 1997:7-10; Walker & Avant 2005:65-74). The order of the steps used in this study varies from that used by Walker and Avant, and some additional steps are added as listed in table 3.1.

Walker and Avant use the cases to help create meaning, rather than represent it (2005:69). However, "[s]ometimes model cases are presented after clarification is complete. In these instances, the model case is similar to a definitional form for the concept" (Chinn & Kramer 1995:84). This term 'model case' has been relabelled 'exemplar case' by Chinn and Kramer (2008:196). In this study the construction of cases follows the other sections of the first stage of the study. The presentation of a conceptual definition and model of child vulnerability are additional to the Walker and Avant suggested material and are complemented by visual images (Chinn & Kramer 2008:198) presented in chapter 9 of this study. These provide the basis for refinement of the concept for the local situation in subsequent stages of the study, and allowed the researcher to undertake the second and third stages of the study with a clarified understanding of her own knowledge base and personal viewpoints. This facilitated the process of reflexivity, in which the researcher brings her personal knowledge and perspectives, and their possible impact on a study, into conscious awareness, discussed further in section 3.2.2.16.1 (Parahoo 2006:411; Polit & Beck 2006:44).

TABLE 3.1: COMPARISON OF THE STEPS IN CONCEPT ANALYSIS ACCORDING TO WALKER AND AVANT AND THOSE USED IN THIS STUDY

STEPS IN CONCEPT ANALYSIS ACCORDING TO WALKER AND AVANT (2005:65-74)	STEPS IN CONCEPT ANALYSIS USED IN THIS STUDY	PART OF THIS STUDY WHICH DISCUSSES THIS STEP
Select a concept	Select a concept	Section 1.1
Determine the aims of analysis	Determine the aims of analysis	Sections 1.5 and 1.6
Identify all uses of the concept	Identify all uses of the concept in the literature	Section 4.7.1
Determine defining attributes	Identify antecedents from the literature	Section 4.7.3
Construct cases	Determine defining attributes from the literature	Section 4.7.4
Identify antecedents and consequences	Identify consequences from the literature	Section 4.7.5
Define empirical referents	Identify empirical referents from the literature	Section 4.7.6
	Construct a provisional model based on the literature	Section 4.7.8
	Construct cases based on the literature	Section 4.7.9
	Use cases and provisional model to develop interview guide	Section 3.2.2.8
	Develop empirical referents for local situation by qualitative method	Chapter 6 (findings summarised in sections 6.7.1-6.7.5)
	Test local empirical referents by quantitative method	Chapter 7

The researcher obtained published literature written in the English language available through internet sites including ‘Medline’, ‘CINAHL’, UNICEF, WHO, World Bank and Family Health International using key search words of ‘child vulnerability’ and ‘vulnerable children’. When specific issues had been identified, further searches were made using search words such as ‘orphans’, ‘mistreatment’, and ‘educational deprivation’. Key documents such as ‘Reaching out to Africa’s orphans. A framework for public action’ (Subbarao & Coury 2004) and ‘The state of the world’s children 2006. Excluded and invisible’ (UNICEF 2005) were obtained through World Bank and UNICEF respectively and provided information and many citations of primary sources to be followed. Relevant research articles were obtained via ‘Medline’ and the University of South Africa (UNISA) library. Priority was given to data published after the year 2000, however, the researcher moved to earlier studies as far back as the year 1995 when

there was insufficient recent accessible material, and occasionally to studies before 1995. The researcher continued to collect data until the findings of studies were found to be similar to those already analysed.

It has been asserted that "[p]reoccupation with the techniques of concept analysis has eclipsed the importance of substance, i.e., delineating the characteristics of the concept itself and the role it plays in explaining reality … The ultimate purpose of concept inquiry is to enable the researcher to delineate the phenomenon and transform it to an operationalization of the phenomenon" (Hupcey et al 1997:25). This study accepts the challenge to create a theoretical construct in a specific context, in this case, amongst the Iraqw and Datoga of Haydom village that can serve as a basis for subsequent operationalisation. Chinn and Kramer suggest that "the process of creating conceptual meaning proceeds by using multiple sources from which you generate and refine criteria that include indicators for the concept" (2008:192) which include visual images, literature, people, exploring contexts and values (2008:198).

3.2.1.2.2 Integrative review of strategies available to help vulnerable children

The literature review was also used to collect and compare available information about strategies available to help vulnerable children. The findings from this integrative review were used to help formulate the interview guide for the second stage of this study, and helped provide background information to prepare the researcher to interview informants, to discuss findings and to make recommendations. This was a part of the transformative design, as it was expected that the recommendations would later be of use in developing or supporting local strategies.

- *Research question*

An integrative review is guided by a research question. The research question for this integrative review was "Which evidence based strategies are recommended to help vulnerable children?" This required investigating which strategies have been identified, and considering different aspects of these strategies, such as their advantages and disadvantages, as reported in the literature.

- *Data collection plan*

The researcher obtained published literature as described in section 3.2.1.2.1. When specific strategies had been identified, further searches were made using search words

such as ‘fostering’, ‘child-headed households’ and ‘orphanages’.

- *Data analysis*

Documents and research articles were studied, and main groups of strategies were identified. Different views, experiences and findings were compared for each of the major strategies identified. Wherever possible, advantages and disadvantages of specific strategies were compared. The researcher noted the setting of the studies, since factors such as the economic and cultural climate affect the applicability of findings to a situation such as Haydom. The findings of this integrative review are presented in chapter 5 of this study (Polit & Beck 2006:478-487).

3.2.2 Stage 2: Focused ethnography

The second stage of the study used the qualitative research paradigm, which is concerned with phenomena “in the precise particulars of such matters as people’s understandings and interactions” (Silverman 2005:9). The underlying assumptions are explicated in section 1.7.1, which include the tenet that subjectivity is valuable and that there are multiple realities to be explored, discovered, described and understood (Streubert Speziale & Carpenter 2006:10-15). The qualitative paradigm is congruent with the second stage of this study, which aims to explore people’s personal and subjective views and experiences related to child vulnerability. This study accepts that the views and experiences of Iraqw and Datoga participants in Haydom are ‘reality’ for those people. The views of Haydom residents may be different from views and experiences expressed by other people in other places, such as those views reported in the first stage of the study. An underlying assumption of this study is that it is important to understand what constitutes ‘reality’ for the Iraqw and Datoga informants in Haydom, and take this into consideration in subsequent planning, implementing and evaluating effective help for vulnerable children of Haydom (Skinner et al 2006:620). The qualitative research design used in this study was focused ethnographic. Walker and Avant suggest that concept analysis may involve using “dictionaries, thesauruses, colleagues and available literature” (2005:67), which implies using the literature and people as sources; Chinn and Kramer suggest “using multiple sources … The sources you choose and the extent to which you use your various sources depend on your purposes” (2008:192). In this study the researcher has included residents of Haydom as a source of data. The ethnographic design allowed the researcher to explore informants’ views within a cultural perspective.

3.2.2.1 Objectives

The second stage of this study was empirical and qualitative and aimed to explore and clarify the concept of child vulnerability in Haydom village with respect to:

- local antecedents of child vulnerability
- local defining attributes of child vulnerability
- local consequences of child vulnerability
- locally acceptable strategies that help vulnerable children.

3.2.2.2 Overview of ethnography

Ethnography is concerned with the concept of culture, and is committed to understanding the worldview and behaviour of individuals and groups from a particular culture in a holistic way. Ethnography studies a culture in its natural setting; it involves gaining an understanding of shared meanings, perceptions, values and norms. Ethnography learns from, rather than studies, members of a cultural group and literally means ‘portrait of people’. It aims to describe a culture rather than explaining it, and portrays people as constructing their social world (Hammersley & Atkinson 1995:10-11). It has been argued that “the immediate goal of ethnography should be the production of knowledge – rather than, for example, the pursuit of political goals, serving evidence-based policy-making, or the improvement of professional practice” (Hammersley & Atkinson 2007:209). However, focused ethnography is currently used as a tool to help improve the quality of nursing care (as discussed in section 3.2.2.3).

Ethnography classically involved anthropologists immersing themselves in a culture and adopting its lifeways in order to describe the cultural patterns of that society; the researcher would live with small groups of people whose ways of life were very different from their own, and would often focus on the exotic and unusual aspects of a culture. Contemporary ethnographic studies often concentrate on the daily lives of people rather than unusual occurrences. Ethnography is currently considered to encompass a variety of methods; the cultural perspective is the distinguishing feature. Ethnography may involve specific objectives, such as clarifying concepts (Babbie & Mouton 2006: 279-280; Brink & Wood 1998:310-311; Burns & Grove 2001:68-70; Leininger 1998a:40; Leininger 2002a:85-97; Maggs-Rapport 2000:219-220; Parahoo 2006:67-68; Polit & Beck 2006:217-219; Roper & Shapira 2000:1-10).

3.2.2.3 Focused ethnography

When a particular issue or problem is being researched, as in this study, this may be called ‘focused ethnography’, ‘mini-ethnography’ or ‘microethnography’. Focused ethnography is commonly used by nurses who may formulate questions before starting their studies, and expect that the knowledge gained will have a practical application in the health care field, such as promoting culturally congruent care. While a focused ethnographic study may have specific questions, there are no ‘expected outcomes’ (Leininger 1998a:34-38; Polit et al 2001:213-214; Polit & Beck 2006:217-219; Roper & Shapira 2000:13).

3.2.2.4 The role of the researcher in ethnography

The researcher is an important instrument in data collection; “[e]thnography involves learning *about* people by learning *from* them” (Roper & Shapira 2000:1). The ‘researcher as instrument’, ‘investigator-as-student’ and ‘informant-as-teacher’ are terms that point to the interactive nature of ethnography. Prolonged exposure to the culture allows for an increased possibility of understanding the ‘insider’s’ or ‘emic’ perspective. As well as developing an ‘emic’ perspective, the researcher also brings the ‘outsider’s’ or ‘etic’ perspective to the study; reflexivity is thus important in all ethnographic studies (Hammersley & Atkinson 1995:124-156; Hammersley & Atkinson 2007:14-18; Leininger 1991:57; Leininger 2002a:84; Polit & Beck 2006:217-219; Roper & Shapira 2000:77). The ‘etic’ perspective of child vulnerability is represented by the findings of the first stage of the study; the ‘emic’ perspective is explored in the second and third stages of the study.

The researcher aims to use both emic and etic perspectives; the researcher is involved in experiences of the cultural group, and then ‘steps back’ and analyses the experience (Leininger 1991:77; Leininger 2002a:85-86). “This combination of insider/outsider provides deeper insights than are possible by the native alone or an ethnographer alone. The two views, side by side, produce a ‘third dimension’ that rounds out the ethnographic picture” (Werner & Schoepfle 1987:63, cited in Roper & Shapira 2000:4). In this study, the researcher endeavoured to use emic and etic perspectives in order to develop a meaningful definition and model of the phenomenon of child vulnerability, incorporating views of the local people of Haydom.

In respect to the role of the ethnographer, Schostak has noted that "[l]ike it or not, the researcher may be positioned as an agent of change. All claims of being neutral … may just be self-deluding fantasies" (2006:46). The researcher was aware that informants might have this expectation of the researcher being a change agent. She informed them that she was not in a position to bring immediate changes, although in the long-term, data from the study might be used to help to implement or lend support to appropriate strategies.

3.2.2.5 Methods used in ethnography

Methods used in ethnography include interviews which use open-ended and structured questioning methods; informants are given the opportunity to describe their own experiences and views. Researcher observations complement people's verbal descriptions (Maggs-Rapport 2000:219-220). Ethnographers participate in the community life of a particular culture, and in addition to interviews and observations, may use visual records (Chinn & Kramer 2008:101,198; Silverman 2005:162-163) and historical accounts, documents and other artefacts (Hammersley & Atkinson 2007:121-139). In this study, the researcher used interviews as the main data collection method. The background information presented in chapters 1 and 2, pictures presented in chapter 9, long experience in living in African communities, participation in the life of the Haydom community, and observation of behaviour and lifestyles enabled the researcher to use ethnographic methods.

3.2.2.6 Problems identified with ethnography

It has been suggested that ethnographic studies risk assigning greater causal importance to cultural aspects of the phenomenon under consideration than is warranted, and may underestimate the importance of objective forces, individual psychological, sub-community or extra-community forces (Garson 2007). In this study, the researcher was aware of this risk, and attempted to keep in mind background factors such as economic, historical and political ones (including those discussed in chapter 1 of this study) as well as cultural factors (such as those discussed in chapter 2 of this study). Burns and Grove have identified three specific problems with the use of ethnographic methods by nurses; nurses may not have sufficient knowledge of the cultural group and its language, nurses may use measures that are not equivalent in different cultures, and interpretation of findings may be inadequate because of limited understanding of the cultural group in question (Burns & Grove 2001:70). Moreover,

Leininger asserts that "[t]o prevent distortions and inaccurate interpretations by the translator, the researcher should know the informant's language" (1998b:129). In a later publication Leininger provides advice on the use of interpreters, that includes the suggestions that interpreters should be familiar with the culture of informants, and be guided to provide an exact interpretation rather than their own views (Leininger 2002b:127-128).

3.2.2.7 Factors which helped to counteract problems identified with ethnography

Problems such as insufficient knowledge of the cultural group and local languages were considered, and efforts made to counteract them.

3.2.2.7.1 Researcher factors

In this study, the researcher has performed an extensive literature search relating to the two ethnic groups that are the population of this study (which is summarised in chapter 2 of this study), as well as living and working with them for 5 years. Many of the researcher's colleagues, students, patients and friends belong to these ethnic groups. Living in the community, the researcher has had many opportunities to attend special functions such as weddings and funerals, and to visit local residents in their homes. While frequent social visiting is not common in these ethnic groups, the researcher has had many opportunities of social visiting, including visiting those who have been bereaved, are sick, have new babies or have had their children baptised or confirmed. In the working situation too, the researcher has had constant contact with members of the local ethnic groups. This has given her many opportunities to observe the local people, their behaviour and lifestyle, and to interact with them and ascertain their views on a variety of issues. She has not used any measures or instruments developed for use in other cultural groups and has also become moderately fluent in Swahili over an eleven year period of living in Tanzania. While Swahili was the second language of the informants, it is widely spoken, since it is used as the main language of communication within Tanzania, and is learnt from the beginning of primary school.

3.2.2.7.2 Research team factors

The researcher was accompanied by an experienced local research assistant who has one parent who is Iraqw and the other is Datoga. She was willing and able to discuss relevant cultural issues with the researcher. She is a 26 year old lady who has assisted

with four previous research projects based in Haydom. She is fluent in the Swahili, Iraqw and Datoga languages, and during the course of this study accompanied the researcher when discussions were taking place with the village executive officer (VEO), and for all of the ethnographic interviews. She assisted with clarifying issues in Swahili, and translating Iraqw and Datoga. During the course of the study she developed her translation and transcription skills, and assisted with some parts of the later ethnographic interviews under supervision of the researcher.

This first research assistant transcribed the tape recorded data by hand in Swahili, generally within a week of the interview. A second research assistant, who is a typist, converted the transcribed text into a typed document, working in the same office as the first research assistant, so that they could discuss any issues such as problems with hand writing. Typed documents were sent to the translator (who is fluent in English and Swahili) for translation; the researcher reviewed the translations subsequently. Two reviewers (one Iraqw and one Datoga) checked a late draft of the research report. The two research assistants and the two reviewers helped the researcher with their linguistic skills and understanding of the cultural context.

3.2.2.8 Development of an instrument (interview guide)

'Grand tour' questions are broad and provide an overview of a phenomenon (Polit et al 2001:462; Polit & Beck 2006:291; Streubert Speziale & Carpenter 2006:213,458). It was planned to explore the answers to 'grand tour' questions with a probing technique using open-ended clarifying questions, which would not restrict the informant to a set of alternatives (as shown in annexure A) (Burns & Grove 2001:422; Polit et al 2001:466; Polit & Beck 2006:507). This exploration considered that people may not attach a single meaning to a situation or concept; multiple meanings are possible (Silverman 2005:48). 'Grand tour' questions and themes to be addressed were based on the findings of the literature review.

The instrument was pretested, to ensure that it was understandable and suitable for local informants (Burns & Grove 2001:400; LoBiondo-Wood & Haber 2002:305-6). It was found that grand tour questions such as 'Please tell me about child vulnerability' produced little response from informants. Informants were better able to respond to more specific, but open-ended questions, such as 'Here in Haydom, what makes a child vulnerable?'. This may have reflected cultural characteristics particularly in the Iraqw

discussed in section 2.10 of this study. The researcher soon became aware that "answering an ethnographer's question is an unusual situation for natives" (Moerman 1974:66, cited in Silverman 2005:231); for many informants it appeared to be the first time to have an expatriate in their house, and they were unused to talking to someone from another cultural group.

Many informants were clearly not used to discussing issues in Swahili, although most were able to give answers, even if some answers were brief; this may have been another factor in limiting their ability to answer 'grand tour' type questions. It seemed that many informants had not 'organised their thoughts' about child vulnerability. Although they all had ideas and experience relating to child vulnerability, it appeared to be taken as a 'fact of life' without question or debate. This may relate to the fatalistic and non-proactive characteristics of the Iraqw (discussed in section 2.10), or may be related to the low level of education of many of the local people (discussed in section 1.2.7). The wording of the original instrument was revised following pretesting, and the open-ended questions substituted for 'grand tour' questions. The revised version (as shown in annexure B) was pretested, and found to be understandable to informants.

The second section of the interview was planned to be two vignettes (based on the findings of the literature review) for discussion and subsequent thematic analysis (as shown in annexure C). Vignettes describe situations or events which are presented to informants, who are then asked to comment on them. Vignettes have been found useful for assessing attitudes, perceptions, knowledge and behaviour, although it has been noted that responses may not always reflect actual behaviour (Devine & Heath 1999:45; Polit et al 2001:274-275; Polit & Beck 2006:300-301). The understanding of values was considered important in this study, since it was recognised that "[v]alues … provide the key to any understanding of the nature of current social conditions, their past and their future" (Hammersley & Atkinson 2007:13). The two vignettes developed were realistic cases of child vulnerability for the local situation, and were expected to stimulate discussion. Although they were understood well by informants, they were not effective in stimulating discussion, perhaps because of a reticence (at least amongst the Iraqw, as discussed in section 2.10) to discuss issues with strangers.

Once the 'grand tour' questions had been revised to open-ended questions, it was found that the vignettes were redundant, as informants all had experience with the issue

of child vulnerability, and the vignettes repeated issues already raised by informants. The vignettes also extended the interview time beyond one hour, which was considered inappropriate in view of the inconvenience this might cause. The revised instrument with open-ended questions was then used to further explore and clarify the concept of child vulnerability in the context of Haydom village (Morse et al 1997:80-85). The researcher took a copy of the vignettes with her when interviewing using the revised questionnaire, in case it was needed, but the open-ended and probing questions produced sufficient data.

Instructions for the use of the instrument were verbally agreed between the researcher and her assistant, and the researcher was present at all the ethnographic interviews. They agreed to follow the principles of qualitative interviewing discussed in sections 3.2.2.12.3 and 3.2.2.12.4 of this study, and the ethical principles described in section 3.2.4, including obtaining written consent, privacy and confidentiality. The consent form outlines many of these issues (as shown in annexure D).

3.2.2.9 Content of the instrument (interview guide)

The revised instrument had open-ended questions related to the issues addressed in the objectives of the study. The researcher was concerned to explore actual practices and not only attitudes, as advocated by Howard, Phillips, Matinhure, Goodman, McCurdy & Johnson (2006:10) in the light of their experience studying barriers and incentives to orphan care in Zimbabwe. The importance of "looking at how people do things, rather than what they say they do" was also highlighted by Silverman (2005:19). The researcher not only asked abstract questions such as "When we say, 'vulnerable children' what does the word 'vulnerable' mean to you?", but also asked concrete questions such as "What do vulnerable children in Haydom do to cope with a difficult life?", bearing in mind that concrete questions may be easier than abstract questions for informants to understand (Hammersley & Atkinson 2007:184). An interview guide was used as in annexure B.

Since this was exploratory research in a location where this concept has not been explored previously, the researcher noted that 'how?' and 'what?' questions needed to be answered and understood before 'why?' questions could be usefully asked (Silverman 2005:153). For example, many informants highlighted alcoholism as a major

problem in Haydom, and the researcher explored the impact of alcoholism on children with informants.

3.2.2.10 Population

The population for a research study is all the elements or cases that have common characteristics of importance to the study (Polit et al 2001:233-4; Polit & Beck 2006:259). The population for the second stage of this study was current adult residents of the urban area of Haydom of the Iraqw and Datoga ethnic groups. The setting was chosen because the researcher was living in this village, and time and logistical constraints prevented a wider geographical area being sampled (Hammersley & Atkinson 2007:28-35). According to the 2002 Tanzanian census, there were 2 558 people over the age of 19 years living in urban Haydom (United Republic of Tanzania 2005a:43). The majority of these would have been of either the Iraqw or Datoga cultural groups (United Republic of Tanzania 2005c:7). By 2008, assuming that Haydom had a population growth rate similar to that in Mbulu district of around 3.1% (United Republic of Tanzania 2005c:11), it is likely that the adult population of urban Haydom may have been close to 3 000.

Access to the sample of a population in ethnographic research must be considered carefully and 'gatekeepers', that is, those who have authority over access to particular groups of people, need to be approached in a respectful manner (Hammersley & Atkinson 2007:49-53). Access to the sample was obtained through the Haydom village office; the VEO was approached by the researcher and her first research assistant, and the research was fully explained to him. He was given a copy of the Swahili version of the consent form (as shown in annexure E). The VEO met with village leaders who agreed that the research could continue. The VEO instructed his assistant to contact Haydom ten cell leaders randomly and identify those who would be available and willing to help identify informants. The researcher and her first research assistant then met a ten cell leader who had agreed to help, and explained the research fully to him. The ten cell leader then arranged with willing informants a suitable time for visiting them. On the pre-arranged day, the ten cell leader escorted and introduced the researchers to the individuals who had agreed to be interviewed, in their own homes. The researcher and her assistant continued with one ten cell leader for an agreed time frame of one or two days, depending on their availability. On subsequent occasions, different ten cell leaders assisted, until data saturation was reached.

3.2.2.11 Sampling issues

A sample is a subset or proportion of the population; sampling refers to the procedures used to identify a sample that is appropriate for the study objectives. The population are all the people in Haydom village who meet the sampling criteria defined in section 3.2.2.11.2. A non-probability sample which incorporated a quota technique was used in this stage of the study (Parahoo 2006:256-276; Polit & Beck 2006:260-276).

3.2.2.11.1 Sampling technique

Qualitative studies generally try to explore and understand phenomena and are context specific; generalisation is not usually a research aim, so that a completely representative sample may not be a priority issue in the research design. Non-probability methods allow the researcher some choice in the selection of informants, according to the type of data needed by the research (Parahoo 2006:273-276; Polit & Beck 2006:270-272). Ethnographic studies may use non-probability purposive sampling, such as the use of 'key informants' identified for their experience and knowledge of a particular culture, or probability sampling techniques. Sampling in ethnography may consider demographic criteria, informants may self-select, or a snowball sampling technique may be used (Hammersley & Atkinson 2007:37-38,103-108; Roper & Shapira 2000:78-80). In this study, 'key informants' who were long-term adult residents of Haydom village with a variety of ages and responsibilities helped to provide data for the background information presented in chapters 1 and 2. The ethnographic stage of the study aimed to have a sample that was as representative as possible of the community, since the views, beliefs and practices of the community in general were of concern to the study (Hammersley & Atkinson 2007:105-107). It was originally hoped to use a multi-stage (or cluster) sampling method (Parahoo 2006:265-6; Polit et al 2001:242; Polit & Beck 2006:266), but various constraints were met. These included willingness and availability of ten cell leaders, who are unpaid community workers and consequently have other activities to attend to. In addition, while ten cell leaders were encouraged to randomly choose informants, they necessarily chose those who were available at home and those whom they thought would be willing and able to communicate effectively.

There was considered to be a risk that the ten-cell leaders might nominate a disproportionate number of informants who were of one gender or ethnic group, relating to personal, cultural and political factors. A quota sampling technique was incorporated

at this stage in the design to reduce this risk. Quota sampling involves the researcher identifying important strata of the population, and specifying proportions of these strata for the sample. This ensures that diverse or important elements of the population are not under-represented in the sample (Parahoo 2006:271-2; Polit et al 2001:237-239; Polit & Beck 2006:262-263). While quota sampling is most often associated with quantitative methods, Parahoo notes that in qualitative sampling designs "[d]emographic characteristics such as gender, age, occupation, status or education are often taken into account, as people with different attributes may have different views" (2006:274). In practice it was found that the sample was becoming disproportionally Iraqw, as there are many more Iraqw living in the village than Datoga, although in rural areas close by Datoga are numerous. The researcher and her assistant returned to the VEO to identify another ten cell leader with more Datoga residents in order to have a reasonable balance of the two ethnic groups.

Interviews continued until data saturation occurred. Data saturation refers to sampling until no new information is obtained (Parahoo 2006:325; Polit et al 2001:248; Polit & Beck 2006:273; Streubert Speziale & Carpenter 2006:31,95,460). The sample of 4 ten-cell leaders provided a sample size of 29 informants. It was noted that this sample was largely informants with little or no education, which reflected the situation that educated villagers would be likely to be at work and unavailable when ten cell leaders were available, in the hours of light. The freedom of choice that non-probability sample methods allow was utilised at this point in the sampling selection procedure to allow for some 'maximum variation sampling' in which informants with a variety of characteristics are purposefully identified (Polit & Beck 2006:271). Three additional informants were recruited who were educated beyond secondary school level, and who were known to have special experience with vulnerable children in Haydom. One of these informants is involved in the ELCT vulnerable children project and one is involved with *'Maseawjanda'* (as described in section 1.2.8); the other is a nurse educator who is experienced in community health nursing. Characteristics of informants are shown in table 3.2. The age range of the informants was from 22 years to over 60 years.

TABLE 3.2: CHARACTERISTICS OF INFORMANTS

	FEMALE	MALE	TOTAL
IRAQW	10	9	19
DATOGA	6	7	13
TOTAL	16	16	32

3.2.2.11.2 Sampling criteria

Sampling criteria included:

- Age 18 years or above (since it was judged that there was a possible risk to children, as described in section 3.2.4.1.4 concerning vulnerable subjects as an ethical consideration).
- Iraqw or Datoga cultural group (because these are the two largest ethnic groups in the population under consideration).
- Willing and able to communicate in Swahili, English, Iraqw or Datoga (this allowed the researcher to communicate effectively, either in Swahili or English, or via the research assistant who is fluent in Swahili, Iraqw and Datoga. Insisting on Swahili or English would have eliminated several elderly informants, who knew only their 'tribal' language).
- Willing and able to provide written informed consent (since this is an important ethical issue, which is discussed in section 3.2.4.1.2).
- Currently resident in Haydom village.

3.2.2.12 The interview as a method of data collection

When considering the interview as a method of data collection, its characteristics, advantages and stages were considered, as well as issues relating to ethnographic interviews and transcription.

3.2.2.12.1 Characteristics of interviews

Interviews are an important tool for collecting data related to beliefs, attitudes, experiences, meanings and perceptions (Parahoo 2006:316; Silverman 2005:48). An interview can be considered to be "the process through which the multiplicities of views are drawn into expression and debate to create conditions for creative change" (Schostak 2006:5). An interview involves listening, 'engagement' between people, an opening up of communication to allow sharing of insights, an acceptance of the uniqueness, or 'otherness' of another person. It can be considered to be an encounter

and an opportunity to enrich experience (Schostak 2006:9-15). In this study the researcher was aware of the potential of interviews, and endeavoured to be an active listener and to encourage informants to share their personal views, experiences and perceptions.

3.2.2.12.2 Advantages of interviews

Using interviews resulted in a higher response rate than could have been expected from using questionnaires which require the informant to respond in writing, as well as the possibility of gaining information from informants having limited reading and writing skills. Interviews allowed the interviewer to provide further explanations and to probe for additional responses as well as to observe non-verbal clues and home environments. Face to face interviews allowed for the collection of richer and more complex data than other data collection methods would have allowed (LoBiondo-Wood & Haber 2002:303-4). In this study, the interview was chosen as a data collection technique with these advantages in mind and especially to allow the researcher to gain insight into the informants' personal perspectives and lived experience of the concept of child vulnerability; the use of 'grand tour' questions would have been ideal as these questions impose least structure of the views of informants. The more structured data collection methods limit the scope of responses and therefore have the disadvantage of potential for distortion of the views of informants. Structured data collection methods allow the researcher little flexibility during the course of a study whereas later qualitative interviews may build on earlier ones (Parahoo 2006:324-326; Polit & Beck 2006:294). In this study, the researcher used the freedom of ethnographic interviewing techniques to explore and clarify pertinent issues raised by earlier informants with later ones.

3.2.2.12.3 Ethnographic interviews

In ethnographic studies, interviews vary from spontaneous to formally arranged meetings (Hammersley & Atkinson 2007:108). In view of the aim of collecting data that was fairly representative of the community, interviews in this study were formally arranged with informants identified by the sampling technique described above, although continuing interviewing until data saturation occurs suggests that there is adequate representation of the views of the community.

While telephone or internet interviews may be feasible in some settings (Parahoo 2006:317), face-to-face interviews were conducted as very few members of the target

population have access to internet, and while a proportion have cellular telephones, there is no directory of these telephone numbers available. Cellular phone owners would also have represented an economically advantaged group in the community, and therefore would have been a biased sample. The data were collected using individual interviews with informants in their own homes. It has been noted that the context of an interview can affect the content. It was therefore decided to choose the context in which the informant was most likely to feel comfortable (Hammersley & Atkinson 2007:39-40, 116-117).

Interviews may be described on a continuum from structured to unstructured (Parahoo 2006:318), although Hammersley and Atkinson contend that "[a]ll interviews, like any other kind of social interaction, are structured by both researcher and informant … [e]thnographers do not usually decide beforehand the exact questions they want to ask, and do not ask each interviewee exactly the same questions, though they will usually enter the interviews with a list of issues to be covered" (2007:117). Taking into consideration that this study used a focused ethnography approach, the interviews in this study were semi-structured, having some prepared open-ended questions, but using neutral probing questions to explore or clarify an answer or encourage further information to be provided (Burns & Grove 2001:422; Parahoo 2006:329-331). Open-ended questions are those that allow informants to answer in their own words; this is useful when there are many possible alternative answers and the researcher does not want to bias or restrict the informant's answer (LoBiondo-Wood & Haber 2002:301).

While Silverman challenges researchers to consider alternative methods to interviews (2005:48), other methods such as the sole use of observation, would have proved difficult in the situation in Haydom where possible critical attributes such as orphan status are sometimes hidden by those looking after the children to avoid discrimination (Naho, Z. 2007. Personal interview, 3 June. Haydom).

3.2.2.12.4 Stages in the interview

In addition to a preparatory stage, interviews have been described as having three stages; introductory, middle and closing (Kvale 1996:127-128).

- *Preparation and recording*

Preparation for the interview involved making an initial contact with the informant, and

arranging a suitable time for the interview. The researcher prepared a cassette recorder, and equipment for writing additional notes and memos during the interview. The interviews were tape recorded whenever the informant gave consent for this (Schostak 2006:51). Consent for tape recording was not given in the case of informant Q; summary notes were taken at the time of interview and details added immediately after the close of the interview.

The researcher tried to avoid potential problems with tape recording, such as inaudibility and interference with quality if placed on a surface which is then also used for other purposes. She was aware of the limitations of tape recording, such as the inability to record relevant non-verbal behaviour and equipment failure. She made field notes to help address these potential problems (Hammersley & Atkinson 2007:147-148). Tape recording was not successful with informants B and S for technical reasons; the field notes were used in these cases. The researcher's assistant was asked to verify the summary notes; corrections and additions were made accordingly.

- *Introductory stage*

The introductory stage involved developing rapport and briefing the informant. The researcher introduced herself and her assistant, and informants were given full information about the nature and purpose of the interview. Informants were given the opportunity to ask questions about the study, and written informed consent was obtained (discussed in section 3.2.4.1.2). Some informants appeared to have the expectation of rewards or benefits, such as financial incentives. Other informants appeared to expect that a support project for vulnerable children might be set up within a short time period. These expectations could have affected the informants' responses and relationship with the researcher (Schostak 2006:18). The researcher made clear that there were no financial benefits of any sort, nor any current plans to set up additional projects to help vulnerable children.

Aspects of developing rapport included the use of a respectful and culturally appropriate approach from the beginning of the interview, such as the use of appropriate dress, posture, greetings and use of personal space, eye contact and language. The researcher did not enter into any area of an informant's living area without their invitation, and respected arranged times and time limits agreed (Hammersley & Atkinson 2007:109-110; Schostak 2006:157; Silverman 2005:255-6). While establishing

rapport may be helped by sharing the same gender and ethnicity as the informant, other factors have been identified as perhaps more important, such as showing interest in people's lives and stories and sharing experiences (Schostak 2006:55,105).

While the researcher was aware of various features of the culture of the informants, she tried to avoid cultural stereotyping as she was aware that considerable individual differences in life experience, attitudes and practices exist within a cultural group. (Andrews & Boyle 1999:480; Leininger 2002b:122-123; Luckman 1999:70-71). This point is made by Schostak, who asserts that in interviewing, it is important "to recognize the particularity, the uniqueness and thus the otherness of the other" (Schostak 2006:12).

The researcher was aware of the risk of an 'unspoken power gradient' being present during interviewing, which relates to the interviewer often appearing to have greater power than the interviewee (Hammersley & Atkinson 2007:217-218). As part of the explanations for the interview, the researcher tried to make it clear that she was hoping to learn *from* the informant, and respected his or her views; "[i]nterviewees are presumed to know and provide access to their world(s)" (Schostak 2006:116). The informant was respected as an individual and as an expert in the subject of the study. The researcher maintained a friendly and respectful approach, and made every effort to ask questions clearly and uncritically; these techniques may have helped to reduce the 'power gradient' and the stress of the unusual situation of being interviewed, moreover by a stranger and a foreigner (Burns & Grove 2001:422-423).

- *Middle and closing stages*

The middle stage of the interview involved continued interaction to achieve the goals of the interview. Consideration was given to the principles of interviewing as discussed in relation to the introductory stage. The researcher was concerned to let the informants talk and express their views using a non-judgmental approach (Silverman 2005:256). Ethnographic interviews are noted for allowing the informant "a good deal more leeway to talk on their own terms than is the case in standardized interviews" (Hammersley & Atkinson 2007:110). Listening skills, the use of silence and non-verbal encouragement to continue talking were used. The researcher noted the effect of questions on the informant, and not just the verbal answer, for example, slowing of response or a change in eye contact, which might indicate discomfort with the question (Hammersley &

Atkinson 2007:110-111; Roper & Shapira 2000:73-76). While the researcher was aware that "language as a medium for the representation of personal and social experience and of symbolic phenomena is not that easy to control" (Schostak 2006:16), the researcher found that probing questions helped in gaining an understanding of the informants' views, and checking questions such as 'do you mean that … or … ?' were useful. Paraphrasing an informant's words and checking them with the informant was also valuable, such as 'I think you have said that … Have I understood you correctly?' (Schostak 2006:157).

The closing stage of the interview involved consolidation; final clarifications, review, sharing, reflection and summary. The informants were thanked for their cooperation (Kvale 1996:127-128).

3.2.2.13 Transcription

The tape recorded data were transcribed word for word into a hand written document by the first research assistant. This was then typed into a computer written document in Swahili (or English in the case of one interview) by the researcher or the second research assistant (who is a typist, is fluent in Swahili and agreed to abide by the ethical principles discussed in section 3.2.4) as soon as possible after the interview took place. (The second research assistant was recruited as the first research assistant did not have typing skills, and the researcher usually only had one day per week available to work on this research. Early typing and review of the transcripts before collecting more data the following week was seen to be advantageous.) Hyphens were used to denote pauses, and a series of hyphens inaudible sections (Burns & Grove 2001:596-597). The researcher was aware that transcription is a transformation that needs to be carried out with care (Schostak 2006:68). The accuracy of the transcribed computer written data was checked by the researcher, and found to be an accurate record of the tape recorded (or field notes) version. This data was prepared with broad margins on both sides to allow space for notes on patterns in the left margin and memos in the right margin. An example of some text from informant G is provided in figure 3.2, in which the abbreviation DA was used for defining attribute, C was used for consequence, A was used for the researcher and M for the informant.

Patterns and codes	Text	Memos
	A. Ni madhara gani yatampata "mtoto asiyejiweza"?	
	What problems can a vulnerable child experience?	
	M. Ma... mtoto asiyejiweza madhara yatakayompata ni anaweza akakosa elimu.	
DA: Educational deprivation :3.2.3	The problems that a vulnerable child can get are that he may miss out on education.	
	Kitu cha kwanza anakosa lishe, maana yake anaweza akakosa mlo kamili.	
DA: Nutritional deprivation:3.2.1	The first thing is that he goes short of food, meaning that he may not get a proper diet.	DA & C not separated
	Anaweza pia akapata labda ugonjwa wa akili, anaweza akachanganyikiwa,	
C: Psychological consequences:4.1.1	he can also perhaps become mentally ill, he can become confused,	
	anaweza akapata magonjwa ya akili kwa maana huyu mtoto atakuwa anawaza mara kwa mara kwa jinsi hali yao ilivyo mbaya.	
	He can become mentally ill because this child will often be thinking how bad his situation is.	Stress of relative deprivation?
	A. Mm, ee, sawa. Unafikiri mtoto asiyejiweza anaweza akapigwa na wazazi au kwa wale wanaomtunza? Hii inatokea au...?	
	Mm, yes, right. Do you think that a vulnerable child can be beaten by his parents or by those who are looking after him? Does this happen, or ...?	
	M. Mtoto asiyejiweza hapigwi ila wengine wanamnyanyasa kwa akili. Wanamnyanyasa kwa akili, labda kufanyizwa kazi nyingi	Unusual response re physical abuse
CA: Denies physical abuse:2.3 CA: Exploitation by work:2.2	A vulnerable child is not beaten, but there are some who are mistreated in a discrete way. They mistreat him discretely, perhaps by making him do a lot of work.	'Discrete' exploitation: 'invisible' house workers

Figure 3.2 Example of edited transcribed text from informant G

The transcribed data was identified with an alphabetical code identifier (A to FF), and kept separate from the consent form which had the name and alphabetical code identifier of the informant (Burns & Grove 2001:597-598; Hammersley & Atkinson 2007:149-150). Then the transcribed data was translated into English by the translator.

3.2.2.14 Data analysis

Unstructured data analysis preceded the 'official' data collection phase. When interview data was available, an editing analysis style was used which is a type of thematic analysis, consistent with the qualitative paradigm.

3.2.2.14.1 Data analysis as a continuous process

Silverman asserts that data analysis in qualitative research should begin at the outset of the study, and should not wait until after data collection is underway (2005:149-150). In this study, the researcher found that analysis of the concept of child vulnerability began when she arrived in Haydom in August 2004, and was constantly confronted by children and young people whose needs appeared to be unmet. She began asking questions to friends, colleagues, children and young people in Haydom, and finding out about the background and culture of the predominant ethnic groups. When she had made an 'official' start on the research study, and was writing up background information, she took any opportunities to speak to ministers of religion and other long-term residents to try to understand what might be the important issues in child vulnerability in Haydom. Examples of 'key informant' data are included in the first two chapters of this study, and helped to guide the literature review, which in turn guided the development of the instrument used in the qualitative interview stage of the study.

3.2.2.14.2 Data analysis method

Ethnographic data analysis involves organising the data collected and then making sense of it. Polit and Beck suggest that qualitative analysis styles include a template analysis style, an editing analysis style (used in this study) and an immersion / crystallisation analysis style, and that cognitive processes involved include comprehending, synthesising, theorising and recontextualising (2006:397-399). The following description of ethnographic data analysis describes the process used once recorded interviews had begun.

Ethnographic data analysis has many features of thematic analysis described as a method for the qualitative paradigm in general, in that it involves immersion in the data; reading, intuiting, analysing and synthesising (Streubert Speziale & Carpenter 2006:46-48); various methods of data reduction and coding have been used, along with reflective remarks and memoing (Burns & Grove 2001:596-605). A variety of guidelines are provided by different authors, and it has been noted that "all agree that analysis is time consuming, is driven by the data, begins in the field while data are being collected, and requires specific methodological strategies to verify data and validate conclusions" (Roper & Shapira 2000:92). The overall pattern of analysis involved categorising the transcribed material into meaningful sections which were then examined for patterns relating to the phenomenon of interest. Steps included coding transcribed interviews

and field notes, sorting to identify patterns, generalising constructs and theories, and memoing to note personal reflections and insights. Coding involved identifying recurrent ideas, themes or phrases and labelling them. The researcher was aware of the danger of coding schemes becoming a fixed grid which is difficult to escape from, and ignores uncategorised items (Silverman 2005:182).

In this study, all aspects of the interview were guided by the research objectives, and so all data collected were considered of value to be analysed. Sorting for patterns involved grouping the codes into smaller groupings or sets. Unusual responses or 'outliers' are those which do not appear to correspond with the general patterns; the significance of these was considered. Generalising involved identifying major emerging themes from the patterns already noted following the guidance of Roper and Shapira; "[t]o generalise findings about the cultural world of study, find linkages between the emic meanings and worldview of study participants and your etic interpretations of those meanings, and then construct theoretical understandings that take both of these perspectives into account" (2000:100). Memoing involved recording ideas, reflections or insights of the researcher about the data at any stage of the study, for example during the sorting and coding stages. These notes were made in the right hand column of the page (as shown in figure 3.2), so that in later analysis it was clear which data was from informants and which data were memos from the researcher. These steps did not occur in a linear fashion; there was movement backwards and forwards among the steps. Records of the analysis process were kept to allow for subsequent audit. (Hammersley & Atkinson 2007:158-190; Roper & Shapira 2000:91-103).

The four content areas of the study - antecedents of child vulnerability, defining attributes of child vulnerability, consequences of child vulnerability and strategies that help vulnerable children - were analysed using the ethnographic thematic analysis method outlined. Variables considered important and those considered unimportant in each of these content areas were identified.

The transcribed data from one informant was read through to obtain an overall view of it, and then re-read carefully. During the re-reading, an initial coding was performed, when themes and sub-themes were identified. These were marked in the left margin and the coding allowed for comparison with other transcribed interviews. The coding process continued for subsequent informants, and then ideas expressed by different

informants on a particular theme were compared and analysed in order to sort them into broader categories. Following this sorting process, patterns were generalised into major themes (Burns & Grove 2001:610; Polit & Hungler 1995:521-524; Polit & Beck 2006:399-401). A provisional framework of the analysis was made after 14 informants had been interviewed, as there was already a considerable amount of data and some themes were emerging. This was reviewed and refined following subsequent interviews. The researcher made a conscious effort to represent the views of the different informants as fairly as possible, and to avoid 'reading between the lines', that is, to avoid making inferences that are not justified by what the informant has said (Schostak 2006:54, 70-72). The prior clarification of her own views and knowledge in the literature review helped the researcher to avoid making unjustified inferences.

3.2.2.15 Writing up the findings

Hammersley and Atkinson contend that ethnographic writing is closely related to data analysis, demands extensive reading and hard work, and does not follow a single prescribed pattern. Some ethnographic writing is arranged in thematic or chronological sequence; vignettes and data extracts are commonly used (2007:191-203). The findings in this study are presented in chapter six, using the identified themes, and data extracts quoted verbatim in Swahili (for the benefit of any future researchers in this area) with a translation of data items into English.

3.2.2.16 Trustworthiness

The term 'trustworthiness' in qualitative research refers to *reliability and validity* issues; different qualitative researchers have assessed trustworthiness in different ways (Carter & Porter 2000:37–40). Leininger contends that validity in qualitative research relates to gaining an understanding of the true nature of the phenomenon of interest, and reliability relates to identifying consistent and inconsistent themes and experiences (1998a:68-69). Creswell suggests that the term 'validity' in qualitative research "is used to suggest determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account" (2003:195-196). In this study, Guba's model to assess 'trustworthiness' was used. This model considers issues of truth value (credibility), applicability (transferability), consistency, and neutrality (Krefting 1991:1-15). Lincoln and Guba assert that the important question in relation to 'trustworthiness' is "[h]ow can an inquirer persuade his or her audiences (including self)

that the findings of an inquiry are worth paying attention to, worth taking account of?" (1985:290).

3.2.2.16.1 Truth value

Truth value or credibility in qualitative research relates to whether the group of people under consideration can recognise and understand the descriptions and explanations of their lives (Carter & Porter 2000:38; Crawford, Leybourne & Arnott 2000; Leininger 1994:105; Leininger 2002a:88; Lincoln & Guba 1985:294-296). Aspects of truth value include prolonged experience, reducing the risk of preferred social response and acquiescent response set, avoiding over-involvement, reflexivity, skilful use of the interviewing process, establishing structural coherence and authority of the researcher. The researcher was aware that an informant "is fully capable of playing games and creating deceptions just as they are able to be open, honest and self critical" (Schostak 2006:49). The possibility of informants having hidden views or agendas (Schostak 2006:54) was kept in mind, for example, they may have wished to hide information about orphans being taken in by distant relatives and used as servants, as they may have felt ashamed of the practice or may have considered it a profitable practice to continue. Hammersley and Atkinson note that "while we must not treat the validity of people's reports of their attitudes, feelings, behaviour, etc., as beyond all possible doubt … there is no reason to dismiss them as of no value at all, or even to treat them as of value only as displays of perspectives or discourse strategies" (2007:109). In this study, truth value was also evaluated in stage 3 using quantitative testing of the findings from stage 2 of the study; this is reported on in chapter 7.

- *Prolonged experience*

Prolonged experience (sometimes referred to as prolonged engagement) refers to the researcher spending sufficient time with informants for them to become accustomed to the researcher, and for the researcher to check on perspectives (Creswell 2003:196; Krefting 1991:7; Polit & Beck 2006:332; Streubert Speziale & Carpenter 2007:235-236). While this issue is of particular importance for macro-ethnographic studies, it allows the researcher of even a focused ethnographic study to communicate more effectively and sensitively with informants. In this study, the researcher has lived and worked in the Haydom area for 5 years, and has had constant contact with members of the Iraqw and Datoga cultural groups. Within this time period, she has listened to discussions about children, their needs and their care, and has observed family behaviour on many

occasions. At least 15 young adults have approached the researcher and in the process of asking for assistance have volunteered information about their lives. In this focused ethnography, the researcher met with the 32 individual informants on only one or two occasions, but she was familiar with many aspects of their lifestyle and language.

- *Reducing the risk of preferred social response and acquiescent response set*

Preferred social response refers to informants responding to questions according to what they believe is the preferred or expected response, regardless of what is their real belief or perception (Krefting 1991:8; Parahoo 2006:320). This was considered a particular risk in this study, as the Iraqw have been characterised as unwilling to share their views with others, and as being afraid to speak out (as discussed in section 2.10). Although it was not possible to eliminate the risk of preferred social response, the researcher remained aware of it, and compared responses between the ethnic groups and also data from the literature. For example, this concern appeared to be justified when all Iraqw informants stated the 'politically correct' view that all ethnic groups are equally likely to have vulnerable children (Elia, Z. 2008. Personal interview, 28 June. Haydom). However, Datoga informants expressed an alternative perspective that Hadza and Datoga groups are underprivileged compared to Iraqws, which corresponds to the published research literature.

It has been suggested that "the use of hypothetical cases … may help elicit more personal responses" (Krefting 1991:8). In this study, vignettes of hypothetical cases were tried during pretesting of the interview guide to help to reduce the risk of preferred social response. These cases presented credible stories of individuals that were considered easier for informants to relate to and understand, compared to simply relying on theoretical constructs. However, informants all had considerable experience related to child vulnerability; many gave stories of their own lives and others gave examples of children they knew, which were similar to the prepared vignettes and rendered the vignettes redundant.

Acquiescent response set refers to informants' tendency to consistently agree or disagree with questions asked. The open-ended questions used in this study allowed any answer, and therefore the issue of acquiescent response set related to careful use

of probing questions, which used a mixture of positively and negatively worded questions (Polit & Hungler 1995:291; Polit & Beck 2006:300).

The problems of preferred social response and acquiescent response set are less likely to arise when the researcher words questions sensitively, creates a non-judgmental atmosphere, and if informants feel confident that the researcher will maintain confidentiality (Polit & Hungler 1995:290-291; Polit & Beck 2006:300). The researcher used a culturally respectful manner and used Swahili to try to reduce any perceived barriers between herself and the informants, although there were several informants who were not familiar with Swahili. In these cases the research assistant translated to and from Swahili into the Iraqw or Datoga language. Issues of confidentiality were explained to informants and necessary measures implemented (as discussed in section 3.2.4.1.3).

- *Avoiding over-involvement*

Focused ethnography, by its nature, carries less risk of over-involvement than macro-ethnography. Although the researcher endeavoured to interact with members of the community in a culturally sensitive manner, her appearance and somewhat different lifestyle (for example being one of relatively few people in Haydom having access to clean water inside her house), made her still have some characteristics of an 'outsider'. Ethnography involves the researcher in a complex 'insider/outsider' role; "[i]deally a strategy is found that allows the investigator to participate fully in activities as an *insider* while consciously and objectively describing and analysing event as an *outsider* … The quality of the information and the depth of analysis depend on the researcher's ability to establish trust and gain rapport" (Roper & Shapira 2000:116).

An ethnographer may be seen in different ways by a community, which may include as an intruder, stranger, friend or potential donor. In Haydom village, expatriates appear to be particularly associated with financial assistance, probably for historical reasons. The researcher openly and honestly established the nature and boundaries of relationships with informants to avoid fear, disappointment or confusion. This included providing sufficient information to informants, so that they did not expect the researcher to provide solutions to the problems they raised (Roper & Shapira 2000:116-120). In this study, for example, it was explained to informants that although the results of the study might be used to help plan strategies to help vulnerable children in the long term, they

should not expect immediate implementation of strategies that they may have suggested, such as financial subsidies or construction of an orphanage.

There is a risk of over-involvement with informants, meaning that the researcher “may have difficulty separating his or her own experience from that of the informants” (Krefting 1991:8) and therefore lose the ability to interpret findings. Reflexivity is a suggested strategy to prevent this problem (Krefting 1991:8). The researcher was aware of this risk, particularly when informants started sharing problems and difficult life experiences, and has had to cope with this challenge for many years, having lived in various settings in Africa for more than 20 years. Maintaining ‘appropriate’, well balanced, trusting relationships in mixed cultural settings is a continuing challenge, and the pitfalls include different forms of exploitation such as overdependence on either side of the relationship. For example, the ‘stranger’ may rely too heavily on the ‘local person’ for orientation, cultural background, and entry into the community, leaving the ‘local person’ with insufficient time to maintain his or her normal social responsibilities; the ‘local person’ may rely too heavily on the ‘stranger’ for financial assistance (Personal experience, 1981-1983,1987-2010). Reflexivity involves the researcher remaining aware of his or her own background, perceptions, personality and interests, while appreciating that the researcher is a part of the research process and not an objective observer (Krefting 1991:8-9).

The researcher and her assistant were sad to see some families living in extreme poverty, suffering from hunger and cold with inadequate food and clothes. The researcher was aware that the village authorities know about these families, and that it is primarily the responsibility of these authorities to take action. It is hoped that in the long term, some of the findings of this study may be used to advocate for the very vulnerable members of society (Yamba 2005:209), and to help justify the continuation and expansion of existing appropriate strategies.

- *Reflexivity*

Researchers have striven to study phenomena in an objective fashion, without the influence of values or political views. The notion of ‘bracketing’ was proposed, in which researchers were supposed to set aside their preconceived ideas. ‘Bracketing’ can be considered to involve clarifying what is already known, so that the researcher can be aware of that knowledge as a backdrop for new data being collected. In this study,

performing the literature review helped the researcher to be aware of her existing knowledge and values. This helped to avoid a biased reception and interpretation of the new data (Brink & Wood 1998:313; Parahoo 2006: 465; Polit & Beck 2006:220). Some authors question the practicality of 'bracketing', and 'openly ideological' research has been advocated by some, and reflexivity by others (Hammersley & Atkinson 2007:14-18).

Reflexivity, in which "[t]he qualitative researcher systematically reflects on who he or she is in the inquiry and is sensitive to his or her personal biography and how it shapes the study" (Creswell 2003:182) enhances truth value. Reflexivity can be considered to be the process of making clear what effect the researcher's presence, values, beliefs and interpretations have on the informants; part of this process is exploring the actions and decisions the researcher takes, and examining the rationale behind them (Parahoo 2006:411; Polit & Beck 2006:44). Some informants had clear expectations that the researcher's presence must result in financial benefit for them; for example one informant repeatedly mentioned his need for more land and the costs of this. Another informant complained that other researchers had visited her and she had not yet had any benefit from their visits. Some informants stated that physical punishment of children is not severe and always for good reason, which may have been in deference to their understanding that many expatriates do not approve of physical punishment. The researcher has heard of many cases of severe physical punishment, even of children above 18 years of age, and confirmed this with an educated local Iraqw (Elia, Z. 2008. Personal interview, 28 June. Haydom).

Weber notes that all research and its conclusions are affected by the moral and political beliefs of the researcher (1946, cited in Silverman 2005:257). Reflexivity involves a deliberate self-awareness and willingness to examine responses. Roper and Shapira advise researchers to "[r]ecognise that strong feelings, both positive and negative, are common while doing ethnography. Acknowledge these feelings, and use them to explain what you learn … Nurse researchers have the added task of examining values and beliefs that are derived from their socialisation and experiences as nurses" (2000:115).

In this study reflexivity involved the researcher being aware of the impact of her own values and life experience in different cultures, including her biomedical / nursing

background, her European ethnic background, her Christian religious beliefs, and her belief in children's rights as expressed in the Convention on the Rights of the Child (United Nations 1989:2-14). These factors helped to motivate the researcher to work hard on this research project so that the process of presenting data that might help to strengthen appropriate strategies might be considered at the earliest possible time. The cultural, ethnic and life experience background of the research assistant was valuable so that preconceived ideas could be highlighted during discussions about the transcribed data. During data collection, written notes were made of relevant issues, and the process of data analysis included the practice of 'memoing' (Burns & Grove 2001:599-600).

- *Skilful use of the interviewing process*

Credibility can be assisted by skilful use of the interviewing process (Krefting 1991:11). Factors that the researcher used to enhance the quality of interviewing included thorough preparation, such as choice of time and place for the interview, understanding of the culture and language of the informant, knowledge of special terms important for the study in the language of the informant, and use of language that was neither over-complicated nor too simplistic. The researcher endeavoured to put the informant at ease by providing culturally appropriate greetings, introductions and explanations. The researcher used listening skills, and encouraged the informants to continue with their narratives by using non-verbal communication, a few words, or probing questions. The interviewer was aware of the culturally appropriate use of silence; local Haydom people do not 'rush to fill the silence' as Europeans may do. Reframing of questions and expansion were used, as well as indirect questions such as "What do vulnerable children in Haydom do to cope with a difficult life?" (Leininger 1998a:54; Pontin 2000:292-296). The researcher used encouraging phrases where appropriate, such as "You have explained that clearly, thank you", in view of some informants appearing nervous or expressing doubt about the value of their answers.

- *Establishing structural coherence*

Establishing structural coherence involves ensuring "that there are no unexplained inconsistencies between the data and their interpretations" (Krefting 1991:11). The issue of establishing structural coherence does not demand consistent data from every informant. People experience life in different ways and truth is subjective and context dependent (Carter & Porter 2000:37). Data may not always be consistent from an

individual informant, even when a similar question is asked at different points within one interview (Savage 2003:133). The researcher used informal member checking during data collection, peer debriefing with her research assistant and ten cell leaders (Polit & Beck 2006:333-334), and the overall findings were reviewed by an Iraqw and a Datoga reviewer.

- *Authority of the researcher*

The issue of the authority of the researcher relates to her experience and ability. The qualitative researcher works as a human instrument, and her “ability (including knowledge and skills) … to differentiate abstracted experiential and empirical phenomenon under study” (Leininger 1998a:69) is a critical factor in establishing the credibility of a study. The researcher has pursued nursing studies at Bachelor and Master levels, with a special interest in transcultural nursing. She has lived in Africa for more than 20 years, allowing contact with different cultural groups. The ability of the researcher to work with qualitative data is supported by the acceptance of a study of Chagga culture for publication in the *Journal of Transcultural Nursing* (Savage 2002), and the acceptance of a dissertation at Master’s level on Pare cultural health beliefs and subsequent publication in *Curationis* (Savage 2005).

3.2.2.16.2 Applicability / transferability

While quantitative studies use the term ‘generalisability’, the alternative ‘naturalistic generalisation’ has been used to suggest that while the findings of a qualitative study are unlikely to be applied fully to another situation, the findings can be used to help understand similar situations (Parahoo 2006:273). Other authors use the term ‘applicability’ or ‘transferability’ to refer to the ability to generalise the findings of one qualitative study to other situations; the researcher provides information to allow the reader to judge whether the findings are applicable or transferable to another situation (Crawford et al 2000; Krefting 1991:12; Polit & Hungler 1995:362; Polit & Beck 2006:336-337). Qualitative research does not aim to produce generalisations; it aims to understand a phenomenon within specific environments or contexts (Leininger 1994:106–107; Leininger 2002a:86-87). This requires the researcher to explore the perspective of those who are experiencing or relating to the phenomenon, and represent this perspective in language.

The researcher has a responsibility to provide enough information so that readers can determine to what extent the study findings may be applicable to their situation (Leininger 1994:107; Lincoln & Guba 1985:296-298; Polit & Beck 2006:336). The researcher should provide enough 'thick description' (that is detailed, thorough data about the research setting, process and findings) for the reader to be able to judge whether the researcher's interpretations are reasonable (Carter & Porter 2000:39; Polit & Beck 2006:336). In this study, background information about the population being studied and anthropological data of the sample selected was presented in chapters one and two. This should allow readers of the study to judge whether their own situation is similar, for example in terms of critical factors such as culture, education and economy. Direct quotations from informants are provided, which should assist readers to decide on the relevance of the findings to their own situation, and whether the interpretation appears appropriate.

3.2.2.16.3 Consistency / dependability

Variability is to be expected in qualitative research. Consistency is assessed in terms of dependability, which is 'trackable variability', ascribable to particular sources. Also, a range of experience is sought, not necessarily the 'average' or commonest experience. Atypical findings are valuable as well as general patterns (Carter & Porter 2000:39; Krefting 1991:4–5; Lincoln & Guba 1985:298-299).

Providing sufficient information for an inquiry audit by an external reviewer supports dependability and confirmability. To allow for dependability, the researcher described the methods of data collection, analysis and interpretation, to make the study auditable (Lincoln & Guba 1985:317-318; Polit & Hungler 1995:363; Polit & Beck 2006:335). These methods are described in this chapter of the study, and transcribed interview data have been preserved in case a relevant, authorised person requires to audit them. Individual informants' code of identification is inserted after data units in chapter 6 of this study to ease the data trail expedition.

3.2.2.16.4 Neutrality / confirmability

While objectivity is required in quantitative studies, qualitative studies require researchers to be involved with their subjects. Neutrality of data, that is "the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning" (Polit & Beck 2006:336) is considered a more appropriate

consideration in qualitative research, which is achieved when truth value and applicability are ensured (Krefting 1991:5).

Repeated affirmations of a perception, and audit trails are aspects of confirmability (Lincoln & Guba 1985:318-327). An auditor should be able to examine the records of the researcher and arrive at similar conclusions. Complete detailed records were kept, including those relating to field notes, summaries and instruments used in case peer review or outside audit is required (Crawford et al 2000; Leininger 1994:105; Polit & Beck 2006:336). The involvement of the research assistants helped to address the issue of confirmability; the first research assistant had previous experience in research projects and both of the research assistants had long-term experience of living in Haydom village. The promoters of the study also provided constructive feedback about drafts of the report. Reflexivity was used throughout (Krefting 1991:14).

Member checks, in which informants themselves review data collected, can enhance confirmability (Carter & Porter 2000:38; Creswell 2003:196; Lincoln & Guba 1985:314-316). In this study, the researcher used clarifying questions, such as "do you mean that …" in the course of the interview, and any reported discrepancies and misunderstandings were rectified.

3.2.3 Stage 3: Quantitative research

A quantitative design was used in the third stage of the data collection. Quantitative approaches consider that human phenomena are amenable to objective study, and are rooted in post-positivism. While qualitative research often aims to develop theory, a quantitative approach can be used to test or refine theory. While qualitative approaches often use unstructured interviews, quantitative approaches often use structured interview guides or questionnaires. However, key aspects that distinguish the quantitative research paradigm are the use of numerical data and statistical analysis to describe variables or examine relationships between variables. Quantitative researchers not only use numbers, but are also aware of the importance of words, such as in the careful construction of a questionnaire or interview guide (Burns & Grove 2001:26-28; Parahoo 2006:48-50).

3.2.3.1 Objective

This stage of the study aimed to test the validity of the analysed data from the second

stage of the study with young adult respondents who considered that they had been vulnerable children.

3.2.3.2 Selecting a design

The type of quantitative research design used in this stage was a cross-sectional survey (Polit & Beck 2006:192-3,241). The variables identified as important factors in child vulnerability by the informants in the second stage of the study were used to construct a questionnaire. The level of agreement of informants with questionnaire items was examined by statistical analysis in terms of modal values, in order to validate the empirical referents identified in the second stage of the study. The third stage of the study was part of the overall concept analysis process (as shown in figure 3.1), and statistical methods were considered appropriate since "[q]uantitative methods can make a considerable contribution to the testing and refining of concepts" (Morse et al 1997:87).

3.2.3.3 Development of the questionnaire

The instrument was developed to test the validity of the findings of the second stage of the study. Following testing with respondents, and modifications based on the findings of this testing, the instrument aimed to refine a "descriptive definition" of child vulnerability in Haydom. Instrument development involves clarifying the concept of interest, formulating items, assessing for content validity, developing instructions for the use of the instrument, and pretesting (Burns & Grove 2001:400; LoBiondo-Wood & Haber 2002:305-6).

3.2.3.3.1 Clarifying the concept of interest

An extensive literature review is recommended prior to formulating items, to assist in clarifying the 'universe' or 'domain' of the concept of interest and assessing for content validity. The first stage of the study was an extensive literature review that helped to clarify the researcher's knowledge and allowed the construction of a non-contextual definition of child vulnerability. This knowledge and definition were used in developing open ended questions for use in the second stage of the study. This "pre-scientific" knowledge was "kept in abeyance" to allow the cultural perspective to crystallise. The second stage of the study helped to refine and clarify the concept of interest in the setting of Haydom village as summarised in sections 6.7.1 to 6.7.5.

3.2.3.3.2 Formulating items

In the third stage of the study, the findings of the second stage of the study were used to formulate statements about antecedents, defining attributes, consequences and strategies related to child vulnerability, based on the findings as presented in chapter 6. These statements were converted into questionnaire items using uncomplicated English, in view of the need for subsequent translation into Swahili, and in use, possible translation into the Iraqw and Datoga languages. Simple language was also important because the questionnaire was to be used mainly with people with low levels of education who might not understand complex concepts or sentence structure. The statements made up a questionnaire in which every item required a predetermined response (Kothari 2004:104-105; Parahoo 2006:318-320; Polit & Beck 2006:294). While the use of an already developed and tested instrument is recommended (Burns & Grove 2001:427), this was not appropriate in this study, since the purpose of the instrument was to verify newly discovered data from the previous stage of the study.

The original draft of statements included 45 items. This was reduced to 40 items, by critically reviewing them and through discussion with the research assistants. It would have been possible to construct many more statements, but a large proportion of the anticipated respondents did not have a high level of education, and might have been intimidated by a more lengthy set of questions (Burns & Grove 2001:427).

The questionnaire was structured as follows:

- Eleven (11) of the statements related to antecedents that affect the development of child vulnerability
- Ten (10) statements related to locally identifiable defining attributes of child vulnerability
- Eight (8) statements related to consequences that are locally identified with child vulnerability
- Eleven (11) statements related to locally acceptable strategies to help vulnerable children.

The choice of a variety of antecedents, defining attributes, consequences and strategies relating to child vulnerability relates to the research purpose and objectives, as expressed in sections 1.5 and 1.6 of this study. Walker and Avant suggest that empirical referents are developed from defining attributes (2005:73-74), but the interacting and

overlapping nature of antecedents, defining attributes, consequences and strategies of the concept of child vulnerability suggested that all of these aspects are relevant when developing a descriptive definition.

Some of the statements for the questionnaire were converted into a statement expressing the opposite view. This was so that positive and negative answers might be ‘expected’, to reduce the risk of acquiescent response set, and mixed so that respondents should not develop a pattern of always answering in a particular way (Kothari 2004:85; Parahoo 2006:294). The items relating to different aspects of child vulnerability were randomly spread throughout the questionnaire, and positive and negative expected responses were also spread randomly through the questionnaire. A summary of the questionnaire items is shown in table 3.3.

The statements of the questionnaire were translated into fairly simple Swahili by the researcher, in consideration of this often being the respondents’ second language. This translation was reviewed and corrected by the research assistants. Statements were made which contained only one main concept, so that only one response was possible. (Burns & Grove 2001:421,427-8; Kothari 2004:85). The questionnaire had a guide to facilitate analysis (as shown in annexures F and G).

Following pretesting and revision, 14 of the statements ‘expected’ a negative response and 26 ‘expected’ a positive response.

TABLE 3.3: CHARACTERISTICS OF QUESTIONNAIRE ITEMS

ASPECT OF CHILD VULNERABILITY	QUESTION NUMBERS	TOTAL
Antecedents	3,15,17,19,21,24,29,30,37,38,39	11
Defining attributes	2,8,16,22,25,27,31,32,33,34	10
Consequences	5,7,11,14,20,23,26,35	8
Strategies	1,4,6,9,10,12,13,18,28,36,40	11
Total		40

A four point Likert scale was used to provide predetermined response options (LoBiondo-Wood & Haber 2002:301; Parahoo 2006:294; Polit & Hungler 1995:279-283; Polit & Beck 2006:297-298). The four points of the scale were ‘strongly agree’, ‘agree’, ‘disagree’ and ‘strongly disagree’; the use of four points without the option of a middle ‘uncertain’ category makes this a ‘forced choice’ scale (Burns & Grove 2001:433). An

even number of choices was presented to avoid the tendency of some individuals to provide an 'average' response; there was no 'I don't know' or 'uncertain' option presented, as this would have been lost data (Burns & Grove 2001:428). This was considered justified because the respondents were expected to be experts in the issue of child vulnerability, since having personal experience of child vulnerability was a sampling criterion (as discussed in section 3.2.3.5).

3.2.3.3.3 Assessing for content validity

Validity relates to relevance, or the extent to which an instrument measures what it is supposed to be measuring (Lobiondo-Wood & Haber 2002:314-319; Parahoo 2006:304-307; Polit et al 2001:308-311; Polit & Beck 2006:328), or "the extent to which differences found with a measuring instrument reflect true differences among those being tested" (Kothari 2004:73). It has been noted that no instrument is completely valid; validity improves as measurement of the concept improves and systematic error (that is measuring items other than the concept) reduces. Validity is situation and population specific (Burns & Grove 2001:399-400).

It is suggested that "[c]urrently, validity is considered a single broad method of measurement evaluation referred to as *construct validity …* All of the previous identified types of validity are now considered evidence of construct validity" (Burns & Grove 2001:399). An alternative viewpoint is that validity is comprised of content, criterion-related and construct validity. 'Face validity' refers to whether or not the instrument appears subjectively to be measuring the relevant construct as judged by any individual who may or may not be an expert in the topic under consideration (Parahoo 2006:305-307; Polit & Beck 2006:328-330).

The aim of the third stage of the study was to utilise the expertise of the respondents to judge the validity of the statements of the questionnaire. It has been suggested that content validity can be obtained from the literature, representatives of the relevant population and content experts. In this study, the literature was consulted (as reported in chapters 4 and 5), individuals from the population of concern were interviewed and their views analysed (as reported in chapter 6). The third stage of the study used local 'experts' in child vulnerability as content experts; "[s]election of at least five experts is recommended, although a minimum of three experts is acceptable if it is not possible to locate additional individuals with expertise in the area" (Burns & Grove 2001:400). In

this case 80 content experts participated, and an analysis of the findings of their views can be considered to be an index of content validity (CVI); "experts rate the content relevance of each item using a 4-point rating scale … the researcher must decide how many experts must agree in each item and on the total instrument in order for the content to be considered valid" (Burns & Grove 2001:401). The findings of the quantitative stage of the study are reported in chapter 7.

3.2.3.3.4 Reliability

Reliability can be considered to be the extent to which an instrument consistently produces the same 'scores' (Brink & Wood 1998:264; Kothari 2004:74-75; LoBiondo-Wood & Haber 2002:319), or "the consistency of a particular method in measuring or observing the same phenomena" (Parahoo 2006:36). Aspects of reliability include stability, internal consistency, and equivalence.

- *Stability*

An aspect of reliability is stability, which relates to the extent that a measure produces the same results when used on different occasions with the same respondents. This can be evaluated using a 'test-retest' method, and calculating a reliability coefficient, *r*, which ranges from .00 to 1.00; the higher the value, the more stable the instrument is considered to be (Creswell 2003:158; LoBiondo-Wood & Haber 2002:323; Parahoo 2006:307; Polit & Hungler 1995:347; Polit & Beck 2006:325). During the pretesting of the instrument used in the third stage of the study, the researcher used it with 5 particular respondents, and the following week the researcher repeated the exercise with the same 5 respondents. 'Scores' for this calculation and for the calculation of interrater reliability were allocated as shown in table 3.4. This system was not used for the analysis of data from respondents as presented in chapter 7.

TABLE 3.4: ALLOCATION OF 'SCORES' FOR QUESTIONNAIRE ITEMS

	'STRONGLY AGREE'	'AGREE'	'DISAGREE'	'STRONGLY DISAGREE'
ITEM 'EXPECTING' A POSITIVE RESPONSE	3	2	1	0
ITEM 'EXPECTING' A NEGATIVE RESPONSE	0	1	2	3

A reliability coefficient was calculated manually using a standard formula for Pearson's Product-Moment Correlation Coefficient (Burns & Grove 2001:529; Walsh & Ollenburger 2001:219-222). This was calculated manually since the researcher did not have access to a suitable statistical programme at that stage in the research. Details of the calculation are shown in annexure H. Computed reliability coefficients of stability and equivalence are considered acceptable if r is > 0.7, although a level of >0.85 is preferred (Polit et al 2001:305-308). A correlation coefficient (r) for stability of 0.95 was obtained. This value was found to be significant at the .02 level (Burns & Grove 2001:530-531,763).

- *Equivalence*

Another aspect of reliability is equivalence. Equivalence relates to the consistency of results when measured by two different people on the same occasion. This can be evaluated by testing interrater (or interobserver) reliability (LoBiondo-Wood & Haber 2002:326-7; Polit & Hungler 1995:351-352; Polit & Beck 2006:327). This was estimated by both the researcher and the research assistant coding the instruments individually, during the same interview, and then comparing results at the end. 'Scores' were allocated as indicated in table 3.4. A sample of 5 respondents was used and a reliability coefficient was computed manually from this comparison, as the researcher did not have easy access to a suitable computer statistics programme at that point in the research. A standard formula for Pearson's Product-Moment Correlation Coefficient was used, as shown in annexure I (Burns & Grove 2001:529; Walsh & Ollenburger 2001:219-222). A correlation coefficient (r) of 0.99 was obtained for interrater reliability in this study. This value was found to be significant at the .01 level (Burns & Grove 2001:530-531,763).

3.2.3.3.5 Instructions for the use of the instrument

Instructions for the use of the questionnaire by the researcher and her assistants included the following (the male pronoun is used for simplicity instead of male and female pronouns):

- After initial greetings, identify the ethnic group of the possible respondent
- If the potential respondent is not Iraqw or Datoga, explain that his help is not required
- If the individual is Iraqw or Datoga, continue to identify the age of the potential respondent

- If the individual is below 18 years or above 31 years, explain that his help is not required
- If the individual's age is between 18 and 30 years, ask about his history of vulnerability as a child
- If the potential respondent does not report a history of vulnerability explain that his help is not required
- If the individual reports a history of vulnerability (as identified in the second stage of the study including poverty, orphanhood, parents suffering from chronic illnesses or alcohol abuse) ask about any possible risk of abuse from parents or guardians as a result of taking part in this study
- If the potential respondent foresees any possibility of abuse as a result of taking part in this study, explain that his help is not required
- If the individual reports that he does not foresee any risk of abuse, explain the following:
    - the nature and purpose of the study
    - the risks and benefits
    - the voluntary nature of participation
    - that the respondent can stop participating at any time
    - that there is no financial reward for participation
    - that the interview is likely to take about 30 minutes
    - that no second interview is required
    - that written informed consent is needed
  - If the individual agrees to the conditions outlined, arrange a suitable time and place for the interview to ensure privacy
  - Meet the respondent at the time and place arranged, and ensure that the respondent's privacy is respected
  - Briefly review the explanatory issues relating to the study and obtain written informed consent to interview
  - Explain the 4 choices for responding to each statement, and that there is no 'correct answer'; the respondent's personal views are of interest
  - Provide the respondent with a copy of the statements (without a scoring key) if they wish to read it as well as hear the statements
  - Read the statements clearly and fairly slowly, repeating if necessary, and providing explanations only if asked (Kothari 2004:104-5)

- Allow the respondent to indicate which one of the 4 choices he considers appropriate
- The researcher / assistant is to mark the relevant square with a tick (✓)
- On completion, thank the respondent for his cooperation.

3.2.3.3.6 Pretesting of the interview guide

Pretesting of the guide was carried out on six individuals who included two females and four males. The pretesting was carried out by the research assistants with the researcher present to advise and to monitor the quality of the data collection. These respondents included two Datoga, and four Iraqw, of a variety of educational levels. The first draft to be tested contained 22 questions expecting positive responses and 18 statements expecting negative responses. Initial problems identified with the wording were that statements with negatives in were found to require several readings for the respondent to understand clearly. Many of the negative statements were rewritten, for example, “Vulnerable children are not deprived of food” (item 27) was changed to “Vulnerable children are fed like other children in the community”; “Vulnerable children are not deprived of health services” (item 34) was changed to “Vulnerable children have equal access to health services”. The wording of some of the other questions was revised because the respondents asked for clarification on them and seemed to find them hard to understand, for example, the statement that “The father of a house must receive the help that is provided to help vulnerable children rather than the mother” (item 1) was revised to “Financial assistance intended for a vulnerable child is more reliably channelled through the mother rather than the father”. Following revision, the wording of the questionnaire was found to be satisfactory, and the ‘scoring’ system practical (Polit & Beck 2006:296,507). Some of the respondents liked to read the questions themselves, as well as hearing them read out, so additional questionnaires were printed for respondents to read.

3.2.3.4 Population

The population for this stage of the study was young adults of the Iraqw and Datoga ethnic groups between the ages of 18 and 30 years who considered that they had once been vulnerable children according to the provisional definition of vulnerability in this study and who were resident in Haydom at the time of the study. According to the 2002 Tanzania census, there were 1 210 adults aged 20 to 29 years living in urban Haydom (United Republic of Tanzania 2005a:43). While most of these would have been of the

Iraqw or Datoga tribe (United Republic of Tanzania 2005c:7), it is not known how many of them might have given a history of having been vulnerable as a child. Vulnerable children are likely to include the handicapped, the poor and orphans, amongst others (UNICEF 2005:18-22,28-29,39-40).

According to the 2002 Tanzania census, 11.8/1 000 children in Mbulu district have some sort of handicap (United Republic of Tanzania 2004:13), absolute child poverty was found to affect 88.5% of rural Tanzanian children in 2000 and in 2003, it was estimated that 2 500 000 children in Tanzania were orphans (UNICEF 2005:112).

By 2008, with a population growth rate in Mbulu district of around 3.1% (United Republic of Tanzania 2005c:11) and considering the possible proportions of orphaned, poor and disabled children, it may be estimated that at least 1 000 people in Haydom urban area may have met the sampling criteria for this stage of the study.

3.2.3.5 Sample and sampling technique

The third stage of the study used a non-probability purposive sample, which incorporated aspects of convenience and quota sampling (LoBiondo-Wood & Haber 2002:243-246; Parahoo 2006:266-272; Polit & Hungler 1995:232-235; Polit & Beck 2006:262-264). The VEO gave permission for the researcher and / or her assistants to identify and interview suitable respondents in Haydom village; they began by approaching young adults who were known to them as having a history suggesting recent or continuing vulnerability according to the provisional operational definition of vulnerability (Burns & Grove 2001:374-377). The provisional conceptual definition from the literature review (stated in section 4.7.7) was considered in conjunction with the findings of the second stage of the study (summarised in sections 6.7.1 to 6.7.4). Young people identified as possible respondents all gave a history of poverty, orphanhood, or other criterion identified by the informants. A network sample (sometimes called snowballing technique or chain sample) was used to add to the number of respondents (Lee 1993:65; Parahoo 2006:270-271; Polit & Beck 2006:262). Snowballing technique is “a strategy whereby successfully located respondents are asked if they know of other similarly placed individuals who might be interested in being involved in the research” (Devine & Heath 1999:13). A sample size of 80 respondents was used, ensuring that both sexes were represented with 32-48 members of each sex, and that the two ethnic

groups under consideration were represented by 32-48 members. Table 3.5 shows the number of respondents by sex and ethnic group.

TABLE 3.5: COMPOSITION OF THE SAMPLE FOR STAGE THREE OF THIS STUDY

	SEX OF RESPONDENT		
ETHNIC GROUP OF RESPONDENT	**MALE**	**FEMALE**	**TOTAL**
IRAQW	24	24	48
DATOGA	16	16	32
TOTAL	40	40	80

Sampling inclusion criteria were that the individual should

- be aged 18 – 30 years (above 18 years of age since it was judged that there was a possible risk to children, as described in the section on vulnerable subjects of the ethical considerations discussed below; below 30 years to ensure that the respondent had fairly recent personal experience of vulnerability; more distant experience was considered less likely to be remembered accurately which could have reduced the validity of the data)
- be currently resident in Haydom (for logistical reasons which determined the scope of the study)
- consider that he or she experienced child vulnerability according to the provisional operational definition discussed in section 6.7.7 as follows: *'child vulnerability involves a young, dependent individual who is locally identifiable as deprived of one or more of his basic needs and whose condition may deteriorate but can improve if appropriate strategies are used'*. (These individuals were testing the preceding stage of the concept analysis of child vulnerability, so they needed to be 'experts' in child vulnerability)
- belong to the Iraqw or Datoga ethnic group (since these are the two largest ethnic groups in the population under consideration)
- be able to communicate in Swahili, English, Iraqw or Datoga (since the researcher and her assistants were able to understand these languages between them)
- judge that he or she is not at any risk of physical or emotional abuse as a result of being included in this study (to avoid any possible abuse that might have occurred if the parent or guardian subsequently pressurised a resident young adult into providing details of negative experiences discussed by way of explaining an item on

the interview guide)

- be willing and able to provide written informed consent (since this is an important ethical issue, which is discussed in section 3.2.4.1.2).

3.2.3.6 Method of data collection

The steps outlined in section 3.2.3.3.5 for use of the instrument were followed. After identifying a respondent meeting the sampling criteria and obtaining informed consent, individual interviews with respondents took place at a location convenient to the respondent. The questionnaire was used, and the respondents were requested to assign a Likert scale value to all of the statements. The researcher was present for the first five of these interviews with the research assistants, to supervise the interviews and recording of data, and to provide any clarification needed. The research assistants were seen to be competent and observing the relevant ethical principles, and continued to collect data together, reporting back to the researcher every few days. (The research assistants continued to gather data, because the researcher had limited time to do this, and had experienced the problem of some informants subsequently coming to her home and repeatedly asking for financial assistance. In Haydom village, it is easy for any study participant to find out where an expatriate is living, since almost all expatriates in Haydom live in the hospital compound.) Printed questionnaires were identified with an individual code number, as well as gender, age and ethnic group. The answer to the question of whether they considered themselves to be in any danger of abuse from their parents in connection with providing their views for this study was recorded in the space provided on the questionnaire (as shown in annexures F and G); all respondents reported not being at risk of abuse in relation to assisting with this study. This was considered to be a necessary precaution, because although all the respondents were aged 18 years or above, and therefore legally adults, physical abuse of young adults in Haydom by their parents has been reported to the researcher (Elkana E. 2007. Personal interview, 20 January. Haydom; Martine, M. 2007. Personal interview, 18 November. Haydom). Reports of physical abuse of children and young adults concur with national reports, as discussed in section 4.7.3.5.2 (United Republic of Tanzania. Research and Analysis Working Group 2004:124).

3.2.3.7 Method of data analysis

All data was entered into a Microsoft Excel programme (2007) to allow for easy statistical analysis, with information relating to population group, respondent code,

questionnaire item number and the response provided. Totals of allocated responses, average percentage response rates, standard deviations and variability (in terms of mean ± 1SD) were calculated for responses to items relating to antecedents, defining attributes, consequences and strategies. These figures were calculated for the respondents as a whole group and also for the four population groups. Intergroup differences were analysed.

3.2.3.8 Writing up the findings

This involved providing information about the demographic characteristics of the respondents. The data relating to the questionnaire items as described in section 3.2.3.7 were presented in tables and graphs and were discussed. Differences between respondent views in the four groups of respondents were considered. The findings are presented in chapter 7 of this study.

3.2.4 Ethical considerations

Ethical considerations relate to those affecting the study participants, those affecting the institution or community, and those relating to the scientific integrity of the researcher (Van der Wal 2005:151-162). All those involved in the study, that is, not only the researcher, but also the research assistant, the typist (who became the second research assistant) and the translator agreed to abide by all of the ethical considerations discussed here (Polit & Hungler 1995:124-125).

3.2.4.1 Ethical considerations for protecting study participants

The principles of beneficence, respect for human dignity, and justice were considered, as well as the issue of vulnerable subjects. The researcher was aware that particularly in qualitative studies, “new and unexpected ethical dilemmas are likely to arise during the course of [the] research” (Silverman 2005:257). Child vulnerability can be considered to be a ‘sensitive’ subject; ‘sensitive’ research “illuminates the darker corners of society … sensitive topics also raise wider issues related to the ethics, politics and legal aspects of research” (Lee 1993:2). Moreover, the subjects of concern in this study are children, who are inherently vulnerable subjects (Polit & Beck 2006:97-98).

3.2.4.1.1 The principle of beneficence

This principle relates to the researcher’s duty to do no harm and to promote the well-

being of the subjects of the study (Lobiondo-Wood & Haber 2002:270; Parahoo 2006:111). One procedure which helps to promote this principle is risk/benefit assessment (Polit & Beck 2006:91-93).

- *Duty to do no harm*

The duty to do no harm (or non-maleficence) implies that the researcher should seriously consider and take all possible measures to reduce the risk of any physical, social or psychological damage as a result of participation in a study (Parahoo 2006:112; Polit & Beck 2006:87-88). Practical outcomes of this principle include the consideration of the need to avoid economic harm to participants. In this study, the need to respect participants' time, which might otherwise have been used for economic gain, was a relevant issue; interviews were restricted to an agreed time frame (Burns & Grove 2001:204).

Emotional harm could arise during an interview relating to painful life events; the researcher was aware that some participants might need debriefing and support, during or after an interview (Burns & Grove 2001:204; Polit & Beck 2006:88; Streubert Speziale & Carpenter 2006:67-68). The researcher was prepared to provide support or referral to an appropriate counsellor if necessary (Polit & Beck 2006:96). The interviewer made an effort to use a non-judgmental, culturally sensitive and interested approach to avoid additional stress to participants (Roper & Shapira 2000:115-116).

Since physical punishment of children is practised in this community, only individuals over the age of 18 years who were confident that they would not be subjected to emotional or physical abuse of any sort as a consequence of participating in this study were considered as respondents for the third stage of the study. The desire to obtain suitable data cannot override the role of caring professional which involves protecting and advocating for members of the community (Rumbold 2002:138; Streubert Speziale & Carpenter 2006:36-38).

The need to pre-empt any unrealistic expectations that could have lead to disappointment and frustration was identified (Roper & Shapira 2000:118-119). Since this is an economically deprived area, participants in the study may have had an expectation of receiving financial support or of projects being initiated with outside funding. Clear explanations were provided about there being no guaranteed financial

benefits or projects, to avoid disappointment in the participants. The researcher was aware that “[t]he argument about the exploitative potential of ethnographic research leads commentators to make a variety of recommendations: that researchers should give something back, in the way of services or payment … [s]uch proposed remedies do not always avoid the problem, however; and they are controversial in themselves. Indeed, they can sometimes compound the difficulties” (Hammersley & Atkinson 2007:218). For example, subsequent researchers may find participants unwilling to cooperate without financial remuneration if this has become the local expectation. In this study, one informant complained that she had been interviewed by other researchers in the past and had personally received no benefit. This provoked a fruitful discussion about the value of research, and how in many instances of research, the individual informant may not benefit directly, but it is hoped that the community might benefit in the long term. This informant appeared pleased to know that a summary of the report would be made available in the village office on completion.

Freedom from exploitation is an aspect of beneficence. The researcher did not interview any individual who was admitted to HLH, or any student or employee of HLH during hours of work, to avoid misusing the privilege of her status as an employee of this institution (Polit et al 2001:76).

- *Duty to promote well-being*

The duty to promote well-being implies that participation in a study should be expected to have a positive impact on the informant. Leininger reports ‘marked therapeutic effects’ when an ethnographer shows a genuine interest in an informant and his culture, in terms of increasing the informant’s self-esteem (1998b:130-131). The concept of promoting the well-being of the participants and their families is inherent in the transformative research design (Creswell 2003:136-139;219). In the second stage of the study, it was hoped that informants’ self esteem might be enhanced by a researcher showing respect for and interest in their views. It was also hoped that asking about child vulnerability might raise awareness and interest in the subject. In the third stage of the study, it was hoped that providing an opportunity to express opinions to the researcher would help participants to come to terms with past difficulties and perhaps consider how they might become agents for change. As noted above, any participants who expressed the need for counselling could have been referred to an appropriate resource person, such as a psychiatric nurse or a nurse specialised in counselling families affected by

HIV/AIDS. In the second stage of the study, one informant became tearful when talking about her own childhood; the researchers remained with her and comforted her until she had regained her normal composure within a few minutes. She was visited on a subsequent occasion, and while her life situation was still very difficult, she appeared to take comfort from the concern showed her; she neither expressed the need for, nor appeared to need, further counselling.

Leininger notes that when an ethnographer has finished taking a life history, and is in a position to offer guidance to the participant about where they may obtain help, this should be considered (1998b:130). Roper and Shapira note the need for nurse ethnographers to advocate or intervene at times (2000:119); "[a]fter the interview, we turned off the tape recorder, put down our pencils, and addressed specific concerns of the subjects. This strategy allowed us to move between our roles of researchers and clinicians" (Roper & Shapira 2000:120). In this study, the researcher provided advice to any participant who requested it when able to do so, for example, after completing the interview in the second stage of the study, one informant complained of physical problems which appeared to be related to anaemia, and was advised to seek medical advice and treatment.

- *Risk/benefit ratio*

Risk/benefit ratio refers to the result of a careful analysis of possible risks and benefits of a study (Burns & Grove 2001:205; Polit & Hungler 1993:357-8; Polit & Beck 2006:91-92). For example, "[g]eneral benefits of an ethnographic endeavour include an increased understanding of the individuals and groups under study, and contribution to the advancement of human knowledge" (Cassell 1980, cited in Roper & Shapira 2000:120). In this study, participants were informed of expected benefits and risks. Likely short term benefits included raising awareness of child vulnerability, and for the researcher, to enable her to complete a course of study and develop skills of use to her Tanzanian students. In the long term, the findings from this study could be used to plan effective programmes to benefit some of the most vulnerable members of Haydom society. Risks for the participants were loss of time and possible psychological discomfort.

3.2.4.1.2 Principle of respect for human dignity

This principle includes consideration of the right to self-determination and the right to

full disclosure. A procedure which helps to protect these rights is that of obtaining informed consent (Polit & Beck 2006:88-90,93-95).

- *Right to self-determination (autonomy)*

The principle of respect for human dignity includes the right to self-determination, implying the freedom to participate or not, the right to ask questions, refuse to give information, or to withdraw from the study (Lobiondo-Wood & Haber 2002:270; Polit & Beck 2006:88-89). In this study this right was protected by providing full explanations about the study and obtaining informed consent for the interview before proceeding. An example of the consent form used is in annexure D (English version) and E (Swahili version) of this study. Participants were notified that they could refuse or terminate the interview at any stage. Coercion might have occurred if a stipend had been offered, or admitted hospital patients had been recruited (Polit et al 2001:78; Polit & Beck 2006:89). No financial incentives were offered to participants in this study, and no admitted hospital patients were used as participants.

- *Right to full disclosure*

The principle of respect for human dignity also encompasses the right to full disclosure. This implies that subjects of research have the right to be fully informed about all aspects of the study including risks and benefits (as discussed in the section headed risk/benefit ratio) (Polit et al 2001:78; Polit & Beck 2006:89-90). Participants were briefed about the nature and purpose of the study before being interviewed, and were offered access to a summary of the final report. However, participants were not given full details of anticipated findings, or a review of the literature before the interview, as this might have biased them to provide answers that they thought were expected, rather than their real views on the subject (Hammersley & Atkinson 2007:210-212).

- *Informed consent*

The principle of respect for human dignity also involves the notion of informed consent. Informed consent relates to the ethical requirement that subjects of a study need to be able to make choices based on adequate information. The aim of informed consent is to ensure that participation is voluntary. There is a need to explain the research in understandable terms to the participants, and to ensure that the explanation is understood (Brink & Wood 1998:301; Burns & Grove 2001:206-210; Polit & Hungler 1993:359-360; Polit & Beck 2006:93-95; Silverman 2002:201; Silverman 2005:258). In

ethnographic research, information provided usually includes "the purpose of the study; how long the study will last; what the subject will be asked to do; procedures that may result in discomfort or inconvenience; expected risks; expected benefits, including financial compensation; and how results from the project will be used" (Roper & Shapira 2000:121). In this study, participants were instructed about the purpose of this study, its content, likely duration, data recording techniques, risks and benefits and expected use of the data. They were welcomed to see a summary of the study when it was completed. Means of maintaining confidentiality and privacy were explained. 'Process consent' implies the researcher's willingness to renegotiate consent as the study continues, particularly if unforeseen events occur (Streubert Speziale & Carpenter 2006:62-65,222). Written signed consent was obtained, and while willingness to continue with the interview was taken as continued consent, the researcher was sensitive to the possible need to renegotiate consent. Roper and Shapira have noted that in ethnographic research "[t]he method of obtaining formal, written consent may conflict with cultural practices of group members" and also that "[r]egardless of whether permission from potential subjects is obtained with written contracts or verbal agreements, the investigator must provide a clear description of the research" (2000:121).

3.2.4.1.3 Principle of justice

The principle of justice includes the issues of the right to fair treatment and privacy. Participants' needs have priority over the research objectives. Confidentiality procedures, debriefings and referrals support this principle (Parahoo 2006:112; Polit & Beck 2006:90-93,95-96).

- *Right to fair treatment*

Participants have the right to fair treatment, which involves respect for each individual and ensuring that any commitments made by the researcher are honoured. This principle requires that a clear agreement is made regarding the subject's participation and the role of the researcher. Informed consent is thus a prerequisite for protecting a participant's right to fair treatment. The concept of fair treatment also includes respect for cultural and other forms of human diversity (Burns & Grove 2001:203; LoBiondo-Wood & Haber 2002:274; Polit & Beck 2004:149).

The issues which relate to this study include access to debriefing, and respectful and courteous treatment. The researcher made an effort to ensure that all participants were treated courteously, including such issues as keeping planned appointments, dressing appropriately (for example, not wearing trousers, avoiding exposure of shoulders and chest), and greeting respectfully with consideration of the age and culture of the participants.

- *Privacy*

The right to privacy implies that an individual should decide what personal information should be shared with others, and under which circumstances. Issues that are involved in the right to privacy include anonymity, confidentiality, and risk of invasion of privacy (Burns & Grove 2001:200-201; LoBiondo-Wood & Haber 2002:273; Polit et al 2001:82 - 83; Polit & Beck 2006:91). Confidentiality and anonymity are ethical problems of exploratory research (Brink & Wood 1998:326). When face to face interviews are conducted, anonymity is not an option, whereas confidentiality can be maintained. The names of those interviewed were not published in any draft or submission of this study, and while data was being analysed notes and tape recordings were kept in a safe place not accessible to other people. Names were deleted from the records when the study was completed. Quotations were referenced with alphabetical codes. Interviews took place in a setting where other people could not hear the conversation. The researcher's assistants were fully briefed and supervised, and understood that they must not talk about the findings or provide names of participants to anyone. The translator was also fully briefed on these issues.

There is a risk of invasion of privacy when asking questions of a personal nature, and coercive techniques must be avoided (Brink & Wood 1998:326; Leininger 1998b:129). The researcher endeavoured to gather only information that was relevant to the study, so as not to invade privacy unnecessarily (Van der Wal 2005:161). The participants were instructed at the beginning of the interview that they were not obliged to answer all of the questions.

3.2.4.1.4 Vulnerable subjects

The term 'vulnerable subjects' when used in a discussion of ethical principles, can be used to refer to people who are unable to give informed consent, may have diminished autonomy, or may be at increased risk of side effects. Participants of this type include

children, mentally ill or emotionally disabled persons, the severely ill or physically disabled, the terminally ill, the institutionalised or pregnant women (Burns & Grove 2001:197; LoBiondo-Wood & Haber 2002:281-283; Polit et al 2001:83-84; Polit & Beck 2006:97-98).

In this study, while it was considered important to learn about the views and experiences of the children who are the focus of the study (Prout & James 1997:8; UNICEF 2004a:24; Van der Hoek 2004:112; WHO 2002:138-139), "[s]ensitive research material … results when a study is concerned with deviance or social control and the possibility that participants could be identified, stigmatized, or incriminated exists" (Roper & Shapira 2000:122). There appeared to be a potential risk that children might be subjected to emotional or physical abuse if the relevant adults thought that they had provided negative information about the adults responsible for them, judging from life histories shared in professional and social encounters with the researcher before the study was planned. Some young adults who have been vulnerable children may still feel vulnerable and may still feel that their autonomy is diminished. The maxim "[d]o not put participants at risk, and respect vulnerable populations" (Creswell 2003:64) takes precedence over the ideal of collecting data directly from children.

Thus, in the second part of the study, adult informants from a variety of age groups were requested to participate. In the third part of the study, adults aged 18 and over who judged themselves at no risk of physical or emotional abuse as a result of participation in the study, were identified as respondents. As an additional safeguard, it was decided not to ask personal questions in the third stage of the study, such as "Have you been deprived of education?" Statements were phrased in objective terms, such as "Vulnerable children are those whose parents deprive them of educational opportunities", requiring a response from a four-point Likert scale. This was appropriate since the third stage of the study was exploring the concept of child vulnerability, rather than the lived experience of vulnerability.

3.2.4.2 Ethical considerations for protecting the community

The authorities in the community should be provided with adequate information to be able to provide informed consent on behalf of those providing data. Since the research was conducted in Tanzania, the researcher provided the relevant authorities, that is, The Tanzania Commission for Science and Technology (COSTECH) and the National Institute for Medical Research (NIMR) with detailed research proposals before

beginning the research. The HLH NIMR officer was advised of progress periodically. Approval from the ethics committees of COSTECH and NIMR was obtained. Ethical clearance was also obtained from UNISA, under whose auspices the study was conducted. Copies of the ethical clearance certificates from COSTECH, NIMR and UNISA are included in annexures J, K and L. In Haydom village, the VEO was provided with full information about the research; this information was presented to a village committee meeting and it was agreed that the research could be carried out, and that local leaders were willing to cooperate. While HLH was the researcher's full-time employer, the researcher did not undertake research activities during working hours, and did not collect data from any patients or clients of the facility (Van der Wal 2005:154-157).

Political implications that might affect the community need to be handled with care (Brink & Wood 1998:327); the researcher was aware that issues related to poverty, cross-cultural issues and children's rights can be sensitive (Lee 1993:2-5). Results that might reflect negatively on a community or may be unacceptable in some way need to be handled carefully, to avoid later problems such as unwillingness of an aid organisation to assist vulnerable children. The researcher was aware of the risk of creating or reinforcing negative cultural stereotypes (Hammersley & Atkinson 2007:213-217; Schostak 2006:51).

3.2.4.3 Ethical considerations relating to the scientific integrity of the researcher

Ethical considerations relating to the scientific integrity of the researcher relate to competence, altruism and the conduct of the research.

3.2.4.3.1 Competence and altruism

The competence of the researcher to undertake the proposed study was assessed and monitored by experienced UNISA staff. The advice of the promoters was sought and acted upon throughout the research process.

Although the research was expected to benefit the researcher in terms of completing a course of study, a motivating factor was that the experience gained thereby would be useful in her work of teaching Tanzanian nurse students. It is hoped that the data from this study may be useful in planning or supporting strategies to help vulnerable children

in Haydom. The researcher was constantly aware of the needs and suffering of members of the Haydom community, and wishes to do anything possible to alleviate that suffering. The researcher had no wish to be involved in "exploitation of those studied: that people supply the information which is used by the researcher and yet get little or nothing in return" (Hammersley & Atkinson 2007:217-218). For this reason, the researcher did not wish to simply conduct a theoretical concept analysis, but was also concerned to explore issues such as local indicators of vulnerability and locally acceptable strategies to help vulnerable children, that are likely to have a practical application.

Hammersley and Atkinson argue that an ethnographic researcher has a limited role to play in advocacy for a community (1995:286-287), suggesting that there is often "an underestimation of the difficulties involved, an overestimation of the likelihood of success, and a neglect of the danger of making the situation worse" (2007:229). The researcher notes this need to be cautious and that any sustainable changes need to be made with full involvement of the community (Budgen & Cameron 1999:274-275; Wass 1999:250-251). However, the researcher shares the view of Yamba who suggests that those who undertake research on children have a responsibility to advocate for them (2005:209).

3.2.4.3.2 Conduct of the research

The researcher was concerned to conduct the research according to ethical principles. The following are examples of some pertinent issues.

The researcher was concerned to present the results without manipulation. Some of the results of the analysis were not as expected, and in some cases conflicted with the researcher's personal views. For example, although she was aware of arguments against institutional care for handicapped children, she presented the informants' views that when handicapped children are not being cared for by families, institutions should provide care. The researcher took care to credit ideas and quotations from sources used, and to indicate direct quotes by the use of inverted commas, and to provide full details of references used (supplied as a list of sources in chapter 10 of this study).

The researcher used the assistance of the village leaders to recruit informants in the second stage of the study, so that they should not be known to her. It was noted that

friends might find it more difficult to refuse consent. Only three informants were recruited who were previously known to the researcher, late in the study, to address an imbalance in educational level of the informants. In all cases, informants were provided with information to enable them to provide informed consent, and were treated with the same respect and courtesy.

Pretesting of the data collection instruments was carried out and reported on, and data from this pretesting was not included in the analyses. In the second stage of the study, the use of the interview guide was flexible, however, and additional probing questions used depending on responses; also early use of vignettes was abandoned as they were not found to be useful.

During data collection, the researcher was aware of the need to protect participants' autonomy, dignity, anonymity and privacy, and took the measures outlined in sections 3.2.4.1 and 3.2.4.2. The researcher is committed to sharing the research findings, through publication, presentations and with individuals and organisations that may be able to take appropriate action or expand current efforts to reduce the suffering of vulnerable children in Haydom (Van der Wal 2005:157-162).

3.3 SUMMARY

This chapter has outlined methodological considerations for this study, including methodology for the first, second and third stages. The first stage of the study collected data from a literature review. The data from the literature review was explored using qualitative enquiry in the second stage of the study and tested using a quantitative method in the third stage of the study, in order to provide culturally appropriate data for Haydom. This aim is congruent with the observation that "the ultimate purpose of concept inquiry is to enable the researcher to delineate the phenomenon and transform it to an operationalization of the phenomenon" (Hupcey et al 1997:25). Measures to promote validity and reliability, and ethical issues were also discussed in this chapter.

CHAPTER 4

CONCEPT ANALYSIS FROM A REVIEW OF THE LITERATURE

> *"It was often stated in the groups that in African culture as soon as a child was in need they would be cared for. While the sentiment is generous, there are many children who have had to suffer in communities without adequate care, and in fact have experienced abuse … This contradiction has to be addressed, since romantic notions about care in Africa could be detrimental to planning and leave children without care" (Skinner et al 2006:623).*

4.1 INTRODUCTION

There is an identified need for local, culturally appropriate definitions of child vulnerability (Knudsen 2001:21-22; Schenk, Ndhlovu, Tembo, Nsune, Nkhata, Walusiku & Watts 2008:900; Skinner et al 2006:620) because "the degree and type of [child] vulnerability vary over time and between countries and are highly contextual" (World Bank 2004:7). To help understand the local situation in Haydom, chapters 1 and 2 of this study provide some background information, including aspects of the geography, demography and culture. Chapter 3 describes the methodology used in this study. This chapter reports on the non-empirical concept analysis using a literature review following Walker and Avant's proposed process for concept analysis as described in section 3.2.1.2.1 (2005:63-74). This is the first stage in the development of a locally appropriate definition of the concept 'child vulnerability'. This concept analysis produced a provisional definition and model which were then refined by qualitative enquiry and quantitative testing.

4.1.1 Objectives for the first stage of the study

Objectives identified for the first stage of this study were to investigate the concept of child vulnerability in the literature to clarify:

- antecedents of child vulnerability
- defining attributes of child vulnerability
- consequences of child vulnerability
- strategies that help vulnerable children.

The three aspects of antecedents, defining attributes and consequences are reported on in this chapter, while strategies are discussed following an integrative review in chapter 5. The terms 'antecedent', 'defining attribute' and 'consequence' are

components of the concept analysis process as described by Walker and Avant (2005:63-80).

Antecedents are determinants or causes of the concept, or events that occur prior to the occurrence of the concept (Kear 2000; Walker & Avant 2005:72-3).

Defining attributes are recurring characteristics (Walker & Avant 2005:68). Determining defining attributes involves “defining characteristics or salient features that assist in identifying the occurrence of the concept” (Rosenthal-Dichter 1997:35). Critical attributes are those which must be present for a concept to be applicable (Walker & Avant 2005:69). Empirical referents have been considered to be defining attributes that operationalise a concept (Walker & Avant 2005:73-74), although operational definitions encountered in the literature about child vulnerability also include antecedents and consequences.

Consequences are issues that follow the occurrence of the concept (Kear 2000) or are the result or outcome of the concept (Rosenthal-Dichter 1997:38; Walker & Avant 2005:73).

4.1.2 Relationships between antecedents, defining attributes and consequences

Concept analysis seeks to bring clarity; “[c]oncept analysis can be useful in refining ambiguous concepts in a theory” (Walker & Avant 2005:64). In this study, an attempt was made to analyse the concept ‘child vulnerability’ in a meaningful way, while recognising the complexity of the phenomenon. After examining the literature, the conclusion was reached that the critical attributes of child vulnerability are age under 18 years and deprivation; these served as an ‘anchor’ to situate antecedents and consequences.

Some of the differences between antecedents and consequences as defined in this study and as found in the literature relate to alternative theoretical perspectives (assuming that other authors have developed a theoretical perspective), but also appear to reflect the spiral and self-perpetuating nature of child vulnerability (as illustrated in table 4.1, figure 4.3 and discussed in section 4.7.2.4). The following examples illustrate this variability:

- In this study, orphanhood and child handicap are taken to be antecedents of child vulnerability because they appear to 'cause' deprivation, which concurs with Subbarao and Coury's view (2004:3-4), while orphanhood and child handicap have also been considered to be defining attributes (Skinner et al 2006:620,623; World Bank 2004:10).
- In this study, malnutrition is considered to be a consequence of child vulnerability because it is the result of deprivation of food, which concurs with Subbarao, Mattimore and Plangemann (2001:3), although malnutrition has also been considered to be a defining attribute (Skinner et al 2006:620).
- Exploitation (such as property grabbing and work overload) and abuse appear to cause (or worsen) economic and educational deprivation and are classified as antecedents to child vulnerability in this study. Exploitation and abuse can be considered to be consequences of vulnerability (Subbarao & Coury 2004:13,22); this is logical if one considers that orphanhood is the antecedent of vulnerability and deprivation of social and legal protection is the defining attribute of vulnerability.
- Use of marijuana by a vulnerable child might be considered an antecedent to economic loss, risky sexual behaviour and reduced nutrition; it might be considered to be a defining attribute or commonly occurring characteristic of child vulnerability in some communities; it might be classified as a consequence of lack of parental guidance and peer pressure (as used by informants in this study); it might be classified as a child initiated strategy for escaping from the unpleasant realities of life (McAlpine 2005:5; Thiele 2005:18; UNICEF 2003:30; World Bank 2004:120).

These examples illustrate how variables can be classified in different ways depending on the logic used, and even the local context may affect the classification of different aspects of a phenomenon when formulating an operational definition.

The researcher is aware of the possibility of alternative constructions for any of the concepts found in the literature and referred to in this chapter, and endeavoured to continuously and critically review the categorisations arrived at in the light of Walker and Avant's guidelines about the nature of antecedents, defining attributes and consequences (2005:68;72-73). The researcher is also aware of the fluid nature of concept analysis; a 'final' definition for a particular context is never reached as the passage of time brings changes in human phenomena, although a useful operational

definition may be arrived at that will need refining as time goes by.

Some of the literature specifies antecedents, defining attributes and consequences clearly, using comparable terms as noted in tables 4.3, 4.8 and 4.17. Some studies are less specific in their terminology, and operational definitions use a variety of antecedents, defining attributes and consequences as identified from an analysis of informants' views in this study (discussed further in section 4.7.6).

This apparent conceptual confusion reflects the complex nature of human phenomena such as child vulnerability, and the influence of interacting factors such as the context and the time sequence of events. These relationships concur with Chinn and Kramer's comments that "[s]ome theories place antecedents in a causal relationship with those that follow. Other theories rest on a philosophic view that rejects the idea of causation. Instead, the ideas of influence or affect are used to explain relationships over time … Consequents can also imply causation" (Chinn & Kramer 1995:93; 2008:209). Analysis of complex concepts relating to human behaviour does not always result in each aspect falling neatly into one particular category (Liu 2004:706). Table 4.1 shows theoretical examples of spiral relationships between concepts related to child vulnerability; the lines in this table are to be read in sequence.

TABLE 4.1: THEORETICAL EXAMPLES OF THE SPIRAL RELATIONSHIPS BETWEEN CONCEPTS RELATED TO CHILD VULNERABILITY

ANTECEDENT	EXAMPLE OF DEFINING ATTRIBUTE(S)	EXAMPLE OF CONSEQUENCE
Loss of parent from HIV/AIDS	Discrimination by community, Orphanhood	Psychological and behavioural problems
Behavioural problems	Poor school performance	Reduced employment possibilities for youth
Youth unemployment	Poverty	Lack of access to health care, poor nutrition for youth and younger siblings
Lack of access to health care, poor nutrition for all family	Poor physical health	Reduced work and agricultural productivity

Table 4.2 suggests that a concept such as poverty can be considered in different ways depending on the aspect of vulnerability that is being analysed. For example, "[i]t is not only that poor people are in ill-health: ill-health causes poverty" (Claeson & Waldman 2000:1239). Walker and Avant's suggestion that "an antecedent cannot also be a

defining attribute for the same concept" (2005:73) is debatable as some phenomena appear to be 'self-impregnating'. For example, the concept 'poverty trap' implies that poverty (as an antecedent) appears to be related to poverty (as a defining attribute) which appears to lead to further poverty (as a consequence). In table 4.2 each row represents a different situation in which poverty may be an antecedent, a defining attribute or a consequence.

TABLE 4.2: THEORETICAL EXAMPLES OF CONTEXTUAL VARIATION IN USE OF THE CONCEPT 'POVERTY'

EXAMPLE OF ANTECEDENT	EXAMPLE OF DEFINING ATTRIBUTE(S)	EXAMPLE OF CONSEQUENCE
Poverty	School exclusion	Reduced employment possibilities
Poor productivity	Poverty	School exclusion
Parental death	Orphanhood, land and property grabbing by relatives	Poverty

4.1.3 Concepts analysed in this study

Key concepts were derived from the title of the current study including 'child' and 'vulnerability'. The concepts 'orphan' and 'resilience' occurred repeatedly in the literature and thus emerged as important to clarify; the concept 'culture' was analysed because of the importance of the cultural context in this transcultural nursing study. These concepts were analysed to provide background clarification of the phenomenon under investigation.

'Vulnerability' is viewed as an encompassing concept with the word 'child' as the qualifier for 'vulnerability'. 'Vulnerability' forms the primary focus of the analysis of the concept 'child vulnerability' with 'child' the secondary qualifying concept for the concept 'vulnerability'. The term 'child vulnerability' is then presented as a compound concept.

4.2 ANALYSIS OF THE CONCEPT 'CULTURE'

The exploration of the concept 'child vulnerability' in the empirical stages of this study is within the local cultural context and a key issue in this study is that the operational definition should be culturally appropriate. Culture influences perceptions of all aspects of child vulnerability and its management, and the researcher needs to be sensitive to the influence of her own culture as well as the influence of local cultural factors on the study findings. Thus the concept of culture has dual importance in this study.

4.2.1 Uses of the concept 'culture'

Dictionary definitions of the concept 'culture' include the idea that culture is socially transmitted, rather than genetically inherited, and involves thought, speech, ideas, beliefs, knowledge, action, customs, ways of behaving, manners, taste, institutions and artefacts. These factors form a basis for social action in a group of people at a specific place at a particular time in history, and are transmitted from one generation to another (Cambridge Dictionaries Online 2008a; Collins Concise Dictionary 1995a:317; Collins Shorter Dictionary and Thesaurus 1995a:172; Dictionary.com 2008a; Macmillan English Dictionary for Advanced Learners 2002a:338; The New Penguin English Dictionary 2001c:339; Webster's Reference Library Concise Edition Dictionary and Thesaurus 2008a:81). Synonyms linked to the concept 'culture' include traditions, customs, ethnicity, ethnic group, society, civilisation, folkways, mores, ethos, custom, tradition, time-honoured practice, folklore, heritage and socialisation (Microsoft Word Thesaurus 2007a; Roget's International Thesaurus 1992a:249,299; Thesaurus.com 2008a).

Culture has been defined as "a specific, historically contingent, way of life, which is expressed through its specific ensemble of artefacts, institutions and patterns of behaviour … culture pertains to that huge proportion of human knowledge and ways of doing things that is acquired, learned and constructed, this is, not innate to a newborn child" (Rapport & Overing 2000:93). Helman suggests that culture involves guidelines which tell people how to view the world, how to experience it emotionally and how to behave. Helman further considers culture to be a 'lens' through which people understand the world (2007:2).

Culture is also described as "a shared set of norms, values, assumptions and perceptions (both explicit and implicit), and social conventions which enable members of a group, community or nation to function cohesively" (Schott & Henley 1996:3). Leininger describes culture as "the learned, shared and transmitted beliefs, values and lifeways of a designated or particular group that are generally transmitted intergenerationally and influence one's thinking and actions modes" (2002c:9). Other issues relating to culture include that the rules of behaviour may be explicit, manifest and readily recognized or implicit, covert and ideal; there may be material and non-material expressions, symbols and ceremonies; there may be considerable variations within a particular cultural group (Leininger 1995:61-62). Culture is learned (rather than inborn), shared (by the members of the group) and dynamic (ever-changing in response

to new situations and pressures) (Holland & Hogg 2001:3). These views of the concept ‘culture’ concur that it involves socially transmitted ideas, knowledge and behaviour patterns which direct social action.

The Swahili term *‘utamaduni’* (English-Swahili Dictionary 2000a:181-182; A Standard Swahili-English Dictionary 1995a:448; Swahili-English Dictionary 2001a:351) is used to mean culture or civilisation while *‘mila’* or *‘mila na desturi’* are used to mean culture in the sense of habits, traditional values and customs (English-Swahili Dictionary 2000b:839; A Standard Swahili-English Dictionary 1995b:280; Swahili-English Dictionary 2001b:203).

4.2.2 Antecedents to the concept ‘culture’

The concept ‘culture’ presupposes that people live in social groups and that at least some of those people are able and willing to learn from childhood onwards about the assumptions and expectations that are common to the members of that society. New cultural patterns arise when cultural adjustment takes place (Andrews & Boyle 1999:530-531; Leininger 2002c:9-10). The common expectations provide a basis for individual and group decisions such as what action to take when children are orphaned. The possibility of cultural adjustment means that change is possible, for example new solutions may be found to old problems such as parental abandonment or to new problems such as an increased number of double orphans whose parents have died from HIV/AIDS.

4.2.3 Defining attributes of the concept ‘culture’

The concept of culture encompasses aspects of social life and behaviour that are not genetically inherited but are learned from other members of society. Culture includes intrapersonal factors such as ideas and beliefs, interpersonal factors such as communication patterns and extrapersonal factors such as artefacts. Intrapersonal factors in this study include health beliefs; interpersonal factors in this study include the way families function and extrapersonal factors include health facilities available to the community.

4.2.4 Consequences of the concept ‘culture’

Culture guides individuals in their decisions and actions and enables members of a particular group or society to function cohesively. Since culture guides behaviour, it is

important for community health workers to understand the culture of the community that they are serving, so that health care activities may be culturally congruent, that is, acceptable and appropriate to that community (Andrews & Boyle 1999:268-273; Holland & Hogg 2001:61-77; Leininger 2002b:128-129), and cultural imposition can be avoided (Andrews & Boyle 1999:4-5; Luckman 1999:277). Culture is not necessarily a barrier to community development; the strengths of a culture can be incorporated into community programmes (Simon 2002:100). Understanding the cultural context and cultural views of child vulnerability in Haydom enables health workers to work effectively with the community to identify and help vulnerable children.

4.3 ANALYSIS OF THE CONCEPT 'ORPHAN'

The concept 'orphan' recurs in the literature as an antecedent, a defining attribute and an empirical indicator of child vulnerability. The term 'orphans and vulnerable children', often abbreviated to OVC, has been much used in the literature, for example by Family Health International (2003), International HIV/AIDS Alliance (2002), Skinner et al (2006:619), Subbarao and Coury (2004:1-10), and World Bank (2004). The term 'orphan' thus appears to be an important concept in relation to child vulnerability in this study. Roalkvam suggests that "[i]f we seek an understanding of how communities cope, why children are taken care of and why they are not … we need a more culturally specific definition of orphanhood and the system of relationships that produces it" (2005:214-5).

4.3.1 Uses of the concept 'orphan'

Dictionary definitions of the concept 'orphan' suggest that an orphan is a child who has lost one or both parents (Allwords.com 2008a; Cambridge Dictionaries Online 2008b; Collins Concise Dictionary 1995b:944; Macmillan English Dictionary for Advanced Learners 2002b:1002; The New Penguin English Dictionary 2001d:986). The term 'orphan' may also denote someone who is unprotected or unsupported, or lacking care or supervision (Dictionary.com 2008b; Wordthrill.com 2008a). The related term 'orphanage' is considered to be "a residential institution for the care of orphans" (Webster's Reference Library Concise Edition Dictionary and Thesaurus 2008b:230) or "an institution for orphans and abandoned children" (Collins Concise Dictionary 1995b:944) which suggests similarities between orphaned and abandoned children. Thesaurus linked concepts include stray, urchin, survivor, derelict, abandonee, bereaved, bereft, deprived, parentless, fatherless, motherless, forsaken, foundling and

waif (Microsoft Word Thesaurus 2007b; Roget's International Thesaurus 1992b:204, 238, 297; Thesaurus.com 2008b).

The concept 'orphan' generally relates to a child; the age limits for defining an orphan vary and may be a child up to 15 years of age or up to 18 years of age; the concept includes the idea of a child who has suffered the loss of parent, parents or primary caregiver (Family Health International 2003:15; Smart 2003:3; UNICEF 2004a:6). The term 'orphan' may be used beyond the age of 18 years, for example, a study in Uganda found that "among *Langi* one does not cease being an orphan at the age of 18. Children remain orphans as long as they are dependent on the foster family" (Oleke 2005:2).

Maternal and paternal orphans can be considered to be those who have lost their mother or father respectively (Subbarao & Coury 2004:3). Double orphans are children who have lost both parents (Subbarao & Coury 2004:3; UNICEF 2004a:6); total orphans are all the children who have lost a parent or parents (UNICEF 2004a:6). An AIDS orphan has been defined as a child who is HIV negative who has lost his/her mother or both parents to AIDS before the age of 15 years (Subbarao et al 2001:2).

Some researchers have experienced problems with the international definitions of the concept 'orphan', and have suggested the use of additional concepts, such as parents who are unable or unwilling to provide care (Skinner et al 2006:620;622-623), and children of living, ill, dying or deceased parents whose needs are not met (Roalkvam 2005:214-5). Other authors use the term 'social orphans' for children whose parents may be alive; for example, children who have been abandoned and whose parents cannot be traced (Division of Social Welfare, Government of Botswana 1999:9, cited in Daniel 2005:195; Philpot 2006:24–25) or children whose parents are not fulfilling their parental duties, such as drug addicts and parents who abusive (World Bank 2004).

Jones describes her problem with the concept of orphan; "[i]t was clear from the fieldwork that there was incongruence between 'global' (i.e., international development organisations) and 'local' notions of orphanhood … One great-grandmother described three types of orphan: '*There are orphans where the parents are dead, orphans where the parents have abandoned them, and orphans where the parents cannot afford to care for them*' " (2005:165). Researchers in Rwanda note that "community perceptions of orphanhood are not static and that a diverse range of children are often referred to as orphans" (Veale, Quigley, Ndibeshye & Nyirimihigo 2001:x). In Rwanda, the term

'orphan' was found to be applied to children who had lost one or both parents, and also for those with difficulty accessing shelter, food, education and other needs (Veale et al 2001:xi-xii). These broader definitions of the term 'orphan' may reflect cultural and linguistic considerations; they are congruent with descriptions of the concept of child vulnerability, such as those of Germann (2005:17), Lindblade, Odhiambo, Rosen and DeCock (2003:71) and Subbarao and Coury (2004:13-18).

The Swahili term *'yatima'* appears to be the equivalent term for the English terms 'orphan' 'motherless' or 'fatherless' (English-Swahili Dictionary 2000c:561; A Standard Swahili-English Dictionary 1995c:534; Swahili-English Dictionary 2001c:367) while the term *'mkiwa'* refers to anyone who is bereaved or solitary (English-Swahili Dictionary 2000c:561; A Standard Swahili-English Dictionary 1995d:212; Swahili-English Dictionary 2001d:154). The book produced in Manyara region of Tanzania entitled *'Ushauri kwa walezi wa yatima'* (Advice to those bringing up orphans) (Maanga 2004) consistently uses the term *'yatima'* to refer to only children whose parents have died.

4.3.2 Antecedents to the concept 'orphan'

Death of a parent or parents from any cause (or a specific cause) is antecedent to the concept 'orphan'. Abandonment and neglect are considered to be antecedents to the concept 'orphan' in some cultural contexts.

4.3.3 Defining attributes of the concept 'orphan'

An orphan is a child (as discussed in section 4.5) who has lost one or both parents by death or abandonment, and has not been legally adopted into another family. While the concept 'orphan' has been used in many studies as a proxy indicator of child vulnerability and would appear to be relatively easy to operationalise, the term would appear to need clarifying in local linguistic and socio-cultural terms.

4.3.4 Consequences contained in the concept 'orphan'

Since an orphan is a child, he is dependent on adults to help meet his needs. Parents are normally primarily responsible for meeting a child's needs; in their absence an orphan is likely to experience deprivation. Orphanhood is thus an antecedent to child vulnerability, which involves deprivation and neglect of rights. This deprivation may affect any aspect of a child's physical and psycho-social well-being, growth and development. Educational and emotional deprivation, and outcomes such as poor

physical growth and depression are some of the many problems that have been identified as occurring more frequently in orphans than non-orphans (Andrews, Skinner & Zuma 2006:269-276; Subbarao & Coury 2004:11-23).

4.4 ANALYSIS OF THE CONCEPT 'RESILIENCE'

Resilience was found to be a recurring theme in the literature about vulnerable children; it relates to ability to cope with or overcome vulnerability. Resilience may be considered to be the antithesis or 'a contrary case' to vulnerability (Daniel 2005:196; World Bank 2004:7); exploring this concept helps to clarify the nature of vulnerability. 'Enhancing resilience' can be considered to be a strategy to help vulnerable children (Germann 2005:252; Mwaipopo 2005:10), since a strategy is "a plan or method devised to meet a need" (The New Penguin English Dictionary 2001e:1392), and resilience describes the attitudes and skills which use even limited resources as strategies to cope with hardship and deprivation.

4.4.1 Uses of the concept 'resilience'

Dictionary definitions of resilience relate to an ability to recover from, or continue in spite of misfortune, illness, depression, or hardship (Collins Concise Dictionary 1995c:1139; The New Penguin English Dictionary 2001f:1190; Webster's Reference Library Concise Edition Dictionary and Thesaurus 2008c:280). Thesaurus linked synonyms include lighthearted, buoyant, recuperative, changeable, adaptable, pliant, flexible, elastic, hardiness and toughness (Microsoft Word Thesaurus 2007c, Roget's International Thesaurus 1992c:95,320,647,811). Antonyms include rigidity (Microsoft Word Thesaurus 2007c).

Resilience can be considered to describe characteristics of children who can cope with and even do well in spite of many changes in their environment. Observed behaviour of resilient children includes maintaining strong attachments to adults or peers, seeking out positive role models, having confidence to act and control different aspects of their lives, and a tendency to think before acting (Arntson & Knudsen 2004:9-10).

A meta-analysis of studies relating to resilience in children reports that resilient children are resourceful, have self esteem and self confidence, have a repertoire of social problem solving techniques, are able to 'bounce back' when faced with difficult life circumstances, and develop into sane and well integrated adults. Personality

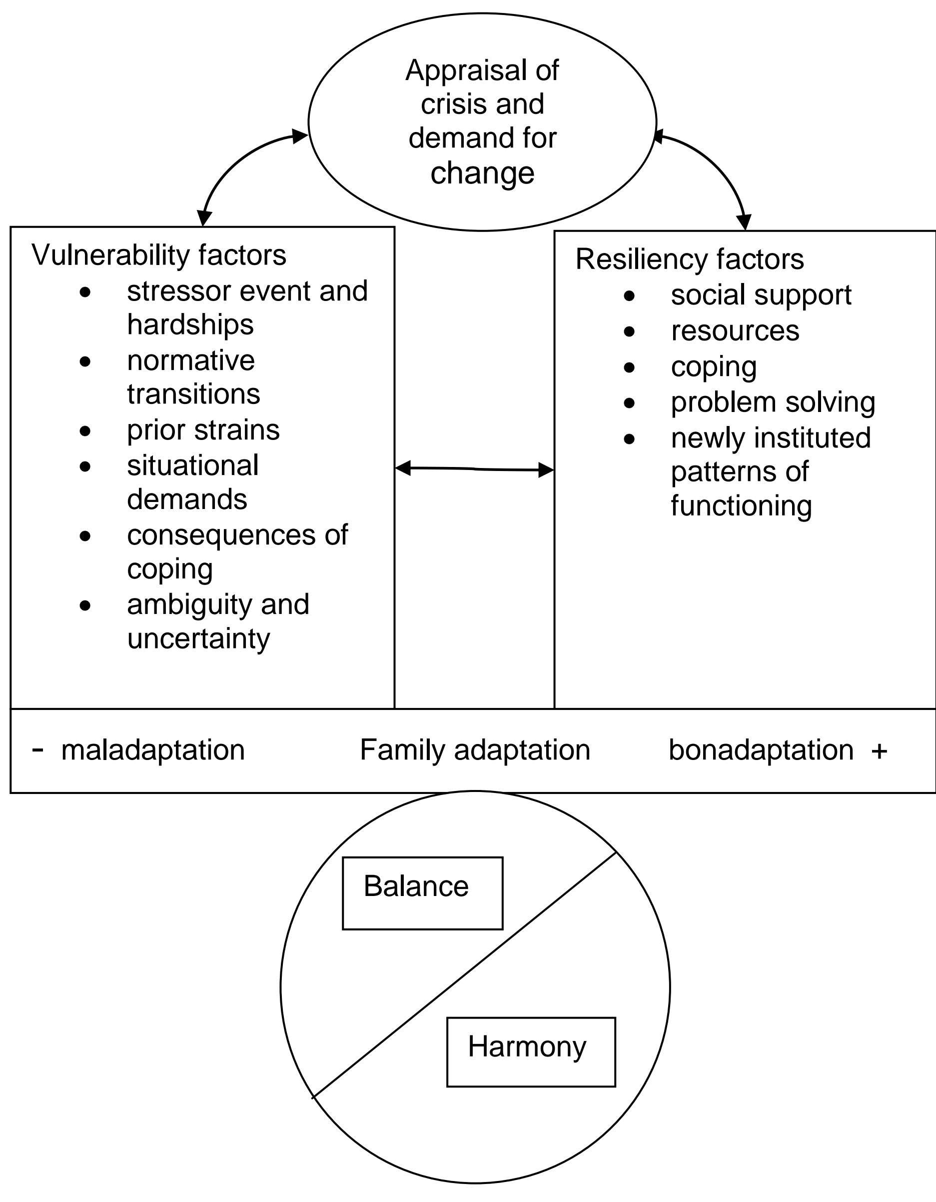
characteristics combine with resources or assets in the child's environment to promote a child's ability to cope with problems. Resilience is described as a dynamic concept, affected by the interplay of internal and external factors (Snider & Dawes 2006:14-16).

In the context of child vulnerability, resilience can be considered to relate to forces within the child. "Richter draws our attention to children's resilience in the face of extreme adversity, the essence of which is based on 'the intrinsic biological processes which drive child development where children actively seek out these formative experiences even in conditions of extreme difficulty' " (Richter 2003:12, cited in Townsend & Dawes 2004:70). Other authors (for example the United Republic of Tanzania. Research and Analysis Working Group 2004:22) appear to consider resilience as more related to external factors, such as human, social, political, natural, physical and financial assets. Resilience can be described in social terms; "[p]rotective and vulnerability processes operate at three broad levels: the community (eg social networks), the family (eg caregiver warmth or maltreatment) and the child (eg social skills)" (Luthar, Cicchetti & Becker 2000, cited in Daniel 2005:196).

A literature search in a study of child-headed households in South Africa suggests that resilience is a complex concept relating to many factors including extrinsic and intrinsic factors. The authors conclude that "children growing up under conditions of extreme poverty and/or adversity vary in the degree to which this affects their development: the relative resilience has been shown to be related to the specific risks (vulnerabilities) and protective factors (strengths) that operate in their particular circumstances" (Donald & Clacherty 2005:21). Important vulnerabilities and strengths for children in child-headed households are differentiated. Vulnerabilities include lack of access to school and social services, poor nutritional status and emotional vulnerabilities, while strengths identified include development and use of social networks (Donald & Clacherty 2005:21-28).

It is suggested that resilience may be considered as a dynamic process of adaptation to adversity (Luthar et al 2000:543, cited in Daniel 2005:196), and as a preferred alternative to the term 'invulnerability' because it expresses better the idea of relativity (Schaffer 1996:215). It is proposed that "[v]ulnerability and resilience are two poles of the same concept. Resilience is not a fixed attribute of the individual, rather it is enhanced by the presence of one or more protective factors" (Daniel 2005:196). However, the Resiliency Model of Family Stress, Adjustment and Adaptation suggests a

different view, as shown in figure 4.1. In this model, family adjustment is affected by the balance of demands and protective factors; when maladjustment takes place a crisis occurs which demands adaptation. The process of adaptation is affected by the balance of vulnerability and resiliency factors, and may result in maladaptation or bonadaptation (that is, positive coping outcomes). Vulnerability factors include stressor events, transitions, ambiguity and uncertainty, while resiliency factors include social support, resources, coping and problem solving mechanisms (McCubbin & McCubbin 1993, 1996, cited in Friedman, Bowden & Jones 2003:470-475).



Friedman et al 2003:473

Figure 4.1 Factors in family adaptation, adapted from the Resiliency Model of Family Stress, Adjustment and Adaptation

Germann notes that resilience can be considered to involve three major facets: external support and resources (environment), internal make up, belief and attitudes (ideology) and interpersonal skills (character traits) (2005:248-250). The term ‘perseverance’ is occasionally found in the literature in relation to children’s coping skills (Germann 2005:312; Mwaipopo 2005:99). Resilience is found in different cultures of the world, for example Van der Hoek investigated the experiences of economically poor children growing up in Holland, and notes that “[w]hat is striking is that the majority of the children interviewed demonstrate reactions that involve active steps with the intention to change the difficult situation. Hence, these children are not just passive victims of the poverty situation they grow up in … several earn additional money through spare-time jobs, mostly a newspaper round” (2004:119).

Swahili translations of the term ‘resilient’ such as *‘-a kunepa’, ‘-a kunyumbuka’* (English-Swahili Dictionary 2000d:670) apply to flexibility in inanimate objects. The research assistants in this study advised the use of alternative translations such as *‘kuwa na maarifa kuvumilia’* (having coping skills) to attempt a translation of the term ‘resilient’.

4.4.2 Antecedents to the concept ‘resilience’

An antecedent to resilience is the presence of one or more protective factors; these are related to external resources, internal value systems and interpersonal skills. The presence or absence of these factors may not be obvious until an adverse life situation occurs, when they are found to be available, in the case of resilience, or unavailable in the case of vulnerability. When exploring the concepts of child resilience and vulnerability, it is helpful to identify the individual, family and community protective factors that make up resilience. Where these factors are lacking, vulnerability is likely to occur. Where a protective factor is present, it may be able to be developed to promote resilience as a strategy to help reduce vulnerability.

4.4.3 Defining attributes of the concept ‘resilience’

Resilience is the dynamic interaction of external resources, internal value systems and interpersonal skills that occurs in order to cope with or overcome adversity. In the case of child resilience, the child is actively involved in the process of utilising one or more of these factors in order to reduce his vulnerability.

4.4.4 Consequences contained in the concept ‘resilience’

Being able to cope with or overcome adversity results in a child continuing to develop into a mature and sane adult, or adapting to a crisis and regaining balance and harmony. Resilience helps to reduce the negative consequences of vulnerability and promotes recovery from trauma; it is ‘self-empowerment’ which helps the child to maintain his self-confidence and feeling of control of his life (Boyden & Cooper 2007:1; Sengendo & Nambi 1997:108).

4.5 ANALYSIS OF THE CONCEPT ‘CHILD’

The concept ‘child’ is a modifier for the term ‘vulnerability’; these two concepts make the composite concept of ‘child vulnerability’ which is the central focus of this study.

4.5.1 Uses of the word ‘child’

Dictionary definitions of the concept ‘child’ include the ideas of being unborn, a young human being, before puberty, between infancy and youth and from birth to 14 years of age (Allwords.com 2008b; Macmillan English Dictionary for Advanced Learners 2002c:234; The New Penguin English Dictionary 2001g:238-239; Webster’s Reference Library Concise Edition Dictionary and Thesaurus 2008d:56). In addition to the issues of age and maturity, some definitions reflect the idea that a child is a member of a family, a son or daughter, a descendant, or a member of a clan or tribe (Cambridge Dictionaries Online 2008c; Collins Concise Dictionary 1995d:231; Thesaurus.com 2008c; Wordthrill.com 2008b). A child is also seen as “a person who is strongly influenced by another or by a place or state of affairs” (The New Penguin English Dictionary 2001g:238-239). Synonyms suggested for the concept ‘child’ include little one, innocent, simple soul, heir, offspring, youngster, young person, kid, adolescent, infant, baby, teen, teenager, juvenile, youngster, youth and progeny (Microsoft Word Thesaurus 2007d; Roget’s International Thesaurus 1992d:232;336;440;671; Thesaurus.com 2008c).

Cowan discusses children and adolescents in terms of individuals up to the age of 21 years. She considers that the neonatal period extends from birth to one month, infants are from one month to one year of age, the toddler period is up to three years of age, the preschool period is up to five years, the school-age period is up to ten years and adolescence is from 11-21 years (Cowan 2004:616-624). Some authors find it hard to define adolescence in terms of chronological years, and suggest it is “the period roughly encompassing the teen years” (Allender & Spradley 2001:562) or “defined as beginning

with the onset of puberty and ending with the achievement of a certain level of maturity" (Schurman, Hancock, Fast & Murphy 1994:542) or "until the person is physically and psychologically mature, ready to assume adult responsibilities and be self-sufficient" (Murray 2001:525).

Sommers discusses the related term 'youth' and concludes that there are major differences in definition of the age groups involved in this term, which relate to cultural, situational and gender issues. He suggests that adolescent girls and young women are often left out of youth programmes since they tend to marry earlier and be less visible. He notes that "the youth population in the Kakuma camps [in Kenya] was defined as everyone between ages 7 and 40 … *Save the Children*'s working definition of youth will be all people between the ages of 13 and 25. However, this definition is recommended only as a starting point. Each program should define youth and determine its youth target population according to the cultural context in which it will operate" (2001:3).

While the age of 18 years is commonly accepted as the end of childhood, a child may agree to medical treatment without parental consent from the age of 14 years in South Africa; in Sri Lanka girls as young as 12 years old may be married with the consent of their parents; in Ethiopia, an individual may make a will alone from the age of 15 years of age (Smart 2003:3).

The United Nations' Convention on the Rights of the Child states that "a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (United Nations 1989:2). The World Bank has suggested that children be defined as those aged zero to 14 years and youth as those 15-24 years. However, the World Bank notes that definitions for orphans and vulnerable children tend to be age specific, for example, street children may include youth up to the age of 22 years. This organisation advises that when assessing child vulnerability issues it is reasonable to base a definition on that of the United Nations, but adjust for important group characteristics and local definitions (World Bank 2004:6). This view is echoed by Skinner et al, who found that "age definitions were felt to depend on the period of dependence of the child on the parents or caretakers of the household. The period of dependence could be extended considerably by many situations, including unemployment, extended studies, physical or mental handicap, or severe illness. Such individuals would not be considered as children, but would remain dependent and remain part of the load on the household" (Skinner et al 2006:622). This dependence

means that “[w]hether in the developed or the developing world they [i.e. children] face the most obstacles in making their local reality felt and are the most mediated by others in the process” (James, Jenks & Prout 1998:145). The legal definition of the term ‘child’ in Tanzania is below the age of eighteen years (Gado, J. 2009. Personal interview, 8 June. Haydom; Marcel, N. 2009. Personal interview, 14 June. Haydom).

Arntson and Knudsen note that “views of children are culturally and historically constructed, and they reflect the values, needs and practices of each society” (2004:5). James et al suggest that “the status identity of ‘child’ is, in Western societies at least, predicated on a particular conception of children’s action … ‘children play while adults work’ ” although “[t]here is a longstanding acknowledgement of children’s work outside the industrialized ‘North’, recognizing its wide variety and complex character” (1998:90,103). Arntson and Knudsen discuss many aspects of childhood such as distinctions between child work and child labour (1998:108-115). It has been asserted that “during the twentieth century, a specifically European conception of childhood was exported to the third World. … But in the Third World, this had the effect of rendering deviant or criminal much of working class life and many of children’s everyday activities” (James & Prout 1997:4). The issue of children working is discussed further in section 4.7.3.5.3.

Childhood is a social construction; although there are cross-cultural similarities and variations it is understood as an entity in all societies. Its construction not only varies between different societies, but in the same society over time. It is a variable of social analysis which cannot be entirely separated from other social variables such as class, gender or ethnicity. The concept includes aspects such as roles, needs, perceptions and meanings attached to life. While the physical immaturity of children is a biological fact, the way that childhood is understood is a cultural fact (James & Prout 1997:3-5; Prout & James 1997:7). Daniel and Ivatts concur that childhood is socially constructed and in their text which discusses children and social policy, they state that “[t]here are no natural cut-off points … we have taken the socially determined transition age from primary to secondary schooling - eleven - as our boundary” (1998:2).

Archard contends that “[a]ll cultures appear to have known that children are importantly different from adults. But we cannot with confidence claim to know what these differences actually are, and what limits they set to childhood … After all, the way we

see the difference between children and adults owes everything to what concerns us about being adults in an adult world" (1993:28). The antonym of the concept 'child' is the term 'adult', which Allender and Spradley suggest can be defined as a person aged 18 to 64 years, although "[t]he term adult has many different meanings in our society. When we are children, an adult is anyone in authority, including a 14-year old babysitter" (Allender & Spradley 2001:581). This points to childhood as a period of dependence, without authority in particular areas of life. Adulthood has also been defined as "a composite of educational attainment, income, mental and physical health and relationship satisfaction" (Racusin, Maerlender, Sengupta, Isquith & Straus 2005:203). This would suggest that childhood involves limited educational attainment, dependence on others for resources, and incomplete mental, physical and relational development.

An overview of the literature suggests that the term 'child' refers to an inherently dependent state which creates the possibility of deprivation for any child. The term 'child' implies lack of physical and psychological maturity, and involves age considerations. Expectations of childhood are affected by socio-cultural perceptions. These factors are important in this study, as they affect the antecedents, defining attributes, consequences and strategies related to child vulnerability. The importance of socio-cultural perspectives relating to the child is one justification for the use of a qualitative research design method for the second stage of this study. The importance of age considerations affected the sampling criteria for the third stage of the study.

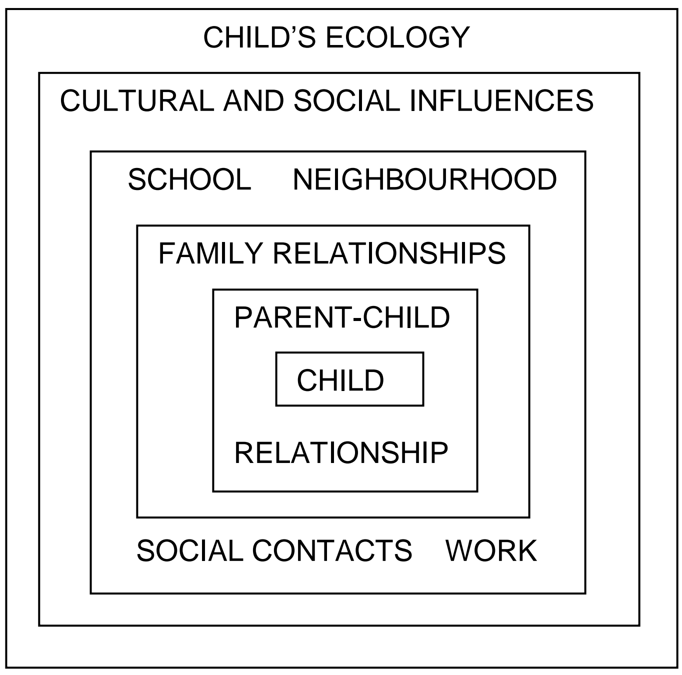
Swahili translations for 'child', which also carry the meaning of 'offspring', include *'mtoto'* (English-Swahili Dictionary 2000e:120; A Standard Swahili-English Dictionary 1995e:310; Swahili-English Dictionary 2001e:228) and *'mwana'* (English-Swahili Dictionary 2000f:756-757; A Standard Swahili-English Dictionary 1995f:150; Swahili-English Dictionary 2001f:234).

4.5.2 Antecedents to the concept 'child'

Societal understanding of the 'term' child is determined by perceptions of childhood in the particular cultural context. The assigned value and roles and the perceived needs of a child are socially constructed. The meaning attached to the term 'child' depends on the way the child is seen to be different to adults, for example in respect to his physical immaturity, his dependence and his chronological age.

4.5.3 Defining attributes of the concept 'child'

Chronological age criteria for childhood in different sources vary, such as up to 14 years, 18 years, or 22 years. A child is physically and mentally immature. This immaturity means that a child is dependent on other people for survival during infancy. A child is variably dependent on other people after infancy. His roles are delineated within his cultural context. A study relating to children needs to clarify the context-specific legal and socio-cultural understanding of childhood if results are to be interpreted meaningfully and appropriate recommendations are to be made. The child functions within a social context, as depicted in the developmental-ecological model shown in figure 4.2 (Aldgate 2006:28-29; Seden 2006:39).



Aldgate 2006:28-29; Seden 2006:39

Figure 4.2 A developmental and ecological framework

The cultural context of a child is an important factor when considering normative expectations, deprivation and appropriate strategies for protecting them. Aspects of the cultural context include kinship and social factors, political and legal factors, and economic factors as described in Leininger's sunrise model to depict theory of cultural care diversity and universality (Leininger 1991:43; Leininger 2002a:80).

An African adaptation of the model depicted in figure 4.2 could include parents, extended family, community, national society and international society as supporting

networks responsible for protecting and providing for children, as discussed in section 5.4.8.

4.5.4 Consequences relating to the concept 'child'

The consequences of the physical and mental immaturity of children are that societies usually place limited responsibility on children. This limited responsibility is manifested in various ways in different societies, such as adults being expected to take responsibility for them, they are not expected to vote, and there are limited sanctions applied to children. The relative immaturity of children also means that they need help to meet their needs; children's needs are met in various ways to different extents in different situations, families and societies. The child's needs are not met if other people do not accept some responsibility for meeting those needs. This means that any child may experience deprivation of one or more of his needs.

Children have various needs which must be met to allow them to develop normally which have been categorized in different ways; Maslow has identified these needs as physiological, safety and security, love and belonging, self-esteem and self-actualisation (Potter & Perry 1999:437; Walsh 2002:11). Children's rights relate to their needs; they have a limited 'voice' in society, so their rights need to be protected by adults who are willing to advocate and act on their behalf, through a variety of channels and mechanisms including family, community and state (Archard 1993:110-121). The importance of children's psychological needs is recognised (Dowling 2000:49); psychological factors may be particularly important for the development of children who expect or experience significant loss, as these children need to grieve and come to terms with their loss (Baggaley & Needham 1997:874; Subbarao et al 2001:19). Children also have spiritual and moral needs (Seden 2006:51-53); social and cultural needs also affect a child's development (Schofield 2006:200-203; Bailey 2006:215-217).

The needs of children have given rise to the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations in 1989, and ratified by all countries in the world except Somalia (Subbarao & Coury 2004:121). According to this convention, children have the right to

- be treated without any discrimination
- protection of their best interests by state authorities
- life, survival and development

- preservation of identity
- express their views
- protection from injury and abuse
- appropriate alternative care by state authorities if deprived of family support
- the highest attainable standard of health including access to primary health care, nutritious food and clean drinking water
- a standard of living adequate for their physical, mental, moral, social and spiritual development
- education that develops the child's personality, talents and physical and mental abilities
- enjoy his or her own culture, religion or language
- rest and leisure
- protection from economic, sexual and other types of exploitation, torture and degrading treatment (UNICEF 1989:2-14).

However, it has been noted that there are often differences in the interpretation and implementation of the Convention on the Rights of the Child; socio-economic and cultural realities may be incongruent with the international and national legislation (Boyden 1997:213). This view is echoed by Munro, who states that "[w]hen we move from the high levels of abstraction found in the articles of the convention [on the Rights of the Child] to the specific way each country perceives and treats children, we find considerable diversity. Societies vary in their basic concepts of childhood and family, in their beliefs about the relationships between children and parents, and in the relative duties and powers of parents and the state" (2002:28). Rights-based approaches to development hold institutions and powerful people accountable to those with less power, and use participatory and empowering approaches. Rather than focusing on human needs, which may create dependency on development agencies, rights-based approaches start by identifying violations of human rights; "[c]hildren's rights are helpful for bringing justice, services and protection to children. They provide a common basis for NGOs [non-governmental organisations], churches and government authorities to work together to improve children's lives" (Stephenson 2006:3). UNICEF (2005:1) states that "[i]t is hard to avoid the conclusion that we, the adults of the world, are failing in our responsibility to ensure that every child enjoys a childhood." Adults in society need to work together with vulnerable children to formulate and implement strategies to protect

them. This protection involves meeting their needs, reducing harm and promoting safety.

It is reported that cultural studies have traditionally regarded human rights issues as outside their scope of reference (Rapport & Overing 2000:162). This standpoint has now been questioned; cultural studies "can show how people the world over engage with human rights discourses and law for the effecting and expression of a diversity of identities" (Rapport & Overing 2000: 172). While internationally defined needs and rights of children form the background for this study, it is appreciated that needs and their fulfilment are defined in different ways in different cultures (Goddard, McNamee, James & James 2005:5).

4.6 ANALYSIS OF THE CONCEPT 'VULNERABILITY'

Vulnerability is a key issue in this study because when qualified by the concept 'child' it is the central concept of this study.

4.6.1 Uses of the word 'vulnerability'

'Vulnerability' can be considered susceptibility to injury, influence or attack, exposed to damage, persuasion, criticism or temptation, and easily hurt or wounded by something harmful, either physically or emotionally (Allwords.com 2008c; Cambridge Dictionaries Online 2008d; Collins Concise Dictionary 1995e:1515; Collins Shorter Dictionary and Thesaurus 1995b:814; Dictionary.com 2008c; Macmillan English Dictionary for Advanced Learners 2002d:1604; The New Penguin English Dictionary 2001h:1582; Webster's Reference Library Concise Edition Dictionary and Thesaurus 2008e: 363). Synonyms to the concept 'vulnerable' or 'vulnerability' include the following terms: weakness, helpless, defenceless, unprotected, fatherless, coercible, compellable, prone, exposed, susceptible, at risk, assailable, weak, accessible, open to attack, sensitive, wide open, insecure, liable, unsafe, delicate and fragile, while antonyms include befriended, protected, unassailable, fathered, mothered, guarded, unbeatable, resistant, invincible and strong (Collins Shorter Dictionary and Thesaurus 1995b:814, Microsoft Word Thesaurus 2007e; Roget's International Thesaurus 1992e:22,672,673,770,811; Thesaurus.com 2008d; Webster's Reference Library Concise Edition Dictionary and Thesaurus 2008e:742).

Some authors consider vulnerability to be a general susceptibility to harm; a potential

for negative results. For example, vulnerability can be defined as susceptibility to negative events; vulnerable groups are those who have a higher risk than others in the population of adverse health outcomes, as a result of limitation in physical, environmental, personal and biopsychosocial resources (Sebastian, Bolla, Artekis, Jones, Schenk, Napolitano & Howard 2002:350-351). The United Republic of Tanzania has conceptualised vulnerability as "the risk or probability of an individual, household or a community experiencing a decline in well-being" (2003b:76). In the context of vulnerability to poverty, it has been suggested that poverty describes the current situation, while vulnerability refers to the risk of things becoming worse in the future (United Republic of Tanzania. Research and Analysis Working Group 2004:16). Skinner et al instructed interviewers to differentiate between vulnerable and 'secure' children, thereby suggesting a possible antonym for the term 'vulnerable' (2006:622).

Jaspars and Shoham discuss vulnerability in the context of disaster and emergency management in Kenya, South Sudan and Tanzania. These authors note that vulnerable households (with a high risk of morbidity or mortality) have been considered to be the poor and malnourished, although in complex situations they may not be the most vulnerable. Jaspars and Shoham note the subjectivity of vulnerability, as they observe that community-based relief committees may have different priorities to external agencies (1999:359-372). Sundong's study of vulnerability, poverty and AIDS in Ghana finds that the term 'vulnerability' is often used in relation to risk and disadvantage, for example, a reduced ability to mitigate, prepare for, withstand, respond to or cope with a hazard, or lack of capacity to protect oneself and survive a calamity. Sundong uses the term 'vulnerability' to mean weakness in the face of strong forces, specifically susceptibility to HIV/AIDS and suggests that when the term 'vulnerability' is used there is a need to identify what the subject is vulnerable to (2005:12).

Some authors concur with Sundong's view that the term 'vulnerability' can be used in the context of describing specific vulnerabilities. These include vulnerability to a sense of loss of identity (WHO 2002:138), educational deprivation (WHO 2002:135), developmental delay and stunting (Otieno, Nduati, Musoke & Wasunna 1999: 430-435) and the effects of environmental pollutants (Weiss & Bellinger 2006:1479-1485). For example, Donald and Clacherty studied child-headed and adult-headed households and found that "[s]pecific areas of vulnerability in the former [that is, child-headed] households were access to institutional / social services, income (cash or kind) and

resource generation, lack of attainable long-term goals, poor self-worth, and poor internal locus of control" (2005:21).

The term 'vulnerability' may be qualified by another term including 'child', 'women' 'adult or 'family'. For example, a midwives' conference in the United Kingdom entitled 'Protecting vulnerable women' discussed issues including homeless women, asylum seekers, refugees and domestic violence against women. It was stated that (in the United Kingdom setting at least) all women are essentially vulnerable to abuse; there is no clear 'profile' of a vulnerable woman or an abusive man (Nursing and Midwifery Council (UK) 2005:14-15). A vulnerable adult has been defined as "anyone over the age of 18 who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation" (Nursing Standard 2007:4). It is noted that as well as experiencing physical pain, vulnerable adults have reported living in fear, feeling humiliated, guilty, ashamed, powerless and totally helpless (Nursing Standard 2007:3-15). In Sao Paulo, Brazil, Pettengill and Angelo studied the concept of family vulnerability in the context of a child's illness and hospitalisation, and conclude that the central defining characteristic of family vulnerability is "feeling threatened in their autonomy, due to the interactions between family members, illness and health team" (2005:982).

The various uses of the word 'vulnerable' in English are imprecise and suggest a broad range of meaning including at risk, lacking protection, weak, deprived and easily harmed; the term is used in different contexts and is not immediately objectively measurable unless operationalised using empirical indicators.

A challenge encountered in the literature was the use of the term 'vulnerable' to define the term 'vulnerability' (discussed in section 4.7.4), and major variations in the use of key terms such as 'risk'. For example, Subbarao and Coury use the term 'risk' in different ways. In relation to antecedent factors they state that "the degree and type of vulnerability faced by children are shaped by the risk and stress characteristics" (2004:2). In relation to consequences of child vulnerability they note that "it is possible to classify the major risks and vulnerabilities affecting orphaned children into two broad categories: (1) economic and social risks and vulnerabilities, and (2) psychological risks and vulnerabilities" (2004:2-6;11-21). Subbarao et al use the terms 'vulnerable' and 'at

risk' interchangeably, apparently in terms of defining attributes; "[i]ndeed, the very definition of at-risk children has undergone a radical transformation. In the past, vulnerable children comprised the internationally recognized categories of street children, children exposed to hazardous or strenuous labor, children involved in sexual or domestic trafficking, and children affected by armed conflict. The AIDS crisis, endemic warfare, and frequent migrations have now changed the nature of risks faced by children and swelled the numbers of those at risk" (2001:2).

The concept of 'risk' implies "possibility of loss, injury or damage" (The New Penguin English Dictionary 2001i:1206), that is, possible future occurrence of harm rather than a current deprivation. When deprivation is potential rather than actual, primary prevention strategies might be employed to avoid deprivation and negative outcomes (Hassmiller 2004:52). For example, prevention of school exclusion by abolishing school fees and uniform requirements, or prevention of nutritional deprivation by improving agricultural diversity are suggested primary prevention measures (Subbarao & Coury 2004:69-70). In actual practice, it seems likely that cases of school exclusion or nutritional deprivation actually start to occur before the issue is considered as being a risk for other children.

The term 'risk' poses difficulties when faced with operationalising the term 'child vulnerability' as it begs the question of 'how much risk?'; for example "professionals have been reluctant to rate a situation as maltreatment unless actual harm was evident … A problem in considering potential harm is the difficulty in predicting whether harm will ensue, and at what point the risk should be deemed neglect [or vulnerability]" (Dubowitz, Black, Starr & Zuravin 1993:17). The concept of risk in child vulnerability presents an ethical dilemma for community workers when faced with more evidence of actual deprivation and actual consequences of deprivation than can be addressed with the current available resources. This ethical dilemma requires full exploration based on evidence based practice and contextual factors. The concept of risk is acknowledged to be important, and broadens the concept of child vulnerability. The breadth of the concept depends whether one is considering child vulnerability from a theoretical or empirical perspective; while the first stage of the study is non-empirical, the second and third stages are empirical, so it was appropriate to take into consideration empirical factors even in the first stage of the study. The narrower view of child vulnerability as actual deprivation has been arrived at in this study because of the envisaged problem of operationalising how much risk constitutes 'at risk'.

There are differences between the meanings of the term ‘vulnerable’ in English and its usual Swahili translation, *‘asiyejiweza’*. The English language has a much larger range of words and shades of meaning, and is generally more complex than Swahili. Although the translation of *‘asiyejiweza’* was suggested by the research assistants and Swahili speaking friends and colleagues, and was understood by study participants, it was not found in standard English-Swahili dictionaries, which suggest instead that the term ‘vulnerable’ can be translated as *‘mwenye kuweza kudhuriwa’* which could be retranslated as ‘able to be (or susceptible to be) hurt or harmed’, *‘sio salama’* which could also be translated as ‘not safe’ and *‘siolindwa’* which also means ‘not protected’ (A Concise English-Swahili Dictionary 2002:308; English-Swahili Dictionary 2000g:890). The dictionary definitions which retranslate as ‘susceptible to harm’, ‘not safe’ and ‘unprotected’ appear to relate to antecedent aspects of vulnerability, and reflect the idea of ‘risk’, ‘danger’ and ‘lack of protection’ which are elements in the meaning of the English term ‘vulnerability’.

4.6.2 Antecedents to the concept ‘vulnerability’

Antecedents to vulnerability include weakness and lack of resources such as protection on the part of the vulnerable individual(s), lack of respect for human rights and discrimination by others, and the occurrence of adverse life circumstances. If vulnerability is not resolved, it may be self-perpetuating. Analysing aspects of vulnerability, including its antecedents, in a particular context is important in view of the possibility of ignoring or denying a problem that shames community members but is considered not easy to solve (Roalkvam 2005:212).

4.6.3 Defining attributes of the concept ‘vulnerability’

Defining attributes of vulnerability include susceptibility to harm; the occurrence of adverse life circumstances together with a lack of protective factors translates this risk into actual deprivation of one or more basic physical, psychological, social or spiritual needs.

4.6.4 Consequences of the concept ‘vulnerability’

Reported consequences of vulnerability include psychological stress such as feeling under threat, and actual physical, social or spiritual harm. The consequences of vulnerability may also involve intensified deprivation.

4.7 ANALYSIS OF THE CONCEPT 'CHILD VULNERABILITY'

'Child vulnerability' is the key concept in this study, and incorporates the antecedents, defining attributes and consequences of the terms 'child' and 'vulnerability', as well as having some additional attributes as a compound term.

4.7.1 Uses of the concept 'child vulnerability'

The concept 'child vulnerability' is used in a variety of ways, and is acknowledged to be "a complex concept to define, as is illustrated in local / community definitions" (Smart 2003:5). Using a 'problem tree' analysis with community members with experience of a phenomenon is recommended by The Centre for the Study of Violence and Reconciliation (CSVR) (2006:22) and World Bank (2004:26-27). This method aims to identify the antecedents (or 'roots') of the issue under consideration such as 'child-headed household' (the trunk of the tree) and the consequences (or 'branches') of the issue. This method may help to differentiate variables such as 'underlying antecedents', 'contributing antecedents' and 'consequences of consequences' which might be overlooked using the Walker and Avant approach, as well as uncover underlying knowledge, attitudes and practices that are important to consider when planning strategies. Research of different kinds, including anthropological and epidemiological studies can also help to assess the variables in human phenomena such as child vulnerability, and justify the investigation of background information (reported in chapters 1 and 2), a literature review to enlarge the researcher's frame of reference (reported in chapters 4 and 5) and the use of a qualitative approach for the second stage of the study (reported on in chapter 6). The uses of the concept 'child vulnerability' in English are discussed in sections 4.7.2 to 4.7.6.

The commonly used Swahili translation of vulnerable child as *'mtoto asiyejiweza'* (plural *'watoto wasiojiweza'*) uses *'mtoto'* meaning child (as discussed in section 4.5.1), followed by *'asiyejiweza'.* The construction of the term *'asiyejiweza'* involves four prefixes connected to the verb *'-weza'*. These prefixes are a subject prefix *'a'* (meaning he or she), a negative *'si'* (meaning 'not'), a relative *'ye'* (meaning 'who'), and a reflexive *'ji'* (meaning himself or herself) (A Standard Swahili-English Dictionary 1995g:154; Wilson 2002:17,167-8,158). *'Kuweza'* means to be able, capable or strong, and to have power, opportunity and means. The reflexive *'ji'* may simply mean 'oneself' or have "a range of meaning both wide and delicately shaded, mostly centring on such ideas as independence, wilfulness, interested action, personal aims" (A Standard Swahili-English

Dictionary 1995g:154). The root noun *'uwezo'* also carries a broad range of meaning including strength, power, ability (A Standard Swahili-English Dictionary 1995h:530; Swahili-English Dictionary 2001g:355), and in common use in Tanzania has added meanings of resources such as money. The expression *'ni mtu anayejiweza'* can be translated as 'he/she is well-off/affluent' (Swahili-English Dictionary 2001h:365); this is the positive form of the negative form *'asiyejiweza'*. Thus *'mtoto asiyejiweza'* could be simply translated as a 'poor child', but the research assistants and informants understood the term to have a broad range of meaning (as discussed in chapter 6).

'Mtoto asiyejiweza' can also mean 'a child who is not able to manage to independently get what he needs for himself'. The translation used in the Iraqw language *'nao ti aleslawaka'* and its Datoga translation *'jepta mamugew'* approximate closely to the Swahili version. Swahili speakers also use the term *'hajiwezi'* when talking about underprivileged children; this carries the meaning of 'he is not able to live well / protect himself', and is thus similar to the term *'asiyejiweza'*. The meaning of the term 'vulnerable child' in English appears to carry the idea of antecedent risks which include external factors more clearly than that of the Swahili *'mtoto asiyejiweza'*, which appears to relate more to the antecedent factor of the child's inability to cope. The expectation that a child might be a key factor in coping is reflected in strategies suggested to help vulnerable children; advice to Tanzanians fostering orphans not only includes parental care but the expectation that an orphan should help with family work activities; *"[y]atima ana wajibu wa kufanya kazi"* ("an orphan is expected to work") (Natse 2004:17), and *"[y]atima anaweza kuanzisha mradi"* ("an orphan can start an income generating project") (Sarakikya 2004:25). This contrasts with the expectation that in Western societies 'children play while adults work' (James et al 1998:90,103) discussed in section 4.5.1, and the perspective expressed by some American researchers that "[c]hildren cannot alter family conditions by themselves, at least until they approach adulthood" (Brooks-Gunn & Duncan 1997:55). This suggests that linguistic considerations need to be viewed within a cultural context, such as the cultural view of childhood (discussed in section 4.5).

There is a danger when using different languages in a study, that shades of meaning may 'get lost in translation'. The researcher was aware of the need for careful translation throughout the second and third stages of the study. The use of the term

‘child vulnerability’ in English and Swahili was found to be an example of the importance of linguistic considerations which interact with cultural factors.

4.7.2 Features of child vulnerability as a whole

Child vulnerability was found to have features that have relevance to antecedents, defining attributes, consequences and strategies. These features include that child vulnerability varies with age groups and context, is locally identifiable and occurs on a dynamic continuum.

4.7.2.1 Child vulnerability as a variable phenomenon depending on age

The understanding that children normally pass through different developmental stages (Arntson & Knudsen 2004:63-66) underlies Article 31 of the United Nations Convention on the Rights of the Child which “[r]ecognizes a child’s right to rest, leisure, play and recreation, appropriate for each developmental stage” (United Nations 1989, cited in UNICEF 2007:40). This recognition has implications for age-variable child vulnerability.

In Britain, writing from a psychological perspective, Schaffer notes that categorising children as vulnerable, or not vulnerable, or even vulnerable in respect to a specific factor is not necessarily straightforward. While all children are inherently vulnerable since they are immature and dependent on adults for care and protection, the nature of the vulnerability is different at different stages of development (Schaffer 1996:215,233).

An infant may be especially vulnerable to exposure to HIV/AIDS through breastfeeding, infectious illness and death, stunting, lack of attachment, lack of curiosity and interest, emotional withdrawal or instability, fearfulness and reduced learning ability. A school-age child may be particularly vulnerable to physical and verbal abuse and exploitation of labour, and consequences of deprivation of his basic needs include withdrawal, destructive and cruel behaviour, a lack of sense of morality and rules and difficulty learning. A deprived adolescent may suffer from a lack of capacity for intimacy and responsibility to others, poor peer relations, lack of problem-solving skills, emotions of anger, resentment, hopelessness, depression, social and cultural marginalisation and exclusion from employment; he or she may become involved in risky sexual behaviour with the possibility of sexually transmitted disease and teenage pregnancy (Subbarao & Coury 2004:22-23; UNICEF 2004a:16).

Prevalence of some problems may vary across age groups, for example double orphaning rates increase with increasing age of the child (Bicego, Rutstein & Johnson 2003:1239). The importance of considering the needs of different age groups of vulnerable children and planning strategies that are age-appropriate has been recognised (Family Health International 2009:7; Freeman & Nkomo 2006:303; UNICEF 2005:70; UNICEF 2009a:13; World Bank 2004:66,83,87; World Vision International 2005:151,165,190).

In relation to psychosocial aspects of children's health, it is noted that context-specific indicators should be developed, and used at different stages in a child's life, since "[r]isks to children's well-being evolve through the life journey, as do their strengths and capabilities for navigating and managing new challenges" (Snider & Dawes 2006:8).

4.7.2.2 Child vulnerability as a context-specific phenomenon

Child vulnerability must be considered in relation to the 'average' child in a particular society; the concept is relative and context specific (Skinner et al 2006:623-624; Subbarao & Coury 2004:1-3,123-4; World Bank 2004:6-7). Relativity relates to the comparison of one individual or family to other individuals or families in a particular community, and addresses not only objective poverty or deprivation, but also 'expectations'. It is noted that "relative poverty commonly has far more deleterious effect[s] on psychological, emotional and social wellbeing than does absolute poverty. Such findings are likely to reflect the fact that material lack is perceived as far more debilitating when associated with stigma, social exclusion and denigration" (Boyden & Cooper 2007:8). The view that relative deprivation is significant supports the notion of local, contextual assessment of child vulnerability.

Germann notes that "[t]he concept of [child] vulnerability is complex and local-context specific. It is more useful to define vulnerability at two levels: a national level definition for purposes of policy and a local or community definition for support and service provisions" (2005:58). Factors that affect the understanding of vulnerability include social role expectations, behaviour expected and disciplinary measures accepted in that society (Arntson & Knudsen 2004:24-25). Moreover, 'child vulnerability' relates to individuals who are not yet physically or psychologically mature, and/or are not yet socially or economically independent. The definition of 'child' as a qualifier of the term 'vulnerability', for example in terms of chronological age, depends on various social and

cultural factors which are context dependent (as discussed in section 4.5). While parenting is an important factor in child vulnerability, societal parenting norms, including nurturance and punitive behaviour, have been found to vary markedly in different cultures, and "[i]t may be concluded that it is not possible to understand fully the process of human development in isolation from its cultural context" (Candida 2004:402). Bray reviewed studies of physical well-being of children affected by AIDS and found a variety of results; she concludes that "[t]hese discrepancies indicate that physical well-being outcomes are highly context-specific and cannot be generalised from one setting to another" (2003:45).

In countries such as Malawi, South Africa, Uganda and Zimbabwe where there are high prevalence rates of HIV/AIDS, many vulnerable children are likely to be orphans, children with chronically ill parents, children infected with HIV/AIDS, and children living in households that have taken in orphans. In conflict and post-conflict situations such as Angola, Rwanda and Sierra Leone, vulnerable children include child soldiers, refugee children and abandoned children. There may be a mixed picture in other countries, such as Ethiopia and Eritrea, where a variety of different groups of vulnerable children may be found including the orphaned, malnourished and disabled (Subbarao & Coury 2004:3-5).

Differences in vulnerability occur at sub-national level, for example an analysis of 2001 census data in South Africa identified geographical areas of greatest deprivation using the South African Index of Multiple Deprivation for Children (Barnes, Wright, Noble & Dawes 2007:16-42).

Skinner et al, writing in Southern Africa, note that orphans can be considered in terms of 'layers of vulnerability' according to the nature of caregivers, level of assistance required or type of orphan. This implies variability within orphan groups (2006:620). Child vulnerability can also be examined in relation to criteria such as child-headed households (The Centre for the Study of Violence and Reconciliation 2006; Donald & Clacherty 2005; Foster, Makufa, Drew & Kralovec 1997a; Germann 2005; Thiele 2005:46-47), street children (Germann 2005; McAlpine 2005; Veale et al 2001:113) and children affected by AIDS (Ainsworth & Filmer 2002; Ainsworth & Semali 2000; Andrews et al 2006; Crampin, Floyd, Glynn, Madise, Nyondo, Khondowe, Njoka, Kanyongoloka, Ngwira, Zaba & Fine 2003; UNICEF 2007). Specific groups of vulnerable children have

been found to have particular characteristics, for example McAlpine reports that "children explained that it was a concurrence of a lack of basic needs, family conflict, exclusion from support services (and sometimes school) and marginalisation within the home environment that forced them away from the family home" (2005:11).

An examination of the relationship between orphan status, household wealth and child school enrolment in 28 countries of the world revealed major differences between different countries, and the conclusion reached was that "[s]ocial protection and schooling policies need to take a close look at the specific situation in a country before considering mitigation measures" (Ainsworth & Filmer 2002:27).

Statistics from different countries of the world of rates of primary school attendance, nutritional indicators, health indicators related to vaccination rates, management of diarrhoea and prevention of malaria, rates of orphaning, education, child protection indicators relating to birth registration and child labour, mortality and morbidity rates, water and sanitation availability rates show considerable variations between different parts of the world (UNICEF 2004a:26-32; UNICEF 2005:98-117,130; WHO 2008:36-75,96-103).

These variations necessitate assessment of antecedents, defining attributes and consequences in local communities considering different age groups and local contexts. Appropriate strategies are also going to vary according to the findings of a local assessment and identified socio-cultural factors. For example, Christiansen examines the socio-cultural context for orphans in Uganda and the importance of land ownership and education for these children; she suggests that boarding school care should be given consideration as an alternative strategy to care in the extended family (2005:180-181). Local variability is one of the justifications for the current study of child vulnerability in Haydom village.

4.7.2.3 Child vulnerability as a locally identifiable phenomenon

Since child vulnerability is contextual and relative, identifying vulnerable children at the local level is appropriate (Jones 2005:161-166; Family Health International 2009:7,18) and often feasible. For example, in Mutare, Zimbabwe, women volunteers identified orphan households (Foster et al 1997a:157). Jones, Vargas and Villar (2007) describe how impoverished households were identified as eligible for cash transfers (discussed

further in section 5.1.2). Germann was able to identify criteria for child-headed households using focus group discussions with local community members (2005:130). Skinner et al report that the groups interviewed in Botswana, South Africa and Zimbabwe agreed that communities themselves are best placed to provide meaningful definitions of vulnerability, and to identify those children who need support (2006:620).

These findings concur with the view that long-term residents of Haydom would have little difficulty in identifying the most vulnerable children in the village (Elkana, E. 2007. Personal interview, 24 May. Haydom). Identification of vulnerable children needs to involve some form of prioritisation system, in view of the large numbers of children who may otherwise 'qualify' as vulnerable. For example, Foster, Makufa, Drew, Kambeu and Saurombe found that in Zimbabwe, "volunteers were able to use their local knowledge to prioritize households with greater material need by observing general living conditions, availability of food and clothing and whether children were out of school" (1996:398). Prioritisation may be according to identified criteria, or a scoring system may be developed and used (Subbarao & Coury 2004:123-4).

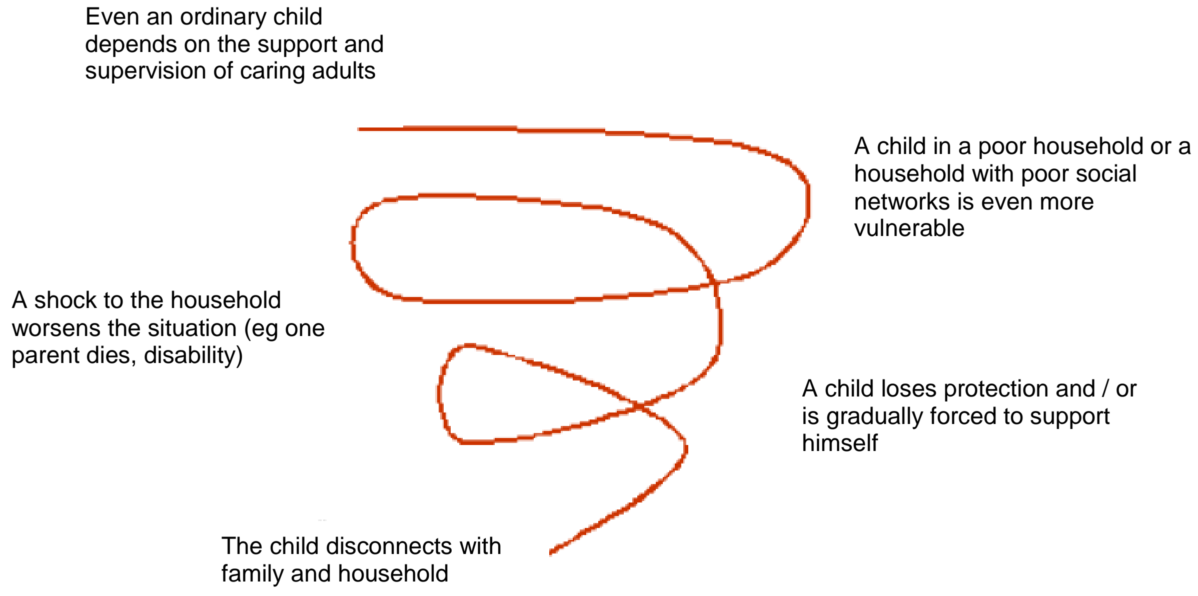
The possibility of local identification of vulnerable children is a justification for this study. Identifying some 'hidden' issues relating to child vulnerability can be challenging, for example if there is sexual abuse, an emotional problem, excessive discipline or substance abuse by caregivers or the child (Andrews et al 2006:271; Knudsen 2001:22-23; Lalor 2004:838).

4.7.2.4 Child vulnerability as a dynamic continuum

Child vulnerability has been conceptualised as a downward spiral, in which all children are potentially vulnerable, and different shocks and stresses can put the child at greater risk, while effective strategies can help to prevent or reverse the risks of vulnerability (as discussed in section 4.7.3). In the World Bank model (shown as figure 4.3), vulnerable children lose protection as they descend the spiral and the final point is becoming disconnected from family and household (World Bank 2004:11).

A 'downward spiral' model is also used by McAlpine; this focuses on how the poverty cycle affects children who ultimately become 'street children' because they are unable to access safety networks, are affected by alcoholism and family breakdown, are affected by negative attitudes to the poor and become further marginalised, and

eventually suffer from social prejudice and lack of education (2005:8-9). Snider and Dawes note that the status of vulnerable children's psychosocial health occurs "on a continuum from surviving to thriving" (2006:8).



World Bank 2004:7

Figure 4.3 Example of downward spiral of child vulnerability

Schaffer observes that "[c]hildren cannot be neatly divided into the vulnerable and the invulnerable; all shades in between these two extremes can be found" (Schaffer 1996:215). A child may remain at the same level of vulnerability, move to a higher or lower level of vulnerability, or fluctuate between different levels of vulnerability, over time (Schaffer 1996:215,233; Subbarao & Coury 2004:2). The issues of balance, moderation and maintenance of equilibrium are pertinent here, and are discussed further in section 4.7.5.3. For example, moderation in feeding, protection and exercise promotes healthy child development, and in spite of every child's inherent vulnerability, many children develop into healthy, sane adults.

4.7.3 Antecedents to the concept 'child vulnerability'

Antecedents to child vulnerability are factors that lead to children being deprived of their needs and rights; these factors may produce vulnerability by affecting only individuals or by affecting families or communities. Antecedents vary in size, frequency, duration and scope (Subbarao & Coury 2004:12-13; World Bank 2004:6-7). Antecedents may be expressed in general terms such as being more exposed to risk than other children in a

specific community, in broad terms such as poverty, region-specific such as political violence or target-group specific such as infection with HIV (Jones et al 2007; Sundong 2005:12; World Bank 2004:7).

Child vulnerability is affected by various factors including characteristics of the child, sociocultural factors, economic factors, political factors, natural events and environmental factors. One antecedent factor can trigger the occurrence of another factor in a spiral fashion, as shown in table 4.1 and figure 4.3 (McAlpine 2005:8-10; Subbarao & Coury 2004:1-3; United Republic of Tanzania 2003b:77-78; United Republic of Tanzania. Research and Analysis Working Group 2004:20, World Bank 2004:6-7). It can be argued that antecedents themselves have ‘prior’ or ‘compounding’ antecedents. McAlpine discusses these factors in terms of ‘immediate’, ‘underlying’ and ‘structural’ factors that produce deprivation, for example in respect to educational deprivation an ‘immediate’ antecedent factor is that people do not know that school attendance is compulsory, an ‘underlying’ factor is that adults do not value education and a ‘structural’ factor is population pressure (2005:32).

It can be expected that the occurrence of multiple antecedents may be especially traumatic; multiple neglect of needs has generally been found to have a more profound effect on child well-being than deprivation of one need (Dubowitz, Papas, Black & Starr 2002:1103-1105). This finding correlates with the assertion that “[c]hildren who end up in extremely vulnerable situations are more likely to have experienced multiple losses” (Foster 2002:5030).

It has been noted in section 4.1.2 that in respect to the concept ‘child vulnerability’, there is considerable overlap and interaction between terms that might be considered to be antecedents, defining attributes, consequences and strategies. For example, vulnerability can be described as the result of interplay between antecedents (such as shocks, stresses and impoverishing forces) and available strategies (such as resilience and use of assets or protective factors). When strategies are unavailable, or antecedents are strong enough to overcome existing protective influences, the result is increasing vulnerability (The Tanzanian Participatory Poverty Assessment, 2002-3, cited in McAlpine 2005:8; United Republic of Tanzania. Research and Analysis Working Group 2004:20). Harmful ‘strategies’ (such as street living discussed in section 4.7.4.5) and strategies that are arguably ineffective (such as orphanages discussed in section

5.3.2) could be considered to be antecedents to child vulnerability, as they do not protect children's rights or meet children's basic physical, psychological and social needs. The World Food Programme (2003) considers child vulnerability to be exposure to risk combined with inability to cope (cited in McAlpine 2005:8). Different terms are used in the literature to refer to antecedents; examples of these are shown in table 4.3.

TABLE 4.3: EXAMPLES OF TERMS USED TO DESCRIBE ANTECEDENTS OF CHILD VULNERABILITY

TERM(S) USED IN THE LITERATURE	EXAMPLE(S) OF SOURCE
Shocks, stresses, limiting factors	United Republic of Tanzania. Research and Analysis Working Group 2004:22
Risky / uncertain events, shocks, stress	World Bank 2004:7
Risks and stresses	Subbarao and Coury 2004:2-3
Threats to childhood	UNICEF 2004c:9-11
Risk / pathogenic factors	Snider and Dawes 2006:14-18
Impoverishing forces	McAlpine 2005:9
Reason for occurrence	Mchomvu and Ijumba 2006:41
Causes / sources of vulnerability	Subbarao et al 2001:2
Socio-cultural risk factors	Sundong 2005:113-124
Macro-level and subnational root causes of exclusion	UNICEF 2005:11-29
Determinants	UNICEF 2008:71
Contributing factors, determinants	Claeson and Waldman 2000:1239

Identified antecedents to the concept 'child vulnerability' vary with the aims, interests and perspectives of those examining the phenomenon as well as the specific context and scope of the study. For example, Arntson and Knudsen (2004:3-4) are concerned with the antecedents of humanitarian crises such as war and natural disasters; UNICEF's report 'The state of the world's children 2006' focuses on the antecedents of poverty and inequality, armed conflict, HIV/AIDS and discrimination (2005:11).

While a variety of antecedents to child vulnerability have been identified in the literature, a child does not have to belong to a particular group to be vulnerable and excluded, and categories are not exhaustive or exclusive. Antecedents to child vulnerability in Africa have been identified as poverty, parental death, parental illness or alcoholism, large family size, single parent families, abandonment, migration, drought and natural disaster, child, female or elder-headed households, living in a household which receives orphans, children living in remote areas who are part of ethnic minorities, children in institutions and children with parents in prison, various forms of abuse such as

exploitation in the worst forms of child labour, armed conflict, HIV/AIDS and child disability or illness. Local antecedents identified include child trafficking in Benin (Christiansen 2005:173-174; Christiansen, Yamba & Whyte 2005:15; Family Health International 2003:14; Foster et al 1996:391; Schenk, Ndhlovu, Tembo, Nsune & Nkhata 2007:897-899; Skinner et al 2006:619-626; Subbarao & Coury 2004:3-5; Subbarao et al 2001:2-4; World Bank 2004:6-10).

Identifying antecedents to child vulnerability in a particular location raises awareness and may allow for primary preventive strategies to be planned (as discussed in section 4.6.1) such as 'preventing' orphans by reducing births, reducing maternal mortality, preventing HIV transmission and supporting those living with HIV/AIDS to prolong their lives (Subbarao & Coury 2004:48).

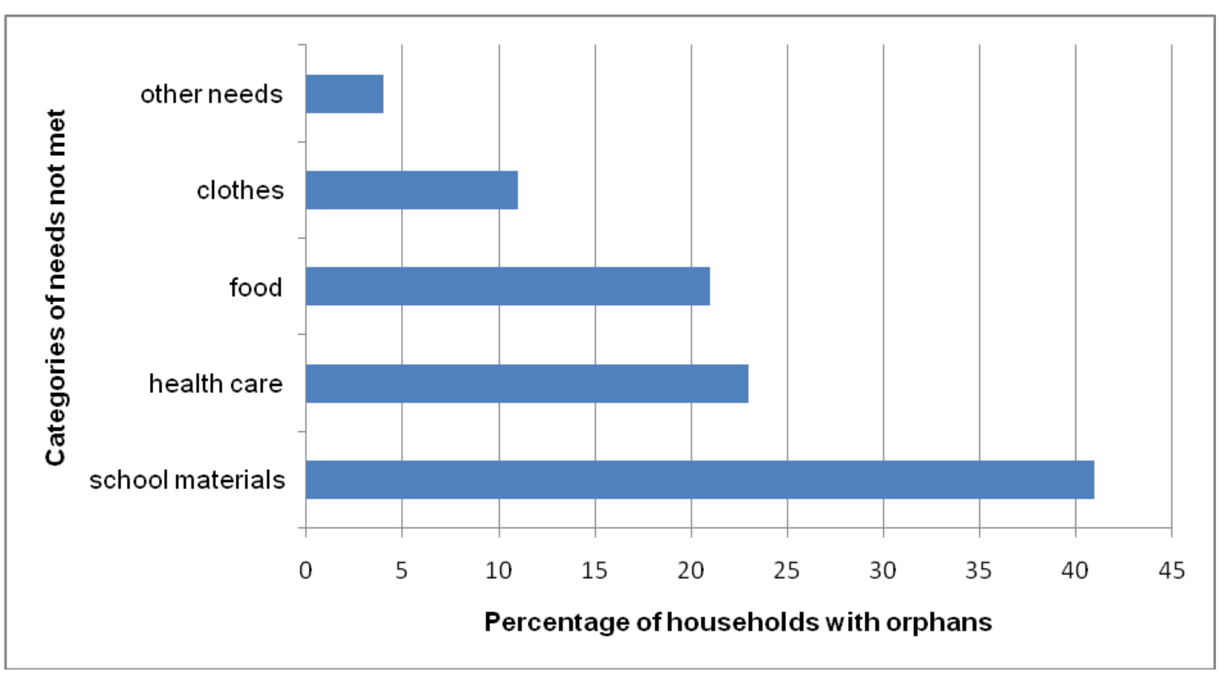
Antecedent factors which are repeatedly discussed in the literature include poverty, orphanhood, family structure, parental illness and misuse of alcohol, child mistreatment and child disability. These factors are discussed in sections 4.7.3.1 to 4.7.3.6.

4.7.3.1 Poverty

In the literature, poverty is commonly referred to in financial terms as having inadequate material resources, although it can also be considered in broader terms as "the denial of opportunities and choices most basic to human development to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem and respect from others" (Statistics South Africa 2000, cited in Barnes et al 2007:3).

Aspects of the economic situation relevant to this study are discussed in section 1.2.3 of this study; about 49% of the Tanzanian population live on less than $1 per day (UNICEF 2005:33). Table 4.2 indicates that poverty can be an antecedent, a defining attribute or a consequence of child vulnerability, and is a self-perpetuating phenomenon. Poverty compounds and increases many other risks, such as reduced access to school and health care, inadequate nutrition and exploitation. Orphans have been found to generally live in poorer households than non-orphans in Africa (Subbarao et al 2001:3-4). The interaction of poverty and nutritional status is shown in a study in Uganda which reports inadequate nutrition in 15% of younger AIDS orphans and 20% of older AIDS orphans (Basaza & Kaija 2002, cited in Bray 2003:45).

Barbarin studied African American children and South African children, and concludes that poverty and gender are antecedents for reduced social well-being and psychological adjustment (1999:1356). Poverty has been associated with impaired physical health and social development of children, and has also been strongly associated with child abuse and neglect (Dubowitz et al 2002:1101). Data from various African countries show that families with orphans and other vulnerable children commonly experience shortfalls in respect to school expenses, health care expenses, food and clothes. An example is data from a situation analysis of orphans and other vulnerable children in Mwanza Region of Tanzania by Whitehouse (2002) as shown in figure 4.4 (UNICEF 2003:18).



Whitehouse 2002, cited in UNICEF 2003:18

Figure 4.4 Most immediate needs which households with orphans cannot meet. Mwanza, Tanzania 2002

In Kenya, researchers report on a survey carried out on 100 caretakers of orphan children. Schooling problems were mentioned by 84% of those surveyed, 48% reported lack of food and lack of medical care was identified as a problem by 20% of those surveyed (Nyambedha, Wandibba & Aagaard-Hansen 2001:89-90). These findings suggest that poverty may produce multiple deprivations.

Poverty as a specific antecedent to child vulnerability has been investigated by Brooks-Gunn and Duncan. These authors note that there is a consistent association of family poverty with problems in children's health, achievement and behaviour; these outcomes

limit the child's potential to cope with difficult life circumstances. Their meta-analysis of research in the United States of America, considers potential pathways through which poverty may affect children, which include health and nutrition, the home environment, parental interactions with children, parental mental health and neighbourhood conditions. They conclude that "effects are particularly pronounced for children who live below the poverty line for multiple years and for children who live in extreme poverty" (Brooks-Gunn & Duncan 1997:67-68), and they also suggest that poverty during the preschool and early school years may have a particularly marked effect (1997:64-68).

Some studies which have used non-enrolment and non-attendance at school as proxies for vulnerability challenge the assumption that orphans are the most vulnerable children, and suggest that children from poor families are more likely to be vulnerable than orphans (Ainsworth & Filmer 2002:27-28; Huber & Gould 2002, cited in Smart 2003:5).

Poverty is part of the multifactorial aetiology of child vulnerability. It interacts with other factors such as chronic illness. For example, extreme poverty affecting children has been associated with HIV/AIDS. Townsend and Dawes report on care of children orphaned by HIV/AIDS, and note that extreme poverty is a factor that may be antecedent to stress, punitive and inconsistent parenting, decreasing self-esteem, depression and anxiety. These authors cite five other South African studies to support their assertion that in South Africa "households in which one and often both parents are HIV-infected are more prone to increasing poverty conditions than households that have no HIV-infected members" (Townsend & Dawes 2004:70).

4.7.3.2 Orphanhood

While "it has been traditionally said that there is no such thing as an orphan in Africa" (UNICEF 2004b:3), this appears to be no longer the case. The extended family system is reported to be unable to cope with the increasing number of orphans in many parts of Africa (Forsythe & Rau 1996, Nyambedha 2000, and Republic of Kenya 1994, cited in Nyambedha, Wandibba & Aagaard-Hansen 2003:301; Subbarao et al 2001:1; UNICEF 2004a:9-10; UNICEF 2004b:3).

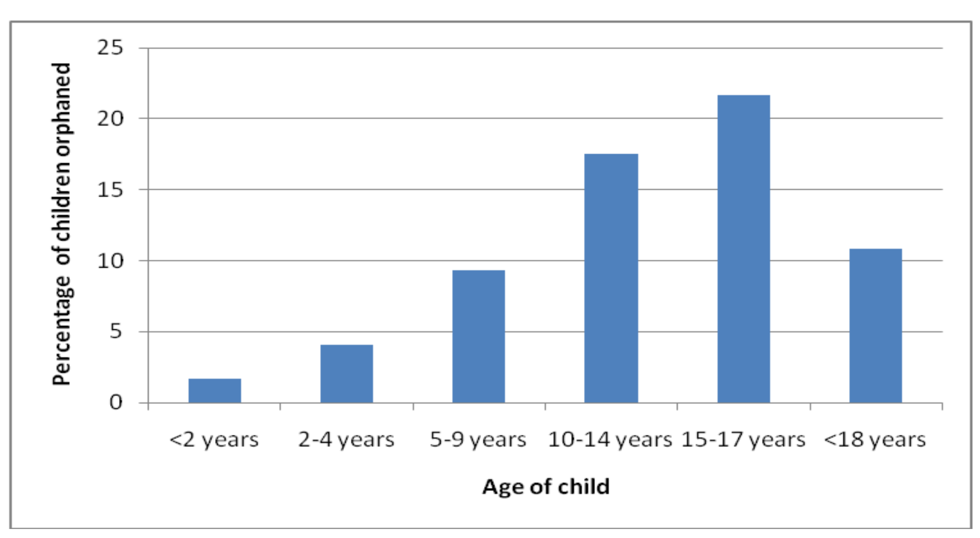
Worldwide, the expected decline in numbers of orphans has been reversed by the HIV/AIDS pandemic (UNICEF 2004a:7). The 2002 national Tanzanian census found that 6.2% of children were paternal orphans (the father has died), 2.2% were maternal

orphans (the mother has died) and 1.1% of children were double orphans (both parents have died) (United Republic of Tanzania. Central Census Office, NBS 2004:28). In 2007, about 970 000 children aged 0-17 were AIDS orphans in Tanzania and 11% of Tanzanian children under the age of 18 years (that is about 2 600 000 children) were estimated to be orphans (either or both parents dead) (TACAIDS et al 2008:154; UNICEF 2008:133). In view of this data, there are likely to be at least 100 double orphans in Haydom urban and rural areas. Six double orphans are known to the HLH counselling and treatment centre for HIV/AIDS (Naman, E. 2009. Personal interview, 1 July. Haydom). The estimated number of orphans in Tanzania is shown in table 4.4 and is projected to increase.

TABLE 4.4: ESTIMATED NUMBER OF ORPHANS IN TANZANIA, 1990-2010

YEAR	ESTIMATED NUMBER OF ORPHANS IN TANZANIA
1990	1 300 000
1995	1 500 000
2000	2 100 000
2003	2 500 000
2007	2 600 000
2010 (projection)	2 900 000

(UNICEF 2004a:30; UNICEF 2008:133)

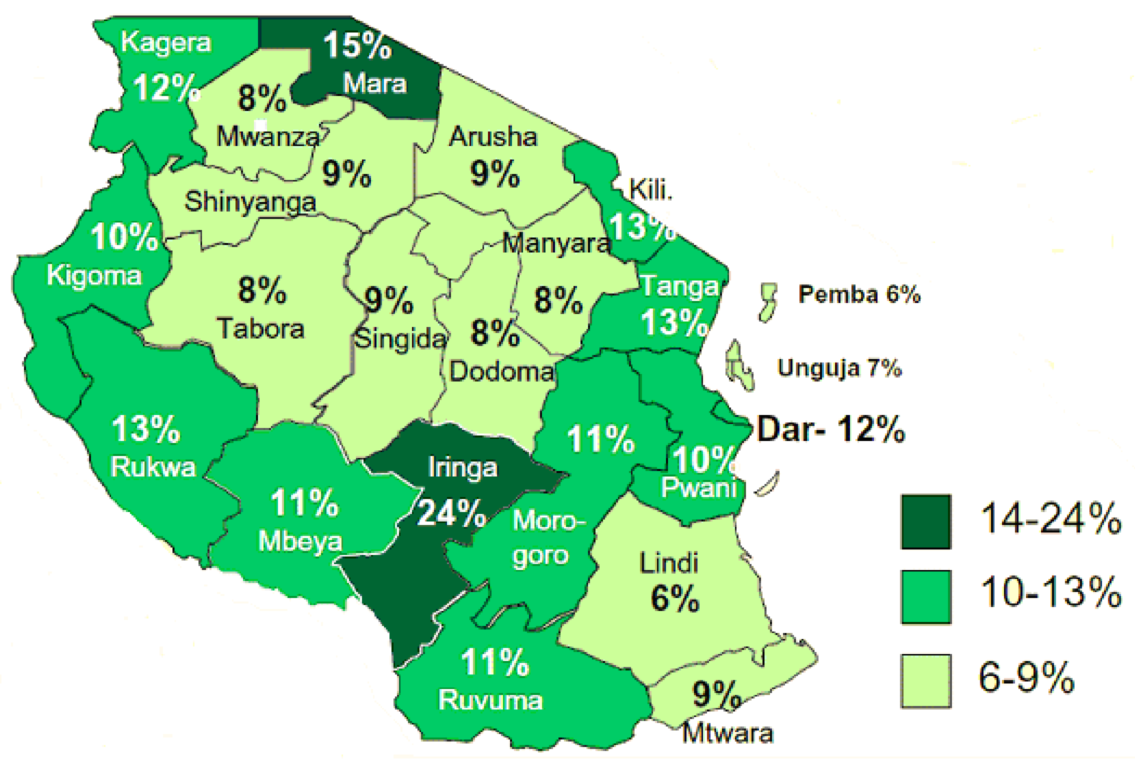


TACAIDS et al 2008:153

Figure 4.5 Percentage of children orphaned aged under 18 years in Tanzania, by age groups, in 2007

As shown in figure 4.5, orphaning does not only affect young children in Tanzania, but also adolescents, who need access to education, job and life skills training and health

services (TACAIDS et al 2008:153). Nearly 90% of orphans in the world are aged over 6 years (UNICEF 2004a:4-19). Figure 4.6 shows regional orphan rates in Tanzania in 2007-8, which correlate with regional variation in HIV prevalence in 2003-4, as shown in figure 1.5 (TACAIDS et al 2005:14-15).



TACAIDS et al 2008:153

Figure 4.6 Percentage distribution of orphans by region in Tanzania, 2007

A study of maternal mortality in Mbulu and Hanang districts has estimated the risk of maternal death to be 362/100 000 live births in the household survey part of the study and 444/100 000 live births in the antenatal clinic part of the survey (Olsen, Hinderaker, Kazaura, Lie, Bergsjo, Gasheka & Kvale 2000:1296). In 2008 at HLH, 16 maternal deaths were reported in 4 752 hospital deliveries, suggesting a rate of 337/100 000 (HLH 2009:31-32). Other studies carried out in Tanzania estimate maternal mortality from 78 to 1099 maternal deaths per 100 000 live births (Olsen 2002:44-45).

Current international maternal mortality data suggests a lifetime risk of maternal death of 1:24 in Tanzania, which compares to a world average figure of 1:92 and an industrialised nations average figure of 1:8 000 (UNICEF 2008:149). Maternal mortality is thus a significant factor in producing orphans, even before other causes of parental death such as communicable diseases are considered.

There are variations between the results of studies in different socio-cultural contexts to determine whether orphanhood is a significant antecedent to child vulnerability. In many contexts orphanhood appears to be associated with consequences such as reduced educational, physical and psychological outcomes (as discussed in section 4.7.5). The increasing prevalence of orphanhood and the significant correlation of orphanhood to negative outcomes has resulted in it being a variable in many studies, such as Monasch and Boerma's study to assess the impact of AIDS on children in 40 countries in Sub-Saharan Africa (2004:S55-S65), and Makame, Ani and Grantham-McGregor's study of the psychological well-being of AIDS orphans in Dar es Salaam, Tanzania (2002:459-465).

An analysis of the situation for orphans in 10 countries in Sub-Saharan Africa was carried out through examination of 19 country surveys. This analysis concludes that "[o]n average, orphans live in poorer households than do nonorphans of the same age and gender. With the exception of Niger in 1998, the coefficient on the indicator for orphanhood is significantly less than zero in every country" (Case, Paxson & Ableidinger 2004:494).

A study of orphans in the Rakai district of Uganda concludes that "the loss of the father-breadwinner is very often accompanied by abject poverty" (Sengendo & Nambi 1997:120). The addition of a foster child to a family decreases the income per capita available for use by that family, unless special assistance is provided (Subbarao & Coury 2004:14).

A study of 82 children in Dar es Salaam included 41 orphans, who more commonly mentioned lack of food, being hungry at school, and lacking money for school fees than the comparison group of 41 non-orphans studied; these stresses compound the psychological problems directly related to loss and grieving (Makame et al 2002:461-464).

Planning for orphans and vulnerable children in Mbulu district will need to take into consideration various factors including the current relatively low level of HIV prevalence in the population, possible growth in the prevalence rate, availability and uptake of antiretroviral therapy and the time lag that exists between infection of adults and their mortality (Bicego et al 2003:1238). Research into local risk behaviour suggests that it is

likely that HIV infection will escalate rapidly in the area close to Haydom village (as discussed in section 1.2.4) (Yahya-Malima et al 2007).

4.7.3.3 Family structure

Living in a family with two healthy parents appears to provide some protection for children. Conversely, the following types of households or family situations have been identified as antecedent to child vulnerability:

- child-headed household
- having a young and unmarried mother
- family break-up
- households in which one person or more is ill, dying or deceased
- households that receive orphans
- households where the caregivers are disabled or too ill to look after children
- living with very old and frail caregivers

(Arntson & Knudsen 2004:38; Barbarin 1999:1348-1350; Heaton, Forste, Hoffmann & Flake 2005:99; Schenk et al 2008:898-899; Subbarao & Coury 2004:3; World Vision International 2002, cited in Skinner et al 2006:620).

Female-headed households are disproportionately caring for children, orphans and non-orphans. In Sub-Saharan Africa, double orphans are mainly being brought up by grandparents (Andrews et al 2006:272). Children in general, as well as orphans, are more likely to live in a female-headed household than a male-headed household in Tanzania as shown in table 4.5. Female-headed households may experience problems in a patriarchal society like Haydom with strongly differentiated gender roles in respect to many life issues such as work and advocacy (as discussed in section 2.5.1). Female-headed households tend to be economically disadvantaged, and thus have multiple deprivations, and it has been suggested that the father is important in cognitive and emotional development of children (Heaton et al 2005:98).

The literature points to a changing pattern of family structure in Africa, with strain of differing degrees on the ‘extended family safety net’ for vulnerable children largely relating to parental loss from HIV/AIDS (Beard 2005:113-114; Bicego et al 2003:1241; Foster 2000:57,59; Germann 2005:76; UNICEF 2004b:3). These changing patterns are context-variable, for example in Rwanda, “the 1994 genocide, later massacres,

imprisonment of adults accused of genocide and HIV/AIDS have all contributed to the development of households headed by children and youth. The prevalence of CHH [child-headed households] in Rwanda is thought to be substantial, with estimates ranging from 65,000 to 227,500" (Human Rights Watch 2003, cited in Thurman, Snider, Boris, Kalisa, Mugarira, Ntaganira & Brown 2006:221). Child-headed households are discussed in section 5.2 of this study.

TABLE 4.5: CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD IN TANZANIA, 2004-5

LIVING ARRANGEMENT OF ORPHAN UP TO 18 YEARS OF AGE		MANYARA REGION	TANZANIA
Living with both parents		63.7%	60.5%
Living with mother and not father	Father alive	16.6%	14.6%
	Father dead	3.8%	4.1%
Living with father but not mother	Mother alive	1.9%	3.8%
	Mother dead	0.7%	1.2%
Total living with parent(s)		86.7%	84.2%

(United Republic of Tanzania. NBS & ORC Macro. 2005:12)

An increase in grandparent and sibling-headed households has been documented in many African countries, and orphans have been found to live in larger households with older family heads than the average (UNICEF 2003:22). In Uganda, research suggests "a dramatic transition in the Langi fostering of children from a situation dominated by 'purposeful' voluntary exchange of non-orphaned children to a scenario dominated by 'crisis fostering' of orphans. A total of 63% of the households caring for orphans were found to no longer be headed by resourceful paternal kin in a manner deemed culturally appropriate by the patrilineal Langi society but by marginalised widows, grandmothers or other single women receiving little support from the paternal clan that had customarily provided the safety net for these widowed women" (Oleke 2005:52).

Family structure is not only important in terms of overall deprivation of the household members, but also in relation to the risk of differential treatment of some of the members such as fostered orphans, discussed further in section 4.7.3.5.3 (Case et al 2004:483,503-507).

Large family size has been identified as a key determinant to poverty, thereby producing multiple deprivations in children including inadequate nutrition, health care and attention

and increased risk of spread of infectious disease (Claeson & Waldman 2000:1239; Heaton et al 2005:98; Sundong 2005:53). The addition of foster children to a family produces a significant reduction in available family resources (Deininger, Garcia & Subbarao 2003:1207-1209; Schenk et al 2008:898; Subbarao & Coury 2004:14). On this basis, in poor communities where there is little difference in economic status between households, it can be argued that targeting support to families caring for fostered orphans may be appropriate (Subbarao et al 2001:21).

Statistics about family size in Tanzania, Manyara and Haydom are discussed in section 1.2.2, and suggest a high prevalence of large families. The 2003-2004 demographic survey estimated a total fertility rate of 5.7; this indicates no drop in fertility for the 8 years preceding this period (United Republic of Tanzania. NBS & ORC Macro 2005:61). The 2007 total fertility rate estimate of 5.2 in Tanzania compares to 2.6 in the world and 4.7 in the least developed countries (UNICEF 2008:141).

4.7.3.4 Parental illness and misuse of alcohol

Family illness in general has been found to be a major antecedent factor for the onset and continuation of poverty; factors involved are the expenses involved in treatment, and lost income of the sick person and family members who care for him (Claeson & Waldman 2000:1239). Specific parental illnesses have particular impacts on children, for example maternal depression is linked with adverse effects on children's behaviour and development and also increases the likelihood of child neglect (Dubowitz et al 2002:1101).

The HIV pandemic has had a major impact on child well-being; there is "a strong correlation between orphanhood prevalence and national adult HIV prevalence estimates lending support to the interpretation of the orphan crisis as, in large part, AIDS related" (Bicego et al 2003:1235). Studies in South Africa and Tanzania report that parental HIV/AIDS infection increases the risk of children being removed from school to help nurse the sick parent or to work in place of a parent. When associated with the death of one parent, HIV/AIDS infection increases the likelihood of children moving from one household to another. Treatment expenses deplete the family budget so that fewer resources are available for food and other necessities, putting children's health at risk. Children may also be psychologically traumatised by witnessing their parent's illness and death, and may be socially isolated in communities that discriminate

against HIV/AIDS victims (Booysen & Arntz 2002:170-172; Bray 2003:42-49; Crampin et al 2003:390).

Parents abusing alcohol are identified as an important factor in child vulnerability (Skinner et al 2006:623; World Bank 2004:98). Reviewing the literature, Anda, Whitfield, Felitti, Chapman, Edwards, Dube and Williamson conclude that “[c]hildren living in families with alcohol-abusing parents are more likely than other children to have an unpredictable home life … [and] also have an increased risk of a variety of other adverse childhood experiences, including being abused or neglected” (2002:1001). The extent of the abuse, violence and family dysfunction in families with alcoholic parents has been found to relate to a higher than average prevalence of depressive illness in adult children of alcoholic parents; this risk increases when the mother was an alcoholic, which is thought to relate to the pivotal role of the mother in running the household and caring for the children. The need to identify and treat alcoholic parents, to intervene appropriately to support the families and to improve liaison between alcohol treatment programmes and welfare services has been identified (Anda et al 2002:1006-1007).

Underlying causes of alcoholism need to be identified in local contexts; McAlpine notes that in Tanzania, increasing poverty and stress in the family predispose to parental alcohol abuse; this exacerbates poverty, excludes children from the usual social support mechanisms and is a factor in producing vagrancy in children (2005:5). A small scale study in Haydom village using 40 randomly chosen adult respondents found that 55% of them use alcohol excessively. The easy availability of alcohol from the age of 10 years of age, lack of parental care and stressful life situations are among the factors identified as contributing to the high rates of alcoholism in Haydom (Tango 2009:1-43).

Women in Mozambique interviewed about intrahousehold resource allocation complained that “men hid their cash incomes from their wives and spent it on alcohol” leaving insufficient cash for food (Pfeiffer, Gloyd & Li 2001:93).

A survey of children in Peru to investigate their well-being found that in 1 736 households with children aged around one year of age, 21% of caregivers’ partners get drunk at least once a week and 7% of caregivers are beaten when their partner is drunk. Rates of alcoholism are higher in the poorest households compared to other

economic groups (Escobal, Lanata, Madrid, Penny, Saavedra, Suarez, Verasegui, Villar, & Huttly 2003:30).

Data collected from more than 3 000 children and young people in Tanzania about their view of poverty suggest that “alcoholism is a perpetuating factor for poverty … many fathers do not support their children and wives but instead spend their money on alcohol” (Tanzania Movement for and with Children 2004:11). The views of these children are supported by 2003 data on per capita reported pure alcohol consumption in Tanzania; this was 5.45 litres per person compared to a global average of 4.36 litres and an Africa Region average of 4.09 litres (WHO 2008:74-75).

4.7.3.5 Child mistreatment

Mistreatment of children contributes to their vulnerability. Mistreatment includes abuse and exploitation of different kinds in different contexts. Contributing factors to the occurrence of child maltreatment include child factors, parent factors, factors associated with parenting and parent/child interaction, dynamics and relationships within the family, factors linked to the neighbourhood and social setting, and factors associated with professional systems and available resources (Jones, Hindley & Ramchandani 2006:275).

Examples of *parental factors* which may be linked with child maltreatment are parental mental illness, or abuse of drugs such as alcohol (Cleaver 2006:131-133).

Examples of *community factors* which can negatively affect children and predispose to the initiation and continuation of child maltreatment include high levels of unemployment, inadequate childcare resources, a culture of people ‘keeping themselves to themselves’, harassment from neighbours or other segments of the community, a lack of established positive community norms, facilities not present or not accessible, insecure land / property tenure, community networks that produce demands rather than support and dangerous or violent neighbourhoods (Dowling, Gupta & Aldgate 2006:151-2; Dubowitz et al 2002:1101).

Social factors identified in Africa which contribute to child maltreatment include poverty, armed conflict, HIV/AIDS, poor governance, discrimination, culturally related practices

such as female genital mutilation and early marriage, and inadequate state protection for children requiring special assistance (UNICEF 2005:12-23,39-48).

Child maltreatment occurs when those responsible, at whatever level, for meeting the basic needs of children (including the needs for protection from abuse and exploitation) fail to do so. Basic needs vary with the developmental stage of a child (as discussed in section 4.7.2.1), and interpretations of children's needs and rights vary between cultures and in time (as discussed in section 4.5.4). Thus, what is considered to be maltreatment in one place, for one age group and at one time, may not be considered maltreatment in another culture, age group or time. Child maltreatment encompasses a variety of concepts, including neglect, abuse and exploitation (Subbarao & Coury 2004:19).

4.7.3.5.1 Child neglect

Neglect implies the failure to give care and attention that was due (The New Penguin English Dictionary 2001j:931). Child neglect implies that children's basic needs are not met by those responsible, who are parents, families, the local community and society at large. UNICEF points out humanity's neglect of children when it comments that "[y]et for hundreds of millions of children, the promise of childhood that undergirds the Convention [on the Rights of the Child] already appears broken as … millions do not experience it … It is hard to avoid the conclusion that we, the adults of the world, have failed these young people and are failing the children of today" (UNICEF 2004c:87-88).

At the family level of responsibility, intentionality may not be a useful concept as it is difficult to assess and may not be relevant in many cases, and it is suggested that, in the past, there has been an inclination to target individual 'bad' parents or families, rather than search for causes and solutions at a community level. Neglect is considered to be the most common form of child maltreatment; it varies by type, severity and chronicity, and care is said to exist on a range from optimal to grossly inadequate care. The context of neglect, including cultural and economic factors, influences the possible remedies. Evaluation of neglect should consider actual and potential harm to the child, although assessing potential harm is not easy (as discussed in section 4.6.1) (Dubowitz et al 1993:8-13,23).

Three primary subtypes of neglect have been suggested: physical, psychological and environmental. It is noted that few studies have differentiated clearly between neglect and physical abuse. When considering child neglect it is important to consider its severity, chronicity and frequency. Neglect may often be a relatively unchanging pattern of care on the part of those responsible (Dubowitz et al 2002:1100,1104). In respect to the issue of intentionality of neglect, Howard and Millard relate the true story of a family afflicted by child malnutrition in Kilimanjaro Region of Tanzania, which might have been misconstrued as intentional parental neglect, but was actually the result of complex historical, cultural, geographical and economic factors (Howard & Millard 1997:xiii-xiv,193-195).

Neglect may result in a child having inadequate food, shelter, clothes, health care, love, or education. In the United States of America, some States differentiate between failure to provide for the needs of a child because of financial inability, and failure to provide for the needs of a child with no underlying financial reason. Only the latter cases are classified as neglect (Child Welfare Information Gateway 2007).

Neglect may apply to all of the children in a household, or may involve differential treatment, that is discrimination, against one or more of them. For example, Oleke reports that in Uganda "[t]he Langi refer to an orphan as *atin kic* and orphanhood as *kic kic.* In this study orphans were found not be integrated into foster households on equal terms as the natal children of that household and were commonly addressed as *atin kic* – a constant reminder of their inferior position in the homes … The relatively underprivileged life situation of orphans was by a number of informants explained as the outcome of a concern 'to prepare orphaned children for the difficult challenges that lie ahead of them' " (Oleke 2005:164).

4.7.3.5.2 Child abuse

While child neglect has been defined as the failure to provide appropriate parenting, child abuse can be considered to be parenting practices that are harsh, punitive, controlling and rejecting (Crittenden 1992:329). Abuse involves improper treatment resulting in harm or injury (The New Penguin English Dictionary 2001k:7); it involves someone violating another person's human and civil rights, in any context, as a single act or sequence of incidents. Types of abuse are physical, sexual, psychological,

financial or material, by neglect and acts of omission, and by individuals, groups or institutions (Heath 2007:4).

Child abuse may involve physical punishment such as beating or shaking, kicking or biting, which may result in bruising or fractures, sadistic behaviour such as burning or scalding, sexual abuse, or emotional or verbal abuse. All types of abuse carry the risk of emotional damage, and the longer the abuse continues and the closer the relationship of the abuser to the child, the greater the effect. The child may become depressed, withdrawn, violent or suicidal. He may try to run away from home, refuse discipline or abuse others. In the long term he may have psychological and sexual problems (Shelor, Trubo & Hanemann 1998:724-727; Child Welfare Information Gateway 2007).

Abuse may be denied or acknowledged, direct or indirect, active or passive, intentional or unintentional; "[a]buse is a serious harm or offence ... The occurrence of abuse justifies interference with the abuser's right to freedom … Abuse involves violation of another's rights" (Bandman & Bandman 2002:125). Heath considers that the concept 'abuse' includes aspects that others classify as maltreatment, exploitation or neglect; she uses the term to include physical abuse, psychological abuse, sexual abuse, financial or material abuse, institutional abuse and neglect (2007:4).

Abuse in the form of physical punishment was found to be common in a study in Dar es Salaam, Tanzania. Of the 82 children studied, 54% of them had been physically punished at school once or more in the week preceding the interview. Corporal punishment appears to be related to low self-esteem, poor performance at school, anxiety, depression, suicide and physical injury (Makame et al 2002:461-4).

Lalor found that while little empirical data on child sexual abuse is available in Tanzania, a retrospective study of 102 alleged rape cases in Dar es Salaam between June 1993 and January 1996 found that 21% of the victims were under the age of 4 years and over half of the cases were aged 4-14 years. Lalor reports widespread anecdotal evidence that child domestic workers are at risk of sexual abuse (2004:835). The Kuleana Centre for Children's Rights draws attention to the powerless position of girls in Tanzanian society, and suggests that "a society in which children have little status or power, where beatings and emotional abuse of children is condoned, and where children have no voice is a society that makes its children extremely susceptible to sexual abuse and HIV

infection. In this sort of society child sexual abuse is not an aberration, but an inevitable consequence" (1997:4, cited in Lalor 2004:837-8). Abuse, neglect and exploitation which increased with the age of the child, were reported among orphaned children who had been fostered in northern Uganda and Malawi (Ntozi, Ahimbisbwe, Odwee, Ayiga & Okurut 1999; Mann 2002, cited in Subbarao & Coury 2004:19).

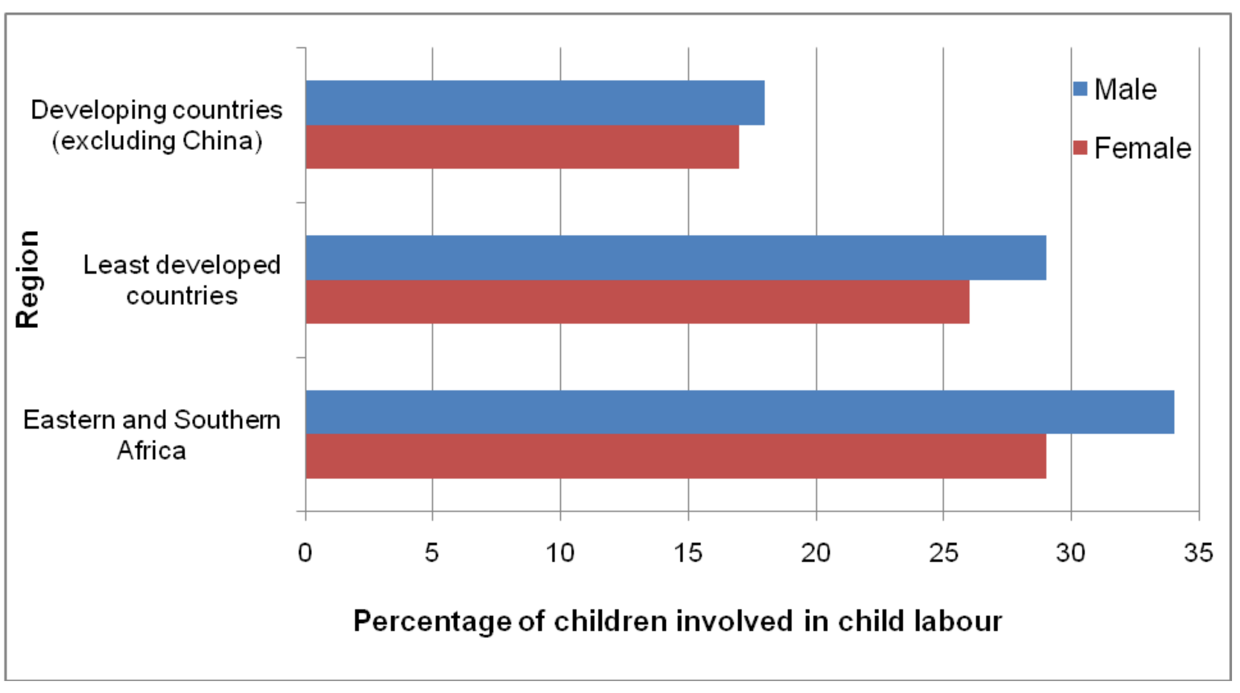
Compiled views of more than 3 000 children and young people in Tanzania suggest consensus that there is continued corporal punishment in schools, which makes children unhappy at school and miss classes (Tanzania Movement for and with Children 2004:15). The Tanzania Participatory Poverty Assessment of 2002-2003 involved fieldwork in 30 sites throughout mainland Tanzania (United Republic of Tanzania. Research and Analysis Working Group 2004:6). Children who participated in this assessment "voiced concerns about child abuse, reporting that they are often subjected to discrimination, bullying and neglect when at home and even at school. More intense forms of mistreatment such as physical abuse (rape, beatings) were also reported" (United Republic of Tanzania. Research and Analysis Working Group 2004:124). Children complained that they lacked advocates to help protect them from sexual abuse and physical violence, and researchers noted that some pastoralist communities continue to practice early forced marriage of girls (United Republic of Tanzania. Research and Analysis Working Group 2004:124). "[O]n the whole, appropriate mechanisms for containing or preventing abuse of children are lacking … Youth are particularly affected by restricted control over productive resources and unequal decision-making power. This hierarchy is perhaps most severe in pastoralist communities" (United Republic of Tanzania. Research and Analysis Working Group 2004:125).

4.7.3.5.3 Child exploitation

Exploitation involves taking unfair advantage of someone for financial or other gain (The New Penguin English Dictionary 2001l:489). Child exploitation includes the practices of trafficking, prostitution, child labour and domestic service, use in armed conflicts and 'debt bondage' (Dunson 2005:13-73; UNICEF 2005:49-51). Exploitation may involve land or property grabbing, which is a special risk for paternal and double orphans, particularly if compounded by lack of civil identity (UNICEF 2004c:81).

The issue of child labour needs to be considered in the local context of societal expectations of childhood (as discussed in sections 4.5.1 and 4.7.2.2), as well as the context of the rights of the child (as discussed in section 4.5.4). A key issue might be whether the child labour deprives the child of a right such as education, physical health or leisure time. It can be argued that “judging whether a phenomenon such as child labour is a risk or protective factor remains contentious and the debate is likely only resolvable according to careful attention to specific contexts’ local values in relation to this activity and perhaps even individuals’ particular situations” (Boyden & Cooper 2007:8).
Children in economically disadvantaged countries are at risk of being exploited through excessive workloads. Figure 4.7 uses the definition of child labour as follows: children 5-11 years of age who do at least one hour of economic activity or at least 28 hours of domestic activity per week, or children aged 12-14 years who do at least 14 hours of economic activity or at least 42 hours of economic activity and domestic work combined (UNICEF 2005:50).

The extent of child labour is difficult to measure, but it has been estimated that 41% of African children below the age of 14 years are in the work force. In Sub-Saharan Africa there is an extensive market for domestic labour. To provide an impression of the extent of the problem in Sub-Saharan Africa, it is suggested that “if one-third of the urban households in the region had a child domestic servant (as is the case in Lomé), and if we assumed an average household size of five, we would find around 13 million child domestic servants, mostly girls, in African cities. More often than not, these girls are paid extremely low wages, are made to work extremely long hours, and are subject to physical and sexual harassment” (Subbarao et al 2001:7).



UNICEF 2005:50

Figure 4.7 Exploitation of children through work in different regions of the world

The majority of children in Tanzania are involved in work activities, whether or not they attend school; only 15.2% of children report having no work activity (shown in table 4.6).

TABLE 4.6: PERCENTAGE OF CHILDREN INVOLVED IN WORK ACTIVITIES BY LOCATION IN TANZANIA, 2006

TYPE OF WORK ACTIVITY	LOCATION IN TANZANIA		
	% OF RURAL CHILDREN	% OF URBAN CHILDREN	% OF ALL CHILDREN
Economic work only	3.6	2.1	3.3
Housekeeping work only	11.3	24.1	14.4
Economic and housekeeping work	71	54.7	67.1
Any economic work	74.6	56.8	70.4
Any work activity	86	80.9	84.8
No work activity	19.1	14.0	15.2

(United Republic of Tanzania. NBS. 2007b:2)

Data from Burundi indicates that orphans there do more work than non-orphans. While 27% of female non-orphans work more than 4 hours per day, 40.5% of female orphans work more than 4 hours per day, which rises to 52% when the mother has died (Institut de Statistiques et d'Etudes Economiques du Burundi (ISTEEBU) (The Burundi Institute for Statistics and Economic Studies) 2001, cited in Subbarao & Coury 2004:18). Exploitation of orphans by their extended or foster families is reported by many of the 1 200 participants (the majority of whom were children) in a study examining the

condition of orphans in Rwanda (Veale et al 2001:xii,xv-xvi). Orphans in Zambia and South Africa have an increased workload compared to non-orphans, and children orphaned through HIV/AIDS are more likely to enter the workforce, and to be exploited at work (Bray 2003:44-45).

Exploitation of orphans in Africa, especially paternal and double orphans, may involve land and/or property snatching by other relatives (Subbarao & Coury 2004:14,18; UNICEF 2004c:81). Problems of widows in Swaziland are compounded by many women not marrying under the civil system. Women's land rights would have some protection in the civil system, but women married under the traditional systems risk paternal kin taking land and possessions after the death of the husband (Jones 2005:167).

In western Kenya, Nyambedha et al found that many of the cattle left by a man who dies may be sold to meet the expenses of the funeral and after-funeral rituals where many people are expected to come and be provided with food and drink. This is related to the fear of the spirit of the dead person wreaking vengeance on the living if his death has not been celebrated 'properly'. This practice may leave orphans with little agricultural capital, and in addition, land grabbing is well recognised (Nyambedha et al 2003:307). Orphaned children and widows have been subjected to property grabbing in different parts of Africa, for example in Kenya (Chipfakacha 2002:4; Nyambedha et al 2003:309) and Uganda (Christiansen 2005:178; UNICEF 2003:18; Wakhweya 2003, cited in Subbarao & Coury 2004:19).

4.7.3.6 Disability

Disability involves "a physical, intellectual or sensory impairment, medical conditions or mental illness, whether long or short-term, which leads to the loss or limitation of opportunities to take part in the life of the community on an equal level with others" (The United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities, cited in World Bank 2004:9). Many authors identify disabled children as vulnerable children, for example Arntson and Knudsen (2004:34), Baingana (2001:8), International Committee of the Red Cross (ICRC) (2004:31), Knudsen (2001:11), Lorey (2001:24), National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] (2002:7), Smart (2003:5-6), Sommers (2001:30) and World Bank (2004:9).

Children suffering from a disability are not only dependent by virtue of being children but are additionally dependent because of their disability; vigilance is needed to ensure that they are protected and their needs are met (Skinner et al 2006:623; UNICEF 2007:10). An additional disadvantage faced by some disabled children is discrimination in the form of neglect or even rejection because of their handicap (Subbarao et al 2001:11). Rejection of handicapped children is reported in the literature about the Datoga ethnic group, as discussed in section 2.14 (Blystad 2000:121; Blystad & Rekdal 2004:632; Klima 1970:46-7). Widespread discrimination against disabled children is reported by UNICEF (2005:1,11,26-27); "[r]egardless of the cause, or where they live, children with disabilities require special attention. Given the higher risk they face of being excluded from school and within their societies, communities and even households, children living with disabilities are liable to end up forgotten in campaigns for development that focus on statistical targets based on national aggregates" (UNICEF 2005:29).

Mchomvu and Ijumba assessed community perceptions of vulnerable children in Ifakara and Morogoro Municipality of Tanzania and found that informants viewed mentally handicapped and physically disabled children as amongst the 'most vulnerable children'. Discrimination is reported in this study, for example one informant spoke of the problems of mentally handicapped children; "[t]heir living environment is very difficult. They are stigmatised by the community, consequently the family with mentally handicapped children tries to hide them; for example, a 29 year old girl has never seen the light of the sun at Morogoro" (2006:30). Mchomvu and Ijumba conclude that there is a lack of data on mentally handicapped children in Tanzania, that they appear to be often deprived and conclude that "[c]ommunities, institutions, and families that are taking care of mentally handicapped children do not have the capacity to handle and develop these children to at least become less dependent" (2006:53). Mchomvu and Ijumba also report that disabled children are frequently sexually abused and are at risk of HIV/AIDS (2006:53-56). This conclusion is congruent with findings of a study in Harare that found "an increase in the rape of young girls and older children with disabilities, who are assumed to be virgins, [which] has been caused by the myth that sex with virgins cures infected men of HIV" (UNICEF 2007:18).

A survey by Chimedza (2001:74) in Zimbabwe reports that disabled children suffer higher rates of educational deprivation than the average child, that there are no special schools or support services for handicapped children and there is discrimination against

disabled children because of the belief that disability is connected with witchcraft, or considered to be a 'bad omen' for the family, although over 60% of cases are related to preventable causes including measles, polio, tuberculosis and malnutrition (cited in Germann 2005:175).

According to the 2002 Tanzania census, there were 1 535 children with disabilities in Mbulu district out of a total of 129 644 children. This suggests a disability rate of 11.8/1 000 children. The disabilities listed were leprosy/physically handicapped, visually impaired, dumb/hearing impaired, albino, mentally handicapped and multiple handicapped (United Republic of Tanzania 2004:13). However, it has been noted that child disability is probably under-reported, and that the educational performance of children with disabilities is well below that of physically able children. Referring to disabled children in Tanzania it has been suggested that "[t]heir specific educational needs merit priority attention" (United Republic of Tanzania 2005b:44). In a society where many able-bodied children do not attend school, and where health and social services personnel make very few home visits, disabled children may suffer various deprivations.

4.7.3.7 Overview of antecedents of child vulnerability identified in the literature

A large number of antecedents affecting child vulnerability have been identified in the literature. Table 4.7 summarises findings from five comprehensive documents. These sources include a scholarly overview focusing on orphans (Subbarao & Coury 2004), a document of international scope compiling data about vulnerable children (UNICEF 2004), a study focusing on child poverty (Gordon et al 2003), a report providing guidance of strategies for OVCs (World Bank 2004) and a research study in southern Africa to develop clarity on the concept of child vulnerability (Skinner et al 2006).

TABLE 4.7: ANTECEDENTS OF CHILD VULNERABILITY AS CLASSIFIED IN THIS STUDY AND AS IDENTIFIED BY FIVE SOURCES

ANTECEDENT \ AUTHOR	Subbarao and Coury 2004	UNICEF 2004	Gordon et al 2003	World Bank 2004	Skinner et al 2006
Life cycle eg parental loss, family break-up, abandonment	✓	✓		✓	✓
Natural risks eg drought	✓			✓	
Health problems in child / parent eg disability, illness, HIV/AIDS	✓	✓		✓	✓
Social eg domestic violence, war	✓	✓		✓	
Economic eg poverty, unemployment, harvest failure	✓	✓	✓	✓	✓
Political eg discrimination, political unrest	✓				
Environmental eg pollution, deforestation	✓				
Lack of public investment in infrastructure, water, sanitation			✓		
Risky / uncertain events and lack of appropriate risk management instruments				✓	
Children in the worst forms of labour				✓	
Special local groups eg trafficked children				✓	
Abuse, mistreatment, exploitation				✓	✓
Impoverishment due to loss of inheritance				✓	
Parental alcohol or drug use				✓	
"Unwanted child" eg living with mother and step-father				✓	✓

It appears that a large variety of antecedents to child vulnerability are identified in the literature; variations occur depending on the aim, perspective and scope of the publication. While the relative importance of different antecedents may not be immediately apparent, some studies have undertaken statistical analyses to help to differentiate between the relative impact of factors such as poverty and orphanhood.

4.7.4 Defining attributes of the concept 'child vulnerability': deprivation of needs

Defining attributes of child vulnerability are variable according to context and age or special target group (as discussed in 4.7.2.1 and 4.7.2.2). The literature suggests that the concept 'child vulnerability' has various defining attributes; as well as combining

features of the concepts 'child' and 'vulnerability' it is related to deprivation of needs and rights. Subbarao et al consider vulnerable children to be "children living in extremely difficult circumstances" (2001:5-8); Germann refers to vulnerable children as "[c]hildren in need of special protection" (2005:9).

UNICEF suggests that a vulnerable child is one whose right to personal safety and well-being is violated (2007:10). Vulnerable children have also been described as children who are excluded and invisible (UNICEF 2005:7). It has been suggested that "[a] vulnerable child is a child in a household with a chronically ill parent/caregiver or a child living in a high-risk setting (National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:iv). The 'most vulnerable children' in Tanzania identified by the 2002 National Census Report were children who were mentally or physically handicapped, orphans, children who have been neglected by their parents, and children who were living in extremely poor families (Mchomvu & Ijumba 2006:10).

Theoretical and operational definitions use antecedents, defining attributes and consequences. Five examples of definitions of child vulnerability from the literature follow, which use a variety of factors; these factors are classified according to the criteria arrived at in this study, and are inserted into the original text in capitals and in brackets. (Two of them use the term 'vulnerability' or 'vulnerable' within the definition, underlined here, presumably as a synonym for 'at risk', although this could be considered conceptually confusing.)

EXAMPLE DEFINITION 1

"Part of this discussion needs to look at a definition of vulnerability. For this paper the definition includes vulnerability to infection with HIV (OUTCOME), dropping out of school and losing out on an education (OUTCOME), children experiencing development problems through lack of food (OUTCOME), or having social problems due to not being cared for or being denied a role model (OUTCOME)" (Andrews et al 2006:270 with added underlining and comments in brackets).

EXAMPLE DEFINITION 2

"So-called 'OVCs' include not only children who are biologically orphans following parental death (ANTECEDENT) but also children considered vulnerable to shocks jeopardizing their health and wellbeing (OUTCOME), such as parental illness or other household factors (ANTECEDENTS)" (Schenk et al 2008:895 with added underlining and comments in brackets).

EXAMPLE DEFINITION 3

"We understand vulnerability to mean "a high probability of a negative outcome", or an expected welfare loss above a socially accepted norm (OUTCOMES), which results from risky/uncertain events (ANTECEDENT), and the lack of appropriate risk management instruments (ANTECEDENT)" (World Bank 2004:7 with added comments in brackets).

EXAMPLE DEFINITION 4

"MVCs [most vulnerable children] are children who are disadvantaged and marginalized (DEFINING ATTRIBUTES). The children's vulnerability is influenced by deprivation of access to basic needs, including lack of health services, access to education, protection, care, love, support, guidance, shelter, and clothing (DEFINING ATTRIBUTES)" (Mchomvu & Ijumba 2006:10 with added comments in brackets).

EXAMPLE DEFINITION 5

"Some specific indicators for vulnerability in children, any physical or mental handicap or any other long-term difficulty that would make it difficult for the child to function independently; illness, either HIV or other major illness (ANTECEDENTS); and emotional or psychological problems (CONSEQUENCES). Particularly in the case of the latter indicators that need to be checked include apathy or helplessness that might show in the child being unhappy, dull, not performing well in class, being miserable or demotivated; or neglect of schoolwork, not attending school regularly, not performing well at school (CONSEQUENCES). Also at the physical level indicators could include signs that the child does not receive sufficient healthy food (DEFINING ATTRIBUTE/CONSEQUENCE) and constantly shows signs of hunger; constantly showing signs of not sleeping well (CONSEQUENCES); has poor hygiene or cannot engage in personal care; and does not have clothing or clothing is dirty or damaged (DEFINING ATTRIBUTES). The final set of core indicators included abuse at emotional, physical or sexual level (ANTECEDENTS); use of drugs, e.g., glue, alcohol, cigarettes, marijuana or crack (CONSEQUENCES); and not receiving care, particularly love, guidance and support (DEFINING ATTRIBUTES)" (Skinner et al 2006:623 with added comments in brackets).

The variety of antecedents, defining attributes and consequences used by different authors in their definitions may perhaps relate to different contexts and perspectives of child vulnerability, the close interrelationships between antecedents, defining attributes and consequences, or the use of terms without analysis of the type of concept represented. There appear to be no currently published studies which undertake a concept analysis of child vulnerability according to the Walker and Avant model, and the literature examined often does not make clear distinctions between antecedents, defining attributes and consequences. A discussion of empirical referents (or operational definitions) is provided in section 4.7.6. Some examples of concepts which may be construed to be defining attributes are shown in table 4.8.

Child vulnerability is consistently linked with deprivation of rights as outlined in the 1989 Convention on the Rights of the Child (UNICEF 2005:7), and with needs such as those outlined by Maslow (as discussed in section 4.5.4). Deprivation relates to "the state of being without something or of being denied something, especially something vital to one's well-being" (The New Penguin English Dictionary 2001m:374). Schaffer (1996:230-231) suggests that studies of child deprivation should consider physical and psychological factors, and also notes that the length of time deprivation has continued is important when considering the risk of long-term effects. It has been noted that child vulnerability involves the risk of long-term damage from experiencing material,

emotional and/or social problems, related to reduced access or lack of access to basic needs or rights (Skinner et al 2006:623,626).

TABLE 4.8 EXAMPLES OF TERMS USED TO DESCRIBE DEFINING ATTRIBUTES OF CHILD VULNERABILITY

TERM(S) USED IN THE LITERATURE	EXAMPLE(S) OF SOURCE
Key characteristics of vulnerability	Schenk et al 2008:898
Identifiers, community definitions	Skinner et al 2006: 620
Definition	Andrews et al 2006:269
Indicators of child vulnerability	Skinner et al 2006:622-623; Subbarao and Coury 2004:1; World Bank 2004:10
Local/community definitions, policy and support provision definitions and working definitions	Smart 2003:5
National level definition and local / community definition	Germann 2005:58

Deprivation "refers to people's unmet needs whereas poverty refers to the lack of resources required to meet those needs" (Barnes et al 2007:3). Multiple deprivation is considered to be a state of more than one single deprivation, and deprivation can occur at an individual level and also at a community or area level (Barnes et al 2007:3). People can be considered to be deprived if "they lack the types of diet, clothing, housing, household facilities and fuel and environmental, educational, working and social conditions, activities and facilities that are customary" (Townsend 1987, cited in Barnes et al 2007:3), which points to the issue that not only poverty, but also deprivation may be 'relative' or 'absolute' (as discussed in section 4.7.2.2). The term 'child exclusion and invisibility' as used by UNICEF, appears to have many features in common with the term 'child vulnerability'. Central ideas of both terms include risk of deprivation, lack of protection and relativity. Relativity involves the need to judge the condition of a child by comparing with others at a given place and time (UNICEF 2005:7). "Research suggests that when children do not consider themselves to be part of families whose material conditions are close to what is considered 'normal' for their community, the impact is greatly felt. This relative deprivation is based on the idea that people decide how well off or deprived they are – what they should deserve or expect – by comparing themselves to others" (UNICEF 2005:32).

Deprivations have been described in terms of different categories, for example, income and material deprivation, employment deprivation, education deprivation, adequate care

deprivation and living environment deprivation (Barnes et al 2007:10).

Many of the world's children are deprived of essential services and goods. "The extent of this deprivation is appalling: more than 1 billion children suffer from one or more extreme forms of deprivation [of] adequate nutrition, safe drinking water, decent sanitation facilities, health-care services, shelter, education and information" (UNICEF 2005:12). Other forms of deprivation include deprivation of protection; this predisposes to exploitation (UNICEF 2005:49-51) which is discussed in section 4.7.3.5.3 as an antecedent to other deprivations. This further illustrates the spiral interaction between different aspects of child vulnerability.

Children who are deprived of their needs and rights are deprived of balanced, culturally and developmentally appropriate opportunities for growth and development. Moderation appears to be a key issue in the healthy provision for children's needs, whether this relates to the need for food, play, responsibility and autonomy, or protection. Section 4.7.5.3 discusses the issue of moderation further (Allen, Manuel, Legault, Naughton, Pivor & O'Shea 2004:267; Carlowe 2007a:21; Forsyth, Horwitz, Leventhal, Burger & Leaf 1996:89-90).

The most vulnerable children have been described as "disadvantaged and marginalized. The children's vulnerability is influenced by deprivation of access to basic needs, including lack of health services, access to education, protection, care, love, support, guidance, shelter and clothing" (Mchomvu & Ijumba 2006:10). To marginalise is to treat someone as unimportant, or less important than others in society (The New Penguin English Dictionary 2001n:850); it implies that human rights are not being respected.

The literature provides information about a variety of deprivations; deprivation of nutrition is discussed in relation to consequences of child vulnerability in section 4.7.5.1 since the consequences of inadequate nutrition are described in the literature rather than deprivation per se. Deprivation of educational opportunities, safe water and sanitation, recognition and inheritance, psycho-social support and shelter are discussed in the literature and some key issues summarised in sections 4.7.4.1 to 4.7.4.5.

4.7.4.1 Deprivation of educational opportunities

Access to primary education is a basic need and right of every child according to the

United Nations Convention on the Rights of the Child (as discussed in section 4.5.4), and an educated populace is considered important for economic and development gains (Hepburn 2002:88,90). It is estimated that 77% of children in Tanzania attend primary school full time; this figure compares to an estimated 85% enrolment in primary school world-wide (UNICEF 2008:121). Tanzanian school attendance rates are shown in table 4.9, and suggest that 11% of 7-13 year olds and 23% of 14-17 year olds are not attending school at all.

TABLE 4.9: CHILD SCHOOL ATTENDANCE RATES IN TANZANIA, 2006

ATTENDANCE	AGE GROUP	
	7-13 YEARS	14-17 YEARS
Yes, full time	77.2%	68.6%
Yes, part time	11.6%	8.0%
No	11.2%	23.4%

(United Republic of Tanzania. NBS 2007a:2)

Some of the reasons for not attending school in Tanzania are shown in table 4.10, with percentages of their frequency. The most common reason for not attending school is reported to be lack of support; this might seem surprising in view of the Tanzanian policy of free primary school education, but actual costs (including uniforms and compulsory contributions) are a problem for some families (as discussed in section 1.2.7). The quantity of educational facilities and the quality of education are important factors in educational deprivation; Haydom residents complain about the overall poor quality of education available locally (also discussed in section 1.2.7).

TABLE 4.10: REASONS FOR NOT ATTENDING SCHOOL IN TANZANIA, 2006

REASONS FOR NOT ATTENDING SCHOOL	% OF BOYS AGED 7-13 YEARS`	% OF GIRLS AGED 7-13 YEARS	% OF TOTAL CHILDREN
Has no one to support	9.5	10.6	10.0
Is ill or disabled	4.3	4.9	4.6
Has to help in household chores	7.1	9.1	8.0
Has to assist in household business	8.4	9.3	8.8
Family does not permit schooling	6.7	4.5	5.6

(United Republic of Tanzania. NBS 2007a:3)

An analysis in Malawi suggests that at the time of the study, the extended family was playing a critical role in the care of orphans, and that the difference in school enrolment rates between orphans and non-orphans was insignificant (Doctor 2004:31-56). This study concludes that "[w]hether a child is a paternal or double orphan does not matter in the odds of being in school. However, being a maternal orphan increases the odds by about two per cent although the significance is very low (p=0.08)" (Doctor 2004:53).

Nyamukapa, Foster and Gregson report that studies published in 1994 (relating to Zaire) and 1996 (relating to Sub-Saharan Africa) showed little effect on orphans' access to education, which was attributed to effective extended family networks. They suggest that more recent studies show lower school attendance amongst orphans. They studied orphans' household circumstances and access to education in Eastern Zimbabwe and found that significantly fewer maternal orphans completed primary school than non-orphans, but that paternal orphans, although typically in the poorest households, had no significant educational deprivation compared to non-orphans (2003:7-32).

A univariate analysis of children aged 6-14 years in Zimbabwe, Kenya, Tanzania, Ghana and Niger suggests that "an orphan is less likely to be at his/her proper educational level than a child who has both parents living. Moreover, there is a "dose response": double orphans are less likely to be at their proper level than are single orphans" (Bicego et al 2003:1244).

Following an analysis of data from 10 countries in Sub-Saharan Africa, Case et al conclude that orphans in Africa are significantly less likely than non-orphans to be enrolled in school. They investigate possible reasons for this, and conclude that altruistic behaviour depends on the closeness of biological ties. This means that outcomes for orphans depend on how closely they are related to the head of the household. The authors of this study conclude that the lower orphan enrolment rates in school could be accounted for by orphans being more likely than other children to live with distant relatives or people who are not related to them (Case et al 2004:483,503-507).

A meta-analysis of 22 countries in Sub-Saharan Africa concludes that the difference between rates of school enrolment for orphans and non-orphans varies from country to country; some countries, such as Rwanda, show marked reductions in orphan enrolment while others do not. However, a consistently marked difference in school

enrolment between children from richer and poorer households was noted. The researchers surmise that orphan enrolment levels appear to be affected by various factors, including national enrolment levels and poverty (Ainsworth & Filmer 2002:27-28). Inter-country differences were also shown in studies addressing gender and age differentials in respect to school attendance. For example, in Rwanda, research suggests that a higher proportion of female orphans are not in school compared to male orphans, and older orphans are more likely to drop out of school than younger orphans, and be engaged in domestic work, paid or unpaid productive activities (Siaens, Subbarao & Wodon 2003, cited in Subbarao & Coury 2004:16).

An analysis of 34 national surveys in Sub-Saharan Africa suggests that school attendance in children aged 10-14 years was poorer for orphans than non-orphans in 33 of these countries, and overall, orphans were 13% less likely to attend school than non-orphans (Monasch & Boerma 2004:S55,S64-5).

A study of school attendance in South Africa suggests that while AIDS orphans aged 7-13 years are taken out of school for short periods of time, AIDS orphans aged 14-18 years are at risk of missing longer periods of schooling, which corresponds to families' needs for help with domestic work and care of the young and sick members of the household (Booysen & Arntz 2002: 174-177). A study in rural northwest Tanzania found that orphans and foster children had significantly lower school enrolment rates and higher drop-out rates than children living with both parents (Urassa, Boerma, Ng'weshemi, Isingo, Schapink & Kumogola 1997:147-8).

Specific types of vulnerable children may have special educational disadvantages. Disabled children in Tanzania have been identified as being at risk of losing time in school; "at the age of 17, children with disabilities have missed 4 years of primary education compared to 1.7 years among children without disabilities" (United Republic of Tanzania 2005b:43). Even if orphans attend formal education programmes, they may lack the informal education that children normally acquire; they may lack role models to develop parenting skills, and may lose out on learning some technical skills from parents (Subbarao & Coury 2004:17).

A study of child deprivation in South Africa shows that 24% of children in South Africa are in the wrong grade for their age, and 6% are not in school; there are marked variations in educational deprivation between municipalities and provinces, with the highest rates found in Eastern Cape, KwaZulu-Natal and North West Provinces (Barnes et al 2007:23). This suggests that national averages cannot be applied across a country; local assessment of deprivation is important.

Although research findings vary, it seems that some orphans and vulnerable children, particularly children from economically deprived families, have reduced school opportunities compared to other children in society. This finding suggests the need for monitoring school attendance. School deprivation subsequently puts children at risk of unemployment, gender discrimination and exploitation (Delva et al 2005:656), which is discussed further in section 4.7.5.4.

4.7.4.2 Deprivation of safe water and sanitation

Statistics relating to use of safe water and sanitation in Tanzania are shown in table 4.11, which suggest low rates of access especially for rural Tanzanians.

TABLE 4.11: PERCENTAGE OF POPULATION USING IMPROVED DRINKING WATER AND SANITATION FACILITIES, 2006

AREA	% OF POPULATION USING IMPROVED DRINKING WATER SOURCES 2006			% OF POPULATION USING IMPROVED SANITATION FACILITIES 2006		
	URBAN	RURAL	TOTAL	URBAN	RURAL	TOTAL
Tanzania	81	46	55	31	34	33
World	96	78	87	79	45	62

(UNICEF 2008:129)

Less than a half of rural Tanzanians had access to a safe water source in 2006, and about a third had access to safe sanitation in 2006. The 2004-2005 Tanzania Demographic survey provides examples of information about availability of water and sanitation as shown in tables 4.12 and 4.13.

TABLE 4.12: PERCENTAGE OF HOUSEHOLDS BY TYPE OF DRINKING WATER SUPPLY IN MAINLAND TANZANIA, 2004-2005

SOURCE OF DRINKING WATER	URBAN	RURAL	TOTAL
Piped into plot	18.6	2.1	6.4
Public tap	15.5	16.8	16.6
Neighbour's tap	32.8	3.5	11.2
Open public well	5.2	28.5	22.4
Protected public well	6.3	14.4	12.2
River / stream	1.6	17.7	13.5

(United Republic of Tanzania. NBS & ORC Macro. 2005:22)

Table 4.12 shows that a variety of water sources are used by Tanzanians; use of communal and unsafe sources is common especially for rural Tanzanians.

TABLE 4.13: PERCENTAGE OF HOUSEHOLDS BY TYPE OF SANITATION FACILITY IN MAINLAND TANZANIA, 2004-2005

TYPE OF FACILITY	URBAN	RURAL	TOTAL
Flush toilet	8.8	0.4	2.6
Traditional pit latrine	76.7	82.0	80.6
Ventilated improved pit latrine	12.1	0.9	3.8
No facility	2.4	16.7	12.9

(United Republic of Tanzania. NBS & ORC Macro 2005:22)

Table 4.13 shows a lack of improved sanitation facilities for many Tanzanians; more than 16% or rural dwellers had no sanitation facility. While there have been major international efforts to meet Millennium Development Goals (MDGs) related to water and sanitation, by 2006 Tanzania was reported to be 'not on track' to reach these MDGs. Inequitable financing, lack of focus on small scale projects, corruption and high costs of drilling bore holes in Sub-Saharan Africa are some of the identified reasons for lack of progress (UNICEF 2009b:2-4,58).

Orphans and vulnerable children often live in situations where there are problems of hygiene, water and sanitation with resulting health consequences such as diarrhoeal diseases (discussed in section 4.7.5.1). These issues need to be part of community programmes to help vulnerable children (Apambire 2008:8-9; Calaguas 2008:4-5; Germann 2005:92; Halvorson 2003:120-131; Tibaijuka 2008:7-8; World Vision International 2005: 246-249).

4.7.4.3 Deprivation of recognition and inheritance

Children have the right to survival, protection, development and participation according to the United Nations Convention on the Rights of the Child (United Nations 1989). This includes the right to a name and nationality and the right to protection from abuse and exploitation (World Vision International 2005:126-128). Birth registration or other civic document helps to establish a child's identity and is often essential for accessing social services and entitlements. Lack of a clear identity predisposes to difficulty enforcing legal protection relating to inheritance and other justice issues (Jones et al 2007; UNICEF 2007:15).

Some children lack a formal identity and birth registration; this can be construed as parental neglect, although birth registration centres may not be easily accessible to all parents. An estimated 48 million children worldwide were not registered at birth in 2003. If this fundamental human right is not respected, the child may have difficulty upholding land claims and obtaining services or employment (UNICEF 2005:36-38). In Tanzania, there was an overall birth notification rate of 7.1% in 2003-2004. Table 4.14 shows that large differences in rates of birth registration were observed between urban and rural births, wealth quintiles and according to birth order. Health facilities issue the majority of notifications. There were major regional variations in mainland Tanzania, from 0.7% in Dodoma region to 24.8% in Dar es Salaam; the notification rate in Manyara urban areas was 10.2%, Manyara rural areas was 1.4% and the overall Manyara rate was 4.5% (United Republic of Tanzania. NBS & ORC Macro. 2005:148).

Some children are stigmatised and not recognised by their communities, for example those who are extremely poor, disabled, orphaned, or living on the streets (UNICEF 2005:39-41; World Bank 2004:45). UNICEF report that even though street children can be clearly seen, they are often ignored, shunned and excluded (2005:40). Child-headed households (discussed in section 5.2) have been reported to be unrecognised in some communities, related to an unwillingness to acknowledge what people are ashamed of (Roalkvam 2005:211-215; Yamba 2005:205). In addition, child domestic workers may not be 'visible' to a community (World Bank 2004:42).

TABLE 4.14: PERCENTAGE OF BIRTHS REGISTERED IN THE FIVE YEARS PRECEDING THE SURVEY BY BACKGROUND CHARACTERISTICS IN MAINLAND TANZANIA, 2004-2005

CHARACTERISTIC	PERCENTAGE OF BIRTHS REGISTERED
Urban	20
Rural	4
Lowest wealth quintile	2.7
Second wealth quintile	2.3
Middle wealth quintile	2.9
Fourth wealth quintile	7.1
Highest wealth quintile	26.0
First child	9.3
Second / third child	7.7
Fourth / fifth child	6.1
Sixth or later child	4.8
Notification issued by a health facility	16.9
Notification issued by any other place	2.1
Overall notification	7.1

(United Republic of Tanzania. NBS & ORC Macro. 2005:148)

Discrimination against illegitimate children is reported in Zimbabwe, leading to unwillingness to foster orphans from a single parent family (Foster et al 1997a:165). McAlpine reports that in Tanzania, being born out or wedlock is a factor in school exclusion or drop out (2005:32).

Problems with orphans obtaining their inheritance, often referred to as ‘land grabbing’ or disinheritance, are referred to in the literature. Veale et al report on the need to protect orphans in Rwanda from land grabbing (2001:110). Hunter, Kaijage, Maack, Kiondo and Masanja carried out a survey in eight regions of Tanzania to assess problems faced by families affected by AIDS. They report that “[m]any caregivers are themselves entangled in struggles and animosities between the maternal and paternal sides of the family, and male relatives frequently bend traditional inheritance rules to suit selfish motives and disinherit their brother's widow and children” (1997:407).

UNICEF reports that “[c]hildren and adolescents who have been orphaned by AIDS are often vulnerable to property- and land-grabbing by relatives or others who are entrusted with their care. Disinheritance is more likely where legislation is outdated, codified laws and customary systems of justice are contradictory, public awareness is low and laws

are inadequately applied" (2007:22). The problem of disinheritance of orphans, the need to sensitise communities about property inheritance rights of children and the need to encourage parents to write wills have been identified in Kenya (National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:17).

4.7.4.4 Deprivation of psycho-social support

The danger of children lacking psycho-social support and the need to plan for it is recognised in the literature about orphans and vulnerable children in different parts of the world (Baingana 2001:9; Muwonge 2001:15; National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:17; Smart 2003:10; UNICEF 2003:34; UNICEF 2004b:15; Wessells 2001:25). When children are living in a secure and caring environment they are able to maintain appropriate relationships, have a sense of belonging and self-worth, trust others and have hope for their future. Traumatic life events and deprivations of different kinds may interfere with psycho-social health and development, particularly in the absence of appropriate support from family, community and society in general (Arntson & Knudsen 2004:6,26-27). Street children in Tanzania have reported deprivation of emotional support (as discussed in section 4.7.4.5).

Oleke studied orphan support in Uganda and found that orphans lacked care and support, particularly those living with their widowed fathers (2005:114-169). A typical scenario described was when "[t]he father lived in a separate house together with another wife within the same compound while the orphans remained in their deceased mother's house. The orphans cooked all their meals on their own, while their father usually ate meals prepared by his other wife" (Oleke 2005:115). Orphans were not only found to lack psycho-social support within their extended family but also from teachers, who felt that they lacked skills to provide the support needed, and felt helpless in the face of multiple needs; one head teacher commented that orphans "do not actively participate in school activities, and there is nobody keen in following what they are doing. Teachers may step in to help, but really there is very little they can do" (Oleke 2005:147).

Hunter et al found in Tanzania that "[s]ome foster-children suffer from lack of affection, exploitation of their labour, denial of food or other necessities of life, and lack of

educational opportunities. Instances of extreme cruelty and physical assaults have also been documented" (1997:409).

It has been observed that sick parents are often afraid to talk openly with their children about their disease for fear of distressing their children, and actually produce more distress as a result (Subbarao & Coury 2004:20-21). It is often the case for vulnerable children that "caretakers and teachers fail to detect the symptoms of psychological distress, either ignoring or punishing the child in response to the behavior changes they see. In addition, children whose parents have died of AIDS may confront secondary stress factors such as rejection by friends, neighbors, and teachers because of the stigma of AIDS" (World Bank 2004:87). Teachers may already have a heavy workload and be unwilling to undertake counselling and psycho-social support activities, particularly as there may be no additional budget to motivate them to undertake the extra responsibility (World Bank 2004:87).

4.7.4.5 Street living

Children deprived of shelter are consistently identified as vulnerable in the literature, and there is a need to care for them with a national integrated programme (Germann 2005:59; Hunter et al 1997:393-419). The presence of street children in a community is an indicator of the failure of social networks to cope with child and family vulnerability. Specific causative factors include rapid population growth and pressure on limited available land, an under-resourced educational system, poverty, domestic violence, family dysfunction and breakdown, child abuse and alcoholism (McAlpine 2005:4; UNICEF 2009a:18; World Vision International 2005:130). Children living on the streets "become trapped in a cycle of poverty, violence and abuse" and may turn to crime in order to survive, and to drug use in order to escape from their situation (McAlpine 2005:5). The majority of street children are boys, which may be related to girls' relative employability as domestic workers (Subbarao et al 2001:7).

Full time street children are those who eat, live, work and sleep on the streets without any adult supervision or care. They may be called 'children *of* the street' to differentiate them from 'children *on* the street', that is, those who spend the day on the street, selling wares, performing petty services or begging, and then returning home at night (McAlpine 2005:13; Subbarao et al 2001:7; World Bank 2004:8). While estimates of the numbers of street children are tentative, it is thought that about 3 million children may

be ‘children *of* the street’ in Africa (World Bank 2004:12). Data from household surveys may not enumerate street children or those living in institutions, which may lead to an under-estimation of the number of orphans and vulnerable children (Nyamukapa et al 2003:22; World Bank 2004:48).

McAlpine reports a census of street children in the large towns of Moshi (in Kilimanjaro Region, Tanzania) and Arusha (in Arusha Region, Tanzania) in 2003 and 2005, and notes a marked increase in the number of children spending time on the streets, as shown in table 4.15; the numbers of adolescents and girls show particularly large increases. This survey reveals inadequate facilities available to help full-time street children in Moshi and Arusha, particularly in respect to facilities for girls. Full-time street children reported lacking their basic needs, training programmes, help for addictions, love and protection. Street children are vulnerable to violations of their rights including abuse and exploitation; they run the risk of contracting HIV/AIDS and they have difficulty accessing basic services including health care and schooling. Only 30% of the part-time street children in Arusha were found to attend school, and only 16% of the part-time street children in Moshi were attending school (McAlpine 2005:8,15-22).

Beard suggests that long-term street living is a growing problem in Malawi and is accompanied by risky lifestyles, and difficulty in rehabilitating those who have become used to life on the street. She notes that prevention of the problem is important (2005:113). In Nigeria, growing numbers of street children and high rates of sexual abuse in street children are reported, and in Ghana the large number of street children has prompted efforts to help them including microcredit and entrepreneurial training to parents and supporting the reintegration of street children into schools (UNICEF 2009a:18,72).

TABLE 4.15: PERCENTAGE INCREASE IN FULL-TIME STREET CHILDREN IN MOSHI AND ARUSHA BETWEEN 2003 AND 2005

AREA	% INCREASE IN MALE FULL-TIME STREET CHILDREN	% INCREASE IN FEMALE FULL-TIME STREET CHILDREN
Moshi	60	92
Arusha	39	51

(McAlpine 2005:15)

4.7.4.6 Overview of defining attributes of child vulnerability

Examples of defining attributes identified in 5 sources are shown in 4.16. The five sources used are those used in table 4.7, discussed in section 4.7.3.7. Various defining attributes of child vulnerability are identified in the literature although there is consensus on many aspects; variations occur depending on the aim, perspective and scope of the publication.

TABLE 4.16: DEFINING ATTRIBUTES OF CHILD VULNERABILITY AS CLASSIFIED IN THIS STUDY AND AS IDENTIFIED BY FIVE SOURCES

AUTHOR / DEFINING ATTRIBUTE	Subbarao and Coury 2004	UNICEF 2004	Gordon et al 2003	World Bank 2004	Skinner et al 2006
Lack of care, affection, psychological support	✓			✓	✓
Lack of adequate clothing or shelter / street children	✓	✓	✓	✓	✓
Lack of education	✓	✓	✓	✓	✓
Lack of nutrition	✓	✓	✓	✓	✓
Lack of safe water and sanitation	✓	✓	✓		✓
Deprivation of information		✓	✓		
Lack of access to health services			✓	✓	✓
Lack of basic social services			✓		✓
An expected welfare loss above a socially accepted norm				✓	
Little or no access to basic needs / rights	✓				✓
Lack of recognition					✓
Lack of safe environment					✓
Lack of protection from mistreatment					✓
Lack of recreational facilities					✓
Lack of choices eg forced early marriage					✓
Lack of supportive peer group / role model					✓

4.7.5 Consequences of the concept 'child vulnerability'

Consequences are issues that follow the occurrence of the concept or are the result or outcome of the concept (as defined in section 4.1.1); in this study the consequences are

the harmful outcomes of the deprivation that occurs in vulnerable children. If the state of deprivation is short-lived, for example exclusion from school for a few weeks, there may be little actual harm. The severity of the consequences depends on many variables including the individual characteristics of the child, such as his age, the type and duration of deprivation, the socio-cultural context and the combination of deprivations. Consequences of child vulnerability include harm in respect to growth and development, social, psychological or spiritual well-being; the harm may be short-term or long-term (Schaffer 1996:215,233; Skinner et al 2006:623-625; Subbarao & Coury 2004:1-3,11-23; Otieno et al 1999:430-435; UNICEF 2004a:6,16; UNICEF 2004b:3).

Just as antecedents may have ‘prior antecedents’ (as discussed in section 4.7.3), consequences can be considered to have ‘further consequences’. The defining attribute of deprivation of education produces the consequence of failure in school examinations, and the ‘further consequence’ of subsequent difficulty in obtaining employment. Malnutrition and child hunger not only produce physical health effects but also mental health outcomes (Weinreb, Wehler, Perloff, Scott, Hosmer, Sagor & Gundersen 2002:816). This relates to the dynamic nature of child vulnerability, and the ‘self-impregnating’ nature of some of the factors involved (as discussed in section 4.7.2.4).

It has already been pointed out that there is considerable overlap between antecedents, defining attributes and consequences when examining the concept of child vulnerability. Consequences are referred to in the literature using different terms including outcomes and risks of child vulnerability; examples are listed in table 4.17.

TABLE 4.17: EXAMPLES OF TERMS USED TO DESCRIBE CONSEQUENCES OF CHILD VULNERABILITY

TERM(S) USED IN THE LITERATURE	EXAMPLE OF SOURCE
Negative outcomes	World Bank 2004:6
Outcome	Mchomvu and Ijumba 2006:41
Harm / missing out	UNICEF 2005:11-12
Outcomes in terms of mortality and morbidity	Crampin et al 2003:391-394
The short and long-term effects on children’s well-being	Escobal 2007:2
The nature of risks / Consequences	Subbarao et al 2001:2-3
Impacts / Economic, social and psychological risks	Subbarao and Coury 2004:11-23

While different sources place different emphases on the consequences mentioned here, and may use slightly different terminology, there is general agreement about the major categories and types of consequences for orphans and vulnerable children. Major categories include physical, economic, social and psychological outcomes (Subbarao & Coury 2004:11-23), or material, social and emotional problems (Skinner 2006:624). Outcomes are an important feature of some definitions of child vulnerability (as discussed in section 4.7.4). For example, identifying children in relation to loss of property, malnutrition, loss of identity, and signs of psychological trauma suggest that children are not just at risk of harm but are already being adversely affected (Subbarao & Coury 2004:xiv,2-3,12-13,115-6). Poverty and vulnerability are closely linked as discussed in section 4.7.3.1 and "[i]nternationally agreed definitions of poverty are all concerned with outcomes (for example, the effects of the lack of command of resources over time)" (Gordon et al 2003:4).

The World Bank identifies outcomes that orphans and vulnerable children are more likely to face than other children. These include increased mortality rates in the different age groups, restricted access to food, health care, clothing and support, interference with education, intra-household neglect and loss of inheritance (2004:20). Subbarao et al report that vulnerable children in Africa not only suffer the consequences associated with poor nutrition, street living, hazardous labour, trafficking and armed conflict but also face outcomes of physical, sexual and emotional abuse such as psychosocial trauma; these problems are compounded by lack of access to social services and social protection (Subbarao et al 2001:2).

UNICEF speaks of 'excluded children', who suffer the increased morbidity that is associated with malnutrition and lack of health care including vaccination and treatment for illnesses, increased risk of infection with HIV and reduced chances of survival into adulthood (2005:7-52). HIV/AIDS commonly produces double orphans, who are at high risk of deprivation, including reduced school attendance with subsequent school failure and reduced employment possibilities (UNICEF 2004a:12; WHO 2002:135).

Sections 4.7.5.1 to 4.7.5.4 summarise issues raised in the literature relating to physical and psychological consequences of deprivation, altered autonomy levels and results of educational deprivation.

4.7.5.1 Physical health risks

Physical health risks refer to physical well-being, development and survival (UNICEF 2004a:6). Research findings related to physical health risks have produced a variety of results in different settings. Statistics relating to the nutritional status of children under five years of age in Tanzania are shown in table 4.18. Height for age parameters below 2 standard deviations from the median of the reference population implies stunting, which reflects failure to receive adequate nutrition over a number of years. Children whose weight-for-height is below 2 standard deviations from the median of the reference population are considered wasted or thin, a condition reflecting acute malnutrition. This data suggests that the rates of acute and chronic malnutrition in Manyara region are 4.6% and 39.6% respectively, which are worse than the average for Tanzania.

These figures compare unfavourably with the most recent figures available to UNICEF (from 2000 to 2007), which suggest an estimated average world level of stunting in children below the age of 5 years of 28% (UNICEF 2008:125).

TABLE 4.18: NUTRITIONAL STATUS OF UNDER FIVE YEAR OLD CHILDREN IN TANZANIA, 2004-5

AREA	HEIGHT FOR AGE (STUNTING)		WEIGHT FOR HEIGHT (WASTING)	
	% BELOW -3 SD (IMPLIES SEVERE CHRONIC MALNUTRITION)	% BELOW -2 SD (IMPLIES CHRONIC MALNUTRITION)	% BELOW -3 SD (IMPLIES SEVERE ACUTE MALNUTRITION)	% BELOW -2 SD (IMPLIES ACUTE MALNUTRITION)
Total of Tanzania	12.8	37.7	0.4	3.0
Manyara region	14.3	39.6	0.6	4.6

(United Republic of Tanzania. NBS & ORC Macro. 2005:197-200)

Urassa et al found no difference in mortality rates between orphans, foster children and children living with their parents in rural Tanzania (1997:148). Lindblade et al (2003:67–72) studied a large cohort of children in rural western Kenya, and failed to find the surviving orphan group to be at higher risk of general ill health, or alteration in height for age, although they conclude that “orphans may be more likely to be malnourished” (2003:71).

A study in Malawi to investigate the effect of maternal HIV status and orphanhood on child mortality and physical well-being, found increased child mortality associated with the death of HIV positive mothers. However, neither maternal HIV status nor orphanhood were linked with stunting, wasting, or reported ill-health, which suggested to the authors that the extended family was not discriminating against these children, although they expressed concern that traditional coping mechanisms may become overstretched as the HIV epidemic matures (Crampin et al 2003:389,391-394,396).

Sarker, Neckermann and Muller found that orphans in their study in Uganda were not malnourished, when compared to non-orphans, and they cite three other studies carried out in western Kenya, Malawi and Zaire which also found no major differences in health indicators between orphans and non-orphans. However, Sarker et al also cite two studies from rural Sierra Leone and Nigeria in which higher morbidity among orphans than non-orphans was reported and attributed to lack of care (2005:212).

Ainsworth and Semali undertook a study in Kagera region of Tanzania which concludes that "[b]oth the loss of either parent and the deaths of other adults in the household will worsen height for age and raise stunting of children. Controlling for recent deaths, both maternal and paternal orphans are substantially more likely to be short for their age: the loss of a parent raises stunting among the nonpoor to levels found among poor children with living parents; among the poor, orphanhood raises stunting even higher" (2000:28). Deininger et al found that foster children in Uganda had significantly less access to services than children living with their own parents, and had lower rates of immunisations and vitamin A supplementation (2003:1201,1211-1212).

Barnett and Blaikie (1992, cited in Subbarao & Coury 2004:18) found some stunting and malnutrition amongst orphans which was attributed to the extended family being unable to cope with the growing numbers of orphans. Girls who were fostered were found to be at higher risk than other groups for malnutrition in studies in Sierra Leone (Bledsoe, Ewbank & Isiugo-Abanihe 1988:627,635) and in Burundi, where the impact of maternal death was also found to have a major impact on stunting and wasting (ISTEEBU 2001, cited in Subbarao & Coury 2004:18).

In Zaire, a study comparing children who had lost their mother prematurely from AIDS to children whose mother was still alive suggests that maternal orphans were more likely to miss clinic visits, be weaned (that is, given foods other than milk) early and to lack adult supervision (Kamenga, DaSilva, Muniaka, Matela, Batter & Ryder 1990, cited in Bray 2003:45).

While malnutrition is itself a consequence of deprivation of nutrients, it also produces consequences of other health and developmental problems; “non-breastfed babies have a 14-fold increased risk of dying from diarrhoea; iodine deficiency disorder has been estimated to reduce intelligence quotient (IQ) by an average of 13.5 points; and in Chile, iron-deficient children who were successfully treated performed 10-400% better on standardized tests than anaemic children” (Claeson & Waldman 2000:1239). When malnutrition produces impaired cognitive development, this subsequently reduces the chances of educational success and productivity and helps to keep the individual trapped in poverty.

Deprivation of sanitation is linked to gastro-intestinal diseases. This in turn affects cognitive development in young children and produces interruption of education, loss of family earnings and use of resources on medical care, as well as mortality particularly in children below the age of 5 years (Calaguas 2008:4).

Maternal infection with HIV/AIDS is associated with higher than average prevalence of HIV infection in children. Data from Malawi shown in table 4.19 illustrates increased mortality rates associated with child HIV infection in children of infected mothers.

TABLE 4.19: MORTALITY RATE IN CHILDREN ACCORDING TO MATERNAL HIV STATUS IN KARONGA DISTRICT, MALAWI, 2000

AGE	MORTALITY RATE IN CHILDREN OF HIV-NEGATIVE MOTHERS	MORTALITY RATE IN CHILDREN OF HIV-POSITIVE MOTHERS
1-30 days	11%	27%
Under 5 years	16%	46%
Under 10 years	17%	49%

(Crampin et al 2003:389-396)

While mother-to-child transmission of HIV accounts for a proportion of the increased mortality in children of HIV-positive mothers, other factors have also been implicated.

Illness and/or death of parents reduce caretaker time with children and also produce economic effects which result in multiple deprivations (Ainsworth & Semali 2000:2). Orphans and vulnerable children have been identified as at increased risk of infectious disease related to undernutrition, lack of parental knowledge about preventive measures and lack of money to pay for transport to health care services and for treatment. Handicapped children and child domestic workers have been identified as at increased risk of sexual abuse and sexually transmitted infectious disease (Mchomvu & Ijumba 2006:53-56; UNICEF 2007:18; World Bank 2004:83; World Vision International 2005:13,50,238).

The variety of results reported here suggests that there are many interrelated factors which affect child well-being. Bray concludes that, in respect to the differences in findings related to children orphaned as a result of AIDS, "these discrepancies indicate that physical well-being outcomes are highly context-specific and cannot be generalised from one setting to another" (2003:45). This underlines the importance of studies to assess antecedents, defining attributes and consequences of child vulnerability in specific local contexts.

4.7.5.2 Psychological consequences

Studies into the psychological effects of child vulnerability draw attention to the importance of considering the lived experience or inside view of the phenomenon, and not only to consider the received or outside view. The feeling of helplessness, feeling 'under threat' and loss of autonomy are part of the lived experience which interacts with other aspects of vulnerability. Psychosocial consequences described in the literature include humiliation, loneliness, stigma, insecurity and hopelessness (Snider & Dawes 2006:22). It is suggested that assessing psychological health in vulnerable children could involve "direct and practical questions about survival. Relevant challenges are the child's sense of fear, lack of personal safety and need to rely on inner personal resources in an environment that does not provide adequate safety and care" (Snider & Dawes 2006:10).

Negative psychological effects may be linked to physical deprivation, but may also be affected by feeling threatened in autonomy (Pettengill & Angelo 2005:982), and the stress of coping with ambiguity and uncertainty (Friedman et al 2003:473). The

psychosocial effects of vulnerability are increasingly being recognised. In respect to children facing threatening environments, they may “withstand fear and humiliation, and face extreme deprivation. In all of these situations, children’s development is interrupted, security and trust are threatened, and a sense of hope or confidence can be severely affected” (Arntson & Knudsen 2004:3).

Psychosocial risks for orphans in Africa vary with age groups as discussed in section 4.7.2.1; for example pre-school children may suffer emotional withdrawal or instability, fearfulness and reduced learning ability. School-age children may become demanding of attention, withdrawn, destructive or cruel. Adolescents may lack the capacity for intimacy and responsibility to others and display signs of anger, resentment, hopelessness, depression and social and cultural marginalisation (UNICEF 2004a:1; Subbarao & Coury 2004:22-23). “The problems facing older children (adolescents) have generally been overlooked … [t]he proportion of adolescent orphans to total number of orphans appears very high in most countries, which suggests the need to address the issues surrounding adolescents more thoroughly than in the past” (Subbarao & Coury 2004:22).

An analysis of studies about the well-being of orphans in Uganda, Tanzania and Malawi, found that depression, anxiety, loss of self-esteem and anger are some of the psychological reactions reported. This analysis concludes that “[t]hough in some contexts, the difference between orphans and non-orphans is material in nature, it is undoubtedly psychological in *all* contexts” (Foster 2002:503). Orphans often have difficulty expressing their fear, grief and anger effectively, or finding someone willing to listen to them with sensitivity. This lack of nurturance and guidance appears to damage orphans’ self-confidence and motivation, and interfere with socialisation (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001, cited in Subbarao & Coury 2004:20).

A study of the coping mechanisms of orphaned children in Botswana, found that many children under the age of 14 years were excluded from funerals, taken away from the home of the deceased and some were not even told of the death of their parent. Adults said that this silence about death was an aspect of culture. This silence, however, may delay the grieving process, and produce a deep unhappiness, intrusive thoughts, hampered personality development and loss of self-esteem (Daniel 2005:196-8).

Sengendo and Nambi studied the psychological effects of orphanhood in a district in Uganda, and report that “[m]ost children lost hope when it became clear that their parents were sick, they also felt sad and helpless” (1997:105); when adopted they felt angry and depressed. Children who lived with widowed mothers had better psychological health than those living with widowed fathers or alone. Lack of adult attention, the cultural belief that children do not have emotional problems, and lack of awareness and skills in teachers were thought to contribute to the unresolved grief; many of the children they observed were suffering from depression. Children who transferred from urban to rural areas after the death of parents were more badly affected psychologically than those who remained in an environment they were used to. Sengendo and Nambi also describe differences between children who have an external locus of control and those with an internal locus of control. Those with an external locus of control feel that outside factors dictate what happens to them, while children with an internal locus of control feel that they can predict and respond to situations appropriately. A perceived lack of control results in loss of hope and a feeling of helplessness, and reduces will power (1997:105-122).

Bray discusses the suggested risk that ‘AIDS orphans will become a threat to society owing to the absence of positive role models’ in South Africa. She reviews a range of studies on the psycho-social impact of orphanhood, some of which reported anxiety, depression and low self-esteem. She concludes that promoting resilience and reducing risk depends on various factors in the social ecology of the child. “[T]he context in which the traumatic experience takes place can be as important, or perhaps more important, than the experience itself. If favourable conditions can be created ... there is a good chance that a child will be able to successfully overcome the trauma of losing a parent” (Bray 2003:46).

Studies in Malawi and Tanzania concerning AIDS orphans and HIV-positive children report stigma and discrimination that can lead to isolation, risky behaviour and dropping out of school (Mann 2002 and HUMULIZA / Terre des Hommes Switzerland 1999, cited in Subbarao & Coury 2004:21). In Rwanda, it is reported that AIDS orphans and children with a parent in prison are often marginalised and isolated. This stigmatisation is noted to have an impact on the psychological and social wellbeing of the children affected (Veale et al 2001:xii).

Makame et al studied the psychological well-being on orphans in poor suburbs of Dar es Salaam in Tanzania. They compared orphans whose mother or father had died of AIDS with matched non-orphans from the same locality. They found that the orphans had more unmet needs than the non-orphans, and their increased internalising of problems put them at risk of psychological ill-health (2002:459,464).

In South Africa, Smit has examined the negative impact of a migrant labour system on children, and is concerned that the lack of role models for children may contribute to delinquency and teenage pregnancies (2001:542-3).

Barbarin carried out a cross-cultural study comparing the effects of poverty on children in South Africa and African American children living in America. He found that children who suffer poverty experience emotional distress, behavioural disorders, cognitive defects and impaired academic achievement. The effects were observed to be more serious when poverty is chronic, or appears early in life or during adolescence. Boys were found to be more likely to have problems with behaviour regulation and attention, while girls were more likely to have problems with emotional regulation. African American children were at higher risk of psychological disturbance, while South African children were at higher risk of socially disruptive behaviour. Overall, poverty was correlated to immaturity, hyperactivity and social problems (Barbarin 1999:1348,1356). Barbarin suggests that "[d]istinctive social contexts and cultural resources may account for differences in adjustment" (1999:1348).

The literature suggests that there is a need to investigate psychological risks for vulnerable children in different population groups; children may not only suffer psychologically but psychological effects tend to interact with other factors to reduce resilience, and ability to cope with deprivation.

4.7.5.3 Inappropriate levels of autonomy for developmental stage of the child

Some vulnerable children are inadequately protected and have more autonomy and greater responsibilities than they can reasonably be expected to manage for their developmental stage. Children in child-headed households, female-headed households, orphans, children living in poverty, street children, children who marry, children in domestic service, those in forced and hazardous labour and trafficked children are some of the children who are likely to take on adult roles prematurely. These children

lose out on their childhood, which may involve losing out on their education (Escobal 2007:2; Roalkvam 2005:218; Subbarao et al 2001:7; UNICEF 2005:39-51).

There is consensus in the literature that the impact of AIDS on household functioning is likely to include premature entry into adult roles for some children (Snider & Dawes 2006:23). An analysis of the situation in Sub-Saharan Africa suggests that "[m]any children in AIDS-affected households delay or drop out of school because they are expected to assume the responsibility of caring for a sick parent and/or siblings left behind … Girls are more likely than boys to drop out of school to assume household and care-taking responsibilities. This is disturbing in light of research suggesting that girls and society as a whole benefit significantly from their education" (Hepburn 2002:91-92). An assessment of the situation in Kenya states that "[t]he traditional system that used to take care of orphaned children has been overwhelmed by the sheer number of children left orphans and destitute by HIV/AIDS. The persons on whose shoulders this responsibility falls are either too old and poor (parents of victims) or too young and unequipped (i.e. older siblings of the orphans)" (National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:40).

Some vulnerable children have more autonomy and freedom than appears to be healthy, for example, teenagers in Britain appear to have a lot of unstructured leisure time and access to sedentary leisure activities and plenty of food. They have been described as a 'vulnerable section of society'; rising rates of obesity are reported to be increasingly affecting the health of British adolescents. While more exercise and participation in sports are "likely to increase their resilience and make them less likely to have mental health issues", many adolescents are exercising less, and spending much of their free time in non-interactive activities such as sitting in front of the television or computer (Carlowe 2007b:20). UNICEF's 2007 report entitled 'An overview of child well-being in rich countries' found that Britain's teenagers drink and smoke more than teenagers in other countries, have more sex than their peers in other countries, dislike school, dislike life, and almost a quarter describe their health as fair or poor (cited in Carlowe 2007b:21). These findings also point to the need for moderation: feeding children is good but allowing them to overeat is unhealthy; both expecting children to perform hard manual labour and allowing children excessive periods of leisure time spent in sedentary occupations carry health risks.

In America, Forsyth et al use the term ‘child vulnerability’ to refer to children who have been seriously ill and are subsequently overprotected by parents (1996:89-90). The term is also used in this way by Allen et al in America in relation to perception of child vulnerability in mothers of infants born prematurely, where increased health care use and worse developmental outcome was noted at one year adjusted age in children whose mothers had high levels of anxiety about the child’s vulnerability (2004:267). A study of the relationship of parental overprotection and perceived child vulnerability to depressive symptomatology concludes that the “results [of this study] also support the view that overprotection and child vulnerability are distinct but overlapping constructs” (Mullins, Fuemmeler, Hoff, Chaney, Van Pelt & Ewing 2004:21). This view of child vulnerability again points to the need for balance and moderation; even protection can become a harmful factor if not used in moderation, and can reduce levels of autonomy to below those appropriate for the stage of development.

4.7.5.4 Results of poor educational performance

The literature reports links between educational deprivation (for example related to poverty or HIV infection) and poor educational outcomes with subsequent lack of employment opportunities and continuing poverty (Barnes et al 2007:1; Delva et al 2005:656; Germann 2005:73; Hepburn 2002:91; Howard et al 2006; International HIV/AIDS Alliance 2002:3; McAlpine 2005:30). UNICEF notes the importance of helping “families to rise above the poverty level through education, which will improve their income and employment prospects” (2004:32).

McAlpine describes the downward spiral of events that is triggered by lack of education and negative social attitudes to the poor in Tanzania; these factors commonly produce frustration and abuse of alcohol; this in turn increases poverty levels and frustration; these lead to increased domestic violence and abuse (2005:12).

The impact of educational deprivation is far reaching. Statistical analysis of demographic data has shown “that lack of education, particularly at the secondary level, plays a significant role in whether a girl will be married before 18, and whether, as a mother, her own children will attend school” (UNICEF 2005:62). Exclusion from education may also impact on exclusion from important information about health, nutrition, life skills and accessing of rights (UNICEF 2005:39-40). Lack of education and life skills are implicated as underlying causes which contribute to inadequate dietary

intake and infections, which are direct causes of maternal and neonatal morbidity and mortality (UNICEF 2008:15,17). For example, in Southern Sudan, maternal mortality rates are amongst the highest in the world; in addition to the problem of limited health services many women have limited access to health education as the literacy rate for Southern Sudanese women is low (estimated at 12% in 2006) (UNICEF 2008:43).

The overall development of regions and nations is linked to education, as well as personal quality of life; “[s]tudy after study confirms the high economic returns to both individuals and economies from investment in education. But more than simply material gain is at stake. Without an education, children will struggle to fulfil their potential, or to enjoy as rich and meaningful lives as they otherwise could have” (UNICEF 2004c:96).

Fifty ‘MVCs’ in Tanzania were asked about their particular problems and 80% of them reported being sent away from school for failure to pay fees and contributions or lack of school uniforms. These children identified failing to get a primary education as a major problem for them, and some of them were unable to read or write; it stopped them entering secondary school, and meant they were only able to undertake menial jobs. They considered that the risk of teenage pregnancy and criminal activity were increased by the lack of job opportunities that are the result of educational deprivation (Mchomvu & Ijumba 2006:35-36).

The complexity of child vulnerability is illustrated by the interaction of factors involved in children affected by HIV infection. As UNICEF points out, “[t]he economic and social effects of HIV infection and AIDS on children include malnutrition, migration, homelessness, and reduced access to education and health care. Psychological effects include depression, guilt, and fear, possibly leading to long-term mental health problems. The combination of these effects on children increase their vulnerability to a range of consequences, including HIV infection, illiteracy, poverty, child labor, exploitation, and the prospect of unemployment” (UNICEF 2004b:3).

It has been suggested that youth unemployment not only exacerbates poverty but “can permanently impair a youth’s future productive capacity [and] … can block young people in the passage from adolescence to adulthood, often leading to problems like single-parent households, drug abuse and crime” (Sommers 2001:7).

4.7.5.5 Overview of consequences of child vulnerability

An overview of consequences identified by the five sources discussed in section 4.7.3.7 follows in table 4.20. There is a considerable degree of consensus in the literature relating to the consequences of child vulnerability; this may be because many of the consequences are observable and quantifiable.

TABLE 4.20: CONSEQUENCES OF CHILD VULNERABILITY AS CLASSIFIED IN THIS STUDY AND AS IDENTIFIED BY FIVE SOURCES

AUTHOR / CONSEQUENCES	Subbarao and Coury 2004	UNICEF 2004	Gordon et al 2003	World Bank 2004	Skinner et al 2006
Hunger / malnutrition / stunting	✓	✓	✓	✓	✓
Above average rates of morbidity and mortality	✓	✓	✓	✓	
Lower than average rates of school attendance	✓	✓	✓	✓	✓
Heavier than average work burden	✓	✓		✓	
High school repetition rates, poor school performance and/or high drop out rates				✓	✓
Inappropriate levels of autonomy / heading households		✓		✓	
Poor cognitive and social development				✓	✓
Psychological problems	✓	✓			✓
Poor hygiene				✓	✓
Public health risk from high OVC morbidity eg related to drug addiction, and irresponsible sexual behaviour				✓	
Reduced future economic productivity and activity; decreased basis for public revenue				✓	
Asocial behaviour related to lack of parental guidance producing social unrest				✓	
High rates of HIV infection					✓
Use of habit-forming drugs eg marijuana					✓

4.7.6 Empirical referents in the literature

Determining empirical referents is the final step in a concept analysis; empirical referents are “classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself” (Walker & Avant 2005:73-4).

Empirical referents of child vulnerability may be used in the operational definition formulated to identify vulnerable children in a particular situation. Measurable criteria are needed, which should be easy to identify 'in the field' but which are also accurate in detecting vulnerability. Some important variables of child vulnerability are noted to be difficult to identify, as discussed in section 4.7.2.3 (Andrews et al 2006:270-271).

The literature review was the first stage in this study and is non-empirical (as discussed in section 3.1.2.1), so it was not appropriate to attempt to formulate empirical referents for vulnerable children in Haydom at this stage; a review of some of the empirical referents in the literature of child vulnerability is presented at this point. These empirical referents vary according to their purpose and context. Walker and Avant's claim that "[i]n many cases the defining attributes and the empirical referents will be identical" (2005:73) does not appear to be reflected in the empirical indicators identified by some authors. For example, the following three operational definitions of child vulnerability related to HIV/AIDS use various antecedent factors (as defined in this study).

In **Zimbabwe**, an operational definition of a vulnerable child in respect to HIV/AIDs that appears to have criteria that are observable is as follows:

"... a person aged below 19 years (DEFINING ATTRIBUTE) who is an orphan, has a parent who is HIV-infected or seriously ill, or lives in a household that has experienced a death in the past 12 months (ANTECEDENTS)" (Gregson, Nyamukapa, Garnett, Wambe, Lewis, Mason, Chandiwana & Anderson 2005:786-787 with added comment in brackets).

In **Tanzania**, an operational definition of a vulnerable child in respect to HIV/AIDS with practically identifiable criteria is:

"... a child under age 18 (DEFINING ATTRIBUTE), with one or both parents being very sick for at least three months during the twelve months preceding the survey or a child living in a household with no adult aged 18-59 (ANTECEDENTS)" (TACAIDS et al 2005:15 with added comments in brackets).

A **South African** operational definition of a vulnerable child is as follows, and uses the concept 'at risk' without specifying what the child is at risk of; it may be conjectured that the intended meaning was 'at risk of deprivation'; the term 'neglect' is broad and further clarification of its meaning in this context might be needed by field workers:

"... one whose caregivers are unable to care for them because they have died from or are infected with HIV/AIDS. The child is under the age of twenty one, and is at risk through neglect, abuse and abandonment or is affected or infected by HIV/AIDS (ANTECEDENTS)" (Department of Social Development 2003:38 [South Africa] in Thiele 2005:9 with added comment in brackets).

The following operational definition formulated in Zimbabwe uses antecedents and defining attributes, and uses the term ‘risks’ specifying deprivations and consequences; the operational definition was used by local people with considerable knowledge of the community:

“A system of identifying vulnerable caregivers and orphans exposed to increased risks of morbidity and educational and social deprivation was developed. Households with large numbers of children, where both parents had died and those headed by adolescents, elderly or sick caregivers (ANTECEDENTS) … During home visits, community visitors assessed physical (food, clothing, shelter) educational, psychological and spiritual needs, based on observation of general living conditions, adequacy of available food and clothing and psychological needs of children and caregivers (DEFINING ATTRIBUTES). Visitors identified orphans of primary school age (ANTECEDENT) … who were not attending school or were about to be expelled due to inability to pay school fees (DEFINING ATTRIBUTE)” (Foster et al 1996:391).

An operational definition developed in **Zambia** in the context of children made vulnerable by HIV/AIDS includes the following antecedents and defining attribute;

“Community perceptions of who is vulnerable … most commonly listed were the lack of food (DEFINING ATTRIBUTE), health problems (adult and child) (ANTECEDENT), increasing numbers of orphans (ANTECEDENT), insufficient schooling support (ANTECEDENT), agricultural production problems (especially the lack of farming inputs) and the lack of money, material goods and earning opportunities (ANTECEDENTS). Participants identified as vulnerable to these problems included: community members living in households headed by someone who is female, elderly, widowed or disabled (including visual impairment and mental disability); those in which someone is chronically ill; and those including children who have been orphaned or taken in (ANTECEDENTS)” (Schenk et al 2008:897 with added comments in brackets).

The following attributes have been suggested to be possible measurable variables in an operational definition of child vulnerability in **Sub-Saharan Africa**, although the term ‘poverty’ may present challenges of interpretation:

“... death of or desertion by parents, severe chronic illness of parents, illness of child, disability of child, poverty (ANTECEDENTS), including [reduced] access to grants, poor housing, [reduced] access to services, schooling, health, social services (DEFINING ATTRIBUTES) … some of the more difficult variables to measure are: emotional problems (CONSEQUENCE), abuse, including excessive discipline, substance abuse by caregivers or the child (ANTECEDENTS)” (Andrews et al 2006:270-271).

Operational definitions of deprivation for children which relate to poverty include deprivation of food, safe drinking water, sanitation facilities, health care, shelter, education, information and basic social services (Gordon et al 2003:7-8).

Tanzanian Government reports suggest that children can be considered to be extremely vulnerable if they are under five years of age, street children, working children, disabled, living in households who take no more than one meal per day, living in child-headed

households, children who are orphaned (biologically or socially), orphaned children who are in the labour force and not going to school, and unemployed youth. Other indicators of child vulnerability that are identified include children living in households with adults aged 60 years and above, and those living with widows dispossessed of property (United Republic of Tanzania 2003b:91-92; United Republic of Tanzania 2005b:42; United Republic of Tanzania. NBS & ORC Macro. 2005:245).
The Compassion International project in Mbulu (which is Mbulu district's administrative centre, 80 kilometres from Haydom, as shown in figure 1.3) enters children aged 5 to 8 years into their programme on the basis of identifying them as orphans or coming from very poor families (Paskali, G. 2007. Personal interview, 17 February. Mbulu).

An operational definition of child vulnerability used in Zambia uses criteria of 'double or single orphan', 'child does not go to school', 'from female / aged / disabled headed households', 'parents are sick', 'family has insufficient food', or 'housing below average standard' (Smart 2003:6).

A local community definition of a vulnerable child used in Bambisanani project in South Africa is that a child is orphaned, neglected, destitute, or abandoned, has a terminally ill parent or guardian, is born of a teenage or single mother, is living with a parent or an adult who lacks income-generating opportunities, is abused or ill-treated by a step-parent or relatives or is disabled (Smart 2003:6).

A wide variety of empirical indicators are suggested, which reflects contextual considerations as well as the aims and perspectives of those formulating the indicators. Terms such as 'neglected', 'at risk' and 'poverty' would require more precise criteria to be usable in many situations. In practical terms, it is important that an operational definition is conceptually clear and allows for identification of the variables that are the most significant in the particular context so as to be able to plan and implement appropriate strategies.

4.7.7 Conceptual definition of child vulnerability from the literature

Child vulnerability is a complex human phenomenon that involves deprivation of one or more needs. The critical attributes for child vulnerability are current deprivation in an individual under the age of 18 years; this deprivation produces a quality of life that is identifiable as low in one or more dimensions relative to 'average' children in that

context with consideration of the United Nations Convention on the Rights of the Child (as discussed in section 4.5.4). Child vulnerability varies with the age of the child and with the context, is locally identifiable and exists on a dynamic continuum. Antecedents, defining attributes and consequences interact in a spiral fashion which is reflected in the variety of terms and variables identified. Antecedent factors produce deprivation; antecedents to child vulnerability include poverty, orphanhood, family structural factors, parental illness and alcohol abuse, child mistreatment and child disability. The resulting deprivation may be of many kinds; deprivations commonly identified relate to education, safe water and sanitation, nutrition, recognition and inheritance, psychosocial support and shelter. Deprivation produces consequences for the child; of the many possible consequences the following appear to be particularly important: negative physical and psychological outcomes, inappropriate levels of autonomy for the developmental stage and the results of educational deprivation. Empirical referents depend on the aims and the perspective of those involved in preparing them as well as the context of child vulnerability; they include a wide variety of antecedents, defining attributes and consequences.

4.7.8 Model of child vulnerability from the literature

The following model in figure 4.8 is based on the literature relating to child vulnerability as discussed in this chapter. It is constructed to represent the relationships between the key characteristics of child vulnerability.

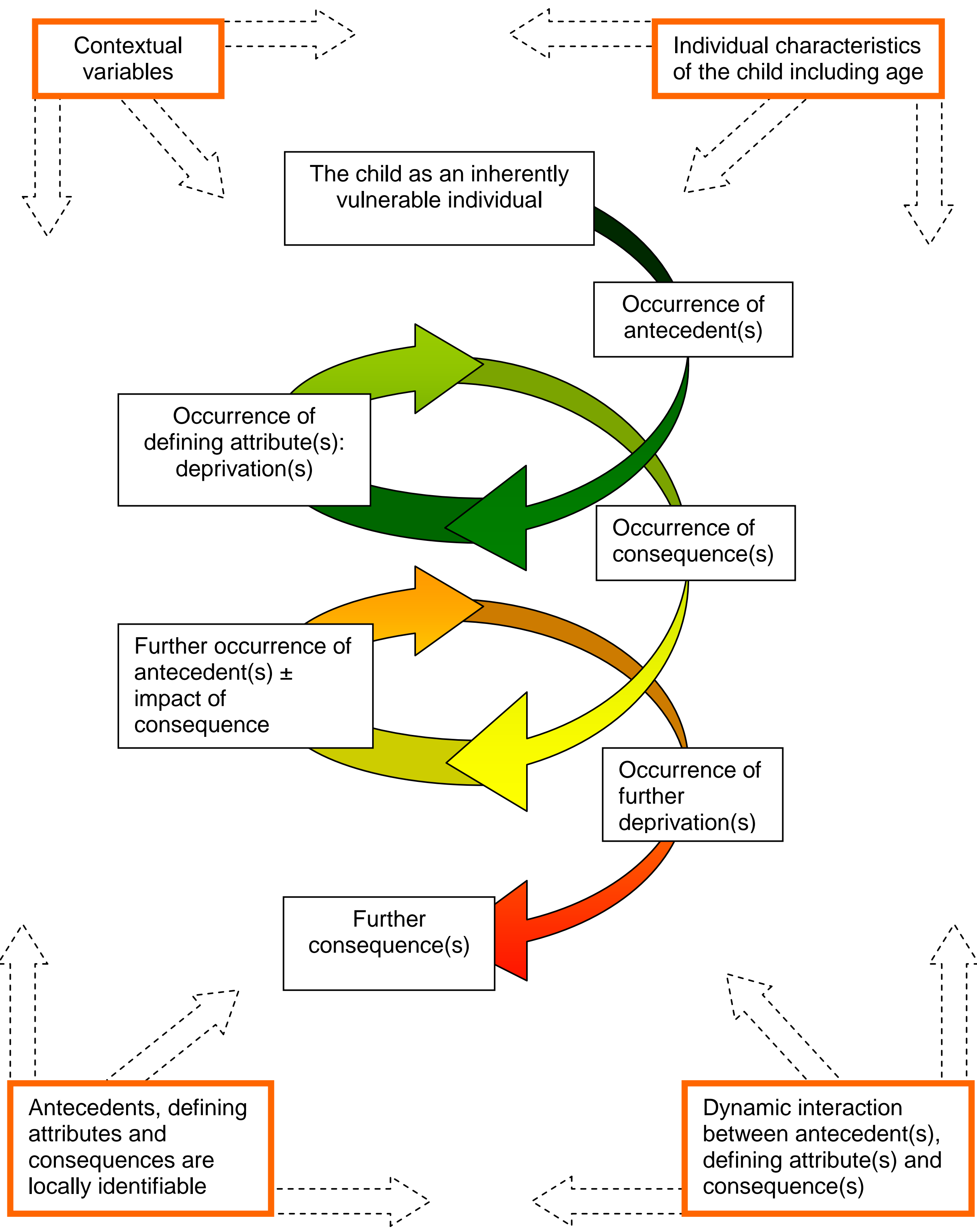


Figure 4.8 A model of child vulnerability developed from the literature

4.7.9 Construction of cases from the literature

Cases were constructed to allow for re-examination of the factors involved in child

vulnerability; construction of cases allows for “constant comparative reflection that takes place while you are actively working on the analysis. It helps you to come to grips with the internal structure of the concept and hence to clarify its meaning and context” (Walker & Avant 2005:69). Cases allow testing of the variables in realistic or imaginary situations to check that they ‘fit together’ in a logical manner.

4.7.9.1 A model case

Constructing a model case from the literature involves describing an instance that best illustrates the phenomenon; it can be considered to be a pure case or paradigmatic example (Walker & Avant 1995:42-3; Walker & Avant 2005:69-70). Using the conceptual definition of child vulnerability identified in section 4.7.7, and the model of figure 4.8 the following case is offered.

“Joshua is a fourteen year old boy who lives in a remote village in Tanzania. His mother and father have both died, and he and his two younger siblings are living together. There is no adult who takes any responsibility for them; people in the community are very poor and have great difficulty feeding and clothing their own children. They also know that Joshua’s parents died from AIDS and are afraid of contracting the disease.

The children are staying in a dilapidated hut on a small piece of land. Joshua’s parents’ livestock was sold to pay for their funerals and other assets and land were taken by an uncle when the parents died; this uncle refuses to help Joshua and his siblings in any way, and there are no other known relatives. Their only food is a sack of maize which will run out soon. None of the children attend school as they do not have school uniforms or shoes or school fees. The children are hungry, are losing weight, lack clothes and blankets, and although they need treatment for recurrent chest infections, cannot access it because the nearest health facility is far away and they do not have the bus fare. Joshua and his siblings have no pictures or mementos of their parents and feel a loss of identity. Joshua feels powerless, depressed and worthless.”

Justification for considering this as a model case includes the following. This case has antecedents identified in the literature including parental death, neglect by other responsible persons, exploitation in terms of land and asset grabbing, extreme poverty and discrimination because of fear of infection with HIV. Joshua is an individual under the age of 18 years and he suffers from current deprivation of food, clothes, blankets,

safe shelter, education, health care and social support relative to other children in the community and with reference to the United Nations Convention on the Rights of the Child. He suffers from the consequences of malnutrition, a level of autonomy inappropriate for his age, loss of educational opportunities and psycho-social distress. His condition is affected by the context of community poverty, lack of community strategies to help vulnerable children and community beliefs about the importance of funerals and modes of HIV transmission. There is dynamic interaction between the different factors, such as his poverty, multiple deprivations, lack of community support, the premature responsibility for his younger siblings and his psychological distress. His individual characteristics such as his age, responsibilities and bereaved state affect his needs, and he is locally identifiable by observing his poor state of nutrition, hygiene, dress, exclusion from school and inadequate shelter.

4.7.9.2 A borderline case

Chinn and Kramer (1995:85; 2008:202) consider the term ‘borderline case’ to encompass metaphorical use of the concept. Borderline cases can also be considered to be those that cause difficulty in determining whether they are examples of the concept of interest (Rosenthal-Dichter 1997:45); “those in which the analyst is not sure whether a case fits as an example of the concept or not … by understanding what makes them difficult to classify, the analyst can often determine which elements are essential to the concept and which are not” (Avant 2000:61). Walker and Avant suggest that borderline cases contain some critical attributes but not all of them; “[t]hey may even contain most or all of the defining characteristics but differ substantially in one of them, such as length of time or intensity of occurrence” (2005:70). Hupcey et al use the term to suggest cases that may possibly be an instance of the concept; some features are present but other important features are missing (1997:6). This latter use of the term ‘borderline’ is applied here.

“Lucy is a 17 year old girl living in Babati who was abandoned as a baby, and was brought up in a children’s home, where she was fed but received little love and attention. She has no idea who her parents or extended family are, and she has no land or financial assets of any sort. Her secondary school studies have been paid for by a sponsor, and she is currently finishing her form 2 studies, and hopes to train as a teacher in a government college after finishing form 4 studies. She has no apparent physical or psychological effects of her abandonment; she has friends in the community

and is an active member of the local young Catholics group.”

In this case, Lucy is an individual under the age of 18 years who has some deprivations such as of family identity and assets, but they are not currently affecting her quality of life so as to be identifiable as low in one or more dimensions relative to ‘average’ children in that context with consideration of the United Nations Convention on the Rights of the Child. The antecedent of parental abandonment was ‘counteracted’ by physical care in the children’s home; the emotional deprivation when younger has left no apparent consequences. She has had access to education, and appears to be currently physically, psychologically, socially and spiritually ‘healthy’.

4.7.9.3 Related cases

Different authors use the term ‘related case’ in a variety of ways. Related cases can be considered to illustrate instances related to or importantly connected to the concept in some way (Hupcey et al 1997:4) or that have a similar meaning or context (Avant 2000:60). Kear (2000) considers that related terms are used interchangeably with the concept under study. Walker and Avant describe related cases as demonstrating ideas that are like the concept under consideration, but not containing all of the critical attributes (2005:71); this use of the term ‘related case’ is used here. Adult and child vulnerability are related cases since they both address human vulnerability. The difference lies in the critical attribute of age. Children (individuals aged less than 18 years) are inherently vulnerable due to their physical and psychological immaturity, as well as their legal status. This means that they are unable to provide for themselves and protect themselves from harm. Adults (individuals aged 18 years or over) are vulnerable if unable to provide for themselves or protect themselves from harm, but this inability is caused by a disability, illness or age-related condition.

“Mzee Silvano is a 75 year old man who lives alone in a rural area of Tanzania. He is frail and is unable to grow crops, and he has difficulty cooking for himself. He never married and the members of his extended family live far away in Arusha, and do not provide any financial support. His neighbours are all very poor, and there are no individuals, groups or organisations in the village which provide help for any elderly persons not living with their extended families. Mzee Silvano is frustrated and depressed by his failing health and social isolation and is becoming increasingly malnourished.”

This is a related case because the critical attribute of current deprivation producing a low quality of life relative to other community members is present. However, the critical attribute of age under 18 years is not present.

4.7.9.4 A contrary case

A contrary case is one in which no defining criteria are present, or an instance that definitely does not reflect the concept (Hupcey et al 1997:4; Walker & Avant 2005:71-72). "The features of the cases that make them contrary furnish clues to what features might be essential to the concept under study" (Avant 2000:60). The following case is offered in this category.

"Anna is a twenty two year old young lady who lives in Dongobesh. She has always received love and attention from her parents and her extended family; she has always had adequate clothes, been well nourished and has normal physical and emotional development. Anna has self-confidence, a sense of self-worth and identity, and a group of friends. Her parents have encouraged and supported her in choosing school subjects and a career for herself. She has qualified as a laboratory technician, and is now employed and living independently but visits her family regularly."

This case is a contrary case because Anna is over the age of 18 years and is currently not suffering from any deprivation; her quality of life is identifiable as above average relative to other members of her community.

4.7.9.5 An invented case

Invented cases are constructed using ideas outside our own experience (Walker & Avant 2005:72). An example of this type is offered as follows:

"The ten year old class in a Martian school are studying the solar system and their teacher assigns them topics in groups. They are to find out all they can about different planets by making field trips to them, and one group of young Martians sets off for planet earth. They are expert in driving and navigating with a space ship, and they know it will take them 3 days to reach planet earth. They set off with a 7 day food supply, expecting to stay one day on earth and be travelling for 6 days. However, they are fascinated by what they find on earth and stay there longer than expected. Their sole food source is blue cabbages which have a high concentration of the mineral

cobaldihide, essential for these young Martians' health. On earth, they collect data and rock samples, but cannot find any blue cabbages, or any other source of cobaldihide, since this mineral is not found on the earth. They take some green cabbages to allay hunger pangs, and set off for Mars again, and are becoming weak on the return journey because of cobaldihide deficiency."

This case involves 'children' under the age of 18 years who are currently suffering from nutritional deprivation; this is producing a quality of life that is identifiable as low in terms of physical health relative to 'average' Martian children.

4.7.9.6 An illegitimate case

Illegitimate cases refer to the concept being used 'improperly' in respect to the defining attributes identified (Walker & Avant 2005:72). The term 'vulnerable' is also used in the card game of bridge, of the side that has won one game towards a rubber; this side is subject to increased bonuses or penalties (Collins Concise Dictionary 1995e:1515; The New Penguin English Dictionary 2001h:1582). The term 'vulnerable' can be used in the sense of persuadable or open-minded (Roget's International Thesaurus 1992e:672), or open to criticism, temptation or censure (Collins Concise Dictionary 1995e:1515; The New Penguin English Dictionary 2001h:1582). An example of this latter type is offered as follows:

"Linda was a 25 year old pregnant woman. She shared personal information with her midwife. She told the midwife how she had been a prostitute and had misused cocaine early in her pregnancy. Sharing this personal information left her vulnerable to censure, but the midwife continued to treat her in a respectful and professional manner, and also ensured that the information was kept confidential."

In this situation, the term 'vulnerable' is used in the sense that Linda is making herself 'open to censure'. The use here does not relate to a situation of current deprivation.

4.8 SUMMARY

In this chapter, the concept 'child vulnerability' and important related terms were examined using a concept analysis technique derived from Walker and Avant (2005:63-84). Uses, antecedents, defining attributes and consequences of the identified terms have been discussed from the literature. A conceptual definition, a model and various

cases have been proposed based on the literature. It has been seen that child vulnerability is a complex human phenomenon whose antecedents, defining attributes and consequences interact with each other.

CHAPTER 5
STRATEGIES THAT HELP VULNERABLE CHILDREN

> *"It has traditionally been said that there is no such thing as an orphan in Africa. Children who lose their parents are normally incorporated into a relative's family … with increased numbers of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net that it once was, though it remains the predominant source of care for orphans in Africa" (UNICEF 2004b:3).*

5.1 INTRODUCTION

A strategy is "a plan or method devised to meet a need" (The New Penguin English Dictionary 2001e:1392). As discussed in section 4.7.2.4 and 4.7.3, effective strategies can help to counteract the antecedents, defining attributes or consequences of child vulnerability, while ineffective or harmful strategies worsen the situation of the vulnerable child. Strategies may directly affect a child, or mediate their effect through the family or community in which the child is situated. This chapter provides an integrative review of the literature about strategies to help vulnerable children, to complement the concept analysis of antecedents, defining attributes and consequences of chapter 4, and to help the researcher clarify her knowledge base to allow for reflexivity in the second stage of the study.

Strategies are not only important in this study as part of the analysis of influences on child vulnerability, but also because this is a transformative study that aims to extend the knowledge base of the nursing profession, and also to focus on possible action solutions to problems (Creswell 2003:136).

5.1.1 Assessing resources

Issues related to identifying antecedents, defining attributes and consequences of child vulnerability are discussed in chapter 4 of this study. A situation analysis should include considering community strengths (such as a culture of child fostering and volunteerism) and community weaknesses (such as a culture of dependence and lack of prioritisation of OVC issues) (Donald & Clacherty 2005:21; International HIV/AIDS Alliance 2002:23; Jones 2005:162; Subbarao & Coury 2004:25-44; World Bank 2004:28-30). Resources may be material or human, for example volunteers in faith-based organisations and traditional healers may be valuable resources for vulnerable children (Kayombo, Mbwambo & Massila 2005; UNICEF 2004b:2).

Madhavan, writing in South Africa, suggests that in view of changing social patterns, it is important to avoid making assumptions about social networks and instead to find out who is currently caring for children such as AIDS orphans (2004:1450). Madhavan wonders whether "[p]erhaps we have arrived at a time when we need to change our definitions and expectations of the extended family … there seems to be little point in forcing a model of the extended family that might have outlived its utility as a result of other changes and pressures" (2004:1452).

This need for understanding of communities and their support networks is also expressed by Nyambedha et al, writing in Kenya (2003:310). These authors conclude that "though community-based interventions are urgently needed as the most appropriate way to address the issue [of orphan care], the complex, local reality in which cultural factors, kinship ties, and poverty are interwoven needs to be taken into consideration if sustainable solutions are to be found" (Nyambedha et al 2003:301).

There is a need to evaluate the actual processes and resources available, and obstacles that vulnerable children meet in obtaining these resources. For example, orphans are theoretically supposed to have free secondary schooling in Tanzania, but many cannot access it (Wema, J. 2006. Personal interview, 24 June. Haydom). Jackson and Kerkhoven note that welfare needs in Zimbabwe are supposed to be met by district social workers and social work assistants, and those in need are supposed to get welfare benefits. In practice they report that "few of those eligible for benefits gain access to welfare offices in order to claim their benefits and, for those who do, the level of benefit is low" (1995:667).

Identifying the roles and workload of different groups in society is important when planning strategies to improve the health of a community (McCray 2004:1853). Jones notes that while community based initiatives to care for orphans are widely advocated, it is commonly assumed that women will provide this care in addition to their usual workload. Jones suggests that this may not be sustainable in the long term, and challenges those involved in care of vulnerable children to ensure coordination of all agencies "to ensure a community-participatory approach that engages men and youth in particular" (2005:168-169).

Current types and levels of support need to be assessed before strategies can be planned. The 2007-8 Tanzania HIV/AIDS and malaria indicator survey found low levels of support for orphans and vulnerable children in Tanzania, as shown in table 5.1 (TACAIDS et al 2008:161). This current low level of support points to the need to plan additional strategies to help vulnerable children.

TABLE 5.1: EXTERNAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN IN TANZANIA, 2007

TYPE OF SUPPORT	PERCENTAGE OF ORPHANS AND VULNERABLE CHILDREN RECEIVING SUPPORT
Medical support in the past 12 months	2
Emotional support in the past 3 months	1
Social/material support in the past 3 months	2
School-related assistance in the past 12 months	4
At least one type of support in the last 30 days	7
All four types of support	0
None of these types of support	93

(TACAIDS et al 2008:161)

5.1.2 Planning of strategies

Planning of strategies to help vulnerable children involves consideration of the issue of targeting. The value of targeting vulnerable children according to a particular variable has been debated, for example whether programmes should target all orphans, double orphans, AIDS orphans, or the poorest families (Ainsworth & Filmer 2002:27-28; Subbarao et al 2001:20-22). ‘Labeling’ groups of children according to one aspect of their lives has its dangers. An ethnographic study of child-headed households in northern Botswana found that some of these households had decided to refuse food rations from the Government, because they were afraid of being labelled as ‘orphans’, and as ‘unable to cope’. This refusal was in spite of the children frequently being hungry, failing school exams and having behavioural problems (Daniel 2003, cited in Bray 2003:44).

Studies suggest that while it is generally appropriate to target the poorest families, a local situation analysis is important, and advantages and disadvantages of possible options weighed (Doctor 2004:33,43-46; Howard et al 2006; Nyamukapa et al 2003:24; UNICEF 2004a:38). Moreover, while Nyambedha et al note that local informants in

Kenya identified double orphans as the neediest children (2003:304), singling out orphans as a separate category creates problems such as orphans being seen as a privileged group, which may undermine extended family mechanisms (Meintjes, Budlender, Giese & Johnson 2003 and Williamson & Donahue 2001, cited in Jones 2005:163). While AIDS orphans are acknowledged to have some special needs, it is generally agreed that they should not be singled out, as this may increase the stigmatisation of these children (Foster 2002:503; Gilborn 2002:14; Hepburn 2002:88-9; Subbarao & Coury 2004:3-4,17; UNICEF 2003:43; WHO 2002:134-5).

The practical task of appropriate targeting has proved to be challenging. Jones et al report on how vulnerable households with children aged less than 14 years were identified in Peru for a conditional cash transfer programme. A parent, parents, grandparent or guardian were heading the household. The household identification comprised three stages, in the first stage geographical areas of the country were identified as the poorest from national statistical data; the criteria used were extreme poverty, poverty in terms of lacking basic necessities, level of chronic infant malnutrition and history of political violence. The second stage involved household targeting, and used a social demographic questionnaire to establish the cut-off point between poor and non-poor, which proved to have a degree of inaccuracy. The third stage was community validation by community members, local authorities, health and education representatives and members of a group called the Roundtable Against Poverty, on the basis of personal knowledge of the poverty levels of the households involved. This third stage was also found to have problems of reliability (Jones et al 2007).

Knudsen describes challenges involved in identifying vulnerable children in East Timor. The World Food Programme's (WFP) 'Vulnerable Feeding Programme' advised that the most vulnerable and disadvantaged children should include, but not be limited to, street children, orphans and unaccompanied children, returning refugees, and children with disabilities or those psychologically unwell, such as those affected by trauma. Some village identifying teams listed only orphans as vulnerable children. In other areas where large family size was a criterion, some families misrepresented their family size in order to obtain food. Knudsen was not able to arrive at a common definition of vulnerability, but she notes that some children in the WFP categories were vulnerable while others were being cared for appropriately. Other needy children she identified are maternal and paternal orphans, children with a disabled or mentally ill parent, children with a

parent in prison and internally displaced children who are not considered to be refugees (2001:22-23).

Twelve principles for guiding orphan and vulnerable children interventions have been endorsed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). These principles stress the following issues:

- care by extended families and communities is important; their economic coping capacities may need strengthening
- psychosocial needs deserve attention
- HIV/AIDS programmes should work together with other agencies helping vulnerable children
- efforts should focus on the most vulnerable children and communities, not only those orphaned by AIDS
- the need to address gender discrimination
- the need to ensure that young people are involved in programmes
- the need to ensure that external support strengthens and does not undermine community initiative and motivation (United States Agency for International Development (USAID) 2002, cited in Subbarao & Coury 2004:125-6).

These principles are supported elsewhere in the literature, for example the need to include affected children themselves in planning and implementing programmes and the need to understand existing strategies to avoid undermining them is stressed by different authors. These issues are aspects of promoting context-specific and culturally congruent interventions (Bray 2003:52; Luzze 2002, cited in Subbarao & Coury 2004:30; Rutayuga 1995:8; Snipstad, Lie & Winje 2005:184; UNICEF 2004a:24,38; World Bank 2004:33; WHO 2002:138-139).

The ideal strategy might appear to be individualised care provision, taking into consideration developmental, social, psychological, physical and spiritual needs such as the need for orphaned siblings to be together whenever possible, and special needs of disabled, abused and exploited children. However, there may be a limited number of available strategies, and there may be lack of expertise or acceptable mechanisms for individual assessment (Subbarao & Coury 2004:39; UNICEF 2004a:4-19; World Bank 2004:70-79). Strategies need to consider the developmental stage of the vulnerable

child, for example school aged children and adolescents need skills and job training (Gilborn 2002:14).

5.1.3 Evaluation of strategies

Evaluation of the effectiveness of strategies must be planned, which involves monitoring variables; these are antecedents in the case of primary preventive measures, defining attributes in the case of secondary preventive measures and consequences in the case of tertiary preventive measures. Early assistance to vulnerable children is cost effective; if children reach more critical stages 'down the spiral' of vulnerability (as shown in figure 4.3), interventions are more expensive and less successful (McAlpine 2005:8-9; Van der Hoek 2004:121; World Bank 2004:11). Recommendations based on evaluations in the literature are presented in this chapter, and recommended strategies for Haydom are discussed in chapter 8.

5.1.4 Terms used for strategies in the literature

The literature uses a variety of terms when describing strategies. Examples are provided in table 5.2.

TABLE 5.2: EXAMPLES OF TERMS USED TO DESCRIBE STRATEGIES TO REDUCE CHILD VULNERABILITY

TERM(S) USED IN THE LITERATURE	EXAMPLE(S) OF SOURCE
OVC intervention	World Bank 2004:75
Measures	Mchomvu and Ijumba 2006:32
Protection, care and support	UNICEF 2004a:21
Private, public and international responses / Social protection for orphans: good practices	Subbarao et al 2001:13-18;24-30
Action / Tackling the root causes of exclusion / Protecting childhood / Including children	UNICEF 2005:11;29-31;56-81
Interventions / Coping strategies and responses / Strategic responses	Foster, Makufa, Drew, Mashumba and Kambeu, 1997b:391;399;402-403
Key actions related to the protective environment framework	UNICEF 2007:5; 11
Access to assets	United Republic of Tanzania. Research and Analysis Working Group 2004:22; Subbarao and Coury 2004:2-3; McAlpine 2005:10
Factors which produce a positive impact	World Bank 2004:2,115
The protective environment	UNICEF 2004c:6-7
Protective / salutogenic factors	Snider and Dawes 2006:14-18
Responses to the needs of orphans and vulnerable children	Lorey 2001:24

The main identified groups of strategies are self-care, institutional care and community-based care, discussed in sections 5.2, 5.3 and 5.4 respectively.

5.2 SELF-CARE: CHILD-HEADED HOUSEHOLDS

Self care includes child-headed households (CHH) and street living; living in a child-headed household can also be considered to be an antecedent to child vulnerability (Beard 2005:106-114; Germann 2005:105; ICRC 2004:42-50; UNICEF 2004a:19-20). While street living might be considered to be a strategy, it is acknowledged to be an ineffective one in terms of meeting the needs of children, and can even be considered to be an indicator of society's failure to provide for vulnerable children (McAlpine 2005:4). Street living is discussed in terms of deprivation of shelter as a defining attribute of child vulnerability in this study in section 4.7.4.5.

5.2.1 Definition of child-headed households

Operational definitions of households functioning without parents vary in different contexts. A CHH can be considered one in which the head of the household is aged less than 18 years, while an adolescent-headed household can be considered to be one in which the head of the household is aged between 18 and 24 years (Nyamukapa et al 2003:13). Sibling-headed households have been operationalised as orphan households headed by a sibling under 23 years of age (Foster et al 1996:392). In Zimbabwe, child-headed households have been defined as those in which children are orphaned and left alone, without the relationships that should support and care for them (Roalkvam 2005:218).

5.2.2 Prevalence of child-headed households

There is a risk that CHH may be undercounted in surveys which use an adult respondent (Bicego et al 2003:1241). A study in Moshi, Tanzania found that 10% of orphans were living in CHH (Lusk, Hoffman & O'Gara 2000, cited in Subbarao & Coury 2004:26,29). A survey carried out between 1998 and 2001 in Kenya, found that 6.6% of orphans were cared for by an older sibling, while 18.7% of double orphans were cared for by siblings. The caretaking siblings were aged over 18 years, so did not classify as 'child-headed' households in that setting (Nyambedha et al 2003:306).

Differing rates have been reported from Uganda (30/1000 households), Zimbabwe (4/1000 households) and Tanzania (0.3/1000 households) (Foster et al 1997a;

Nalugoda et al 1997, cited in Foster 2000:59; Urassa et al 1997:144). Foster reports that "[m]ost CHH studied in Zimbabwe had extended family members available who declined to take orphans into their households, suggesting that CHH may be seen as a form of coping as well as abandonment; in one-third of cases, CHH establishment followed illness or death of a grandparent" (2000:59). Foster's use of the term 'coping' does not necessarily imply a positive outcome, as children who are prematurely performing adult roles may be unable to perform those roles effectively.

Increasing numbers of CHH have been found in areas badly affected by the AIDS pandemic, and where the extended family safety net is weakened or overwhelmed with large numbers of orphans (Beard 2005:113-114; Bicego et al 2003:1241; Foster 2000:57,59). Additional reasons for formation of CHH may be not having a relative able to take care of the children, relatives being unwilling to care for the children, the choice of the children themselves, family conflict that arose prior to parental illness and social reasons including unfinished marriage transactions (Foster et al 1997a:162-165; Germann 2005:4,92-96; Roalkvam 2005:211-217).

The current situation in Haydom is discussed in section 1.2.8; while there may currently be no obvious 'child-headed' households in Haydom at the present time, some children are effectively the head of the household where grandparents are aged, or parents are ill or alcoholic. These children have a level of autonomy that is inappropriate for their developmental stage as discussed in section 4.7.5.3.

5.2.3 Advantages and disadvantages of child-headed households

Germann has studied the quality of life and coping mechanisms of orphans living in child-headed households in Bulawayo in Zimbabwe. He concludes that if adequately supported, child-headed households may be an acceptable alternative to institutional care in areas of high prevalence of HIV/AIDS. He found that on the whole, child-headed households had an acceptable quality of life, had a low risk of abuse within the family, and demonstrated moral values and responsible behaviour. They were better supported in more established communities (Germann 2005:374-375). He concludes that "an adequately supported CHH is an acceptable alternative care arrangement for certain children in communities with high adult AIDS mortality and where adult HIV prevalence exceeds 10%" (Germann 2005:5).

Advantages of CHH are that the children may be able to provide emotional support for each other, and may develop strengths in social networking, time and money management and family interactions. Problems encountered are the risk of inadequate economic support, school dropout, restricted access to services, difficulty obtaining an income and resulting poverty, unresolved grief, lack of attainable long-term goals, poor self-worth and poor internal locus of control. Land grabbing by relatives may further jeopardise the well being of a child-headed household (Donald & Clacherty 2005:21-28; Nelson Mandela Children's Foundation, cited in Bray 2003:44; Subbarao & Coury 2004:29-30).

In Zimbabwe, Roalkvam suggests that some child-headed households are isolated and "appear to be invisible to their kinsmen, to the community surrounding them, to the state and state apparatus" (2005:211). She reports that community responses to being asked about these households included denials of their existence, and when people were asked why they could not see these households, the reply was " "we cannot see what shames us" … shame is attached to society's inability to do what it expects of itself and its members" (2005:212). These findings were made in a society in which it was understood that the spirits of the dead were able to take revenge on living people, and therefore that the dead father of children who were not being looked after was 'expected' to punish those who should have been caring for the children (Roalkvam 2005:212,215). Yamba also reports community denial of the existence of child-headed households in South Africa and Zambia (2005:205).

In a Kenyan study, the heads of CHH report that their task was challenging, especially at the beginning, although they became accustomed to it with time (Nyambedha et al 2003:306). Getting used to a role and performing it well may be two different things. Moreover, in Botswana, Daniel found that some CHH 'heads' adjusted while other 'heads' did not manage to cope. She provides examples: one young man reported a period of confusion and struggle as he passed from the role of son to father, following which his new status as head of a CHH was recognised by the extended family and community. Another CHH was not recognised by the community and the young man who was heading the household was not able to adjust to the role, was abused by a teacher and became mentally ill (2005:201).

5.2.4 Recommendations relating to child-headed households from the literature

Child-headed households may be an appropriate option in some places, but they need considerable support to be able to function satisfactorily, and their vulnerability must be recognised. Foster et al suggest that sibling-headed households may be "the best of a limited number of bad options" preferred by some orphaned children who wish to stay together, either temporarily or in the long term (1996:400).

The need for adequate and sensitive adult support for these households is supported by Mboya's findings in Capetown, South Africa. This study shows the importance of parental behaviour to the development of self-concept in adolescents (1998:210). Researchers suggest that improving access to institutional and social services, improving income and providing material support, and implementing strategies to promote emotional and psychosocial well-being and protection of land rights should be intervention priorities for child-headed households (Donald & Clacherty 2005:21-28; Foster et al 1996:400).

5.3 INSTITUTIONAL CARE

Institutional care includes crisis nurseries, group homes, children's villages, orphanages and street children shelters. Institutional care is reported to be fraught with problems; it has been judged to be expensive and culturally inappropriate in many contexts, and could accommodate only 1% of orphans in many African countries (Jackson & Kerkhoven 1995:672; Nyambedha et al 2003:309; UNICEF 2003:36; UNICEF 2004b:12; World Bank 2004:66). There are many issues involved in institutional care for vulnerable children, for example, "[f]rom the perspective of governments and donors, institutions offer discrete opportunities to provide social services to vulnerable children … the institutions also create employment opportunities, and with them a constituency of employees with a vested interest in their perpetuation" (MacLeod 2001:11).

5.3.1 Crisis nurseries

Institutional care for the very young child is provided by a 'crisis nursery', 'child care unit' or 'baby home'; the term 'orphanage' is sometimes misused in this context. The crisis nursery at HLH is described in section 1.2.8 of this study.

5.3.1.1 Definition of crisis nursery

Beard defines a crisis nursery as a temporary measure until long-term placements are made, used to care for infants up to the age of 2 years. Maternal or double orphans and abandoned children are commonly housed in crisis nurseries (2005:111).

5.3.1.2 Advantage of crisis nurseries

A crisis nursery allows for immediate crisis management of a neonate who has been abandoned or whose mother has died, and allows for survival needs to be met. This temporary care may be needed for children awaiting appropriate placement (International HIV/AIDS Alliance 2002:29).

5.3.1.3 Disadvantages of crisis nurseries

Otieno et al studied the growth and development of abandoned babies in crisis nurseries in Nairobi, Kenya. Babies recruited to the study were aged between one and 18 months of age. The researchers examined 82 abandoned babies, and for each of them, recruited two matched mothered babies from well baby clinics. The data showed a higher prevalence of malnutrition (especially stunting), withdrawn affect and delayed development in the abandoned babies, compared to the mothered babies. It was observed that the abandoned babies spent most of their time alone in bed, and lacked verbal and physical contact with staff. The nurseries lacked definite financial support, regular training and supervision of staff, and staff were poorly remunerated. The authors note that prevention of, and failing that, identification of, unwanted pregnancies to allow for formal adoption procedures could help to reduce the problem (Otieno et al 1999:430-435).

Crisis nurseries require sustained funding and are likely to be relatively expensive to maintain in view of the costs of salaries and administration. It is reported that ‘baby homes’ are often “associated with narrowly targeted interventions and limited involvement of affected families, communities and congregations. Many RCB [Religious Coordinating Bodies] projects do not tap existing community resources to strengthen their own initiatives. The approach of targeting individual children puts these interventions at risk of remaining detached from communities, and thereby communities seeing the OVC problem as a responsibility of external agencies” (UNICEF 2004b:16).

5.3.1.4 Recommendations relating to crisis nurseries from the literature

Crisis nurseries that provide short term care for abandoned babies or those whose mothers have died need to be available, unless a community-based system of crisis foster parenting can be organised. To avoid the problems identified by Otieno et al (such as stunting and poor emotional development) (1999:430-435) Beard suggests that crisis nurseries should have a caregiver for every 3 or 4 babies, that volunteers could help to provide care, and that proximity to medical help is appropriate as it may often be needed (2005:111). Crisis nurseries require supervision and training of staff to ensure appropriate interaction with babies to help their development (Family Health International 2009:12; World Bank 2004:99). Support for the extended family to allow them to care for the newborn, or efficient early identification of foster or adoptive parents are possible alternatives to crisis nurseries. In view of the risks identified for children in crisis nurseries, these children must be considered to be vulnerable.

5.3.2 Orphanages

An orphanage is a type of institutional care for children; the term is sometimes misapplied to other forms of institutional care such as crisis nurseries and children's homes. There are no orphanages currently functioning in the Haydom area, as discussed in section 1.2.8.

5.3.2.1 Definition of orphanage

Orphanages are institutions which care for children who are technically the responsibility of a social worker, and have a variety of forms, sizes, governing bodies, organisational structures and links to the community. Some specialise in the care of disabled children, or HIV/AIDS orphans; many children in orphanages are not actually orphans (Subbarao & Coury 2004:33-4; Subbarao et al 2001:28-29).

5.3.2.2 Advantages of orphanages

An orphanage often provides shelter, food, clothing and medical care, and usually ensures that children staying there receive education; some orphanages provide vocational training and life skills such as HIV prevention activities (UNICEF 2004b:12). A study involving observation of boarding hostels in Uganda connected to educational establishments supports the use of institutional care, and notes that children who have education may fare better in the long-run than those who have land but no education.

The new social networks children form through institutions may be valuable to them later (Christiansen 2005:180).

An orphanage may be a positive experience for a child. It is asserted that "[i]n many case, orphanages have proven beneficial to the well-being of the children, enabling them to be reintegrated into society to lead emotionally and economically stable lives" (Subbarao et al 2001:29). An orphanage may be the only available option in some settings. While prolonged institutional childcare has generally been seen to be harmful, "this generalisation is often irrelevant in war-torn Third World countries … where adoption and foster care are often culturally unacceptable and logistically unrealistic solutions" (Wolff & Fesseha 1998:1319).

5.3.2.3 Disadvantages of orphanages

The cost of institutional care is high, and there are risks for the children of lack of psychosocial support, abuse and loss of land inheritance (Christiansen 2005:180). As noted in section 5.3.1.3, institutional care may involve detachment from the community, and traditional coping methods may be underutilised. It has even been reported that "[i]n poor communities, increasing the number of places available in orphanages has often led to more children being placed by their families into these centres, partly because the material standards are seen as being higher than families can provide. This increases the scale of the problem and consumes resources that could be better used for strengthening family and community capacities to care for and support vulnerable children" (International HIV/AIDS Alliance 2002 :4).

While many basic needs are met, problems with orphanages that have been identified in Ethiopia include lack of psychosocial services, orphans suffering from loneliness and helplessness, dependence, low self esteem and lack of adult guidance (Chernet 2001, cited in Subbarao & Coury 2004:34). When children live in an orphanage which is well-funded there is a risk that their lifestyle may be significantly different from that of their peers in the community. This may give rise to isolation and jealousy, and difficulty for the child to readjust to the local living standard (World Bank 2004:36,41).

5.3.2.4 Recommendations relating to orphanages from the literature

Wolff and Fesseha compared two orphanages in Eritrea with different leadership styles and found that there was less emotional distress in the institution which had a more

democratic and caring leadership style (1998:1319-1324). This finding would suggest that where there is no alternative to orphanage care, the organisational structure and philosophy as well as the quality of care provided should be monitored.

Wolff and Fesseha conducted a further study comparing Eritrean war orphans cared for in three different social environments and one group of home-reared children. They note that many different factors are important in assessing the quality of an orphanage, including access to schooling, community interactions and the quality of parenting received. They caution against "[c]ategorical generalizations about the serious adverse consequences or about the potential benefits of placing unaccompanied children in residential group care" (2005:475). Children living in an orphanage should not be segregated by age or sex; they need to acquire a variety of life skills usually acquired in a family setting and to avoid dependence on the institution; they need to maintain links with the community and any known members of their extended family (UNICEF 2004a:19-20).

Orphanages are generally not a recommended solution to the needs of orphans although considered to be a better option than street living. Major disadvantages identified include the expense, the risk of having difficulty integrating into local society, and the risk of not meeting the developmental needs of the children (Gilborn 2002:14; Subbarao et al 2001:30; UNICEF 2004a:19–20; WHO 2002:136-137).

5.3.3 Children's homes

Children's homes provide group care for children in a less formal setting than an orphanage. There is currently no children's home in Haydom, but there is one 30 kilometres away in Basotu (discussed in section 1.2.8).

5.3.3.1 Definition of children's home

Children's homes (sometimes referred to as group homes) are situated in the community; a foster mother cares for a group of children in an ordinary dwelling house, and usually receives financial support. Children are cared for on a temporary or long-term basis, and may be provided with good overall care in a setting similar to a family. This strategy could be considered to be community based care rather than institutional care (Beard 2005:111-112; Subbarao & Coury 2004:34-35).

5.3.3.2 Advantages and disadvantages of children's homes

Wolff and Fesseha studied the impact of three child care options for orphans compared to a group of home-reared children in Eritrea. The three groups of orphans were those reunified with their extended family, those living in group children's homes and those living in a large orphanage. The researchers note that the most costly option for orphan care is the orphanage and the least costly is reunification with the extended family. The group homes involved 12 children being cared for by two experienced house mothers, who were also receiving in-service training. The researchers investigated symptoms of emotional distress and indicators of adaptive strength. The findings suggest that institutional orphans fare worse than other groups, supporting the widely accepted view that residential orphanage care should be avoided unless there are no other options. The group-home orphans fared well and "reported and exhibited fewer clinical symptoms than either reunified orphans or home-reared children and more adaptive attributes than reunified orphans. That finding negates any broad generalizations about the ubiquitous harmful effects of residential group care" (2005:481).

The residents of children's homes may have all of their basic needs met, including nutritional needs, education, health care and social needs (Beard 2005:111). In 2008, the 23 children in the children's home in Basotu were in good health, and many were doing very well at school. When offered the option of leaving this home during the school holidays to stay with any known relatives, none of the children were willing to do so, which suggests that the children felt their needs were more satisfactorily met in the group children's home than in alternative homes available to them (Wema J. 2008. Personal interview, 31 May. Haydom).

Running a children's home requires sustained financial support; if not monitored the care provided may be sub-standard involving mistreatment, or higher than that of the surrounding community producing difficulty reintegrating into the community. The presence of children's homes in a community might undermine existing coping mechanisms such as care of vulnerable children within the extended family.

5.3.3.3 Recommendations relating to children's homes from the literature

Whiteside suggests that children's homes could be a valuable option for South Africa. He recommends the identification, training and employment of surrogate parents, who could take younger orphans into their homes and supervise older orphans who might

stay as a child-headed household in the original family home. Local authorities would need to assist with the expenses involved (2000:14-15).

If group children's homes are supported by the local community, for example with provision of land, contributions of food, and manpower to help build additional huts or rooms, they may not be expensive to the local or national authorities. They appear to be able to avoid some of the disadvantages of large orphanages, and may be appropriate in some settings, perhaps where fostering and adoption are not culturally acceptable.

5.3.4 Children's villages

An option for institutional care for children is a children's village. There are no children's villages currently in place in Manyara Region.

5.3.4.1 Definition of children's villages

While there are variations in the size and organisation of children's villages; a pattern developed by SOS (SOS-Kinderdorf International) Children's Village often has 10 or more houses, each with a family-like group of 8 to 10 children living with a foster mother. Contacts with the surrounding community can be encouraged, and links with local faith-based or voluntary organisations may help to provide social and psychological support for the children. A typical children's village observed in Malawi involved a group of homes within a secure area. Each home had 8-12 children and a paid housemother. Children's villages often publicise their work internationally, for example via websites, to obtain funds (Beard 2005:111-112; Subbarao et al 2001:29).

5.3.4.2 Advantages and disadvantages of children's villages

Children's villages allow children to live in a family-like setting, with all of their needs provided for. These villages are costly to set up, but may benefit the community, for example through efforts to provide bore holes for clean water (Beard 2005:111-112). It is suggested that donor support is relatively easy to attract. Children's villages can realise economies of scale (such as bulk purchase of food or siting of a children's clinic). However, they are expensive to run and need constant financial support. If children in a children's village have a different life-style from the surrounding community, reintegration of the children into the community may be difficult (Subbarao & Coury 2004:35; Subbarao et al 2001:29).

5.3.4.3 Recommendations relating to children's villages

Research suggests that when institutional care such as children's villages allows siblings and friends to stay together, encourages children to take part in normal household activities, and has continuity of an adult carer, the well-being of children is promoted (Subbarao et al 2001:20). These factors should be considered when running a children's village. Children's villages appear to have some advantages over orphanages in terms of psychosocial support, but have potential disadvantages compared to some strategies in terms of costs and difficulty of children reintegrating into society.

5.3.5 Summary of institutional care for vulnerable children

It is clear that "institutional responses to the [AIDS] crisis, such as orphanages, will never be able to address the scale of the problem, run counter to local traditions and fail to meet children's social, cultural and psychological needs" (UNICEF 2004b:4). However, there are situations where they may be appropriate, particularly in an acute crisis and where the number of orphans has risen to the point where traditional community coping mechanisms are exhausted. The underlying problems which have necessitated institutional care should be analysed, and better long-term strategies attempted. Minimum standards of care in institutions should be determined at national level, and appropriate supervisory checks made to ensure children in institutions are receiving appropriate care (MacLeod 2001:11-12).

5.4 COMMUNITY BASED CARE

Community based care for vulnerable children is widely advocated, on the basis of being relatively inexpensive, and more likely to be culturally congruent and sustainable (Foster et al 1996:401; Foster 2002:504; Subbarao et al 2001:31; UNICEF 2004c:80; WHO 2002:136).

Some authors have noted that the reality of community care for vulnerable children is not a simple issue. " 'Community' may be a word of great comfort … but it is not an easy fix to these complex problems. Besides the defined rules for inclusion that, in many instances, make a community happen, there are equally strong rules for exclusion" (Roalkvam 2005:217). The World Bank expresses some of the problems of community involvement as follows: "[i]f you choose to target OVC [orphans and vulnerable children] using vulnerability as the main criterion … keep in mind that few people in the

beneficiary communities typically care about the OVC – a main reason why they are OVC in the first place. In addition, OVC often live in communities where many other groups also face serious problems" (2004:43).

Community based care includes day care centres and feeding programmes, life and vocational skills training, targeted financial support, living with a surviving parent, family tracing and reunification, fostering, adoption, protection of legal rights, use of voluntary community workers, counselling and psychosocial support (Beard 2005:106-110).

5.4.1 Psychosocial support programmes

Vulnerable children need psychosocial support, especially those who have experienced trauma such as bereavement. While "financial insecurity is certainly a paramount concern for OVC and children in poverty … there is a tendency to avoid the "hidden wounds" or emotional suffering of children affected by AIDS and coping with grief and loss" (Snider & Dawes 2006:22-23). Psychosocial programmes aim to help children in a holistic way without avoiding issues such as psychological distress. Informal psychosocial support networks in Haydom are based on extended families, clans, religious and work groups, and neighbourhood groups. There are no social workers employed in Haydom (as discussed in section 1.2.9), but there are village leaders (such as ten-cell leaders, as discussed in section 1.2.5) and religious leaders (such as evangelists) who are active in the community. The HLH based palliative care programme endeavours to provide some psychosocial support to Haydom families affected by chronic or terminal illnesses (discussed in section 1.2.8).

5.4.1.1 Definition of psychosocial support programmes

Psychosocial support programmes consider a child's cognitive, emotional and social well-being not only at the individual level of the child but also within the social context in which the child is situated. These programmes build on existing strengths and assets; sensitivity to the cultural context is an important factor. Different approaches used include family tracing, early stimulation programmes for infants, positive parenting programmes, counselling, play, sports, structured activities, education, advocacy activities and vocational training (Arntson & Knudsen 2004:4,20,24-28; National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:18).

5.4.1.2 Advantages of psychosocial support programmes

Formal psychosocial support programmes can supplement informal support available to children. Formal programmes can help children to explore past trauma such as physical, sexual or emotional abuse, homelessness, extreme poverty, war and natural disasters. Children can then come to terms with the trauma, mourn lost attachments and be helped to recover so that they can continue to develop ‘normally’. This ‘normal’ development includes the ability to form meaningful relationships, the interest to seek opportunities for personal advancement and to have a hopeful outlook. Formal programmes may also aim to protect children from further distressing events, promote children’s resilience, empower families and communities to provide the necessary support to traumatised children and help children to be a positive force in society (Arntson & Knudsen 2004:4-8,28-44; Mwaipopo 2005:6; Racusin et al 2005:208-210; Snider & Dawes 2006:9).

5.4.1.3 Recommendations relating to psychosocial support programmes from the literature

Psychosocial support may be best provided by sympathetic caregivers known to the affected child. Safety and security, maintaining familiar activities such as schooling, and interaction with other children are considered important for the psychological well-being of the child. Children whose parents are terminally ill can be helped to prepare memory books that will help them to remember their parents more clearly and help the child to maintain his sense of identity. Children’s support groups may be used, but residential therapy centres are considered to be inappropriate in terms of segregating children and in terms of resource use. Recreational facilities for orphans and vulnerable children, and home visiting may be helpful. School teachers may already have a large workload, and be unwilling or unable to take on the extra work of counselling; the services of other community members who have some understanding of communication and life skills may be used (World Bank 2004:87-88).

Psychosocial needs of vulnerable children need to be considered and given appropriate priority in terms of resource allocation and capacity building. It is recommended that orphans in general and AIDS orphans in particular should have access to psychosocial support. Teachers, guardians such as foster parents and community workers need training in recognition and management of psychosocial problems in children (Makame et al 2002:459,464; Racusin et al 2005:208-210; Sengendo & Nambi 1997:105-122).

5.4.2 Day care centres and feeding programmes

Day care centres and feeding programmes provide non-residential support for vulnerable children. The global rise in food prices that began in 2006 has aggravated food supply problems for the world's poorest people; cultural patterns may make some members of a household experience more deprivation than others, for example in some cultures women are expected to feed their menfolk preferentially (UNICEF 2008:24). There are three fee-paying pre-school nurseries in Haydom (as discussed in section 1.2.7), but no free or subsidized day care or feeding schemes.

5.4.2.1 Definition of day care centres and feeding programmes

Day care centres provide non-residential services for children of different ages during the day time; feeding programmes target children in day care centres or schools (Kidman, Petrow & Heymann 2007:327-8).

5.4.2.2 Advantages of day care centres and feeding programmes

Day care centres can provide support with child care for a wide variety of households, for example families affected by HIV/AIDS, child-headed households and adolescent mothers. Contact with a day care centre helps the parents or guardians to access information and social transfer programmes (Arntson & Knudsen 2004:21; Germann 2005:335; UNICEF 2007:22).

Day care centres can offer a wide range of services to a large number of children, and co-ordinate the work of professionals and volunteers. For example, by 2007 the Bana ba Keletso Orphan Day Care Centre was providing care to over 355 orphans in Molepolole, Botswana. Preschool-aged children were being cared for and fed during the day, and older children came to the centre after school to receive meals, get help with homework, participate in activities and receive psychosocial counselling. The centre was reported to be a base for a family outreach programme, as well as collecting and distributing donated food and clothing (Kidman et al 2007:327-328).

Beard observed community based child care centres in Malawi where preschool children were given basic education in the mornings, one or two meals were provided when food was available, and primary school children joined in the afternoons. Orphans and non-orphans attended; the latter were expected to contribute to the costs. Teachers were mainly volunteers, although some cooks received a stipend. Beard found that

many community based orphan centres provided Saturday programmes for children with food and a variety of activities, while some programmes just provided nutrition for malnourished children (2005:108-109).

Day care centres and pre-school centres with feeding facilities were judged by children in CHH in Zimbabwe as valuable strategies that could help them cope (Germann 2005:335). It is recognised that community-based interventions such as the provision of day care can promote social cohesion and reinforce the traditional value of communal care of children (Subbarao et al 2001:23).

School feeding programmes have been tried in Zimbabwe. The proportion of households with serious food deficits from which at least one child dropped out of school was 25% without a feeding programme, and 15% with a feeding programme (UNICEF 2003:40). It appears that feeding programmes can reduce educational deprivation, particularly for girls (UNICEF 2004c:80; UNICEF 2005:69; World Bank 2004:111).

5.4.2.3 Disadvantages of day care centres and feeding programmes

The literature relating to vulnerable children in the developing world appears to uncritically support the strategy of day care centres. There are theoretical risks; some parents may neglect their parental responsibilities and overuse day care centres; having many children grouped together may increase the risk of transmitting infections; some children, especially young pre-schoolers, may miss the security of being cared for by a well-known adult and become emotionally distressed. In developing countries, “there is ongoing debate about the merits of the community resource of day care for small children … poor quality day care can be detrimental to children. Key factors are stimulation, safety and nurturing, and continuing responsive relationships with a small number of adults” (Dowling et al 2006:149).

It is reported that school feeding programmes have a limited impact on children’s nutritional status, and may just result in parents reducing the amount of food they provide to children at home. The cost of supplementary feeding programmes (SFPs) may limit their use; “[t]he average cost per student of the development SFPs of the World Food Program in 2000 was $0.19 per day, or $34 for a 180 day school year. These costs may be unaffordable for most African governments” (World Bank 2004:111). It is also suggested that providing food supplements or subsidies “tend to

distort relative prices in the economy, which, in turn, can have negative implications for food production and marketing" (World Bank 2004:111). It is theoretically possible that providing food supplements may encourage dependence in the communities that are receiving them.

5.4.2.4 Recommendations related to day care centres and feeding programmes from the literature

It is recommended that day care centres be made available for young children whose parents or guardians cannot provide quality care, for pre-school children, and be available for after-school and holiday time support for those children who need such facilities. A child's need for the security of a home situation should not be overlooked, and alternative ways of supporting families with young children need to be considered, such as the 'Mama Mkubwa' scheme in Tanzania (Mwaipopo 2005:19-21), discussed further in section 5.4.10.2. The quality of care provided in day care centres needs to be monitored; children should be in contact with a limited number of carers and measures put in place to ensure that there is no mistreatment of any child in such a situation.

It is recommended that school feeding programmes (as well as other nutritional improvement strategies such as the cultivation of school gardens, and supplemental feeding programmes to families affected by HIV/AIDS) should be encouraged and expanded (Family Health International 2009:10; National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:16,39,46). However, some authors question the effectiveness and sustainability of school feeding programmes in Sub-Saharan Africa. Research to investigate this issue further would appear to be needed. An appropriate morning snack has been found to be more cost-effective than a hot lunch, and most valuable in areas where school attendance is low. Take-home food rations are an alternative, although financing school fees may improve attendance more (World Bank 2004:111-112). It is recommended that underlying causes of food shortage be analysed and addressed, and food production, storage and distribution systems be developed (Family Health International 2009:10). Nutritional education to communities may complement feeding schemes in helping to improve the nutritional status of vulnerable children (UNICEF 2005:70). While nutritional monitoring and surveillance and supplementary feeding, especially for infants and young children, are essential in conflict situations (UNICEF 2004c:56), areas of the world that are prone

to drought and famine such as the Haydom area should be monitored closely and assistance provided early.

5.4.3 Life and vocational skills training

Community based strategies targeting vulnerable adolescents include life and vocational skills training. This could be considered to be an aspect of promoting resilience; various aspects of the concept of resilience are discussed in section 4.4. In Haydom, life skills are acquired in the family and community setting, through school and religious groups. Vocational skills training facilities in Haydom are limited, as discussed in section 1.2.8.

5.4.3.1 Definition of life and vocational skills training

Skills training may involve the development of life skills in general, or specific vocational training courses. Life skills include problem solving, decision making, health issues, legal rights and responsible parenthood; developing life skills is recommended for all young people, whether identified as vulnerable or not. Life skills training may be combined with grief and loss therapy for groups such as orphans. Vocational training courses are a strategy for vulnerable adolescents to try to provide them with marketable skills, to help them to become financially independent (Fordham 1985:10-11; Pretorius, Ferreira & Edwards 1999:139,145; UNICEF 2004b:11; World Bank 2004:39). In Malawi, it was observed that vocational skills training usually involved a period of classroom teaching and was followed by on the job training (Beard 2005:109).

5.4.3.2 Advantages and disadvantages of life and vocational skills training

Masiye Camp is a project in Zimbabwe which has been providing psychosocial support and life skills training for children living with or affected by AIDS. Many of these children have been found to have emotional disturbances, low self-esteem and poor life skills, but case-based documentation of children suggests that their coping capacity was significantly improved by attending the camp (WHO 2002:139).

A scheme to help orphans in Botswana took a group of orphans in their final year of primary school from one village on a nature retreat. Here they were provided with grief and loss therapy, and life skills such as problem solving and assertiveness skills. They were also advised which adults in the village were responsible for helping them. They

were encouraged to form a cohesive group; this age-mate group has provided an alternative safety-net to the extended family (Daniel 2005:203).

Pilot studies by the International Labour Organization in Ethiopia suggest that vocational training in sewing, cooking and knitting can help young women to leave commercial sex (Bhargava & Bigombe 2003:1388). A variety of skills can be provided to young people, for example the Iringa Development of Youth, Disabled and Children Care (IDYDC) Centre in Iwawa town, Makete District of Tanzania provides training in carpentry, sewing, improved agricultural practices, life skills and HIV/AIDS awareness. Vocational training can be targeted to help vulnerable youths, as in the case of the IDYDC Centre, which trains 100 MVCs selected by their village authorities with priority given to youths who are heads of their households (Mwaipopo 2005:60).

If vocational training is provided for which there is no current employment available, or needs equipment that is unavailable to the trainee, this could lead to frustration. Receiving training may create unwillingness to continue traditional survival activities such as subsistence farming.

5.4.3.3 Recommendations relating to life and vocational skills training from the literature

Needs assessments for life and vocational skills training courses for vulnerable children and evaluation of their effectiveness is recommended (Beard 2005:109). National and regional coordinating centres are needed to promote the quality and appropriateness of vocational training, and planning of vocational training programmes should correspond to demand in the labour markets (Bhargava & Bigombe 2003:1388). The World Bank also stresses the need for vocational training in Sub-Saharan Africa which is marketable, such as in production of goods and services for which there is an international market, where there is a commitment to hire from an employer, an apprenticeship in informal skills or training within enterprises. Catch-up education in literacy and numeracy, life skills and entrepreneurship training may be worth considering. Training schools should ensure that trainees have the necessary basic equipment to use their skills, such as carpentry tools or sewing machines, and should follow up on their trainees after completion, to evaluate the effectiveness of the training (Mwaipopo 2005:60; World Bank 2004:39).

5.4.4 Income generating activities and loans

The aim of developing income generating activities and loan schemes is to empower households with vulnerable children, so that the quality of life of these children is improved. It is suggested that charismatic leadership, training and marketing are necessary ingredients of a successful income generating activity (Subbarao et al 2001:25,30). Nyamukapa et al investigated the life situation of orphans in eastern Zimbabwe; this study concludes that "our results emphasize the crucial importance of the development of rural economies and health and education strategies for cushioning the impact of HIV epidemics as well as being essential ends in themselves" (2003:28).

5.4.4.1 Definitions of income generating activities and loans

Income generating activities and loan schemes are strategies aimed at poverty alleviation. These strategies enable families to start or continue enterprises such as small businesses, or agricultural projects which help to provide resources on a sustainable basis. Various effective income generating activities in Malawi are reported. Women caring for orphans were given some training in business management, were provided loans and started small businesses, most returning their loans within 8 months. Skills training programmes sold items such as furniture and clothes, and agricultural training programmes sold items such as poultry and goats (Beard 2005:110). The Uganda Women's Efforts to Save Orphans is an organisation which uses a variety of strategies including income generating schemes. It has supported the establishment of tailoring workshops, cattle breeding, goat rearing, saloon services and a canteen, to increase the income of families caring for orphans (Subbarao et al 2001:17).

5.4.4.2 Advantages and disadvantages of income generating activities and loans

Poverty has been found to be a significant problem for vulnerable children in Africa (UNICEF 2004c:15-38). Government income policies and in-kind support through the social welfare system may be feasible in developed countries such as America (Brooks-Gunn & Duncan 1997:68), but there are major obstacles to their implementation in a country like Tanzania with serious economic problems (some aspects are discussed in section 1.2.3). It is reported that income generating projects set up to help vulnerable children may be successful in pilot projects but fail when scaled up if there is inadequate investment in communication, training and follow-up. Projects may assist the adults

involved, and perhaps their biological children, more than the foster children who were the intended target. There is even the risk that a women's income generating project which is labour intensive may increase the workload of the very children it was designed to assist (World Bank 2004:35-6,50).

It is suggested that while loans or income generating schemes may increase short-term incentives of households to foster or adopt children, they provide no long-term incentive for caring for vulnerable children (Subbarao et al 2001:25,30). Advantages of microfinance schemes include improved access to credit and savings schemes, reduction of vulnerability to loss, avoidance of irreversible coping strategies and initiation of income-generating activities. However, money management skills are needed to avoid severe indebtedness, the neediest families may not be reached and follow up is required (Subbarao & Coury 2004:53).

5.4.4.3 Recommendations relating to income generating activities and loans from the literature

While income generating activities and loans may be valuable in many situations, they need expert management if they are to be successful in the long term. The World Bank advises caution in the use of micro-credit for foster families with vulnerable children, and only advises the use of credit for those with a history of savings; otherwise it suggests that grants should be awarded (World Bank 2004:38).

5.4.5 Targeted financial support

Targeted financial support involves identifying children in need and providing money to allow them to be cared for appropriately.

5.4.5.1 Definition of targeted financial support

According to the Convention on the Rights of the Child, every state is obliged to support orphans and other disadvantaged children (United Nations 1989); this targeted support may be free health care and education, food subsidies and enhanced access to microcredit (WHO 2002:137). The United Republic of Tanzania supports the assertion that the state is obliged to support vulnerable children, and has noted the importance of developing transparent criteria for identifying the poorest households. Strategies suggested include implementing the exemption of young children from medical fees and strengthening and harmonising social protection programmes to children in the poorest

families (United Republic of Tanzania. Research and Analysis Working Group 2004:4,107-8; World Bank 2004:42-47,59-68).

5.4.5.2 Advantages and problems of targeted financial support

An advantage of cash transfers is that they can be conditional on family behaviour that is beneficial to vulnerable children. For example, in Peru, a monthly cash transfer (about $30) is given to mothers who sign an agreement with the State for a maximum of four years. This agreement commits the mother to completing civic identification documents, ensuring 85% school attendance, completing vaccination and maternity health checks, using the National Nutritional Assistance Programme package for under 3 year old children, using chlorinated water and using anti-parasite medication. Failure to comply with these conditions results in a three months' suspension from the programme. Since the scheme was implemented, there has been increased school enrolment and attendance, increased uptake of health services, men are reported to have been more involved in their children's educational activities and household activities, and civic identification registration has increased. By the end of 2006, it was estimated that 200 000 households were benefiting. Problems encountered in this conditional cash transfer programme in Peru included the difficulty of accurately identifying the neediest households. The identification process involved three stages (discussed in section 5.1.2) and while problems of exclusion of the poorest may have been rectified at the community identification stage, some households were included because of false claims and some households were included because community members felt politically pressurised to retain them although they should have been excluded from benefits (Jones et al 2007). Although there is a need to "develop models for efficient transfer from donor organisations directly to care-giving entities" (Delva et al 2005:657), the practical implementation of this ideal is challenging.

Focus group discussions in South Africa, Botswana and Zimbabwe raised the problem that social support grants intended to be used for a vulnerable child are sometimes abused by their extended family, who may also take a child's inheritance and family land (Skinner et al 2006:623). Identifying the neediest families is not easy. The 'obvious' criterion of families looking after orphans may not always identify those in greatest need and intrahousehold resource allocation requires further analysis. Data about orphans and non-orphans who live in the poorest 40% of households have been found to vary considerably between countries and over time. Different patterns are noted in Ghana,

Niger, Kenya, Tanzania and Zimbabwe, although overall it appears that "from a purely economic standpoint, orphans are not more disadvantageously situated than non-orphans" (Bicego et al 2003:1242). An examination of the situation regarding school enrolment for children in ten Sub-Saharan African countries, noted intrahousehold discrimination against orphans, and concludes that "policies that provide income support to households that contain orphans may do little to increase investments in orphans" (Case et al 2004:507).

Problems with providing financial assistance to households that foster vulnerable children include that economically disadvantaged families may be induced to foster, although the assistance may not cover all the costs of looking after the children, thereby making the children worse off in the long run. Providing help to households with many children reduces the impact to the individual child; it is also suggested that when support targets 'new' foster families, people may expel orphans they had formerly looked after in order to qualify as 'new' foster families (Subbarao et al 2001: 23).

Other problems with providing targeted financial support include the difficulty of obtaining long term funding and the risk of 'donor fatigue', creating passivity, dependence, and the disempowering belief that external donors are responsible for solving problems (Hepburn 2002:95; International HIV/AIDS Alliance 2002:23-24; UNICEF 2004b:16; World Bank 2004:108). It is noted that "[w]hile outside funding and material assistance are needed, it is important to ensure that the amount of assistance and its timing and continuity do not have a detrimental effect on government incentive, community solidarity, or local initiative. To prevent dependency on external assistance or donor-driven conditions and priorities, local and national mechanisms must be in place to reinforce and expand upon efforts already in place" (UNICEF 2004a:39).

5.4.5.3 Recommendations relating to targeted financial support from the literature

Research into intrahousehold resource allocation in Mozambique recommends targeting women to receive programme benefits; "income in the hands of women is more frequently spent on more or higher quality food, presumably benefiting child nutritional status more than male income" (Pfeiffer et al 2001:83-4). One reason that nutrition education was not followed was because women did not have the cash to buy ingredients such as milk, oil and sugar, and fathers were excluded from health

promotion programmes, although access to money from the fathers might have enabled them to improve the quality of food. This study identifies societal changes including nuclearisation of households, reduction in the strength of community bonds of mutual assistance, and increasing importance of cash for survival. It recommends the inclusion of fathers in health promotion programmes, and more research into intrahousehold dynamics (Pfeiffer et al 2001:84,95). Pfeiffer et al's study serves to remind those who plan and implement strategies of the importance of considering the dynamics of the social situation of those needing support, and also of the need to consider the possible impact of financial support or other strategies on the society.

In her study of childcare in poor urban settlements in Swaziland, Jones recommends financial support such as child support grants and pensions for the elderly, but points out that this assistance needs to complement state provision of education, health and social welfare for all poor children, special school classes to allow children who have missed school to reintegrate and school feeding programmes (Jones 2005:169). Bhargava and Bigombe studied the situation for AIDS orphans in Ethiopia, Malawi and Tanzania, and they suggest that financial support for foster families in these countries is important, and that government and non-governmental organisations should be involved in the distribution of funds and the monitoring of child welfare (2003:1387–1389).

5.4.6 Strategies to increase access to education

According to the United Nations Convention on the Rights of the Child, children are entitled to education (discussed in section 4.5.4). Strategies to ensure that children have access to school are therefore respecting the rights of children. A few children in Haydom are helped with school fees (as discussed in section 1.2.8); according to informants in this study, some children in Haydom are excluded from school for not having school uniforms, equipment or 'contributions' (reported in section 6.4.2.1.3).

5.4.6.1 Examples of strategies to increase access to education

Increasing school attendance of vulnerable children has been attempted in different ways. Changes in national policies may be effective; abolishing school fees, stopping the compulsory use of school uniforms and introducing school feeding programmes are reported to have some impact (UNICEF 2004c:80). For example, when more inclusive educational policies were introduced in Uganda, such as elimination of school fees and school uniforms, the difference between enrolment of foster and nonfoster children

noted in 1998 had disappeared by 2002 (Deininger et al 2003:1209-1212). Community mobilisation is another strategy; access to school has increased with community schooling projects in Mali, Malawi, Uganda and Zambia where fees are not charged and uniforms are not required. These schools rely on community participation and support (Hepburn 2002:95-6).

School fee waivers are another option, which require clear setting of criteria and efficient compensation mechanisms for the schools involved. As noted in section 5.4.5, conditional transfers to families may be on the basis of use of health care or educational services. In 2003, 1 000 000 children in Zimbabwe benefited from conditional transfers, and in Swaziland a quarter of primary school children benefited from conditional transfers (World Bank 2004:108-110).

5.4.6.2 Problems with strategies to increase access to education

A national policy to eliminate school fees has major financial implications for a country, including the need to extend existing schools, build new schools and teacher training colleges, and train many more teachers. Children whose labour is considered necessary to their family, or whose family do not value education, may still be excluded. Schemes which involve school fee waivers need considerable amounts of funding, clear criteria and an effective administrative system. While conditional transfers are relatively new in Africa, they have been used successfully in Latin America (World Bank 2004:108-110).

Bhargava and Bigombe suggest that fostering parents and households where adults are affected by AIDS need about $40 a year to keep a primary school child in school in Tanzania (2003:1387-9). This concurs with current locally available information discussed in section 1.2.7.

5.4.6.3 Recommendations relating to strategies to increase access to education from the literature

Beard notes a large need for school fees for children in Malawi, and some programmes try to assist with this. She comments that donor funds are hard to attract for this, as donors cannot understand why all public education is not free (Beard 2005:110). Donors need accurate information regarding educational funding, and authorities need encouragement to reduce or eliminate the costs of education to families.

Providing cash to families to pay for school fees is an option, although Bhargava and Bigombe recommend that money should be paid directly to schools or responsible ministries (2003:1387-9). Case et al advise the use of educational subsidies or non-transferable vouchers for schooling that are earmarked for orphans (2004:507).

A study of school enrolment levels of orphans in ten Sub-Saharan African countries finds orphans to be disadvantaged; “although poorer children in Africa are less likely to attend school, the lower enrollment of orphans is not accounted for by their lower wealth” (Case et al 2004:506). This study concludes that a ‘nuanced approach’ is needed, in which targeting poor families makes sense if the policy goal is to increase educational investment in poor children, whereas if intrahousehold discrimination is taking place, then educational subsidies for orphans should be considered (Case et al 2004:506-507).

5.4.7 Living with the surviving parent / family tracing and reunification

Living with the surviving parent is an option for care of some orphans, and children separated from their extended family may be assisted with family tracing. Cultural norms affect the fate of many orphans. For example, in ethnic groups which use a patrilineal system in Malawi, “paternal orphans may remain living with their paternal relatives rather than their mothers, and when widows and widowers remarry or migrate, children may be separated from their surviving parent” (Doctor 2004:39). The Iraqw and Datoga ethnic groups are patrilineal, as discussed in sections 2.5.1 and 2.5.2, so the situation described by Doctor pertains in the area of Haydom village. Child abandonment occurs rarely in Haydom, in which case family tracing is attempted.

5.4.7.1 Data relating to living with the surviving parent

A substantial proportion of orphans do not reside with their living parent. Monasch and Boerma’s analysis of surveys from 40 Sub-Saharan countries shows that three out of four paternal orphans were living with their mother, and just over half of maternal orphans were living with their father. Table 5.3 shows data from this analysis relating to Tanzania (2004:S55).

Figure 4.6 shows the percentage of children who were orphaned in regions of Tanzania (TACAIDS et al 2005:14), and differentiates between those orphaned and fostered, and those orphaned and not fostered using the definition of fostering as children (orphans

and non-orphans) not living with parents. Figure 4.6 also shows that a considerable proportion of orphans were not living with a living parent, bearing in mind that double orphans are relatively few.

TABLE 5.3: LIVING ARRANGEMENTS OF CHILDREN UNDER THE AGE OF 15 YEARS ACCORDING TO THE 1999 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY

ORPHAN STATUS	CHILD'S LIVING ARRANGEMENT	% OF ALL CHILDREN UNDER THE AGE OF 15 YEARS
Non-orphans	Living with both parents	62.5
	Living with mother only: father alive	13.8
	Living with father only: mother alive	4.3
	Living with neither parent: both are alive	9.4
Orphans	Living with mother only: father dead	3.4
	Living with father only: mother dead	1.9
	Living with neither parent: only mother alive	1.0
	Living with neither parent: only father alive	1.3
	Living with neither parent: both are dead	1.1

(Monasch & Boerma 2004:S58-9)

In northwest Tanzania, it was found that 58% of the fathers of maternal orphans and 32% of the mothers of paternal orphans were not living with their child; this means that 40% of the single-parent orphans did not have their living parent with them (Urassa et al 1997:144).

The pattern of an orphan not staying with the remaining parent may be increasing; maternal orphans not living with their father in Malawi in 1992 were 48% and in 2000 were 73%. It has been suggested that fathers appear to be finding it increasingly difficult to care for their children, and other contributing factors may be remarriage, migration and disease (Subbarao & Coury 2004:27-8).

5.4.7.2 Advantages and disadvantages of living with the surviving parent / family tracing and reunification

Subbarao and Coury note that living with the surviving parent enables siblings to stay together in a familiar environment, although economic, social and psychological needs may not be fully met. Children may face a heavy workload if there is a single adult heading the household (2004:27-28).

Family tracing and reunification is appropriate for a variety of vulnerable children including some street children, children who have been separated from their parents by conflict, children in the worst forms of labour and child soldiers. Where parents cannot be traced or have died, members of the extended family are identified who are willing to care for the child. If this fails, identification of appropriate foster families is a suggested alternative (World Bank 2004:80-95). Advantages of reunification include psychological and social benefits for the child, although this strategy may be difficult to implement in post-conflict situations where many people have died or are missing, and communities have disintegrated (Subbarao et al 2001:27,30).

5.4.7.3 Recommendations relating to living with the surviving parent / family tracing and reunification from the literature

Efforts to trace and reunify families, and support for surviving parents to enable them to keep children together appear to be beneficial. These strategies require acceptance and commitment from communities. Living with a surviving parent is the recommended living arrangement for orphans, according to Subbarao and Coury (2004:39), as shown in table 5.4.

TABLE 5.4: RECOMMENDED RANKING OF LIVING ARRANGEMENTS FOR ORPHANS

RANKING OF LIVING ARRANGEMENT	LIVING ARRANGEMENT
Most desirable	Living parent
↓	Kin-family care
	Foster care / adoption within unrelated families
	Children’s homes
Least desirable	Orphanages / children’s villages

(Subbarao & Coury 2004:39)

5.4.8 Fostering and adoption

Fostering and adoption are important community-based strategies for helping vulnerable children, particularly orphans. A variety of definitions of the term ‘fostering’ appear in the literature, which involve different time factors and relationships with the child, while adoption generally relates to a permanent arrangement. Fostering within the extended family appears to be common in Haydom village (as discussed in section 1.2.8). The importance of the extended family as a support mechanism in Africa has

been noted by many authors such as Foster (2000:55-62), WHO (2002:136) and UNICEF (2004b:3).

5.4.8.1 Definitions of fostering and adoption

In developed countries, foster care can be considered to be full-time substitute childcare outside the child's own home, which includes settings ranging from family homes to institutions; more than 50% of foster placements are made because of mistreatment. This placement is generally short-term and with unrelated persons. Historically, fostering took place as a result of illness, poverty or parental death (Racusin et al 2005:200; Subbarao et al 2001:19).

While fostering and adoption in developing countries appears to imply that a child lives in a family home within the community, other aspects of the definitions vary. For example, some studies define foster children as those with both parents alive but who do not reside with either of them (Monasch & Boerma 2004:S56; Urassa et al 1997:142), while TACAIDS et al use the term 'fostered' to mean living with neither parent, whether the child was orphaned or not (2005:13).

In their study in rural Zimbabwe, Howard et al report that the term 'fostering' was taken to mean 'being taken in and raised' by maternal relatives who are female, widowed, old and poor, or by siblings, although Zimbabweans would not normally use the term 'fostering' to refer to family arrangements. In Zimbabwe, crisis fostering in response to death or illness remains rare outside the kinship network; this may relate to "community or personal preferences, a lack of effective mechanisms for prompting and supporting fostering, or simply a financial need to limit obligation" (Howard et al 2006).

In South Africa, it is reported that foster care usually involves the care of children rather than infants whose biological parents are unable to care for them. Fostering is generally for an indefinite period of time, and is expected to finish when the child's biological parent/s can take care of their child again. It is recognised that fostering is often long-term, and may even be a life-time commitment (Townsend & Dawes 2004:77).

Voluntary, informal, or traditional fostering involves arrangements made between biological and foster parents without legal transfer of rights and obligations. It may occur for political or economic reasons such as because of kinship obligations, for training,

domestic labour and education. Informal fostering involves no statutory supervision, and Madhavan notes that foster parents are often related to the biological parents. In some countries financial support is provided by the Government to foster parents, and although supervision to reduce the risk of discrimination and abuse is good practice, this is rarely practised in many countries including Tanzania (Daniel 2005:196; Jones 2005:162; Madhavan 2004:1444; Subbarao & Coury 2004:30-32,42).

Renne has examined child fostering patterns in Nigeria, and reports that historically, there was a type of voluntary fostering in which a poor person would allow his child to work for a rich person for a sum of money, needed perhaps to pay for some of the funeral costs of a grandparent and was termed 'pawning'. Although this was supposed to be a temporary, contractual arrangement, it came to be viewed as a kind of slavery by many people. Renne notes that child fostering is common in West Africa, and that foster children may be sent to towns where they might be given some education, be fed and clothed, in return for farm and domestic work. While the experience of being fostered may have been character-building for some, others have bad memories of it (2005:63-78). Renne reports that "[f]ostering is now denigrated by some younger people who say that they will only have the number of children who they can raise well themselves" (2005:77).

As the number of orphans increases, 'crisis fosterage' (or crisis-led fostering) becomes more common, which means that instead of fostering for social or political reasons, the death of parents or severe economic hardship create normative social obligations which often lack reciprocity. The coercion felt by members of the extended family may increase the vulnerability of the children involved (Daniel 2005:196; Jones 2005:162; Madhavan 2004:1444; Subbarao & Coury 2004:26-27).

Formal fostering and formal adoption, in which a social worker assists with placing the child and working through the legal process, gives foster or adoptive parents full responsibility for the child. The foster or adoptive child then has the same rights as other children in the family. This process tends to occur with a minority of parents, particularly those with financial means and access to social and legal services. There are no social or legal services readily available to Haydom villagers. Informal fostering involves no statutory supervision, so there is a risk of discrimination and exploitation (Subbarao & Coury 2004:30-32).

In some cultures, adoption commonly involves a childless family, who is likely to be unrelated, caring for a child. After legal procedures have been completed, there may be no further involvement of the biological family or other agencies (Subbarao et al 2001:19; Townsend & Dawes 2004:77; Uppard & Petty 1998, cited in Subbarao & Coury 2004:43). The information presented in this section is summarised in table 5.5.

5.4.8.2 Extent of fostering and adoption

In pre-colonial southern Africa, it was reported that the extended family was responsible for orphan care; when a male head of a household died the remaining family would be inherited by the nearest male relative of the deceased; when a mother died the father would take a close female relative of the deceased in her place; if both parents died the children would be shared between members of the extended family. It is said that no discrimination was expected to be shown to orphans (Chipfakacha 2002:3-4). The extended family continues to be the 'safety net' for orphans in many African countries, although doubts have been expressed about its ability to cope with increasing numbers of orphans (Beard 2005:107; Deininger et al 2003:1213-1214; Foster et al 1997a:166; Foster 2000:55-62; Germann 2005:67; Oleke 2005:80; Subbarao et al 2001:14; Sundong 2005:53).

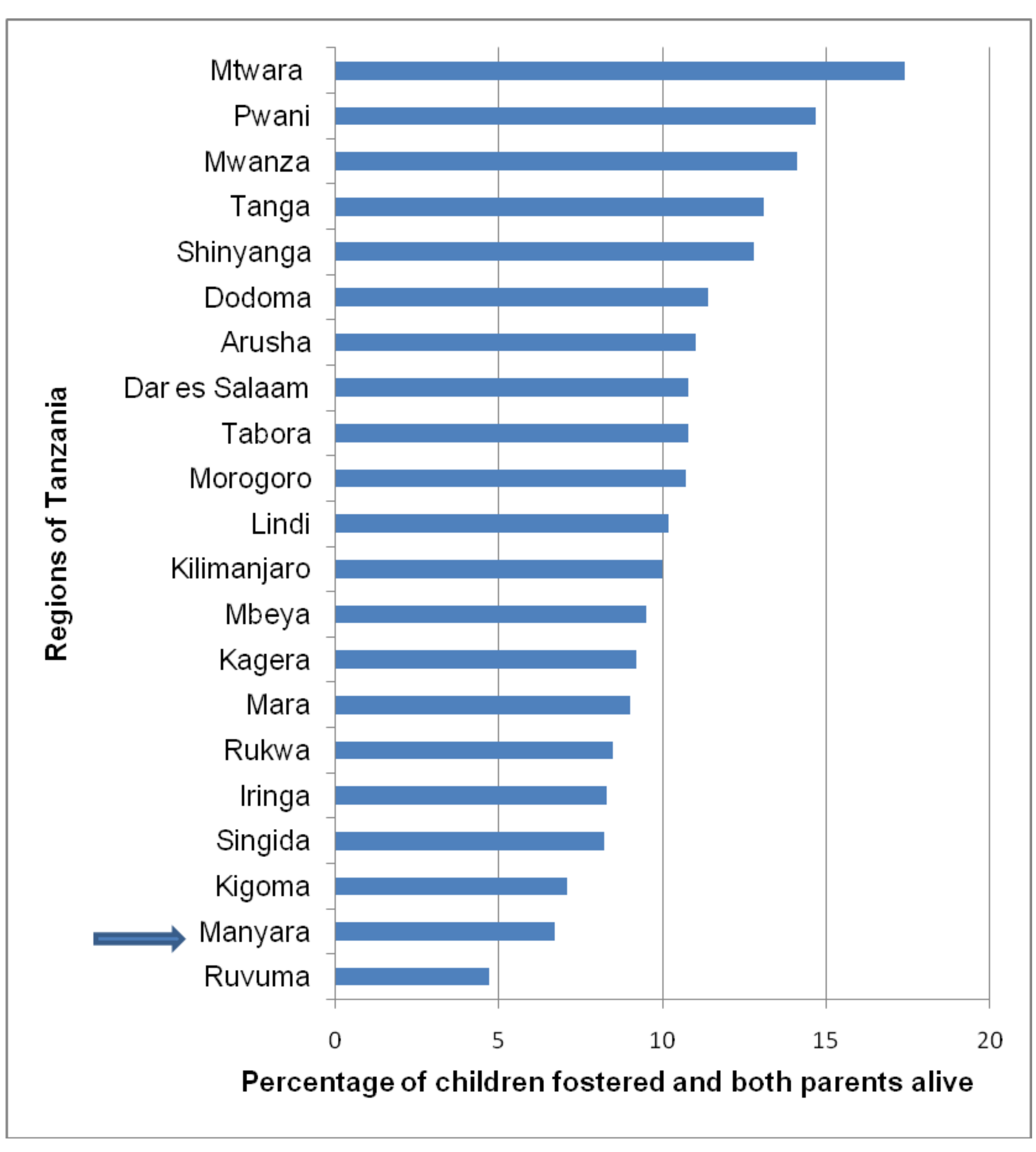
Research carried out by the Eastern and Southern African Universities Research Programme, published in 2002, suggests that the proportion of double orphans in Kagera, Mara, Shinyanga and Mwanza regions of Tanzania who were living with grandparents was 62%, while 27% were living without a parent or guardian, 10% were living with a close relative and 1% were living with a foster family (in this study defined as neighbour or friend) (cited in United Republic of Tanzania. Research and Analysis Working Group 2004:120-1).

TACAIDS et al (who use the term 'fostered' to mean living with neither parent), published data suggesting that in 2003-4, 15% of Tanzanian children were fostered. There are regional differences in rates of 'fostering' of children with both parents alive, varying from the lowest rate of 4.7% in Ruvuma to the highest in Mtwara of 17.4%, while Manyara has the second lowest rate of 6.7%, shown in figure 5.1. The relatively low rate of fostering in Manyara Region may have implications for the acceptability of 'fostering' as a strategy for the care of vulnerable children in Haydom. Rates of orphaning are shown in figure 5.2, and they also vary considerably across the country. There is a high

correlation between rates of HIV/AIDS (as shown in figure 1.5) and orphaning rates (as shown in figure 4.6) in 2007 data (TACAIDS et al 2005:13-14).

TABLE 5.5: SUMMARY OF SOME CONCEPTUAL DEFINITIONS OF FOSTERING AND ADOPTION

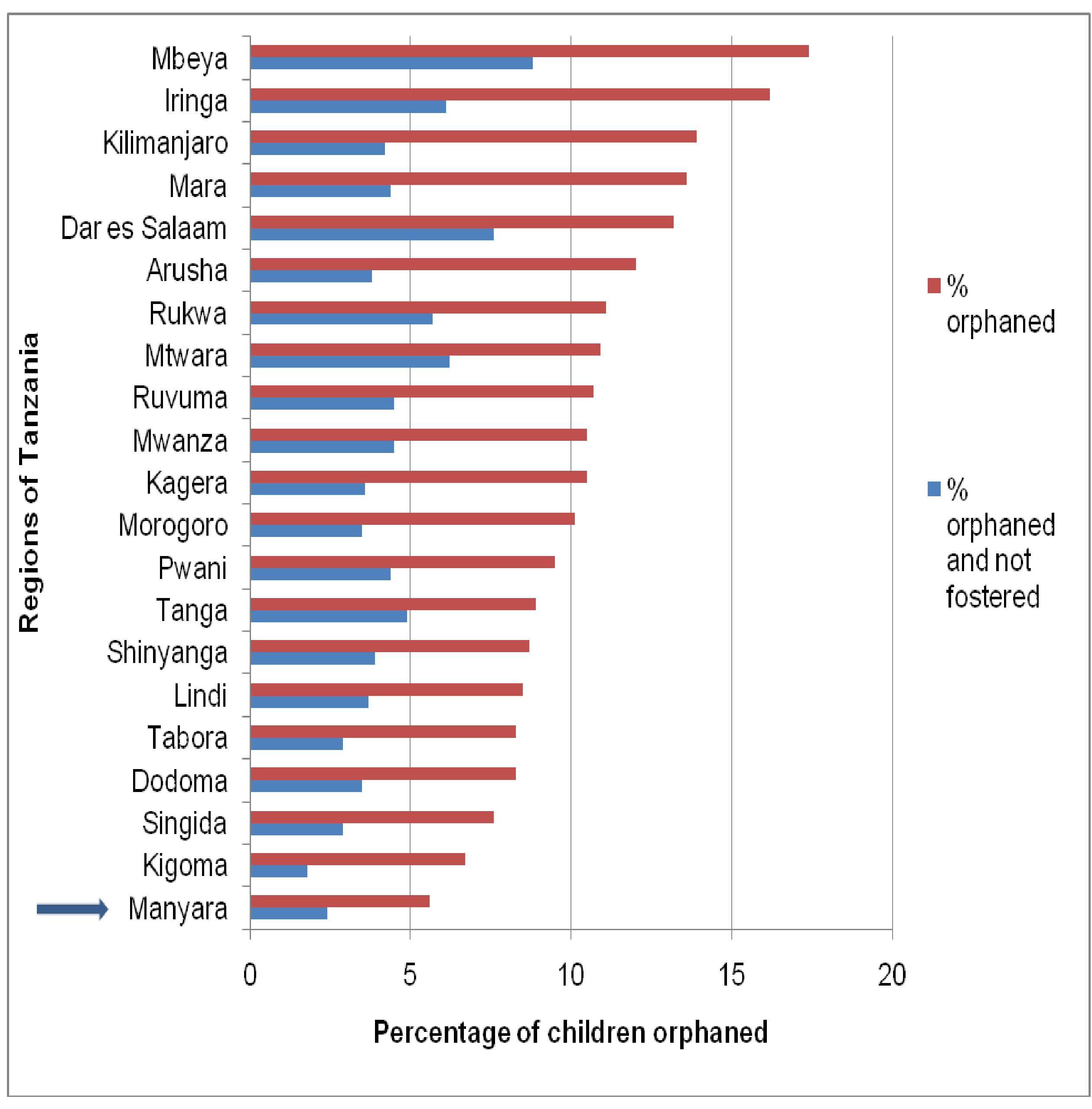
TYPE	COMMON REASONS	CHARACTERISTICS	REFERENCE(S)
Fostering in developed countries	Child neglect Child abuse	Legally supervised, foster parents often not related, in family homes, institutions, temporary arrangement until return to parents or adoption arranged	Racusin et al 2005:200; Subbarao et al 2001:19
Fostering in developing countries	Parental illness Poverty Death Allowing a child opportunity for education or training	Child lives in family home, within the community Temporary or long-term	Uppard and Petty 1998 (cited in Subbarao and Coury 2004:43); Townsend and Dawes 2004:77
		Foster parents often related	Madhavan 2004:1445
		Parents alive but not living with them	Monasch and Boerma 2004:S56
		Not living with parents (orphans or non-orphans)	Subbarao and Coury 2004:42; TACAIDS et al 2005:13
		Child cared for by poor, widowed, old maternal relatives	Howard et al 2006
		Placement in extended family	Subbarao et al 2001:19
Informal / voluntary / traditional fostering	Parental illness Poverty Death	Child reared by extended family or other, child has no legal rights within foster home, not supervised by any authority	Daniel 2005:196; Jones 2005:162; Madhavan 2004:1444; Subbarao and Coury 2004:30-32
Formal fostering	Parental illness Poverty Death Foster parents may lack their own children	Child reared by extended family or other, involves legal process and supervision, may be some financial support or incentives, foster parents usually wealthier	Subbarao and Coury 2004:30-32
Crisis-led fostering	Severe hardship Parental illness Parental death	Child taken by extended family or others, may be coerced and/or unplanned	Daniel 2005:196; Jones 2005:162; Madhavan 2004:1444; Subbarao and Coury 2004:26-27
Adoption	Parental death Abandonment Rejection Adoptive parents lack children	Child placed permanently with adoptive parents, may not be related; involves a legal process and child has same rights as others in family. Adoptive parents have access to legal system and enough funds to pursue the process	Uppard and Petty 1998 (cited in Subbarao and Coury 2004:43); Subbarao et al 2001:19; Townsend and Dawes 2004:77



TACAIDS et al 2005:14

Figure 5.1 Percentage of children fostered and both parents alive in Regions of Tanzania

Research based in Mawenzi hospital, Moshi, in the Kilimanjaro Region of Tanzania reported that in a sample of 297 orphans, 43% were living with grandparents, 27% were living with a surviving parent, 15% were with members of the extended family, 10% were staying with older orphans and only 5% were cared for outside the extended family (Lusk, Hoffman & O'Gara 2000, cited in Subbarao & Coury 2004:26).



TACAIDS et al 2005:14

Figure 5.2 Percentage of children orphaned in Regions of Tanzania

Monasch and Boerma examined national surveys from 40 Sub-Saharan countries since 1999 to analyse orphanhood and childcare patterns. They found that children, orphans and non-orphans were most likely to live with their parent(s) in eastern Africa and were least likely to live with their parent(s) in southern Africa. They noted that the pattern of parent-child co-residence for non-orphans was a fairly good predictor for orphans. Monasch and Boerma reported that "[t]he extent to which the burden of orphan care is shifting over time is of particular interest in the context of the AIDS epidemic … In three countries, Tanzania, Namibia and Zimbabwe, the data are suggestive of a shift in the caretaker pattern from other relatives to grandparents in recent years" (2004:S57).

In a study of orphan care patterns in western Kenya, Nyambedha et al found that “28% of the orphans were looked after by culturally ‘inappropriate’ categories such as matrilineal kin or strangers” because the normal patrilineal system of care had been overwhelmed by the large numbers of AIDS orphans. They found that 4.5% of orphans were living with ‘strangers’ and 12% of double orphans were living with ‘strangers’ (2003:306).

Foster et al describe a community based orphan support programme in Zimbabwe and note that “[i]nformal community fostering of unrelated children may be taking place in the community more commonly than is supposed but such information may be withheld by caregivers in order to avoid stigmatization of orphans” (Foster et al 1996:399). This view is congruent with the views of researchers analysing orphaning patterns in Sub-Saharan Africa, who note that “even when an orphan child is reported in a household, she/he may be misclassified as a non-orphan, having been claimed by adults in the household as their own (the adoption effect). This may be more common for maternal orphans since men are more likely to remarry, with the stepmother reported as the child’s biological mother” (Bicego et al 2003:1237).

Urassa et al found child fostering (in this study the term is used to mean ‘children with parents alive but not living with them’), very common in Mwanza region of Tanzania; 43.2% of children under the age of 18 years were not living with one or both biological parents and 12.2% were living with neither parent, which is congruent with data presented in figure 5.1. The main reasons identified for parental absence were a child born before marriage, the husband living with another wife and divorce (1997:144).

A World Bank report has suggested that adoption is largely unacceptable in Africa, and is not considered as a programme option (Subbarao et al 2001:19). In some war-torn Third World countries there appear to be cultural objections to adoption and foster care of orphans, such as in Eritrea (Wolff & Fesseha 1998:1319; Wolff & Fesseha 2005:476). This view appears to be supported by a study in Malawi, in which 44 000 orphans were identified as receiving some kind of assistance, only 43 were formally fostered by ‘alien’ families and only four were adopted (Kalemba 1998, cited in Subbarao & Coury 2004:43). A study in Zimbabwe found 755 formal foster parents caring for just over 1 000 children. Only 45 adoptions were carried out in one year (Parry 1998 cited in Subbarao & Coury 2004:43). Germann suggests that in Zimbabwe, underlying reasons

for the unpopularity of adoption include taboos concerned with family totems and a fear of upsetting ancestral spirits (2005:87). In Tanzania, social welfare officers are responsible for adoption proceedings, and they are few in number, and therefore difficult to access for many of the population (Hunter et al 1997:408).

5.4.8.3 Advantages of fostering and adoption

An advantage of fostering relates to the consistent research finding that a supportive family environment is the best protection against the stresses of childhood. It is suggested that enduring adversity such as continuous parental fighting, is more damaging to a child's emotional health than crises through which the child is supported. Even parental deaths have not been shown to be associated with later behaviour problems if children are helped to deal with the situation and have good support networks (Schaffer 1996:214,230-232).

The socio-emotional development of orphans in extended family foster care was compared to that of orphans in orphanages in Iraqi Kurdistan. Over a one year period it was found that problem scores increased in the orphanage sample and decreased in the foster care children. The orphanage sample also reported higher frequency of post-traumatic stress disorder than the foster care children (Ahmad & Mohamad 1996:1161,1166-1169). The authors assert that "the best predictor of positive outcome for a child who survives a traumatic event is the ability of important adults around him to cope with the traumatic event" (Ahmad & Mohamad 1996:1171).

Another advantage of fostering and adoption for local and national authorities is the cost factor. Bhargava and Bigombe amongst others (as discussed in section 5.3) suggest that even if financial subsidies are needed, fostering of orphans is a cheaper option than the use of institutional care (2003:1388).

Adoption is strongly recommended by some authors as a child care option (Brand & Brinich 1999:1226-1228; UNICEF 2007:30). In view of its permanency, adoption is supported by the United Nations Convention on the Rights of the Child, Article 21, which states that "adoption, where recognized and/or allowed, shall ensure the best interests of the child" (United Nations 1989, cited in UNICEF 2007:40).

5.4.8.4 Disadvantages of fostering and adoption

Difficulty in meeting the needs of foster children may be a problem. Taking in orphans increases the size and costs of the household, and increases the dependency ratios in a family. In a study in northwest Tanzania, 25% of maternal orphans were receiving support from the father, 20% of paternal orphans were receiving support from the mother, and less than 10% of families caring for orphans were receiving any support from other relatives; no children were receiving help from an outside organisation (Urassa et al 1997:144-6). There is the risk that basic physical needs may not be met, and elderly carers may be tired and sick and unable to provide for psychosocial needs adequately (Subbarao & Coury 2004:29).

Charnley has studied the responses to orphans in Mozambique, including the outcomes of different arrangements and the belief that children placed in families with no kinship relationship are at risk of ill-treatment. Substitute families interviewed felt that they had a useful role in socialising these children and helping them develop their skills, even though many were having serious economic problems which meant that their willingness did not always match their ability to help (2000, cited in Bray 2003:51).

Discrimination has been identified as another problem faced by some foster children. A survey of the views of adults caring for children in Zimbabwe suggests that orphans taken into new families may not be treated well and might be better off in orphanages or on their own (Howard et al 2006). This view is congruent with observations made by Bledsoe et al in which fostered children were treated less well than biological children; young foster children were found to suffer from higher rates of malnutrition and deprivation of health care than non-foster children (1988:629-630,634-635). Findings from a ten-country meta-analysis by Case et al also suggest that the closeness of biological ties governs altruistic behaviour (2004:484). Castle studied fostered children in Mali, and found that voluntarily fostered children were as well nourished as biological children, but crisis-led fostering put foster children at a nutritional disadvantage (1996, cited in Madhavan 2004:1445). Hadza men in Tanzania appear to provide more care to their biological children compared to their step-children (Marlowe 1999:391-403).

Discrimination was also noted by foster children in a study by Van der Waal in South Africa; foster children reported having to work harder and having less access to resources in the household (1996, cited in Madhavan 2004:1446). Discrimination

against orphans cared for by the extended family is reported in a study in Kenya. Informants rationalised this discrimination as relating to unresolved conflicts in the extended family and the fear that the orphans might do better than the biological children and later grow up to challenge their authority. This study found that many of the orphans in western Kenya who were living with non-kin were working as servants, and were involved in herding or household chores (Nyambedha et al 2003:305-6).

While providing economic support to families may increase the number of potential foster families, there is a risk that this support may be abused (Subbarao & Coury 2004:32). In developed countries, fostering arrangements are supervised by qualified personnel. However, informal fostering in Africa is not widely subject to supervision. It is suggested that a community approach to supervision of foster care is likely to be effective. Government appointed social workers in Sub-Saharan Africa are reported to be few, under-resourced and may be unmotivated to make rural visits; "[d]eveloping the appropriate mechanisms to ensure that children are well treated [in foster care] is becoming important" (Subbarao & Coury 2004:27). Home visiting in rural areas in Zimbabwe was found to be fraught with problems, such as difficulty communicating with families beforehand to ensure they are present, poor roads, long distances, and the time and expenses involved (Jackson & Kerkhoven 1995:665). These problems are present in the area around Haydom village, as discussed in section1.2.5.

Thiele studied community perceptions related to orphan care, including the issue of foster care, in KwaZulu-Natal in South Africa. Thiele concludes that foster care is not an adequate solution to the problem of orphan care (2005:109-111,113).

5.4.8.5 Community attitudes to fostering and adoption

Howard et al surveyed 371 adults caring for children, including 212 caring for double orphans, in Zimbabwe. They found that 98% of non-foster caregivers reported being willing to foster orphans, many even from outside their kinship network. Willingness to foster was highest for grandchildren and declined with increased distance in relatedness. Fewer than half said that they would take in a friend's child, and about a quarter said they would even foster a stranger's child. In this study, few caregivers expressed a preference for fostering a child of a particular age-group or sex, except that they least preferred children under the age of 2 years. However, they reported that poverty and the prospect of having to pay school fees were the major barriers to

fostering, and that impoverished families were not receiving external support. This study investigated attitudes rather than practices (Howard et al 2006).

Townsend and Dawes studied the willingness of existing foster and adoptive mothers in South Africa to care for children orphaned as a result of HIV/AIDS. They had a 19% response rate to a mailed questionnaire. This study considered attitudes rather than actual practice. Respondents in this study expressed a preference to foster biologically related children, children from the same cultural background, children who do not have surviving relatives or siblings, females and children under the age of 6 years (Townsend & Dawes 2004:69-80).

Subbarao and Coury state that orphans are generally cared for by the extended family; "adoption and formal fostering are given consideration, too, although they do not yet appeal to the public because of cultural bias" (2004:25). It may be that fostering outside the extended family has not been common because the extended family has taken this role, and in some countries tribalism and traditional religious beliefs may have militated against the practice, although in Rwanda following the 1994 genocide, it became fairly common (Subbarao & Coury 2004:30). It is suggested that "[i]ncreased fosterage and adoption by non-relatives, if properly practised, are an effective alternative in child care. Yet they will require important changes, such as a shift in people's attitudes and a better adjustment of legal practices to the African cultural context" (Subbarao & Coury 2004:32).

5.4.8.6 Recommendations relating to fostering and adoption

Fostering and adoption provide a child with a supportive family environment, which helps children to cope with stress (Schaffer 1996:214,230-232). It would therefore seem appropriate to keep vulnerable children within a family-like setting whenever possible, and living with members of the extended family would be likely to involve some familiarity and less adjustment stress than living with strangers.

Howard et al in their study of barriers and incentives to orphan care in Zimbabwe "found no reservoir of economically secure households that must simply be persuaded to take in orphans … two-parent households that are not fostering orphans may be a good target for educational outreach emphasizing AIDS-stigma reduction and the rewards of

fostering, in addition to financial support starting with guaranteed school fees" (Howard et al 2006).

It would seem that exploration of fostering within different cultural contexts is warranted, as well as the development of support and supervisory mechanisms. An understanding of the nature and quality of fostering in a particular society can help to guide policy and programme development (Doctor 2004:33).

The conclusion of Brand and Brinich that adoption is a valuable strategy for child care in America (1999:1228) deserves exploration in other cultural settings. Perhaps locally available and acceptable methods of formalising fostering and adoption could be considered, in view of the inaccessibility of social services to many rural dwellers.

The WHO asserts that the extended family can only cope with mass orphanhood if adequately supported by the state, private sector and community. Local communities, including those most affected, local governments, national governments, donors, international organisations, civil society, the private sector, and the media are important in working together to reduce risks for vulnerable children (UNICEF 2003:43; UNICEF 2005:59; WHO 2002:136-7).

5.4.9 Strategies to protect legal rights / land inheritance

The problem of orphans in Africa being deprived of their legal rights and inheritance is widely documented (Chipfakacha 2002:10; Christiansen 2005:178; Jones 2005:167; Nyambedha et al 2003:307-9; Subbarao & Coury 2004:14,18; UNICEF 2003:18; UNICEF 2004c:81; Wakhweya 2003, cited in Subbarao & Coury 2004:19; WHO 2002:138-139). Peens and Louw, writing in South Africa, assert that while children's rights have been spelled out clearly and agreed internationally, they need to be upheld by national laws and formal and informal practices in society. Rights to protection, choice and entitlement exist; the right to protection includes being protected against exploitation and deprivation (2000a:32-35). These authors have considered different perceptions of children's rights and note that "[m]ore traditional cultures have a strong belief in the structure of an authoritarian, patriarchal society … [where] there is little room for the freedom of expression of choice and rights for women as well as children" (Peens & Louw 2000b:283). Traditional Iraqw and Datoga society is male-dominated

(as discussed in sections 2.5.1 and 2.5.2), with the inherent risk of neglect of the rights of women and children.

5.4.9.1 Types of strategies to protect legal rights / land inheritance

Children have rights to survival, protection, development and participation. When the literature refers to protecting legal rights of vulnerable children, common strategies include birth registration (discussed in section 4.7.4.3), providing advice on how to deal with property grabbing by relatives, encouraging terminally ill parents to write wills and succession planning by identifying appropriate caretakers early who will care for children after the death of parents (Beard 2005:110; UNICEF 2003:37; World Bank 2004:88; WHO 2002:139; World Vision International 2005:126). Children in Haydom whose rights are infringed can in principle appeal to other adults including the ten-cell leader and village authorities for support (as discussed in section 1.2.5).

5.4.9.2 Advantages and problems with strategies to protect legal rights / land inheritance

A variety of issues can be addressed at the local level. In Tanzania, the governmental Social Welfare Department in collaboration with UNICEF has introduced a programme called the Community Justice Facilitation (CJF); this programme provides training related to human rights, and raises awareness of a range of abuses inflicted on children. The CJF district teams are expected to train community level teams that in turn sensitise community members including young people (Mwaipopo 2005:18).

A problem with protecting the rights of children is that “most adults, communities, families and children may not be aware of these rights and the corresponding responsibilities. In fact, many people may be uncomfortable with the idea of children having rights” (World Vision International 2005:126). Thus, strategies to protect children’s rights may meet with resistance from some community members (ICRC 2004:66-7).

5.4.9.3 Recommendations related to strategies to protect legal rights / land inheritance from the literature

There is a need to ensure that every child has a birth registration document (as discussed in section 4.7.4.3), and to check that this document is kept safely (World Bank 2004:104). There is a need to educate all members of the community about

human rights, perhaps especially children and widow's rights, and to ensure that monitoring and enforcement systems are in place and functioning effectively. This could include the appointment of individuals as 'child protection mediators' or groups of people in 'community justice facilitation' teams (Beard 2005:110; Mwaipopo 2005:18; National AIDS Control Council Taskforce on Orphans and Vulnerable Children [Kenya] 2002:44; World Vision International 2005:126).

5.4.10 Voluntary community workers

Community based strategies need manpower; there are advantages to using volunteers to help vulnerable children wherever they are available.

5.4.10.1 Definition of voluntary community workers

Voluntary community workers are any individuals or groups who do unpaid work to help vulnerable children and are motivated by community spirit, religious faith or love of children (International HIV/AIDS Alliance 2002:11-12).

5.4.10.2 Advantages and disadvantages of voluntary community workers

It is reported that volunteers who are unrelated to vulnerable children are important in providing care and sometimes financial support for them, particularly where paid professionals are in short supply (International HIV/AIDS Alliance 2002:11-12). For example, while the efforts of many faith-based organisations (FBOs) are small scale and undocumented, the overall impact appears to be considerable. A study of the impact of FBOs in assisting orphans and vulnerable children was conducted in Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda, in 2002-3. More than 7 800 volunteers were found to be supporting over 139 400 orphans and vulnerable children, mainly in community based programmes. 13 main types of activities were reported. The four most commonly reported activities were as follows: 71% of FBOs were providing material support for children, 62% were providing school assistance, 51% were involved in HIV prevention and 39% were involved in home visiting. 15% were supporting an orphanage, 11% were involved in a day care centre and 3% were promoting fostering (UNICEF 2004b:2-9).

After the community based orphan visiting programme described by Foster et al had become established, other community members initiated a variety of activities including construction and repair of buildings. The programme appeared to be inexpensive to run,

effective and avoided undermining existing support mechanisms (Foster et al 1996:391-392,401-402).

A wide variety of activities may be carried out by volunteers. Some villages in Tanzania have set up 'Most Vulnerable Children Committees' that coordinate support for vulnerable children, for example by organising income generating activities and distributing food (UNICEF 2003:37), although this has not happened in Haydom. Gilborn presents an overview of the impact of HIV infection on children in Africa, based on experience in Uganda. She notes that some communities started orphan committees which oversee the provision of care for vulnerable children; other communities were raising funds for school fees and were encouraging teachers to supervise vulnerable children (2002:14).

In Zimbabwe, a community based orphan visiting programme used the services of women who received some training in AIDS information, orphan enumeration, needs assessment and care of orphans. The women had a uniform and were provided with refreshments and reimbursement of bus fares, but no payment for their work. They provided moral support and encouragement to orphan households, and some material support to the neediest. They met monthly to discuss issues relating to the programme (Foster et al 1996:391-2,401-2).

The World Bank advocates the strategy of home visitors (volunteer or paid) to support child-headed households and foster families. These home visitors could provide home-based health initiatives for children not attending school, or advice and support for households with sick parents or disabled children. In Malawi an initiative called Community-based Options for Protection and Empowerment (COPE) was begun in 1995 and began by problem solving and service provision. By 1997, COPE realised that these activities were not going to be sustainable, and the organisation changed its focus to capacity building and empowerment. District, community and village AIDS committees were organised, and local functions included identifying orphans and vulnerable individuals, assisting orphans to return to school, helping to mobilise the community to help practically and raise funds, organising recreation activities to help meet the psychosocial needs of orphans, and helping develop community gardens to benefit vulnerable persons (World Bank 2004:75,119).

A Tanzanian volunteer programme called the '*Mama Mkubwa* (MM)' (Aunt) Initiative reports that the chosen 'aunts' support a variety of vulnerable children including those in child-headed and elder-headed households. These 'aunts' perform home visits to check on the situation of the children and to create opportunities for listening and talking; the 'aunts' assist the children with minor needs, escort sick children to a health facility, provide counselling on a range of things including hygiene, attending classes, HIV/AIDS prevention and self reliance, and mediate in the case of problems such as mistreatment (Mwaipopo 2005:41).

When projects are mainly or entirely manned by volunteers, they are inexpensive and sustainable. In some communities volunteerism is not a common feature of the culture (International HIV/AIDS Alliance 2002:23); in these situations help from volunteers may not be acceptable or appreciated and it may be difficult to recruit volunteers. Unsupported and overworked volunteers may become demotivated; volunteers who are inadequately prepared may be traumatised or may be of little help to others. For example, the MM initiative in Tanzania reports that the volunteers met many challenges in their work that caused some volunteers to withdraw their services. It was noted that "[t]he burden of providing care and support to an increasingly large number of children, poor economic status on the part of MM themselves, inadequate skills to handle and provide some support such as psychosocial support to the most vulnerable children, just to mention a few, have limited the capacity of the MM to respond adequately to the needs of these children" (Mwaipopo 2005:5).

5.4.10.3 Recommendations related to voluntary community workers

Ensuring appropriate motivation for community workers is a challenge that needs to be addressed. In Rwanda, a system of community mentors for orphans is proposed, who can visit orphans and communicate their needs to the relevant authorities; "[s]uch a system is likely to work more efficiently if the mentor receive[s] some form of formal support as well as official recognition for their work. However, it is also important that any system is grounded in the principles of volunteerism and recruits people who are committed to the idea that communities should assume responsibility for vulnerable groups" (Veale et al 2001:xviii-xix).

The activities of voluntary community workers need to be well organised; this includes some preparation or training of the workers so that they are able to give appropriate

advice and care to vulnerable children. Socio-cultural and economic factors relating to voluntary work need to be explored in a specific community to determine the feasibility and acceptability of help provided by volunteers (Foster et al 1996:391-2,401-2; World Bank 2004:75,119).

5.5 OVERVIEW AND SUMMARY

There are a wide range of strategies to help vulnerable children that are reported in the literature. Table 5.6 shows how these strategies occur in four of the five sources outlined in section 4.7.3.7; Skinner et al (2006) is replaced in this table by Beard (2005) because Skinner et al's discussion does not include strategies, whereas Beard specifically documents the range of strategies found to be in place in Malawi. The variety of strategies discussed in different documents reflects the aims and perspectives of those writing these documents.

This chapter has reviewed the literature for strategies to help vulnerable children, which include self-care, institutional care and community-based care. Strategies were discussed, and definitions, examples, advantages, disadvantages and recommendations were considered. Strategies to help vulnerable children should be geared to meet the priority needs identified and must be acceptable to the community in which these children are living.

The expansion of fostering (with support, supervision and financial support such as directly paid school fees when necessary) and adoption are generally favoured, small group homes are recommended by some authors and CHH, although not ideal, may be viable if well supported. Poverty alleviation strategies may have a useful, if indirect effect on the well-being of vulnerable children. Orphanages are generally considered a temporary or last resort (Subbarao & Coury 2004:39; UNICEF 2003:38; WHO 2002:136-137).

TABLE 5.6: STRATEGIES TO REDUCE CHILD VULNERABILITY AS CLASSIFIED IN THIS STUDY AND AS IDENTIFIED BY FIVE SOURCES

STRATEGY \ AUTHOR	Subbarao and Coury 2004	UNICEF 2004	Gordon et al 2003	World Bank 2004	Beard 2005
Community based care, eg living with surviving parent, care giving by extended family, living with unrelated family	✓			✓	✓
Orphanages	✓			✓	
Children's homes / villages	✓				✓
Preventing children from becoming orphans	✓				
Improve household income eg cash transfer, microfinance, income generating activities	✓	✓		✓	✓
Ensure provision of shelter and clothing	✓				
Ensure provision of food eg school feeding programme	✓		✓	✓	✓
Ensure provision of health care (with financial incentives / free or subsidised services)	✓	✓		✓	
Ensure provision of education (free at primary school or with conditional cash transfers; abolish school uniforms)	✓	✓		✓	✓
Ensure safety and legal needs are met eg prevent abuse, exploitation and protect property rights	✓	✓		✓	
Ensure psychosocial needs met eg counselling and recreational activities	✓	✓		✓	✓
International economic measures		✓			
Community poverty reduction strategies		✓			
Involving children		✓		✓	
Public infrastructure development eg water, sanitation, shelter		✓	✓		
Social security benefits			✓		
National anti-poverty measures eg investment in education		✓	✓		
Skills training				✓	✓
Rescue and rehabilitation of critically vulnerable children eg street children				✓	
Investment in health care and HIV prevention strategies				✓	
Networks of home visitors (volunteer or paid)				✓	
Birth registration	✓	✓			
Crisis nursery					✓
Centres for care of street children					✓
Child-headed households	✓	✓		✓	✓

CHAPTER 6
ANALYSIS OF QUALITATIVE DATA

> *"… to refrain from trying to imagine the Other's perspective as proficiently, as engagingly as one can is a reckless and fearful proposition. To live in a world in which we have given up on the dream of understanding the motivations for behaviours, feelings and opinions of other human beings or groups of human beings … this is a frightening thought" (Gottlieb 2004:xv-xvi).*

6.1 INTRODUCTION

Chapter six presents data collected in the second stage of this study. The ethnographic method used qualitative interviews with Haydom residents, and subsequent thematic analysis. The rationale for using an ethnographic method was that an understanding of the locally held views of issues relating to child vulnerability is important to guide the development and evaluation of strategies to help vulnerable children in Haydom. The qualitative methods used are described in section 3.2.2.

All informants had some ideas about and experience in relation to vulnerable children, and many had personal experience of vulnerability at some stage or stages of their lives. The qualitative design of the second stage of the study allowed for exploration of different facets of child vulnerability, including objective and subjective aspects. For some of the informants, speaking to a European, and/or sharing ideas about child vulnerability, and/or sharing lived experiences appeared to be a new experience. These factors, together with the reticence which is attributed to some of the local people (as discussed in section 2.10), may have negatively affected the quality of the data. All the informants agreed that there are vulnerable children in Haydom. While informants varied in their views of the magnitude of the problem in Haydom, it was suggested that vulnerable children might be helped effectively, and those that had been helped in the past include those who are now professionals, including accountants, laboratory technicians, teachers, doctors and nurses.

6.1.1 Notations used in the transcriptions

Text transcribed from interviews is written in italics, followed by the informant code. The following types of brackets are used to ease reading and understanding of the transcriptions:

[ ] Words written in square brackets [ ] are those of the interviewer, added in to show the context of the informants' comments where it appears to improve clarity.

( ) Words written in standard brackets ( ) indicate alternative or amplified translations in English of a particular word or phrase in Swahili.

{ } Words enclosed in curved brackets { } indicate material from an earlier part of the interview to which the informant is now referring.

<> The Swahili language as used by informants is transcribed exactly as it was spoken, and corrected Swahili is indicated within chevrons < > immediately after the uncorrected version.

6.1.2 Use of the data displays

Data were analysed using an open coding system. As themes and categories emerged these were grouped together. Data units (evidence) supporting different categories and sub-categories are presented in data displays. These displays should be read in conjunction with the rest of the text. The researcher opted for this method of data presentation as the scope of the data, the number of categories and sub-categories under each theme, is very broad and the numbering and rubric of the data displays allows for pertinent focus of the reader's attention. The data units in the data displays reflect the essence of what informants said, illustrating the categories that were created.

6.1.3 Linguistic considerations

The Swahili language does not use gendered personal pronouns, so that *'anaweza'* can be translated as 'he is able', 'she is able' or 'it is able'. For the sake of clarity, when the child is referred to, this has been translated as 'he', and a parent is translated as 'she' unless a father is specifically mentioned. Some informants (especially Datoga informants) have used grammatically incorrect Swahili, particularly in respect to pronoun agreements; for example, *'tatunza mzuri'* instead of *'atamtunza vizuri'* (meaning, she will look after him well). The original Swahili as well as the English translation is provided for the benefit of future researchers who may wish to explore the subject further in this population group, except in the case of Informant J who was interviewed in English.

The translation has attempted to be as accurate as possible, often using rather literal translations at the expense of some fluency, and generally using fairly simple English as

many of the informants had limited education, and this was considered more congruent with their own mode of expression.

6.1.4 Overview of the data structure

Five major themes emerged from the analysis of interviews with informants about child vulnerability; antecedents, contributing antecedents, defining attributes, and consequences of child vulnerability and strategies to assist vulnerable children. These major themes which emerged were congruent with themes identified in the literature, but the details of the sub-categories varied from those in the literature. Differences from the literature are to be expected in view of the specific cultural context of the informants who provided the statements or data units of this stage of the study. Very close relationships and interactions were identified between the themes, such that the five themes are theoretical rather than 'actual' distinctions. In empirical reality, the factors described here as antecedents, contributing antecedents, defining attributes, and consequences of child vulnerability were found to co-exist and interrelate with each other. That is to say that the 'real' nature of child vulnerability does not only relate to what might be classified as 'defining attributes'; it is a complex human phenomenon that involves continuously interacting aspects. Thus empirical indicators are not only drawn from defining attributes identified by informants, but also from antecedents and consequences, as shown in table 6.2.

An overview of this chapter and the identified themes, subthemes, categories, subcategories and sub-sub-categories is presented in table 6.1. The following are presented in this chapter:

- 5 themes
- 13 sub-themes
- 40 categories
- 31 sub-categories
- 5 sub-sub-categories

All data units pertaining to a single category have been included in data displays so as not to be guilty of anecdotal selection of data and the articulation of categories on "best" data units. Providing the reader with all data units pertaining to a category or sub-category helps to enhance the "thickness" of the descriptions (Polit & Beck 2006:307,336; Streubert & Carpenter 1995:95).

TABLE 6.1: SUMMARY OF IDENTIFIED THEMES, SUBTHEMES, CATEGORIES AND SUBCATEGORIES FROM INFORMANT DATA

Theme	Sub-theme	Category	Sub-categories	Sub-sub-categories
1 Antecedents: lack of resources	Lack of internal resources	Intrinsic lack of strength related to immaturity		
		Child handicaps		
		Former wealth as a risk factor for lack of coping skills		
	Lack of external resources: parents unable to meet the child's needs	Single parenthood	Parental death	
			Parental abandonment	
			Child born out of wedlock	
		Parental conditions	Chronic illness	
			Alcohol abuse	
		Large family size		
		Family poverty		
2 Contributing antecedent: intentional mistreatment	Intentional neglect	Intentional neglect of orphans by unrelated foster parents		
		Intentional neglect of orphans by related foster parents		
		Intentional neglect of handicapped children		
		Intentional neglect of illegitimate children		
		Intentional neglect of education		
		Possible ethnic discrimination		
	Exploitation of orphans			
	Physical abuse			
	Social ostracism			

3 Defining attributes: deprivations in a young individual	The child	The child's identity	The child as 'my offspring'	
			The child as any young individual	
		The child's nature	The child as a blessing	
			The child as dependent and therefore inherently vulnerable	Dependence manifested by physical and educational needs
				Dependence manifested by emotional needs
		The child as a resource		
		The child's age		
	Vulnerability	Deprivation of basic needs: food and clothes		
		Deprivation of inheritance and recognition		
		Deprivation of education		
		Deprivation of health care		
	Child vulnerability	Child vulnerability combines the features of 'child' and 'vulnerability'		
		Child vulnerability as static or dynamic	Child vulnerability as a static phenomenon	
			Child vulnerability as potential for deterioration	
			Child vulnerability as potential for improvement	
		Child vulnerability involves 'risk'		
		Child vulnerability as continuous interaction of factors		
		Child vulnerability as a relative phenomenon		
		Child vulnerability as a locally identifiable phenomenon		

4 Consequences: losses suffered	Psycho-social effects	Anxiety and depression		
		Culturally unacceptable behaviour	Stealing	
			Use of marijuana	
		Loss of educational opportunities		
		Inappropriate levels of autonomy for the developmental stage of the child	Begging	
			Vagrancy	
			Child-headed households	
			Sexual activity	
	Physical effects	Hunger and malnutrition		
		Prone to infectious disease	Prone to common infectious diseases and subsequent mortality	
			Prone to sexually transmitted diseases and subsequent mortality	

5 Strategies: dealing with deprivation	Child initiated strategies	Perseverance as a coping strategy		
		Working hard as a coping strategy		
	Adult initiated strategies	Advice on developing coping skills		
		Strategies to help handicapped children	Home care	
			Institutional care	
		Strategies to help orphans	Related fostering	
			Unrelated fostering	
			Institutional care	
			Voluntary efforts to provide psycho-social support	
		Strategies to help children affected by parental alcohol abuse		
		Strategies to reduce poverty	Principles of poverty reduction strategies	Individualised needs assessment
				Addressing underlying problems
				Acceptable project management
			Providing food and clothes	
			Financial support	
			Provision of school fees	
			Income generating projects and training	

6.2 THEME 1: ANTECEDENTS OF CHILD VULNERABILITY: LACK OF RESOURCES

Antecedents, those factors which affect the occurrence and progress of child vulnerability (as discussed in section 4.1.1) were identified as a lack of resources or lack of 'strength'. Section 4.6.2 of the literature review of this study notes that antecedents of the term 'vulnerability' include weakness, lack of respect for human rights, discrimination, occurrence of adverse life circumstances and lack of resources such as protection – all demonstrating a lack of 'strength'. Section 4.6.1 discusses uses of the term 'vulnerability', and found broad descriptors which were termed 'general antecedents' and other more 'specific antecedents'. General antecedents include " 'a high probability of a negative outcome', or an expected welfare loss above a socially accepted norm, which results from risky/uncertain events, and the lack of appropriate risk management instruments" (The World Bank 2004:7).

Many 'specific antecedents' are identified in the literature; poverty, orphanhood and altered family structure are commonly referred to. Some of the antecedents identified in the literature were not referred to by informants in this study; for example political unrest and war with the possibility of child soldiers were not mentioned. Tanzania has been politically stable for many years and these issues are not within the experience of residents of Haydom. However, forced displacement (discussed in section 2.3.2) and famine (discussed in section 1.2.5) which are reported in the literature as antecedents to child vulnerability have been experienced and documented in Haydom within recent years, but were not described by informants. This failure to report factors occurring in recent history may perhaps relate to a present-time orientation (Boyle 2003:354; Giger & Davidhizar 1995:176).

Informants linked child vulnerability to a lack of *'nguvu'* or 'strength' available to the child. The term *'nguvu'* has many meanings relating to "force, strength, power – in general. Thus (1) strength of body, muscular, physical power, strength of mind, or character, ability, energy, vehemence … (2) authority, supremacy, influence, importance" (A Standard Swahili-English Dictionary 1995i:338). Informants also referred to lack of *'uwezo'* which relates to strength, power, capacity, ability and authority (A Standard Swahili-English Dictionary 1995h:530; Swahili-English Dictionary 2001g:355) (as discussed in section 4.7.1). In common use in Tanzania *'nguvu'* and *'uwezo'* can even simply mean resources such as finances or money. Children naturally lack '*nguvu'*

and *'uwezo'* in terms of intrinsic physical strength and ability and they lack extrinsic resources because of their immaturity and legal status. In this patriarchal society (discussed in section 2.5.1) children do not have much *'nguvu'* or *'uwezo'* in terms of influence, authority or social standing. Children need additional *'nguvu'* and *'uwezo'* to their own in order to develop, progress and defend against threats.

This lack of strength was also referred to as *'udhaifu'* meaning weakness or infirmity (Swahili-English Dictionary 2001i:334). Other key phrases such as *'hawana namna ya kusaidia'* meaning 'they have no way of providing for (their children)' and '*Hana kitu, hata chochote, hana mali'* meaning 'He has nothing, nothing at all, no wealth', convey the impression of weakness.

The lack of resources means the individual child is dependent on others; without help he cannot progress or develop normally; he is not able to cope with life's difficulties. Internal and external resources were identified. Internal resources referred to included personal coping skills and physical and mental abilities. External resources mentioned were parents who provide for the needs of children; vulnerable children were seen to lack parents who can provide for them, including single parents, ill parents, parents with large families and parents who are economically deprived. Figure 6.1 gives an overview of the subcategories forming this theme on antecedents to child vulnerability.

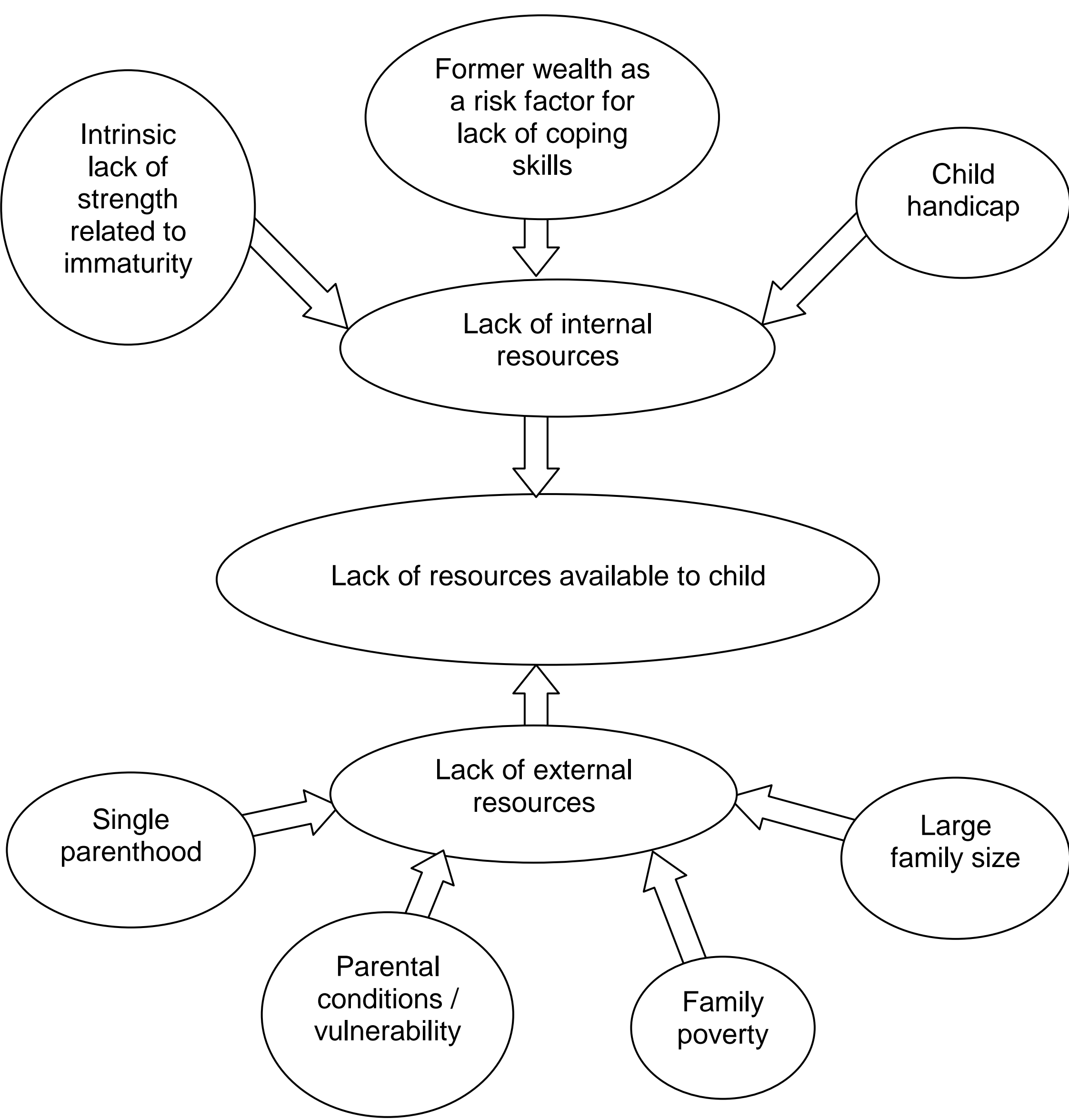


Figure 6.1 Overview of antecedents to child vulnerability identified by informants

6.2.1 Lack of internal resources

Internal resources identified were physical and mental abilities, and coping skills. Conversely, antecedents to vulnerability identified included lack of physical or mental ability related to immaturity and accentuated in disability, and lack of coping skills.

6.2.1.1 Intrinsic lack of strength related to immaturity

Children were seen to lack strength because of their intrinsic immaturity. Informants' views are shown in display 1.1.1, with the terms related to strength underlined for emphasis.

DATA DISPLAY 1.1.1
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 1: LACK OF INTERNAL RESOURCES
SUB-CATEGORY 1: INTRINSIC LACK OF ‘STRENGTH’ RELATED TO IMMATURITY

“[‘A vulnerable child?’] … this means that it’s someone who is not able to help himself. Sometimes he is unable to help himself because of physical weakness.” (F)

“[‘Mtoto asiyejiweza?’] … ina maana ya kwamba ni mtu ambaye hawezi kujisaidia. Mara pengine hawezi kujisaidia kwa sababu ya udhaifu wa mwili.” (F)

“[What does the word ‘vulnerable’ mean? … He can’t manage because of his being small. [‘Small’ in terms of being young?] Yes, the one that hasn’t got enough strength.” (R)

“Neno ‘asiyejiweza’ ina maana gani? … Hajiwezi kwa sababu ya udogo wake. [Udogo wa miaka?] Ee, yule ambaye hajapata nguvu.” (R)

“[Will they {the orphan children} really manage to cultivate and do everything {if there are no adults to help them}?] They will not manage to meet all their requirements, but they will cultivate, won’t they, like they did in the days that their father and mother were there, but they only have a little strength. Yes, they will cultivate but they won’t be strong enough {to manage}.” (U)

“[Wataweza kabisa kulima na kufanya kila kitu?] Hawafikishi, lakini watalima siyo, kama siku ile baba na mama walivyokuwepo, sasa nguvu ni ndogo tu. Ee, watalima lakini nguvu haitoshi.” (U)

“[What does the word ‘vulnerable’ mean to you?] It’s due to deficiencies, a lack of things; you will find he doesn’t have everything he needs, some are orphans, they lack the basic necessities ... He has no resources.” (T)

“[Neno ‘asiyejiweza’ lina maana gani kwako?] Ni kwa sababu ya mapungufu, mapungufu ya vitu; utakuta hana kila kitu, wengine ni yatima, wana upungufu wa mahitaji ... Hana uwezo.” (T)

“He has nothing at all, and he has not yet got enough strength himself to be able to, to look after himself without help ... they are small, they don’t have strength; they can’t manage yet.” (AA)

“Hana kitu chochote, na yeye hajapata nguvu ya kuweza ku, kujihudumia mwenyewe … ni wadogo, hawana nguvu; bado hajiwezi.” (AA)

This intrinsic lack of ‘strength’ is noted in the literature (as discussed in section 4.5) and is manifested as dependence, which is discussed further in section 6.4.1.2.2, as a defining attribute of child vulnerability.

6.2.1.2 Child handicap

Antecedents to vulnerability in children were seen to include an abnormal lack of internal resources such as mental handicap or lack of physical health or strength. Disability is also identified in the literature as being a specific antecedent to child vulnerability, as discussed in section 4.7.3.6. The literature relating to the local view of disability (discussed in section 2.14) suggests that Iraqw handicapped children were

traditionally ostracised; there was no mention of that still being the case by informants. The literature reports of Datoga traditionally fearing children with skeletal defects was said to be still present within the community, although perhaps reducing in intensity. Handicapped children were considered to be those who are physically handicapped from birth, by injury or disease, affected by chronic illness such as tuberculosis, epilepsy or asthma, and mentally handicapped children. Data display 1.1.2 shows evidence relating to child handicap.

DATA DISPLAY 1.1.2
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 1: LACK OF INTERNAL RESOURCES
SUB-CATEGORY 2: CHILD HANDICAP

- **Physical handicap / illness**

"{In respect to the vulnerable child} there may be defects in the body, and sometimes you think, 'What is it? Is he lacking some ability?' You may find that it is even difficult for him to work with his hands, physically, in his limbs, he may be handicapped as a result of some illness; he becomes weak and he is not able to work with others." (T)
"Upungufu labda katika mwili, na saa zingine unafikiri, 'Ni nini? Hana uwezo?' Unakuta hata kazi, hata ya mikono ni ngumu, mwili, katika viungo vya mwili, anaweza kuwa ni kilema kwa sababu ya ugonjwa; anakuwa mdhaifu, hawezi kufanya kazi na wengine." (T)

"{The vulnerable child} may have a physical problem, for example he has only one leg or arm and he may not be able to work, probably due to weakness." (V)
"Labda kwenye mwili wake ana tatizo, mfano ana mguu moja au mkono ni mmoja, na hana nguvu ya kufanya kazi labda kwa udhaifu." (V)

"When I say resources it means to have strength to perform a certain thing … [When you say strength what does that mean?] … There are many things there; it can be a lack of physical health." (K)
"Uwezo nina maana ya kwamba nguvu fulani ya kufanya jambo lile … [Ukisema nguvu maana yake?] … Kuna mambo mengi pale; kuna upungufu wa afya yake katika mwili wake." (K)

"These vulnerable children, some of them may have physical disabilities like those who are epileptic; others may have illnesses; others are handicapped." (G)
"Hawa watoto wasiojiweza, labda wengine ni walemavu kama hao wenye kifafa; wengine wana magonjwa labda; mwingine ni mlemavu." (G)

"{Vulnerable children include} those who are epileptic, and whose parents are alcoholic; when you see the child his body is all damaged because he is epileptic and keeps falling into fire, and now he is unable to do anything … If he is a handicapped child he can't manage. If he is epileptic he can't manage." (AA)
"Wale wenye kifafa, na wazazi wao ni walevi; mtoto ukiona mwili yote <wote> umemalizwa na, na moto kwa kifafa, sasa kwa hivi hawezi kitu … Kama ni kilema hajiwezi. Kama ni kifafa hajiwezi." (AA)

"Sometimes he is unable to help himself because of physical weakness." (F)
"Mara pengine hawezi kujisaidia kwa sababu ya udhaifu wa mwili." (F)

- **Mental handicap**

"[The vulnerable child] has a certain deficit like that deficit of his {my mentally disabled child whom I have been describing}; he can't differentiate between good and bad … when I just look at him he doesn't look like those who have a normal mental capacity." (P)
"[Asiyejiweza] ana upungufu kama ule upungufuwa yaani; hawezi kufikiri kibaya na kizuri … nikimtazama tu hajalingana na wale ambao wana akili sawa." (P)

"{The vulnerable child} ... he may have a deficit in his mental capacity, perhaps I should say mental retardation." (K)
"... anaweza kuwa na kasoro kwenye ufahamu wa kawaida wa kiubinadamu, labda niseme ni akili kabisa." (K)

"Maybe a vulnerable child, the way I understand it, is that perhaps he is physically disabled or mentally disabled, because of illness." (E)
"Pengine mtoto asiyejiweza, mimi ninavyofahamu, ni kwamba pengine ana ulemavu, au ulemavu wa hapa duniani, wa hapa duniani kwa sababu ya maradhi." (E)

These physically and mentally handicapped children have less internal resources than a 'normal' child, and so are more likely to suffer from deprivations of their needs, that is, to be vulnerable, than 'normal' children. Some informants suggested that handicapped children should be helped, and even considered them to be a priority group. Data display 1.1.2.1 contains evidence of positive attitudes to handicapped children.

DATA DISPLAY 1.1.2.1
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 1: LACK OF INTERNAL RESOURCES
SUB-CATEGORY 2: CHILD HANDICAP
#1: POSITIVE ATTITUDES TOWARDS CHILD HANDICAP

"I think we should help all those that we consider to be handicapped in any way of all different ages … disabled people really should be given more attention, made a priority." (K)
"Nafikiri tunapaswa kuwasaidia wote ambao tunawaita kama walemavu kwa ujumla ambao wenye umri zote tu … watu walemavu kweli wanatakiwa kutazamwa zaidi, kipaumbele." (K)

"I think that those who are handicapped and those orphans who have no parents should be helped first." (T)
"Mimi naona wale walio walemavu na wale yatima ambao hawana wazazi wawe wa kwanza kusaidiwa." (T)

"I think that those orphans and the handicapped, those are the ones who should be helped most, more than others; that's how I see them according to the way I feel." (V)
"Kwa mawazo yangu ni wale yatima na walemavu, ni ambao mimi na wasaidiwe zaidi kuliko wengine; ndiyo niliowatambua kwenye moyo wangu." (V)

Other informants suggested that handicapped children are discriminated against (discussed in section 6.3.1.3) and this discrimination may necessitate institutional care if their family does not look after them (discussed in section 6.6.2.2.2). While the evidence in data display 1.1.2.1 suggests sympathy for handicapped children, reports of discrimination against handicapped children must also be considered when planning and implementing strategies to help them.

6.2.1.3 Former wealth as a risk factor for lack of coping skills

Coping skills identified by informants include personal characteristics such as determination, which manifest as perseverance and/or willingness to work hard. These coping skills can be considered to be part of the concept of resilience (as discussed in section 4.4). Coping skills were seen as strategies used by children in Haydom to help them survive or overcome vulnerability, and are discussed in section 6.6.1. Children with a limited range of coping skills were considered to be lacking a valuable internal resource. Data display 1.1.3 exhibits evidence with regard to children affected by economic decline and possible increased vulnerability related to a lack of coping skills.

DATA DISPLAY 1.1.3
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 1: LACK OF INTERNAL RESOURCES
SUB-CATEGORY 3:
FORMER WEALTH AS A RISK FACTOR FOR LACK OF COPING SKILLS

"I think some children probably have a narrow outlook on life. If they have a narrow outlook about work, it is difficult for them to progress with work … Ah, the one who will suffer is the one who had a bit of money, and when the money is no longer there, and now the father is not there, the mother is not there, the child suffers a lot … [he didn't know?] … how to get what he needs." (U)

"Naona labda kwa wengine akili haipanuki. Akili haipanuki, ya kazi kuendelea ndiyo hivyo tu … Aa, ambaye ataumia ni ambaye wako wana mali kidogo, sasa mali ikiisha, na sasa baba hayupo, mama hayupo, yule atateseka kabisa … [hajajua?] … Jinsi ya kutafuta." (U)

"The child who comes from a wealthy life situation, from a family with money, if that family go bankrupt … it is very hard for a child to cope because he is used {to getting what he needs}, he has been brought up in a particular kind of environment … the child who has grown up in a poor family is used to this environment … he is able to cope." (H)

"Mtoto ambaye anatoka katika maisha ya kitajiri, ya familia yenye pesa, endapo familia hao wanapokuja, wanafilisika … ni vigumu sana mtoto kuvumilia kwa sababu amezoea, amelelewa katika mazingira fulani … mtoto ambaye amekua katika familia maskini, ameshazoea na mazingira … anaweza pia kuvumilia." (H)

"Children who have parents who look after them, even if they have money they don't take good care of it, but the vulnerable child looks after things for a long time; he uses things very slowly, like his pens and other things." (V)
"Watoto ambao wazazi wao wanawatunza hata kama anayo hela anaona siyo kitu, lakini yule mtoto asiyejiweza akipata anatunza mpaka muda mrefu; anatumia kidogo kidogo kalamu nini na nini." (V)

"{The vulnerable child whose family was formerly wealthy} will not be able to cope because he has already got used to a happy life, his former life … he will probably keep begging, and he will keep roaming around. In the end he becomes a street child because he misses that happy early life that he had … [How does the child whose family is poor manage?] He can cope because his life has been difficult from the beginning … he has got used to it." (A)
"Hawezi kuvumilia kwa sababu alishazoea maisha ya raha, ya awali … atakuwa labda, ombaomba, sasa atakuwa anatangatanga. Mwishowe anakuwa mtoto wa mitaani kwa sababu yale maisha ya raha ya awali alikuwa ameyapata sasa ameshayakosa … [Mtoto ambaye familia yake ni maskini atafanyaje?] … Anaweza kuvumilia kwa sababu maisha yake magumu kotoka mwanzo … ana mazoea nayo." (A)

"Also it depends on the early background of these children, some maybe have come from a well off family, then with those children, I don't think that they can manage, if they will be subjected suddenly to difficulties, they cannot fight against them. I think that with children coming from a poor family, it is easier for them to adapt to a certain situation. They can cope with problems." (J) (Interview conducted in English)

"In my experience, a child who comes from an environment or a family that has nothing, that one will persevere. And if he gets an income generating project, he will look after it very well. Better than the one who was well off and later lost his wealth; that one will see that it is just normal. There will be a lack of careful attention {on the part of the child who came from a wealthy family}." (DD)
"Kwa uzoefu nilio nao mtoto aliyetoka kwenye mazingira au familia isiyo na kitu, huyu ndiyo atakuwa mvumilivu sana. Na akiupata mradi atautunza sana. Kuliko yule aliyekuwa nao akaishiwa baadaye; huyo ataona ni kawaida tu. Umakini hautakuwepo." (DD)

A child from an economically disadvantaged home was reported to develop a repertoire of coping mechanisms, including hard work and being careful with resources, and was said to have a "broad perspective". This view is not congruent with the results of research by Barbarin which suggests that poverty is a risk factor for producing psychological immaturity in children (as discussed in section 4.7.5.2) (1999:1348,1356). Informants' views in this study suggest the apparent contradiction that a child who was brought up in a wealthy family may be more vulnerable than a child brought up in an impoverished family; this relates to his lack of ideas of how to help himself, rendering him less resilient or able to cope with hardship. This issue might affect the choice of strategies for vulnerable children coming from different backgrounds. Loss of family

wealth is not just a theoretical possibility, for example it was reported in cases of deprivation of inheritance on the death of a father (discussed in section 6.4.2.2).

6.2.2 Lack of external resources: parents unable to meet the child's needs

Informants in this study noted that vulnerable children lack external resources for various reasons, including parental factors, family poverty and large family size. These antecedents are also identified in the literature as discussed in section 4.7.3, although the classification system which arose from the thematic analysis in this study is different from any found in the literature. Informants suggested that parents who are unable to provide for their children include single parents (including widows), and parents who are ill, have a large family or are economically disadvantaged. Data display 1.2.1.1 contains evidence in this regard.

DATA DISPLAY 1.2.1.1
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#1: GENERAL INDICATORS

"There is one {vulnerable child} who cannot manage because he has no father, he has no mother; children like that are not able to manage. Others are vulnerable because their parents are alcoholic." (V)

"Mwingine hajiwezi kwa sababu hana baba, hana mama; watoto kama hawa hawajiwezi. Wengine hawajiwezi kwa sababu wazazi ni walevi." (V)

"[Who is a vulnerable child? …] I personally understand that it's a child whose parent can't manage anything at all. The child can't manage anything because the parent can't manage anything." (R)

"[Mtoto asiyejiweza? …] Mimi ninavyoelewa ni mtoto ambaye mzazi hawezi kitu chochote. Mtoto hawezi chochote kwa sababu mzazi hajiwezi." (R)

"A vulnerable person is one who cannot cope with life perhaps because he has no work, he has no special employment; otherwise he has no capital to run any business ... he has no capital or employment. On the whole, others aren't able, it may be that others are handicapped, another one is elderly and another has become a chronic alcoholic and no longer remembers what his responsibilities are. On the whole, it relates to weakness. Because if he is an alcoholic, he doesn't remember anything, it's just like weakness. [It's like they don't have anything which can?] Help them so that he can be independent." (N)

"Asiyejiweza ni mtu labda ambaye ameshindwa kumudu maisha kutokana na labda hana kazi, hana ajira maalum; saa zingine hana mtaji wa kuendesha shughuli zozote zile … hana mtaji au kazi yeyote ya ajira. Kwa ujumla, wengine uwezo, saa zingine wengine ni vilema, saa zingine mwingine ni amekuwa mzee au amezamia kwenye ulevi, sasa hakumbuki tena haya majukumu. Ni dhaifu tu kwa ujumla. Kwa sababu ukiwa mlevi, hukumbuki kitu chochote, ni sawa na udhaifu. [Ni kama hawana kitu ambacho kinaweza?] Kuwasaidia ili ajitegemee." (N)

"He may be vulnerable … because of … the problems his parents have, or because of illness or from losing one parent, and as a result there is no means of getting any family income, there is not enough to meet his needs." (O)

"Au anaweza <wanaweza> kuwa watoto ambao hawajiwezi … kutokana na … shida waliyo nayo wazazi, au kuwa na ugonjwa au kufiwa na mzazi mmoja, kwa hiyo mapato yanakuwa ni hayapatikani, kwa uwingi kutosheleza mahitaji." (O)

"Being orphaned, having alcoholic parents, difficult economic conditions, or perhaps abandonment by parents, father or mother; these cause hardship to the children." (I)

"Kuwa yatima, wazazi kuwa walevi, wengine uchumi mgumu au labda kutorokwa na wazazi, baba au mama; ndiyo watoto hali inakuwa ngumu." (I)

Informants distinguished between *inability* and *unwillingness* of parents (whether single or both present) to provide for their children. This distinction is also noted in the literature and is discussed in section 4.7.3.5.1 of this study.

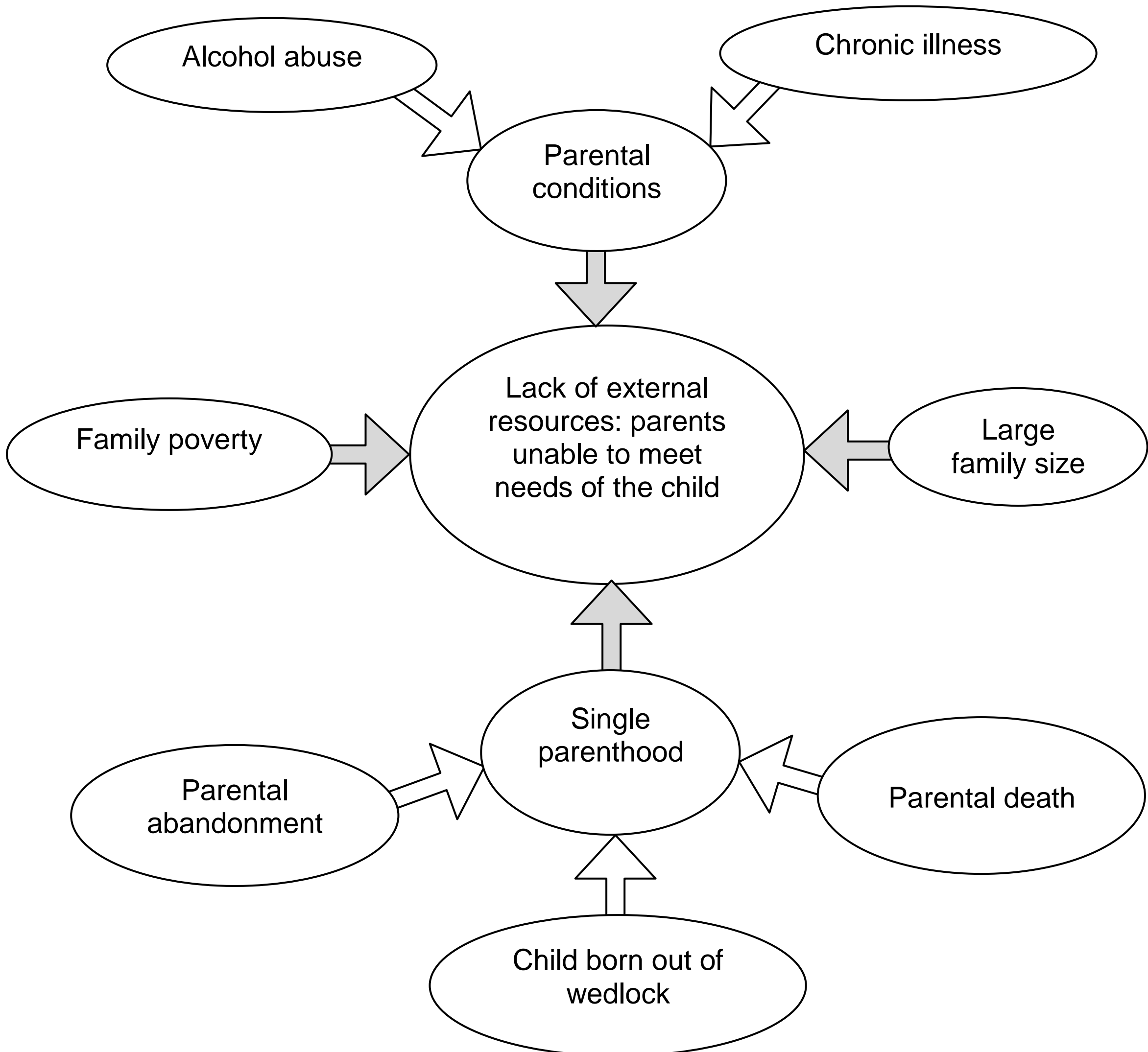


Figure 6.2 Antecedent factors for child vulnerability identified by informants: lack of external resources

Unwillingness to meet needs of children was identified by informants only in the specific contexts of fostering, illegitimacy and lack of acceptance of education by some Datoga. Unwillingness to meet children's needs in spite of the availability of suitable resources is reported in this study under the heading of contributing antecedent, and is classified as intentional neglect (discussed in section 6.3.1). A summary of factors identified by informants as important in making parents unable to meet their children's needs is presented in figure 6.2.

6.2.2.1 Single parenthood

Single parenthood was reported to be the result of parental death, illegitimacy or abandonment. Single parenthood was identified as a problem for children, as it results in a lack of resources such as money, productivity or income generating power. The single parent families that the researchers were taken to visit were all female-headed, although a minority of informants spoke of being brought up in a male-headed household as children. This apparent predominance of female-headed households is congruent with data for Manyara region (as shown in table 4.5). Being a female-headed household is likely to be a disadvantage for a family in this male-dominated and patriarchal society (as discussed in sections 2.5.1 and 2.5.2 of this study). 'Double' parenthood (with one husband and one or more wives) has been a societal norm for Iraqw and Datoga ethnic groups and harsh sanctions used to be applied to pregnant unmarried women as discussed in section 2.13 of this study. Problems related to parental roles were described by informants, and are presented in data display 1.2.1.2.1.

DATA DISPLAY 1.2.1.2.1
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#2: SINGLE PARENTHOOD
***1: PROBLEMS RELATED TO PARENTAL ROLES**

"In our Iraqw culture, we depend on the father as the one who is the head of the household who controls everything as a whole in the home. Then also if the mother is not there it's a big problem since she knows more detailed things about the (running of the) household than the father." (K)

"Sisi katika desturi zetu za wairak, baba tunamtegemea kama mtu ambaye ni msimamizi wa nyumba ambaye atakaye control mambo yote kwa ujumla. Halafu pia mama huyu, kama hatakuwepo, basi itakuwa ni tatizo kwa maana ya kwamba mama ndiye anayejua mambo ya ndani zaidi kuliko yule ambaye ni baba." (K)

"The father's work is to build the house, and to go out, if the household has cattle, taking them to graze. He also helps with growing crops. These are the father's work (responsibilities). As for the mother, the mother is not strong enough to build houses. (In terms of division of work) we only meet up in the fields as we try to grow crops. The mother has a little strength … If (just) the father is alive? I think that the father is not attentive to the children; he attends to demands from outside the family. This causes the child to get real trouble. If it's the children's mother that's left and the father is dead, the mother wants to help her children but she doesn't succeed, she doesn't have the resources … He {a widower} does not manage {nutritional issues} well … he will think about it but he does not manage well." (U)

"Baba kazi yake ni kujenga nyumba, halafu na kutoka, kama nyumbani kuna n'gombe, anaenda kuchunga. Halafu na kusaidia kulima. Ndiyo kazi ya baba. Mama, kwa mama nguvu ni ndogo hawezi nyumba. Shambani tunakutana pale tu lakini tunajaribu kulima. Nguvu ya mama ni ndogo ... Kama baba yupo? Naona baba hasikilizi ya watoto; yeye anasikiliza yale ya nje. Sasa ndiyo mtoto anapata shida kabisa. Kama mama amebaki kwa watoto, baba hayupo, mama anataka watoto wake lakini hafanikishi, hana nguvu ... Hafanikishi vizuri ... atafikiri lakini hafanikishi vizuri." (U)

"The father is important ... since he is the one who is responsible for finding the things needed (in the household) as a whole." (N)

"Baba ni muhimu ... kwa sababu ndiyo anayetafuta sana mahitaji kwa ujumla." (N) *"We had no problems with regard to food; the problem was not having a mother. [Is it important to have a mother …?] She is very important, as the mother's love is more than that of the father." (P)*

"Upande wa chakula hatukuwa na shida; shida ni ile tu kutokuwa na mama. [Mama ni muhimu …?] Sana tu, kwa sababu upendo ule wa mama ni zaidi kuliko wa baba." (P)

Some identified problems of single parenthood relate to traditional culturally prescribed parental roles; the mother looks after the home and the children's immediate nutritional and emotional needs while the father is expected to get the needed resources such as food. The absence of one parent in a society with clearly differentiated parental roles might put the child at greater risk of deprivation than the absence of a parent in a society with more flexible parental roles.

6.2.2.1.1 Parental death

Informants suggested that some of the most vulnerable children are orphans. Some informants defined the term 'orphan' as a child without either a mother or a father; other informants defined an orphan as having neither parent. These views are congruent with the literature relating to orphans, which uses a variety of definitions of the term 'orphan', as discussed in section 4.3 of this study. Death of a parent involves the loss of a key 'external resource' for a child. Data relating to parental death are presented in display 1.2.1.2.2.

DATA DISPLAY 1.2.1.2.2
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#2: SINGLE PARENTHOOD
***2: PARENTAL DEATH**

- **General indicators**

"[If we speak of 'vulnerable children', what does the word 'vulnerable' mean to you?] That they don't have parents … Orphans. [And if we say 'orphan' does that mean that one parent has died or both parents or?] Both {parents} have died." (Y)

"[Tukisema 'watoto wasiojiweza', 'wasiojiweza' lina maana gani kwako?] Kwamba hana wazazi … Watoto yatima. [Na tukisema yatima maana yake mzazi moja amefariki au wazazi wote au?] Wote imefariki <wamefariki>." (Y)

"The way I see it, a vulnerable child is probably one who is orphaned; he doesn't have both parents or only one is alive … his economic situation is very bad." (G)

"Mimi kwa jinsi ninavyoelewa, mtoto asiyejiweza labda ni watoto yatima, ambaye hana wazazi wote wawili au mzazi moja … hali yao ya uchumi ni ngumu sana." (G)

"Now when we are considering a child, I think that the one who will be most needy is that child who has been left an orphan; the one who has lost both parents." (K)

"Sasa kama tunamwangalia mtoto nafikiri atakayekuwa na shida zaidi ni yule mtoto ambaye ameachwa yatima; hana wazazi kabisa." (K)

"An orphan. Yes, this is a vulnerable child because he doesn't have anything. He has no father; he has no mother; he has no one to help him. This means he has nothing; he cannot manage." (X)

"Mtoto wa yatima. Ee, ni mtoto siyejiweza kwa sababu hana lolote. Hana baba; hana mama; hana wa kumsaidia. Ndiyo maana hana; hajiwezi." (X)

"Orphans have no mother; his mother has died in hospital or at home, so now where will he get the care (that he needs)? … [Does he deserve to be helped? …] The one who is an orphan especially {needs help}. The one who is an orphan because he has nowhere to go for protection; he has no father, and no mother." (AA)

"Yatima hawana mama; mama yake amekufa sipitalini <hospitalini> au ni nyumbani, sasa huduma atapata wapi?... [Anastahili kusaidiwa? …] Ambaye ni yatima hasa. Ambaye ni yatima kwa sababu hana pa kukimbilia; hana baba, hana mama." (AA)

- **Problems experienced by orphans**

"It is very painful for a child not to have parents, that is, to be an orphan. Yes, because you find that he probably hasn't been able to go to school, because his parents are not here, and so it's also the reason for not getting those important things that he needs that will help him later, like education. Also, in respect to his health, also in order to get health care properly. Yes, it all means that he cannot manage." (W)

"Inaumiza sana, mtoto ambaye hana wazazi, yaani mtoto yatima. Ee, kwa sababu unakuta labda, hajaweza kwenda shule, kwa sababu wazazi wake hawapo, kwa hiyo pia inakuwa sababu ya kutoku, kupatia yale mahitaji yake ya muhimu ambayo yatamsaidia kwa baadaye, kama elimu. Pia, kwa upande wa afya yake, pia ili kuweza kupata huduma vizuri. Ee, kwa maana kwamba hajiwezi yaani." (W)

"A vulnerable child means one that has no parents, and non-vulnerable children are those who have parents, and those parents have some wealth … He is vulnerable because he does not have strength and if he is an orphan or if he has lost one of his parents, maybe his father, the mother will not have the resources; what are a mother's resources? A mother has no resources ... My life as a child was with my parents; although it wasn't very good it was a bit better than my present life {as a widow looking after my children}, since at my father's house there were cows, and we got other needs met because of the cows." (M)

"Mtoto asiyejiweza ina maana kwamba ni asiye na wazazi na, na walio na uwezo ni wenye wazazi ambao wazazi wao wana mali. … Hajiwezi kwa sababu hana nguvu na ikiwa ni yatima au alifiwa na mzazi mmoja labda baba, mama atakuwa hana uwezo; uwezo wa mama ni nini? Uwezo wa mama hamna ... Maisha ya utotoni mwangu kwa wazazi wangu japo siyo maisha mazuri sana ilikuwa nafuu kidogo kuliko ya sasa, kwani kwa babangu kulikuwa na n'gombe, hivyo tulipata mahitaji kutokana na n'gombe." (M)

- **Informants' lived experience**

"I didn't have a family … I was brought up by my paternal grandmother … I had many problems." (D)

"Mimi sikuwa na familia … Nililelewa na Bibi mzaa Baba … nilipata shida sana." (D)

"When I was a child, ah, I had reached the age of, the age of six was when my father died … Yes, and now after that we carried on with our mother. And my parents were pastoralists. The animals died off … at that time my mother became weak because of not getting … enough food. Ah, she lost her strength … {As children we lived} with difficulty." (W)

"Wakati mimi nilipokuwa mtoto, aa, nikawa nimefikia umri wa miaka, miaka sita babangu ndiyo akawa amefariki dunia … Ee, sasa baada ya hapo, tukawa tunaendelea sasa na mama. Na hasa wazazi wangu walikuwa wafugaji. Mifugo zikawa zimekwisha <ikiwa imekwisha> … wakati huo mama naye amekosakosa nguvu kwa sababu ya kutokupata … chakula kizuri. Aa, akakosa nguvu … Ee tukawa tuna, ni kwa shida tu." (W)

"And as for me, my own children have been sent home from school because I have no way of getting them what they need such as those school clothes, even clothes to wear at home, you can see it's a problem, can't you? And especially (lack of) food contributes (to make children vulnerable). And even now we continue to be hungry, since yesterday evening we were only eating blood and even now it is all that is in the pot … While my husband was still alive I didn't suffer too much, since at that time my husband used to do some business … he got a little bit of money; life was better." (M)

"Na mimi, watoto wangu mimi, wamerudishwa nyumbani kwa kukosa namna ya kupata mahitaji kama vile nguo za shule, hata nguo za kushindia nyumbani, si unaona ni shida? Na chakula hasa inachangia sana. Kwani hata sasa tunashinda njaa tangia jana jioni tulikula damu hata sasa hivi bado inajaa sufuria … Wakati mume wangu bado yupo sijapata taabu sana, kwani kipindi kile mume wangu alikuwa anafanya biashara … akawa anapata kidogo; ilikuwa nafuu." (M)

Informants spoke of problems for orphans related to economic shortfalls and unmet needs such as for education and health care. Informants also spoke from their own experience as orphans in childhood, or as a parent following the death of a husband. Data from lived experience corresponds to other data from informants, which supports the credibility of the data as a whole.

Other informants spoke from their own lived experience of trying to cope following the death of a husband, and the researchers observed situations of real hardship. For example, one Iraqw widow (Informant B) visited by the researchers lived in a very poor environment with a large number of children, all looking undernourished, and the smallest baby was reported to have tuberculosis. The informant said that they had not eaten anything that day, although it was 12.30 pm by that time and there was no evidence of any available food. Informants concur from their observation and personal experience that being an orphan (even if one parent is still alive) is a significant antecedent to child vulnerability in Haydom village. Orphanhood must be taken seriously, while noting the risks of strategies that segregate orphans, as discussed in section 5.1.2.

6.2.2.1.2 Parental abandonment

Parental abandonment was mentioned as an antecedent to child vulnerability. Informants noted that one or both parents might abandon a child; informants that were visited included women who had been abandoned by their husbands. Parental abandonment producing vulnerability was also noted in the literature (referred to in sections 4.7.3.7 and 5.3.1.1 and for example in Skinner et al 2006:620); the term 'community dependent children' has been used to refer to children orphaned and abandoned as a consequence of the AIDS epidemic in South Africa (Veale et al 2001:16). Data related to parental abandonment is shown in display 1.2.1.2.3.

DATA DISPLAY 1.2.1.2.3
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#2: SINGLE PARENTHOOD
***3 : PARENTAL ABANDONMENT**

- **Informants' views**

"[The issue of, maybe the father or mother abandoning the children?] This problem exists. Both parents may go off in their separate ways or one can go off somewhere; when the mother can't manage she also goes, leaving the children 'hanging' without anyone to care for them. That's why you find some children roaming around the streets. They are left as street children." (K)

"[Jambo la labda baba kutoroka au mama kutoroka?] Lipo. Kila moja anaweza kutawanyika kivyake au anaweza akaenda mahali popote pale; mama atakaposhindwa anaweza akaondoka, watoto wanabaki hewani kwamba hakuna mtu yeyote. Ndiyo maana unakuta kwamba watoto wengine wanazurura mitaani. Wanabakia katika hali ya uchokoraa." (K)

"The {vulnerable} child will be abandoned {by the father of a child born out of wedlock}, and the mother will be left with her child. She will struggle to cope; if there is piecework she will do it." (G)
"Mtoto atatelekezwa, na mama atabaki na mtoto wake. Atahangaika; kama ni kibarua atafanya." (G)

- **Informants' lived experience**

"As for me here where I am, my husband left me and he married another woman more than a year ago. Now I have five children. I struggle to do what I can for the children, I take casual jobs. Up to a particular time when I said (to myself), 'Why is it like this? I will not manage to bring up these children.' I took poison as I thought it was probably better to be dead. I really did this because I was so distraught, I found that the children are crying, this one needs an exercise book, another is hungry and needs food, all this really got to me. Because he has married another wife he has forgotten his children; he doesn't even send money for their upkeep; I see this as a very very big problem in Haydom; I have experienced this problem." (C)
"Mimi hapa mlipo, mume wangu ameondoka, amemuoa mke mdogo pia ana mwaka. Sasa mimi nina watoto watano. Nahangaika na watoto, nafanya kibarua. Hadi kuna kipindi nikasema hivi, 'Mbona, nitashindwa kuwalea hao watoto'. Nikanywa sumu nikaona nafu nife labda. Kweli nimefanya hivyo kwa sababu akili iliruka, nakuta watoto wanalia, huyu anataka daftari, huyu ana njaa, anataka chakula, kwa sababu hiyo imenipata sana. Kwa sababu ameoa mke mdogo amesahau watoto wake; hata matumizi hatumi. Hii naona hapa Haydom ni kama shida sana sana sana; mimi nimepata hii shida." (C)

"As for me here at my house, the one who is looking after the children is just me, by myself. It is a very long time since my husband left; he has not even provided for one child … I paid for all the school expenses for those children from primary school, I struggled for them, although I failed here and there but I kept begging help from people, until they passed (end of primary school exams) so that they could go to secondary school … and now I have lost hope because I haven't yet finished paying off my debts to the people who helped me to cover their school expenses." (R)
"Mimi hapa nyumbani kwangu, anayetunza watoto ni mimi peke yangu. Mume wangu tangu aliondoka ni muda mrefu sana; hajamtunza hata mtoto mmoja … Wale watoto mimi niliwasomesha toka shule ya msingi, niliwahangaikia japo nashindwashindwa lakini nilikuwa naombaomba msaada kwa watu, mpaka wakafaulu kuingia sekondari … sasa na mimi nilikata tamaa kwa sababu mimi bado sijamaliza kulipa madeni za <ya> watu ambao walinisaidia kwa kumsomesha." (R)

"The way my father abandoned us early in our lives meant that my mother was left with a heavy burden. Seven children is a very large number if you don't have any resources. My mother developed a certain condition, I think it's high blood pressure, because she can be resentful about some things." (G)
"Kwa jinsi baba alivyotuacha mapema mama aliachiwa mzigo mzito. Watoto saba ni wengi sana na wewe huna kitu basi. Mama yetu alipata hali fulani ya, nadhani ni presha, kwa sababu anaweza akachukia hapa kwa hapa." (G)

The data of informants' lived experience speaks of the unmet needs, hardship and associated acute despair and chronic psychological distress that may result from abandonment. It appears that the existing social support mechanisms including the extended family network may not always provide the needed support in cases of

abandonment. The lived experience data again supports the credibility of other data and underlines the importance of abandonment as an antecedent to child vulnerability.

The broad definition of the term ‘orphan’ as derived from the literature review was ‘a child who has lost one or both parents by death or abandonment, and has not been legally adopted into another family’ (noted in section 4.3.3). Parental abandonment might be considered to be ‘intentional orphanhood’, while children whose parents have died might be considered to be suffering from ‘accidental orphanhood’. Obtaining support from a parent who has abandoned their children is challenging in Haydom society where legal and social service facilities are unavailable to the majority of residents (as discussed in section 1.2.9).

6.2.2.1.3 Child born out of wedlock

Children born out of wedlock were reported to have problems relating to lack of support for the mother, and discrimination by step-fathers and society in general (discussed in section 6.3.1.4). Local traditional sanctions and ostracism of unmarried women are well documented (as discussed in sections 2.8 and 2.13) although no longer enforced. While the literature on vulnerable children gives much attention to orphans, occasional reference is made to children born out of wedlock, for example Christiansen (2005:173-4); Christiansen et al (2005:15) and McAlpine (2005:32). Data display 1.2.1.2.4 exhibits the current empirical evidence in this regard; this suggests that lack of support from the father and discrimination by society are amongst the problems faced by children born out of wedlock.

DATA DISPLAY 1.2.1.2.4
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD’S NEEDS
#2: SINGLE PARENTHOOD
***4 : THE CHILD BORN OUT OF WEDLOCK**

- **Lack of support**

“[If he is born outside wedlock …?] Yes, this can bring problems because there is no one to help his mother.” (K)

“[Ikiwa alizaliwa nje ya ndoa …?] Ndiyo inaweza kuleta shida kwa maana ya kwamba hakuna msaidizi wa mamaye.” (K)

"[Who is a vulnerable child?] … He may be a child who was illegitimate and then the father abandoned them … the one who made the woman pregnant, he has now gone away and the mother is left by herself, the child grows up with the mother; sometimes the mother has no way (of coping), she fails to cope (with life's challenges) … I will recognise {a vulnerable child} because he has no father, the father is 'off the street,' that's to say 'out of wedlock'." (R)
"[Mtoto asiyejiweza?] … Labda ni mtoto aliyezaliwa nje na kuachwa … yule aliyemzalisha mama, sasa ameondoka na mama anabaki mwenyewe, mtoto anakuwa na mama; saa zingine mama hana namna, ameshindwa … Nitatambua kwa sababu hana baba, baba ni 'wa mitaani', yaani 'nje ya ndoa'." (R)

"[She got pregnant out of wedlock; how will they be helped?] Oh, this is a very difficult question because the man has intercourse with her, but if you tell him 'This load (meaning this baby) is yours' he says to you, 'I can't be sure that you are telling the truth' … he leaves you to struggle; that's why some women behave in an amoral way; she goes and throws the child down into the pit latrine, or the mother can take medicine to procure an abortion. And others even deliver the baby and then throw him away in the bush. (Even though he is) a creation of God." (AA)
"[Amepata mtoto nje ya ndoa; watasaidiwa namna gani?] Uu, swali ni ngumu sana kwa sababu mwanaume unafanya naye mapenzi lakini ukimwambia 'Mzigo ni ya <wa> kwako' anakwambia, 'Ee, una unabii na mimi' … anakuacha, unahangaika; ndiyo maana wengine wenye roho mbovu, mtoto anakwenda kutumbukiza chooni au anakula dawa anatoa. Na wengine kama hata kuzaa akizaa anamtupa kwenye kichaka. Kiumbe wa Mungu." (AA)

- **Mistreatment**

"One of the major consequences {of being an illegitimate child} is being mistreated; first of all he misses out on having a second parent; he will be with one parent; so even his upbringing is a struggle … He can't get his rights; it's difficult for him to get his rights; moreover his father doesn't know him, because the pregnancy itself was out of wedlock … they are looked after with difficulty by one parent ... it becomes very hard to be recognised by the (father's) clan." (A)
"Madhara mojawapo kubwa ni kunyanyasika; kwanza anakosa mzazi wa pili; atakuwa na mzazi mmoja; kwa hiyo hata malezi yake yanakuwa ya kuibaiba tu … Haki hawezi kupata; kupata haki inakuwa ni ngumu; aidha Baba yake asimjue, kutokana na mimba zenyewe ni za nje ya ndoa … wanatunzwa kwa shida tu na mzazi mmoja … inakuwa ngumu sana kutambulikana kwenye ukoo." (A)

"There is a bit of discrimination {against illegitimate children}, really. In our society children like those are not much valued … [people in society still prefer children to be born within marriage?] Yes, they are very happy with that … {if the parents get married when the woman is already pregnant} they will not hide {the pregnancy} because before the wedding they will have discussed with the parish office … so that steps will be taken to 'return them to the flock'." (DD)
"Kuna kama ubaguzi kidogo kwa kweli. Katika jamii yetu watoto kama wale hawathaminiwi sana … [bado watu wa jamii wanapendelea watoto wazaliwa ndani ya ndoa?] Ee, wanafurahia sana hilo … hawataficha kwa sababu mpaka ndoa inafungwa wameshazungumza na ofisi ya usharika … wachukue hatua ya kuwarudisha kundini." (DD)

- **Personal experience**

"His father likes to give some help but because his wife is still there and his other children are there with this 'first wife', it becomes a big problem. His wife is vehement with her husband and asks 'Why should you do that?' … this is a considerable problem here in Haydom; if it is discovered, the father will fail to look after that child who was born out of wedlock because at his home, his wife takes a strong stand, and so the {illegitimate} child will miss out on all the things he needs, things like a balanced diet." (G)

"Baba yake anapenda kutoa msaada lakini kwa kuwa mke wake yupo na watoto wake wengine wapo wa mke mkubwa, inakuwa ni matatizo makubwa. Mke ni mkali kwa mume wake kwamba 'Kwa nini ufanye hivi' ... hii kwa asilimia kubwa hapa Haydom ni matatizo makubwa; ikishagundulika baba atashindwa kumtunza huyu mtoto wa nje ya ndoa kwa sababu nyumbani kwake mke wake ni mkali, kwa hiyo mtoto atakosa ile hali yote inayotakiwa labda kama ni mlo kamili." (G)

"Even here at my home they are here, my daughter and my granddaughter, both of them have illegitimate children and a mother can't manage to do anything, she has no strength; a woman has little strength … At home when I was a child, I had a good time and I lived happily; I didn't get a hard time because I was with (both) my parents." (R)

"Hata kwangu wapo, kwa binti yangu na kwa mjukuu wangu, wote wana watoto wa mitaani na mama hawezi kitu chochote, hana nguvu; nguvu ya mwanamke ni ndogo … Mimi kwetu nilipokuwa mtoto, maisha niliyoishi ni maisha matamu ya raha; maisha magumu sijaona kwa sababu nilikuwa na wazazi wangu." (R)

The severe traditional social sanctions (as discussed in section 2.13) are no longer enforced in Haydom village, but couples marrying in church while the bride is pregnant face the prospect of public admission of their 'guilt'. For example in the Lutheran church there is a well used liturgy entitled *'Kurudisha Wakristo kundini'*, (Restoring Christians to the flock) (*Kanisa la Kiinjili la Kilutheri* (Evangelical Lutheran Church) Tanzania 2000:330), which is used with parents before baptising a baby who was conceived out of wedlock.

Informants concur that being born out of wedlock may put a child at risk of being vulnerable, while children born within marriage and having the support of both parents are less likely to be vulnerable. Since illegitimacy has been condemned in Datoga and Iraqw cultures in recent history, and illegitimate children are reported by informants to be discriminated against (as discussed in section 6.3.1.4) and may face difficulty getting recognition and / or inheritance (as discussed in section 6.4.2.2), they may require special consideration when strategies to help vulnerable children in Haydom are planned.

6.2.2.2 Parental conditions

Informants reported that parental conditions such as illness and alcohol addiction could cause problems for a child, as suggested by data display 1.2.1.3.

DATA DISPLAY 1.2.1.3
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#3: PARENTAL CONDITIONS

"Perhaps those {vulnerable children} whose fathers are alcoholic should be helped, and those whose fathers are handicapped and who have no way of helping themselves." (N)
"Labda wale wa ambao baba zao ni walevi ndiyo wanatakiwa wasaidiwe na wale ambao baba zao ni vilema ambao hawana namna ya kujisaidia." (N)

"[What makes a child become a vulnerable child?] … One thing can be that the parents are in a physically weak condition." (K)
"[Nini inasababisha mtoto kuwa mtoto asiyejiweza?] … Moja inaweza kuwa wazazi wake wapo katika hali ya udhaifu katika miili zao." (K)

These views are congruent with the literature (discussed in section 4.7.3.4).

6.2.2.2.1 Chronic illness

Chronic parental illness was seen to be an antecedent to child vulnerability, particularly if the parents' economic status was not good before the illness began. A variety of health conditions and the deprivations associated with parental illness were identified by informants as shown in data display 1.2.1.3.1.

DATA DISPLAY 1.2.1.3.1
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#3: PARENTAL CONDITIONS
***1: CHRONIC ILLNESS**

"If his parents are poor (lack resources) due to health problems that they have, (they cannot) provide adequately for their children … [(in which aspects) do the parents not have good health?] In their limbs or like this heart disease {of my wife's}." (O)
"Ni kama wazazi wake hawajiwezi kutokana na matatizo ya kiafya waliyo nayo ili kuleta utendaji mzuri kwa watoto wao … [wazazi hawana afya nzuri?] katika viungo vyao vya mikono, miguu au kama vile ugonjwa wa moyo." (O)

"[Children whose parents have health problems? …] It becomes difficult because the children are still small, don't they need their parents to be strong? If the parents themselves are ill, do you really think that it will be easy to get help? … The children are busy struggling to help their parents by going around begging. [Food?] They don't have resources … the household has already run out of money; they will even miss going to school; they don't even get many things that are needed for their care … their life is miserable, without joy, without peace; every day when they wake up, they find that today mother is ill, father is ill, and so, that's why their life becomes destitute." (A)

"[Watoto wa wazazi wenye shida za afya? …] Inakuwa ni vigumu kwa sababu watoto sasa ni wadogo, si wanahitaji nguvu za wazazi? Wazazi wenyewe ni wagonjwa, unafikiri msaada itakuwa ni rahisi kweli kupatikana? … Watoto wakawa wanawahangaikia wazazi kwa kupita kuombaomba. [Chakula?] Hawana uwezo … nyumba imeshakuwa kifedha hamna; hata masomo watakosa; hata na wao wenyewe vitu vingi sana kwenye matunzo yao wanakuwa hawapati … maisha duni sana, bila raha, bila amani; kila siku wakiamka, leo mama anaumwa, baba anaumwa, hapo, kwa hiyo maisha yao yanakuwa ya kinyonge tu." (A)

"As for AIDS, I can say that the occurrence of AIDS can contribute {to children becoming vulnerable}, but something which often contributes a lot more is alcohol. More than AIDS, often AIDS, it's like it hasn't arrived here in a big way yet, but when it occurs, if it occurs it also contributes; it hasn't yet spread a lot {here in Haydom} but if it crops up it contributes." (BB)

"UKIMWI, ninaweza nikasema kwamba tukio la UKIMWI linaweza likachangia, lakini kitu ambacho mara nyingi inachangia sana ni pombe zaidi. Kuliko UKIMWI, UKIMWI mara nyingi, ni kama haijawahi sana, lakini ikitokea, ikitokea nayo ni inachangia; haijashamiri sana lakini ikitokea inachangia." (BB)

"[What makes a child become a vulnerable child?] ... If it is that they {his parents} are weak here and there (in their body) ... such as having tuberculosis or recurrent fever ... you will find that a person is sick every day, he is not able to earn any money at all. He is not even able to look for his personal requirements, and get even his basic needs met." (EE)

"[Nini inasabibisha mtoto kuwa mtoto asiyejiweza?] ... Kama ni wana udhaifu wa hapa na pale ... kama ugonjwa wa tb na homa ya kila siku ... utakuta mtu anaumwa kila siku, hawezi kupata hata chochote. Hawezi hata kujitafutia, na kupata hata riziki." (EE)

Ill parents were seen to lack resources to be able to provide adequately for the needs of their children. This leaves children deprived, and in some cases, with inappropriate levels of responsibility for their developmental stage (as discussed in section 6.5.1.4); they may have to take the role of the 'head of the household'. Heading a household when a parent is present, although not able to function in the normal way, results in child-headed households that are not immediately recognisable as such (discussed further in sections 5.2 and 6.5.1.4.3).

6.2.2.2.2 Alcohol abuse

Increasing abuse of alcohol in Haydom is reported in the literature and is discussed in sections 2.12 and 4.7.3.4 of this study. Parental alcoholism appears to be viewed as an indicator of child vulnerability in the literature; in this study, parental alcoholism is taken

to be an antecedent because it is a factor that affects the occurrence and progress of child vulnerability. However the problem is classified, it appears to be a major problem in Haydom. Informants reported that alcoholic parents do not fulfil their normal parental roles of providing for the needs of their children. The parents, although physically present, could be described as ‘functionally absent’. An informant commented about a particular child of alcoholic parents:

“That child is just like a real orphan.” (G)
“Yule mtoto ni sawa sawa na yatima kabisa.” (G)

Parental alcohol abuse can be seen to produce ‘a relative lack of parents’ compared to a child whose parents have died who has ‘an absolute lack of parents’. Alcohol abuse was not referred to as ‘illness’ by informants; they expressed the view that parental alcohol abuse is an important and a common local issue, not only affecting men. For example, one ten-cell leader (Informant S) estimated that about 10 of his 32 households were adversely affected by alcohol abuse. Alcoholic parents may use all the family resources to buy alcohol, create or aggravate poverty and neglect their family responsibilities; they may fail to provide for their children’s physical and social needs. These issues are presented in the evidence of data display 1.2.1.3.2.

DATA DISPLAY 1.2.1.3.2
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD’S NEEDS
#3: PARENTAL CONDITIONS
***2: ALCOHOL ABUSE**

- **General indicators**

“Alcohol abuse is a significant contributing factor {to child vulnerability} in Haydom; there are alcoholics … Sometimes, even as early as six o’clock in the morning you find a person at the club drinking, especially those who have nothing, those who are really poor, they are there at the club. For a big proportion of vulnerable children, alcohol abuse is a contributing factor here as well.” (G)
“Ulevi unachanga kwa asilimia Haydom; wapo walevi … Mara pengine unakuta hata saa kumi na mbili asubuhi mtu yuko kilabuni, hata wao ambao hawana uwezo, wao wenyewe hawana namna, wako kilabuni. Kwa asilimia kubwa hao watoto wasio na uwezo, inachangia sana ulevi pia huku.” (G)

“Something which often contributes a lot more {to child vulnerability} is alcohol. More than AIDS.” (BB)
“Kitu ambacho mara nyingi inachangia sana ni pombe zaidi. Kuliko UKIMWI.” (BB)

- **Neglect of family responsibilities**

"He {the child} cannot be comfortable because once the parents have become alcoholics, when they leave in the morning they have gone (for the day). So in this situation the child will not have any food. They may just leave him there with no food. Really, it is a big problem." (P)

"{Mtoto} hawezi kuridhika kwa sababu wazazi wakishakuwa walevi wakitoka asubuhi ni wametoka. Basi kwa hali hiyo mtoto nyumbani hatakuwa na chakula. Pengine wanamwacha hapa bila chakula. Kwa kweli hii ni shida." (P)

"This child {whose parents are alcoholic} will lack what he needs, because he does not have good parenting. Then he can lack even the normal work skills as he roams around, and in the end he can be someone who lacks direction in life." (K)

"Mtoto huyu atakuwa na upungufu kwa maana ya mlezi ambayo siyo mazuri. Halafu anaweza akakosa hata katika utaratibu wa kufanya kazi katika hali ya kuzurura, na hatima yake anaweza kuwa mtu ambaye hana mwelekeo." (K)

"[What factors make a child vulnerable?] Not having parents and parents being alcoholics; it means that if parents are alcoholics they neglect their family responsibilities; some {children} have absolutely nothing." (V)

"[Nini inasababisha mtoto kuwa mtoto asiyejiweza?] Kutokuwa na wazazi, wazazi kuwa walevi; maana kama wazazi ni walevi wanasahau majukumu ya nyumbani; wengine hawana kitu kabisa." (V)

"So you find that when they drink that beer, they neglect different aspects of their lives because of the alcohol. And so they don't do any work like cultivating, or like looking after animals, they don't do these jobs, yes, and if they do them they just do a little bit of work so that they can get, yes, they can get their basic necessities, probably giving priority to getting beer, and a few clothes, but when it comes to enabling their child to get an education, this is not a consideration." (W)

"Kwa hiyo unakuta wanapokunywa ile pombe wanajisahau huku na huku kwenye kileo. Kwa hiyo hawafanyi kazi yeyote kama ni kulima, kama ni kufuga, hawafanyi hiyo kazi, ee, na kama wanafanya basi wanafanya tu kwa kidogo ili waweze kupata, ee, waweze kupata mahitaji yao, hasa ya kwenda kupata labda pombe, na mavazi kidogo, lakini kwa habari ya kumwendeleza mtoto kusoma, inakuwa ni hamna." (W)

"Sometimes {children become vulnerable} because a person is alcoholic and you find that he has failed to carry out his household responsibilities. When the parents are alcoholic, if they are drunk, you find that they fail to cope with life; the child becomes vulnerable as a result of their parents being alcoholic … There are many of them (alcoholics) {here in Haydom}. Some of them drink a lot. Sometimes they have no idea of what is going on at home; they completely forget their family responsibilities." (T)

"Saa zingine ni mtu ni mlevi na unakuta anashindwa majukumu ya nyumba. Wazazi kuwa walevi, wakiwa kwenye ulevi, unakuta wanashindwa maisha; watoto wanakuwa watoto ambao hawajiwezi kutokana na wazazi wao kuwa walevi … Wako wengi. Wengine wanakunywa sana. Saa zingine hana habari ya nyumba yake; wanasahau majukumu ya nyumba zao kabisa." (T)

"Those {children} whose parents are chronic alcoholics are just like orphans; I think they should all be given assistance. Sometimes the father has no time for the family; he just hangs around; he is no help; the wife struggles to manage alone, and she is not able to. I think there's no difference {between children of alcoholics and orphans}." (I)

"Wale ambao wazazi ni walevi kupindukia ni sawa na yatima; mi naona wote wapewe msaada. Saa zingine baba hana muda na familia yake; yupoyupo tu; si wa msaada; mama anahangaika mwenyewe, na hajiwezi. Mimi naona hamna tofauti." (I)

- **Alcoholism as a cause of poverty**

"If both the mother and father are absolutely chronic alcoholics then there is no money left. I think it's like being an orphan, and that child is left without any help at all since he has nothing or no way to help himself." (K)

"Mama na baba kama ni wameshakuwa walevi wa kupindukia kabisa hamna hela yeyote. Nafikiri ni sawa na yatima, na huyu mtoto ambaye anaachwa bila msaada wowote kwa sababu hana kitu cho chote au namna ya kujisaidia." (K)

"Also parents being, often getting drunk, this also contributes {to child vulnerability} … you find that the parents have no resources." (W)

"Wazazi pia ku, kuwa wanalewa sana, pia inachangia … unakuta wazazi hawana uwezo." (W)

"[What makes a child become a vulnerable child?] ... If the parents are poor then that contributes ... and alcoholism, doesn't it reverse the progress of everything?" (FF)

"[Nini inasabibisha mtoto kuwa mtoto asiyejiweza?] ... Wazazi kama hawana uwezo hiyo inachangia pia ... Na ulevi, si, inarudisha maendeleo ya kila kitu nyuma?" (FF)

- **Personal experience**

"I know the problem of alcohol. We were affected; we got into this bad situation because of that alcohol; firstly if there would be any possibility, I would not like people to continue drinking alcohol. If there would be any possibility … It is very difficult to break away from the habit, it's very hard to stop. Very early in the morning someone like that one says to you, 'Hallo, lets go, today I have some money', while I don't have even a cent. When we get there we just stay there ..." (E)

"Nafahamu matatizo ya pombe. Tuliathirika; ili pengo limeingia kwa sababu ya hilo pombe; kwanza kungekuwa na uwezekano mimi nisingependa watu waendelee kunywa pombe. Kama kungekuwa na uwezekano ... Ni ngumu sana kujitoa, kujitoa ni ngumu. Asubuhi sana unaambiwa na mtu kama huyu, 'Haloo, twende, mimi leo ninayo', wakati mimi sina hata sumni. Tukifika kule ndiyo tukikaa basi …" (E)

"We often look for the {alcoholic} father, we encourage him; if he is working at a certain place, we try to retain a bit of money there, but often he takes it; he says 'I have a problem (and need the money)'; he deceives the employer … we as ten cell leaders we get a big problem … If he is working I follow him there, and he evades me." (Ten cell leader of informant D)

"Mara nyingi tunamtafuta baba, tunamhimiza; ikiwa anafanya kazi mahali fulani, tunazuia hela kidogo kule; mara nyingi anachukua; anasema 'Mimi nina shida'; anadanganya mtajiri ... sisi kama balozi tunapata shida sana … Kama anafanya kazi namfuata huko, na yeye anazunguka." (Balozi wa mtoa maelezo D)

One ten cell leader took the researcher to a home where the parents had agreed to be interviewed, and by 9.30 am the parents had already left to go to 'the club'. Their

mentally handicapped adolescent child was 'hanging around' near the house, in a dirty, cold and hungry state, with no evidence of food or clean water available to him. The roof of their mud and thatch 'house' was half off, and provided virtually no shelter although it was cold and rainy. This observed evidence, as well as the personal experience from informants E and the ten-cell leader of informant D in the data display above is congruent with the reports of the informants.

A female informant (Informant I) told of her difficult life with four children and an alcoholic husband. She showed the researcher and her assistant a facial wound from a recent beating from her husband, and reported that he would come home from time to time and walk off with food and building materials that she had struggled to accumulate. It appeared that she and her children were at considerable physical and emotional risk, which was known to the community and the village leaders. Informants concurred that alcohol abuse is a significant factor in child vulnerability in Haydom village, and it creates challenges for planning effective strategies (discussed in section 6.6.2.4).

6.2.2.3 Large family size

The 2007 total fertility rate estimate of 5.2 in Tanzania compares to 2.6 in the world and 4.7 in the least developed countries (UNICEF 2008:141), as discussed in section 4.7.3.3. The average household size in Haydom of 6.2 in 2002 (as discussed in section 1.2.2) points to large family size being a common phenomenon in this village. It was suggested by informants that large family size may create problems for children, particularly in depriving them of adequate food and opportunities for education. Data display 1.2.1.4 contains evidence pertaining to large family size, from the observations of informants and also from their personal experience.

DATA DISPLAY 1.2.1.4
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
#4: LARGE FAMILY SIZE

- **Informants' observations**

"[A family with many children? …] They get lots and lots of problems. If the family is big, there is poor nutrition; (for) the mother and father, looking for food becomes a problem." (A)

"[Familia yenye watoto wengi? …] Wanapata matatizo sana, sana. Familia inakuwa kubwa, lishe inakuwa duni; baba na mama, utafutaji wa chakula inakuwa ni shida." (A)

"Another thing {contributing to child vulnerability) is having many children. You will find a parent keeps on having one child after another, four children have gone to secondary school but he can only manage to pay for two children. Then automatically he will not manage to pay for two of them. Or for three of them, if he can manage to pay for one, he won't manage (to pay for) the other three. This problem arises because of having many children." (BB)

"Kitu kingine ni watoto wengi. Utakuta mzazi ana watoto mfululizo, ameenda <wameenda> sekondari watoto wanne, kama aliweza wawili. Wawili automatically hataweza. Au watatu, kama aliweza moja, watatu hawezi. Hii kwa hiyo wingi wa watoto." (BB)

"That {vulnerable} child sometimes has no father, he just has his mother, now also the mother has had many children, but she has no way of getting on in life, that's why the children fail to make any progress. [Aha, are you particularly referring to the mother who has illegitimate children?] Yes. [And she continues to have children without?] Without planning them." (X)

"Mtoto huyu mara pengine hana baba, ana mama tu, sasa mama pia amezaa watoto wengi, lakini hana namna ya kujiendeleza, ndiyo maana watoto wanashindwa kujiendeleza. [Aha, maana yake ni mama ambaye anazaa nje ya ndoa hasa?] Ee. [Na anaendelea kuzaa bila?] Bila mpangilio." (X)

- **Informants' lived experience in monogamous families**

"My life has always been tough … we were eleven (in the family). [Your parents?] …They had difficulty getting enough food." (F)

"Maisha yangu yalikuwa magumu tu ... tulikuwa kumi na moja. [Wazazi ?] ... Walikuwa na shida ya chakula." (F)

"Now what I realised was that in our family, because we lived in such difficult conditions, our mother got a certain mental condition … it is caused by anxiety. Because of the way that my father left us early on, mother was left with a heavy burden; seven children are very many when you don't have anything at all." (G)

"Sasa nilichogundua katika familia yetu, kwa kuwa tumeishi katika hali ya taabu, mama yetu alipata akili hali fulani … inasabibishwa na mawazo mengi. Kwa jinsi baba alivyotuacha mapema, mama aliachiwa mzigo mzito; watoto saba ni wengi sana na wewe huna kitu." (G)

"[Did you have a good or difficult life {as a child} …? On the whole it was difficult, but it was just ordinary … Yes, we were ten children at home." (N)

"[Uliishi maisha mazuri au magumu … ?] Kwa ujumla ni magumu lakini ya kawaida tu ... Ee, sisi kwetu tulikuwa kumi." (N)

- **Informants' lived experience in polygamous families**

"I had a difficult life {as a child}, my father had two wives. We, the children of just my mother, there were twelve of us and the second wife had four children; we were a family of sixteen (children) … It was difficult to get food; at that time things were very difficult. We were often hungry …" (O)

"Mimi niliishi maisha magumu, mzazi alikuwa na wake wawili. Sisi tulikuwa watoto wa mamangu tu, tulikuwa kumi na mbili, mama mdogo watoto wane; tulikuwa familia kumi na sita … Chakula ilikuwa ngumu sana; kipindi kile hali ilikuwa ngumu. Tulipata njaa sana …" (O)

"[Were you helped by your parents?] Even now, but my father may have more than ten wives; it will be difficult (to get help from him)." (I)

"[Ulikuwa umesaidiwa na wazazi?] Hata sasa hivi, ila sasa baba anaweza kuwa na wanawake zaidi ya kumi; ninaona itakuwa ngumu." (I)

Polygyny (which is a feature of the culture of Manyara Region as described in sections 2.5.1 and 2.5.2 and shown in figure 2.1) may increase the number of dependents a man needs to provide for, and may indicate the need to consider a local definition of the term 'orphan'. The data in chapter 2 is supported by a Datoga informant who reported that:

> *"For the Datogas, in respect to the question of marrying, there are those {men} who stay unmarried. But a woman who stays without marrying, this is a new and different issue compared to men. There are many {men} who don't marry ... {but when his resources allow a Datoga man} keeps on marrying and marrying and marrying until he is an old man." (BB)*
> *"Kwa wadatoga, katika swala la kuoana, ndani yake kuna watu ambao wamekaa bila kuoa. Lakini mwanamke ambaye amekaa bila kuolewa, hii ni kitu kingine kipya kwamba kwa wanaume. Wako wengi ambao wamekaa bila kuoa … Ataoa, ataoa, ataoa mpaka amezeeka ataoa." (BB)*

I

Polygyny may have an impact on the local understanding and practical considerations related to child vulnerability. The presence of 'alternative' mothers may have some protective function for children although the relative 'lack' of fathers appears to create problems in a society where men are expected to generate resources.

Large family size appears to be very common in Haydom village, and no informant actually stated that a large family is advantageous. On the other hand, not all informants mentioned large family size as a potential problem. Informants who did not mention large family size as a problem may consider that there is 'safety in numbers'; perhaps they appreciate the need for children to help with household and farming activities and care of the elderly. This relates to the view of children as 'a blessing' and as 'a resource' (as discussed in sections 6.4.1.2.1 and 6.4.1.3). However, those who actually referred to large family size noted the difficulty in providing for the needs of many children. The literature also makes reference to the impact of family size on child well-being, for example Heaton et al (2005:100), Knudsen (2001:22-23) and Sundong (2005:53). Large family size is a key factor in overpopulation, which has been identified as a serious world problem (Helman 2007:427-432).

6.2.2.4 Family poverty

Informants spoke of poverty as an antecedent to child vulnerability, which is congruent with the literature (as discussed in section 4.7.3.1). While poverty was reported to be a problem for many single-parent families, it also affects children with both parents alive and well. Haydom is situated in one of the poorest districts of one of the poorest countries in the world (as discussed in section 1.2.3); the researcher and her assistant

observed effects of poverty in most of the households of informants interviewed. Data display 1.2.1.5 suggests that family poverty results in child vulnerability.

DATA DISPLAY 1.2.1.5
THEME 1: ANTECEDENTS OF CHILD VULNERABILITY
CATEGORY 2: LACK OF EXTERNAL RESOURCES
SUB-CATEGORY 1: PARENTS UNABLE TO MEET THE CHILD'S NEEDS
 # 5: FAMILY POVERTY

- **Vulnerable (resourceless) parents have vulnerable children**

"There are some children who even if they are with their parents, their parents themselves are vulnerable (or without resources) and therefore the children must also be vulnerable." (K)

"Kuna baadhi ya wengine hata kama wakiwa na wazazi wao, wazazi wao wenyewe hawajiwezi pamoja na huyu mtoto, lazima hajiwezi palepale." (K)

"If we say 'vulnerable child' what does that mean?] This is probably a child whose father and mother are vulnerable ... for example, if the parents have no resources that also contributes." (FF)

"[Tukisema 'mtoto asiyejiweza' ina maana gani?] Labda mtoto ambaye baba yake na mama yake hawajiwezi ... kwa mfano wazazi kama hawana uwezo hiyo inachangia pia." (FF)

"But when we only talk about (vulnerable) children, perhaps we should say those who come from vulnerable families. The resources a child has depend on his family. Because the child himself has no personal assets. He depends on the assets of his family. So wherever the parents have no resources, we could label that family, (we can say) that such a child comes from a vulnerable family." (BB)

"Lakini tunaposema watoto tu, labda tuseme kwamba wanaotoka katika familia wasiojiweza. Uwezo wa watoto inategemea na familia. Kwa sababu mtoto mwenyewe hana rasilimali yake yeye mwenyewe. Anategemea rasilimali ya familia yake. Kwa hiyo pale ambapo wazazi hawana uwezo, basi familia ile tunaweza tukaipa jina kwamba mtoto aliyetoka katika familia isiyo na uwezo." (BB)

" 'Vulnerable' means that his father has no resources at all, the father cannot help the child in any way, and that means the child can become, can become a vulnerable child." (X)

" 'Asiyejiweza', maana yake baba yake hana uwezo wowote, baba hana msaada yeyote ya kumpa mtoto, ndiyo maana mtoto akawa, akawa mtoto asiyejiweza." (X)

"And so it means that a child who is vulnerable is a child who wants to succeed in getting a particular thing but he can't get it, so that means the child is vulnerable … a child whose parents have no resources." (C)

"Kwani ina maana ya kwamba mtoto asioweza kujiweza ni mtoto ambaye anayetaka kufanikiwa kupata kitu fulani lakini hapati, kwa hiyo ina maana ya kwamba ni mtoto asiyejiweza … mtoto ambaye wazazi wake hana uwezo." (C)

"[What does vulnerable mean?] ... It's that the parents are vulnerable, meaning they have no way of providing (for their children)." (Z)

"[Neno asiyejiweza lina maana gani ?] ... Ni kwamba wao wazazi hawajiwezi, kwa maana hawana namna ya kusaidia." (Z)

"[When you say 'vulnerable' what does it mean? …] It means that in terms of ability to do things - that relates to their income - is reduced because the ability to do things is deficient because of the problems that the parents have, or being ill, or having lost a parent. So the amount of income required to meet the needs is unavailable." (O)

"[Ukisema 'hawajiwezi' maana yake? …] Wana maana ya utendaji - yaani mapato yao - kuwa ni kidogo zaidi kutokana na utendaji kuwa na mapungufu ya shida waliyonayo wazazi, au kuwa na ugonjwa, au kufiwa na mzazi mmoja. Kwa hiyo mapato yanakuwa ni hayapatikaniki kwa uwingi kutosheleza mahitaji." (O)

"[Here in Haydom, what do you think makes a child vulnerable?] If there's nothing at home, how can he manage? ... They are poor, they have nothing. Now where will you get anything from?" (U)

"[Unadhani hapa Haydom nini inasababisha mtoto kuwa mtoto asiyejiweza?] Sasa nyumbani kama hamna kitu atajiwezaje? ... Ni maskini hawana kitu. Sasa utapata wapi?" (U)

"Yes, there are families that have no resources (that are vulnerable) … On the whole, these are not a few families; it's like they are many; these days many people have been conquered by (the difficulties of) life. A person can probably be considered vulnerable because he has failed to manage life's challenges, maybe because he doesn't have work, he doesn't have a particular job, otherwise he doesn't have any capital to carry on his activities … It's just weakness generally … [they have nothing] to help them so that they can be independent." (N)

"Ee, wapo familia ambazo kwa kweli hazijiwezi … Kwa ujumla siyo wachache sana; ni kama wengi tu; kwa sasa hivi maisha watu wengi imewashinda. Asiyejiweza ni mtu labda ambaye ameshindwa kumudu maisha kutokana na labda hana kazi, hana ajira maalum, saa zingine hana mtaji wa kuendesha shughuli zozote zile … Ni dhaifu tu kwa ujumla … [hawana kitu] kuwasaidia ili ajitegemee." (N)

- **Poverty as lack of assets**

"What causes this {vulnerable} condition from early childhood is poverty … you will find that he has no cattle, no land, now what can he do? There's nothing he can think of to do." (R)

"Kinachosababisha hali hiyo tangu mwanzo wa maisha ni ufukara … Utakuta huyu hana n'gombe, hana shamba, sasa atafanyaje? Hawezi kufikiri namna ya kufanya." (R)

"In this area we don't have enough land. I think that if we had enough land we would have a way to meet our needs … To get other fields is difficult because those of us who moved here didn't get land … Renting land when now you don't have that capital to rent it, now a field is rented at twenty thousand shillings (a year) and then you still have to cultivate it ... And that is why we stay in this state {of vulnerability} because we don't have any capital." (E)

"Na sisi hapa hatuna maeneo ya kutosha. Nafikiri kama tungekuwa na maeneo ya kutosha tungekuwa na mahitaji … Mashamba mengine ni ngumu kwa sababu sisi tuliokuja hapa hatukupata ... Kukodisha shamba, sasa huna mtaji huo wa kukodisha shamba, sasa shamba inahitaji kukodi kwa elfu ishirini na bado hujalima ... Ndiyo tumekaa hivo kwa sababu hatuna mtaji." (E)

"A person can have a big family, and the land (he has) is small; that's why some children decide, they move around, they look for (somewhere else to) make their living." (FF)

"Mtu anaweza kuwa na familia kubwa, ardhi nayo ni ndogo; ndiyo maana watoto wengine wanaamua, wanatembea, wanajitafutia maisha yao." (FF)

"To tell the truth, we have taken small plots of land, small rented ones out there. We don't have our own field; what we have is rented. As I explained, we were a big family; we didn't get any other fields and our father's land was taken from us. And so we did not have fields." (O)

"Kwa kweli tumechukua mashamba madogo, madogo nje ya kuazima. Hatuna shamba la binafsi; ambalo tunalo ni ya kukodisha. Kama nilivyoeleza tulikuwa kwenye familia kubwa; hatukupata mashamba wengine; yale ya baba yalichukuliwa. Na hatukuwa na shamba." (O)

"There are some who don't even have, not even a place for grazing even a cow, they may not have even a place to build on ... he is in trouble every day; he can't even get any help." (EE)

"Wengine hawana hata, hata maeneo ya kuchungia hata ng'ombe pengine hawana hata mahali pa kujengea ... Yuko kwenye shida kila siku; hawezi kupata hata msaada." (EE)

"In my life … I was brought up in an environment which could be difficult … it was in a family that had no resources at all." (H)

"Katika maisha yangu … nimekulia katika mazingira ambayo yanaweza kuwa magumu … ni familia ambayo hatukuwa na uwezo kabisa." (H)

Informants described poverty in terms of 'having nothing', and particularly in terms of having no land or cattle. Many of the informants visited were speaking from the perspective of the lived experience of poverty, and were struggling to feed and clothe their families. Poverty is a major challenge to the wellbeing of Haydom residents in this rural area where there are few natural resources, few employment possibilities, rainfall is unreliable and infrastructure is poor (discussed in section 1.2.3). Informants suggested various locally applicable strategies to help overcome poverty (discussed in section 6.6.2.5), but did not mention large-scale socio-political reforms or international targets such as the Millennium Development Goals. The failure to mention broader issues may perhaps relate to the lack of access to media for many members of the community (as discussed in section 1.2.5).

6.2.3 Summary of antecedents to child vulnerability

Antecedents to child vulnerability reported by Haydom informants include lack of internal and external resources. The child may lack internal resources related to his immaturity, to disability, or to lack of coping skills. External resources identified relate to lack of parental support secondary to single parenthood, parental illness, large family size and family poverty.

6.3 THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT

Antecedents of child vulnerability discussed in section 6.2 include child handicaps and conditions which could result in parents being unable, although willing, to meet the

needs of their children. These conditions produce unintentional mistreatment of children. Intentional mistreatment of vulnerable children was also reported by informants, linked to other antecedents. For example, informants linked exploitation specifically to orphanhood; an already vulnerable child is made more vulnerable by this intentional behaviour. Discrimination underlies the different forms of intentional mistreatment; the term 'discrimination' implies that people are treated differently, in this case unfavourably, because of some characteristic (The New Penguin English Dictionary 2001o:397). Discrimination was reported to produce intentional neglect, social ostracism, exploitation and physical abuse, which are all mechanisms for reducing a child's internal and external resources, and thereby adding to his deprivation. Internal resources such as personal motivation to persevere may be negatively affected by mistreatment such as physical abuse. A reduction in internal resources may interact with and aggravate a lack of external resources. Informants used various Swahili words to convey the idea of mistreatment; *'kunyanyasa'* meaning 'to treat disrespectfully or rudely' (A Standard Swahili-English Dictionary 1995j:344) is one of those used. Figure 6.3 suggests the relationship between the contributing antecedent of mistreatment to other antecedents identified in this study by informants; contributing antecedents aggravate the child's state of lacking resources.

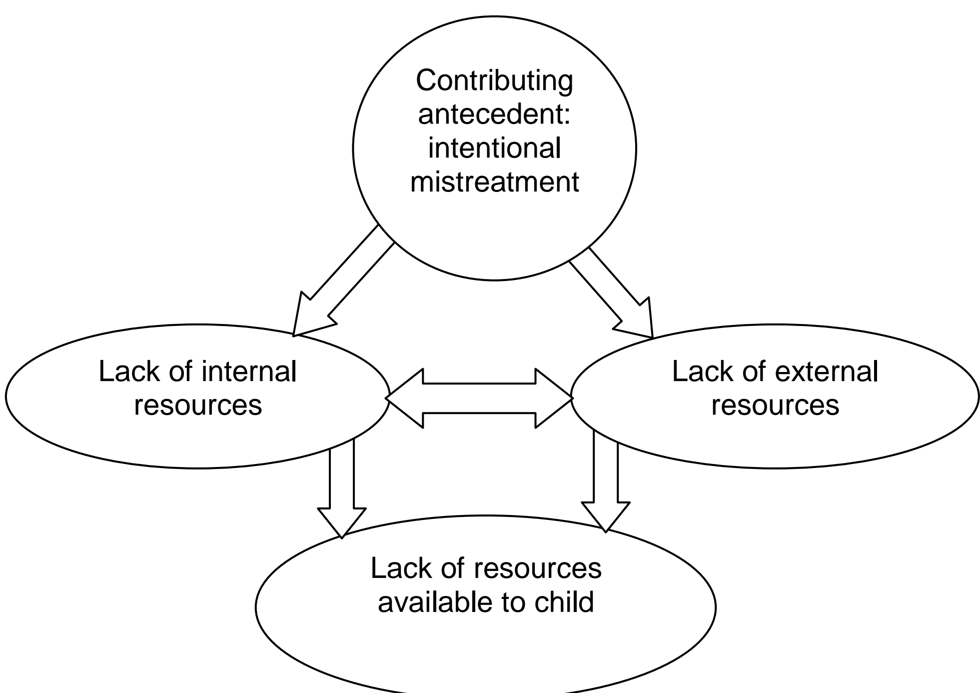


Figure 6.3 Relationship between contributing antecedent and antecedents identified by informants

6.3.1 Intentional neglect

Neglect implies failing to give a person proper care and attention (The New Penguin English Dictionary 2001j:931). This neglect may be unintentional, relating to factors discussed in section 6.2, or intentional.

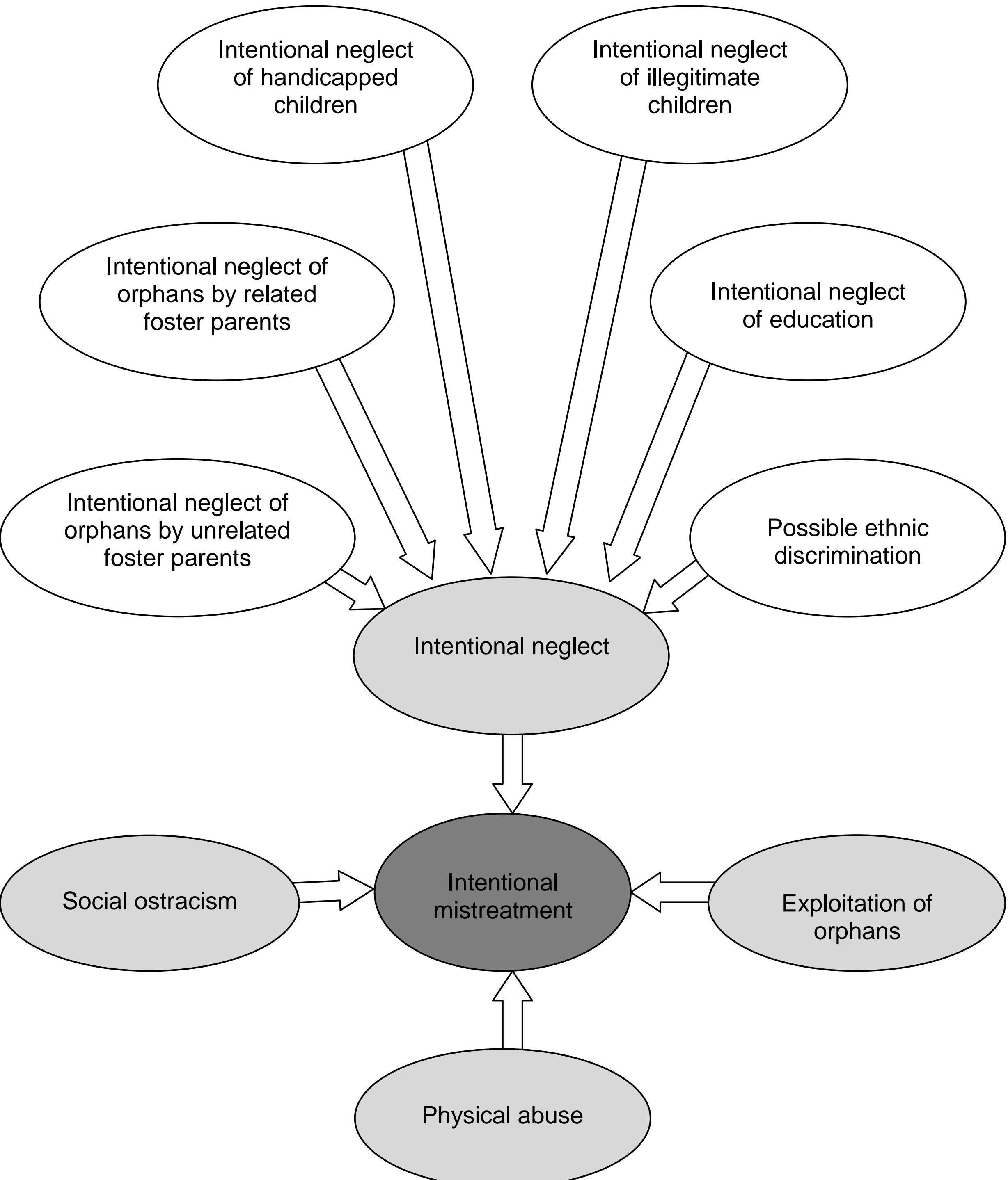


Figure 6.4 Factors in intentional mistreatment of vulnerable children according to informants

When neglect is intentional, this implies that parents or guardians have the resources to provide appropriate care and attention, but choose not to do so. The issue of intentional and unintentional neglect is discussed in section 4.7.3.5. Factors in mistreatment identified by informants during the current study are shown in figure 6.4.

6.3.1.1 Intentional neglect of orphans by unrelated foster parents

Many informants referred to neglect of orphans by foster parents, and related this intentional mistreatment to discrimination based on a lack of love felt by the foster parent to a child who is not biologically related to her, who is 'not her own blood'. Data display 2.1.1 presents evidence in this regard.

DATA DISPLAY 2.1.1
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 1: INTENTIONAL NEGLECT OF ORPHANS BY UNRELATED FOSTER PARENTS

"You can find that some take a {foster} child, he stays with her, but she doesn't love him later on … If {the child is being raised} in a family that is not related to him, there is a difference because you will find that the {foster} child is kept separate (from the other children of that household), they show preference to their own children in issues of clothes, in other issues, they discriminate against him … Some people discriminate by loving {children in their care} differently. She {the foster mother} can say, 'He (the child) is not my own blood'; she sees a difference {between the children in her care}." (T)

"Unaweza ukamkuta mwingine anamchukua, anakaa naye, lakini hampendi baadaye … Kama ni nje ya familia yao, kuna tofauti kwa sababu utakuta mtoto anatengwa; wengine ambao ni wa kwao wanawapenda kuliko huyu, katika mavazi, katika mambo mengine wanambagua … Mwingine anapenda kwa kubagua. Anaweza kusema, 'Siyo damu yangu'; anaona ni tofauti." (T)

"A vulnerable child is not necessarily beaten but some people mistreat him in a more discrete way; they abuse him discretely … and he may not be given decent clothes while their own children (of the foster family) are dressed well … When it comes to food, they can even segregate him. While their children (of the foster family) are eating very good food, a balanced diet, he doesn't get it. They might give him only those second-hand clothes while the other children of the house have new clothes made for them. So he is mistreated in this way, even his education will be very little, he will go to school, but he will be made to work in the kitchen, and so he gets a lot of problems; he is mistreated." (G)

"Mtoto asiyejiweza hapigwi ila wengine wanamnyanyasa kwa akili; wanamnyanyasa kwa akili … na labda kupewa mavazi yasiyo ya heshima, watoto wao wamevaa vizuri … Kama ni chakula wanaweza hata akatengwa. Wakati watoto wa kwao wanakula nzuri nzuri <vizuri> mlo kamili, yeye hapati. Labda anapewa mavazi hizi mitumba tu, wenzao wanashoneshewa kwa hiyo ananyanyaswa kwa jinsi hii, hata elimu anapata kwa asilimia kidogo sana, ataenda shuleni, anafanyiziwa kazi jikoni, kwa hiyo anapata sana matatizo; ananyanyaswa." (G)

"Anyone who is kind enough takes him {an orphan} and cares for him. [Will he be loved? …] But I personally think, that when I look at some {foster children}, they are discriminated against. She {the foster mother} will not love him in the same way that she loves her own children." (R)
"Mtu yeyote anayeona huruma anamchukua na kumtunza. [Atakuwa anapendwa? …] Lakini mimi, nikiangalia wengine, wanabaguliwa. Atakuwa hampendi kama vile anavyompenda wa kwake." (R)

"I mean that some unrelated person can't help someone else's child, but if there would be a relative of his it will help him; his paternal aunt or other relative. It's better. [Neighbours?] They will not look after him well. [A woman from the village who has been married for a long time but did not have a child?] If she takes him she will not care for him as if he were her own, since the child is not 'her own blood'." (X)
"Maana mtu wa hivi hivi hawezi aka, akamsaidia mtoto wa mwingine, lakini kama ingekuwa kuna ndugu yake ndiyo itaweza kumsaidia; shangazi au majamaa zake. Ni vema. [Jirani?] Hawatamtunza vizuri. [Mama mjini <wa kijijini> ambaye alitaka kuwa na mtoto sana aliolewa muda mrefu hakupata mtoto?] Lakini akichukua hatamtunza kama wa kwake kwa sababu si damu yake." (X)

"*They {foster children} will not get education as they should … people don't value someone else's child exactly like their own child; there must be deficiencies in their care even though they {the foster children} probably really have problems." (K)*
"*Hawatapata elimu kama ipasavyo … mtoto wa mtu mwingine mtu hatamthamini kama wa kwake kabisa; lazima kutakuwepo na ukasoro kasoro ingawaje kwa kweli labda ana matatizo." (K)*

"[Will she {the foster mother} live happily with him {the foster child} …?] She will not love the child as her own; she will discriminate against him over everything. I personally think they should just have a (children's) home built for them." (M)
"[Atakaa naye vizuri …?] Hatampenda kama wa kwake; atambagua kwa kila kitu. Mimi naona wajengewe nyumba yao tu." (M)

"{Vulnerable foster children} won't get clothes; their lives become very difficult. She {the foster mother} will care more about her own children." (A)
"Hawawezi kupata mavazi wao, maisha yao sana yatakuwa ni wa ngumu <ni magumu> sana. Atajali sana kwanza wale wa kwake mwenyewe." (A)

This intentional neglect of orphans produces various deprivations mentioned here, which include deprivation of food, clothes and education (discussed further in section 6.4). The apparent negative perspective of some community members concerning unrelated fostering may be a real deterrent to the practice, or might result in unrelated fostering being carried out less openly than related fostering. It would appear to be justified to investigate the real extent of unrelated fostering, and to monitor the wellbeing of children involved. The possibility of intentional neglect of orphans fostered outside their extended family is an important consideration when planning appropriate strategies to help vulnerable children.

6.3.1.2 Intentional neglect of orphans by related foster parents

It was reported that even 'blood' relatives might not care well for a fostered child; some women were said to discriminate unfairly between children in their care with the result that some of the foster children's needs are not met. Evidence from informants about intentional neglect by related foster parents is presented in data display 2.1.2.

DATA DISPLAY 2.1.2
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 2: INTENTIONAL NEGLECT OF ORPHANS BY RELATED FOSTER PARENTS

- **Informants' views**

"[Let's say it's a paternal aunt {looking after an orphan}?] She mistreats him … What is such a child able to do? … now what can he do? He can only persevere in order to reach adulthood." (E)

"[Tuseme shangazi?] Anamnyanyasa ... Mtoto kama huyu anaweza? … sasa atafanya nini? Anaweza kujikaza ili kukidhi ule umri wake." (E)

"That relative {who has taken an orphan child} may do good to him to a certain extent, he gets those important necessities, but, yes, it's not the same as her own birth child … you find that he {the foster child} doesn't get all of the important things (that he needs) ... It depends on the parents of that child who has become an orphan. The kind of relationships that existed between them and the relative {who is now the foster parent}; maybe there used to be no love between them. Yes, they don't have a loving spirit and so you find, because now he has become an orphan, they just help him reluctantly; 'Ah, he is our relative but now his parents are dead, let's just help him a bit, oh!' " (W)

"Yule ndugu, labda anamfanyia mema kidogo, anapatapata mahitaji yale muhimu, lakini, ee, siyo sawa sawa na mtoto wake kabisa … unakuta hapati yale mahitaji muhimu ... Kutegemeana na wazazi wa huyu mtoto ambaye tayari ameshakuwa yatima. Jinsi walivyokuwa na ushirikiano na huyu ndugu; labda walikuwa hawana upendo. Ee, hawana roho ya upendo, kwa hiyo unakuta kwa sababu sasa amekuwa yatima, basi wanamsaidia tu kwa shingo upande kwamba; 'Ah! ni ndugu yetu lakini sasa wazazi wake ni hivi, wacha <acha> tumsaidie tu kidogo, oh!' " (W)

"[That paternal aunt {who takes care of the orphan children}, will she look after them like her own children? …] She will look after him, but there are some who are acting in a particular way, they are 'dividing the children up'. Her own children over there. That's just how it is." (U)

"[Yule shangazi, atawatunza kama watoto wa kwake? …] Atamtunza, lakini kuna wengine ni hivyo tu, watatenga hivi. Yeye wa kwake huko. Ni hivyo tu." (U)

"There is discrimination {of orphans by related foster mothers}, although it depends on the close relationship with the foster parent … there is a difference, yes, in terms of love, yes. The love shown {to the foster child and birth children} is a bit different." (A)

"Ubaguzi unakuwepo endapo inategemea na uzito wa yule mlezi … kuna utofauti, ee, wa upendo, ee. Upendo unakuwa uko tofauti kidogo." (A)

"[Will a relative look after him {an orphan child} like her own child?] … Some people can, it depends on the person's heart. One person is looking after him {the orphan} like her own child, but another person doesn't look after him … [But if she doesn't have this heart, what will she do?] She will leave him in a bad way; the child will be in a bad way; the child may be left in a bad way. Yes, the child's life will be bad … She will even deprive him of food … Yes, she can't send him to school, she just leaves him as he is; she will send her own child to school but she will leave him (the orphan) as he is." (Y)

"[Ndugu atamtunza kama mtoto wa kwake?] … Mtu mwingine anaweza ku, itakuwa moyo wa mtu. Mtu mwingine ana, anatunza kama yake <wake>, lakini mwingine haitunzi <hamtunzi> … [Lakini ikiwa hana hiyo hiyo <huo huo> moyo atafanya nini?] Ta <Ata>, taacha <atamwacha> tu; taharibika <ataharibika> mtoto; mtoto labda taharibika <ataharibika>. Ee, mtoto maisha yake itakuwa <yatakuwa> ni mbaya … Tanyima <atamnyima> hata chakula … Ee, hawezi kusomesha <kumsomesha>, anaacha <anamwacha> hivo hivo <hivyo hivyo>; atasomesha <atamsomesha> yake <wake> anaacha <anamwacha> {yatima} hivo hivo <hivyo hivyo>." (Y)

- **Informant's personal experience**

"Even me, I used to live with my maternal aunt when I was little. Very often I realised about that, really I did not find she was not treating me as well as her own children. That lady, because that lady, when she argued about sharing the food; something like that was very obvious from the time I was living in that environment; she could not love me like the other children ... meaning it's like one woman cannot love other children as well as she loves her own birth children." (O)

"Hasa mimi niliwahi kuishi kwa mama mdogo wakati nilipokuwa mdogo. Mara nyingi sana nilijifunza hayo hali ya kuona kwa kweli sijaona kama watunzwa <nilitunzwa> vizuri kama vile ambaye amemzaa yeye peke yake. Mama, kwa sababu mama huko ndani akigomea kugawa chakula; kitu kama hiki kilionekana sana tangu mimi niliishi katika mazingira kama hayo; hawezi kumpenda vizuri kama yule … yaani ni kama mwanamke mwingine hawezi kupenda vizuri kama anavyowapenda wa kwake." (O)

Informants concurred that even being fostered by a relative is not without risk, from their observation and personal experience. Since the extended family is the primary support mechanism for orphans (discussed in section 6.6.2.3.1) this risk of intentional neglect even by relatives creates a challenge for the development of effective strategies to help orphans.

6.3.1.3 Intentional neglect of handicapped children

The issue of discrimination against certain handicapped children was noted by some informants although this was said to be reducing. Data relating to intentional neglect of handicapped children is shown in data display 2.1.3.

DATA DISPLAY 2.1.3
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 3: INTENTIONAL NEGLECT OF HANDICAPPED CHILDREN

"[The Barabaig …] don't they say that if a child does not have fingers or toes he may be segregated? … Yes, this practice is still there, but these days, I don't hear of it much these days, because there has been a bit of education for some people, and these (people) have mingled a bit with (people from) other ethnic groups." (W)

"[Wabarbaig …] kusema kwamba labda kama hawana vidole kwa hiyo wanatengwa siyo? … Ee, hiyo kitu ipo <hicho kitu kipo>, lakini kwa siku hizi sija, sisikii sana siku hizi, kwa maana kidogo kuna kuelemika kwa baadhi ambao kidogo wamechangamana na makabila mengine." (W)

"Now here it is necessary to touch on the issue of culture, like that question of, (let's say) it's a disabled child whose leg has been amputated, for example, if it's a Datoga child he cannot be accepted into that society. [Not yet?] Not at all. They will find him a person who is a Christian, or someone who will agree to have the child; they (the parents) will give him over to them (the foster parents) … But if it, if it is other ethnic groups and they are well off, I don't think that it's a problem … an epileptic child is also going to face the same problem, the very same difficulty … often our people don't understand very well about the question of epilepsy … Probably because there is the issue of witchcraft (connected to it)." (BB)

"Hapa sasa inabidi uguse mila na desturi kama ile swala la ku, kilema amekatwa mguu, kwa mfano, kama mtoto ni wa kidatoga hawezi kukubalika katika jamii ile. [Bado?] Kabisa bado. Watamtafutia mtu mkristo au mtu gani; atakubaliana naye watampa pale ... Lakini kama ni, kama ni makabila mengine na wana uwezo, sidhani kama inakuwa tatizo … mtoto mwenye kifafa pia ni shida hiyo hiyo, tatizo ni ile ile ... mara nyingi watu wetu hawaelewi sana swala la kifafa … Labda kuna mambo ya uchawi." (BB)

"Ah, in this case {of a child with skeletal deformity} another person can't (agree to) take him. Yes, perhaps the one who is his parent, but any one else can't (agree to) take him. He is just left as he is … It's a kind of aversion … there is an ethnic group which fears {skeletal defects} … It's on the side of the Datoga … [If a child has a low intelligence …?] Yes, she {the relative} will just take him {the mentally handicapped child}. She takes him; there is no problem … This {issue of skeletal defects} is just when it's a problem, she {the relative} doesn't take him {the child}." (Y)

"Aa, hapa mtu hawezi kuchukua <kumchukua>. Ee, labda ile <yule> ambaye amezaa naye, lakini mtu hivi hivi hawezi kuchukua <kumchukua>. Anaacha <anamwacha> tu ilivyo <alivyo> … Yaani ni chuki … iko kabila nyingine ambayo naogopa <wanaogopa> … Ni upande wa wadatoga … [Ikiwa mtoto hana akili sana ... ?] Ee nachukua <anamchukua> tu. Hii <huyu> nachukua <anamchukua>, haina <hana> shida … Hii <huyu> ni shida tu, hachukui <hamchukui>." (Y)

"[So what should you do for handicapped children?] This is where a problem arises. … if I take the child I must know that he would help me later on in my life, and that is what is giving a problem here." (J)
(Interview conducted in English)

"If they are disabled children this means they don't get good care … [Those ancient Datoga traditional beliefs involving fear of handicaps, have they died out now?] To some extent it has reduced, but it hasn't really died out … if he {a disabled child} has neither resources nor mental ability how will he help you in the future? … it will just be that you are helping him {without being helped later}." (X)
"Ni walemavu maana hawapati matunzo … [Hizo mila na desturi za zamani ya wadatoga kuogopa walemavu, zimeisha sasa?] Asilimia tu imepungua, ila haijaisha sana … kama hana uwezo wala hana akili atakusaidiaje kesho? … ila utamsaidia tu." (X)

The possibility of intentional neglect as a result of discrimination against handicapped children has been noted in the literature, for example, by UNICEF (2005:28-29). In Haydom, informants linked negative attitudes to two different issues. Some informants linked negative attitudes towards handicapped children to traditional beliefs about causation of some conditions such as epilepsy which are associated with witchcraft and skeletal defects associated with defects in semen. The association of witchcraft or evil forces with epilepsy in Tanzania is reported in the literature (Savage 2003:101) and across Africa (Jilek-Aall, Jilek, Kaaya, Mkombachepa & Hillary 1997:783-795). Fear of skeletal defects in the Datoga is discussed in section 2.14. Other informants connected negative attitudes towards handicapped children to the view of a child as an investment who needs parental help now but is expected to provide for parents later. In the case of handicapped children, the child cannot 'repay' any parenting efforts by caring for others later. The possibility of discrimination against handicapped children in Haydom is a consideration when prioritising care and planning culturally appropriate strategies to help these vulnerable children.

6.3.1.4 Intentional neglect of illegitimate children

Informants explained that they considered an illegitimate child to be at risk of discrimination from his stepfather, because the stepfather is unlikely to be attached to a child who is not his own by birth. Discrimination against illegitimate children in this area is also reported in the literature in section 2.13. The following data display 2.1.4 shows evidence from informants about this issue.

DATA DISPLAY 2.1.4
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 4: INTENTIONAL NEGLECT OF ILLEGITIMATE CHILDREN

- **Informants' views**

"[If a child is born out of wedlock … ?] This in general contributes to the problem, as some people do not love a child who is not their own." (N)
"[Ikiwa mtoto amezaliwa nje ya ndoa … ?] Hiyo kwa ujumla inaweza ikachangia kwa sababu wengine hawapendi mtoto ambaye si wa kwake." (N)

"[Perhaps a woman got pregnant before she got married?] … It can be a problem since that child is not loved; probably this (lack of love) can be there." (O)
"[Labda mama amepata mimba kabla hajaolewa?] ... Inaweza kuwa shida, mtoto huyu asipendwe; labda hii inaweza kuwepo." (O)

"[Children who are born out of wedlock? ...] It depends with the individual; some {stepfathers} love them, others don't love them ... if he {the stepfather} doesn't love him {my illegitimate child} I have to send him to my parents." (FF)
"[Watoto waliozaliwa nje ya ndoa? ...] Inategemea na mtu; wengine wanawapenda, wengine hawawapendi ... Ikiwa hampendi itabidi niwapelekee wazazi wangu." (FF)

"One of the major consequences {of being an illegitimate child} is being mistreated … [Can he {the illegitimate child} be loved by the husband of that mother who married her later {and is not the biological parent}?] It is very difficult because the man says something like 'This isn't my blood, so it's not easy for me to look after it' … if the man doesn't care, he doesn't follow up (on the needs of the child); the mother struggles with the children by herself." (A)
"Madhara mojawapo kubwa ni kunyanyasika … [Anaweza kupendwa na mume wa mama yule ambaye ameolewa naye?] Inakuwa ni ngumu sana kwa sababu mwanaume anasema kama 'Hii siyo damu yangu inakuwa siyo rahisi mimi kuitunza' … kama mwanaume naye hajali, hafuatilii; mama anahangaika na watoto mwenyewe." (A)

- **Informants' personal experience**

"There is a big problem, since the man who married her {the mother of the illegitimate child} will not love the (step) child because he is not his own child. Maybe the child can go to live with his maternal grandparents. She (the mother) will leave her child with her parents, because her husband doesn't like him; now where (else) should he (the child) go to? ... {My own grandchild had an illegitimate child} and then went off with him {another man}. They got to his place and lived there until the end of that dry season. When the rainy season started that child (of mine) was chased away by her 'husband'; he didn't want her because the child was not his. Just today she has returned home (to me)." (R)
"Shida ipo sana. Kwani yule aliyemwoa atakuwa hampendi yule mtoto kwa sababu siyo wa kwake. Labda mtoto huyo anaweza kwenda kuishi kwa wazazi wake na binti. Atamwacha kwa wazazi wake kwa sababu mume wake hampendi; sasa ataelekea wapi? ... aliondoka naye. Walipofika waliishiishi mpka walimaliza kiangazi ile. Wakati tunaanza masika mtoto huyu alifukuzwa na yule mume wake; hamtaki kwani siyo mtoto wake. Leo hii amerudi kwangu." (R)

"I personally have a child out of wedlock … His father wants to contribute towards the upkeep of the child, but because he has his wife and his other children of this 'first' wife, it becomes a big problem." (G)
"Mimi binafsi nina mtoto ambaye ni nje ya ndoa … Baba yake anapenda kutoa msaada lakini kwa kuwa mke wake yupo na watoto wake wengine wapo wa mke mkubwa, inakuwa ni matatizo makubwa." (G)

Children born out of wedlock were reported by informants to be prone to neglect in terms of their basic needs, and to suffer various deprivations as a result (discussed further in section 6.4). This evidence does not, however, 'prove' that all children born out of wedlock are neglected; individual needs assessments may be necessary to identify those actually affected. Strategies to target illegitimate children in Haydom may not be acceptable to some local residents; targeting single parent families as a whole or those severely affected by poverty may be more acceptable.

6.3.1.5 Intentional neglect of education

The lack of development in some Datoga groups was reported to go along with intentional neglect of education for some of their children (as discussed in section 2.14). On probing, several of the Datoga informants suggested that because of their pastoralist lifestyle, and lack of political power, some Datoga and perhaps members of other ethnic groups such as the Hadzabe might be 'behind' economically and in terms of educating their children. The Hadzabe are traditionally hunter-gatherers, many of whom live within 80 kilometres of Haydom, although a few are living in Haydom village (Finkel 2009:94-119; Gado, J. 2009. Personal interview, 8 June. Haydom). Data concerning intentional neglect of education is shown in display 2.1.5.

DATA DISPLAY 2.1.5
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 5: INTENTIONAL NEGLECT OF EDUCATION

- **Informants' views**

"There is poverty of money and poverty of understanding … we can say this is a problem of intellectual poverty, it's not stupidity, but it's intellectual poverty … They don't have a broad perspective … Now when we come to the list of ethnic groups placed in order of their weaknesses we arrive at the Datoga. The Datoga have assets, they have them, but they haven't recognised the importance of a child studying." (BB)
"Kuna maskini wa mali halafu kuna maskini wa akili … tunaweza tukasema hii ni shida ya, ya umaskini wa mawazo, siyo upumbavu, lakini ni maskini kwa mawazo … Hawana mawazo mapana … Sasa tukija kwa upande wa mfuatano wa makabila ambayo ni madhaifu tukija kwa wadatoga. Wadatoga wana rasilimali, wanayo, lakini hawajatambua umuhimu wa mtoto kusoma." (BB)

“There are some parents who are well-off, but they don’t know, ah, the importance of enabling their child (by sending him to school). And there are other parents who have no money, they are poor, but now they would like their children to study, but there is no way (that they can manage) … Like for example the Barabaig or Datoga live in the remote areas, they herd their cattle, and so they don’t know the importance of going to school, of getting education for their children.” (W)
“Kuna wazazi wengine wana uwezo, lakini hajajua, aa, umuhimu wa kumwezesha mtoto wake. Na kuna wazazi wengine hawana uwezo ni maskini, lakini sasa na wanapenda watoto wao wasome, lakini hakuna namna … Kama kwa mfano wabarbaig au datoga wako sehemu za porini, wanafuga n’gombe kwa hiyo haoni umuhimu wa kwenda kusoma, kuwasomesha watoto.” (W)

“It seems to me that those who get education, it helps in one way or another, that is to, to discover one’s intellectual potential. But those who are a bit out in the bush, like the Datoga people, they still have the same lifestyle as that of long ago … that is, pastoralism, yes, that is, they still live as in ancient days and colonial days; they don’t want to change; when a daughter reaches the age of puberty then it is time to get married; and when the young man reaches the age of puberty already a wife is being found for him … [Could they continue to study?] There is nothing like that.” (A)
“Naona kidogo wale ambao wanapata elimu, inasaidia kwa namna moja au nyingine, kufunu, kufunuka akili, yaani. Lakini wale ambao kidogo wako porini, kama wadatoga, bado wana yale maisha ya kizamani tu … kuchunga, yaani, ee, yaani, bado tu wana maisha tu yale ya kizamani ya kikoloni; hawataki kubadilika; binti akishafika umri wa kuwa msichana basi ni wa kuolewa; kijana naye haya akifika umri wa kuwa mvulana tayari anatafutiwa mke … [Kuendelea kusoma?] Hamna.” (A)

- **Informant’s personal experience**

“I personally went to school, I went to school, a school called Balang’da up to class one. Later my uncle came and forcibly took me away and refused to send me to school. He would not send me to school.” (Y)
“Mimi nimeenda shuleni, shule nimeenda, shule Balang’da mpaka miaka, mpaka la kwanza. Baadaye mjomba akaja nikachukuliwa kwa nguvu, akanikatalia kusoma. Akataa na kusoma <akakataa nisome>.” (Y)

These views about intentional neglect of education by Datoga parents may be more relevant for rural areas than for the villages and towns where Datoga have a more settled life, and have constant contact with people of other ethnic groups. In view of the sensitive nature of ethnicity in Tanzania, strategies to address possible discrimination along ethnic lines may need to focus on criteria such as economic or educational status.

6.3.1.6 Possible ethnic discrimination

Informants varied in their views about societal discrimination on ethnic lines, depending whether the informant was Iraqw or Datoga. Iraqw informants all suggested that ethnicity, and rural / urban issues are not a factor in increasing the risks of vulnerability. The conflicting views of informants on this issue are presented in display 2.1.6.

DATA DISPLAY 2.1.6
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 1: INTENTIONAL NEGLECT
SUB-CATEGORY 6: POSSIBLE ETHNIC DICRIMINATION

- **Ethnicity not being an issue**

"In general, I can say that probably all ethnic groups are the same {in terms of risk of vulnerability}. Except that perhaps it just depends on individuals and what their lifestyle is like." (N)
"Hiyo kwa ujumla, labda kabila zote mimi naweza kusema ni sawa, lakini isipokuwa labda hiyo inatemegemeana na mtu moja moja tu jinsi atakavyokuwa katika maisha yake." (N)

"I personally think that trouble doesn't relate to an ethnic group, it's rather that all the ethnic groups are the same, except that you can find a person having problems in the midst of other people … I think that people are all the same; those who live in remote areas, and those who live in towns." (T)
"Shida, mimi naona haisemi kabila, wala kabila zote ni sawa, isipokuwa unaweza kumkuta mtu katika watu ana shida … Mimi ninaona wote ni sawa; wa porini, wa mjini." (T)

- **Ethnicity being an issue**

"The Iraqw people saw an open space (land which they considered was not allocated to anyone). The Datoga are treated badly. They (the Datoga) are denied land because only they (the Iraqw) have authority. Yes, and so there is some oppression of the Datoga. [In terms of education] the Iraqw have made a lot of progress. The Datoga are a bit behind." (Y)
"Wamburu ameona <wameona> mahali nyeupe. Wananyanyaswa wadatoga. Wananyimwa ardhi kwa sababu wenyewe tu ana <wana> uwezo. Ee, kwa hiyo kwenye upande ya datoga iko kulemewa kidogo. [Kwa upande wa elimu] Wairak wameendelea sana. Wadatoga iko <wako> nyuma kidogo." (Y)

"So I think the Barabaig, yes, they are really behind, although perhaps there are other ethnic groups, but as far as I know the Barabaig are the least developed." (W)
"Kwa hiyo naona wabarbaig, ndiyo, wako kama nyuma kwa kweli, ijapokuwa kuna makabila wengine, lakini wabarbaig naona ndiyo wamekuwa watu wa mwisho." (W)

"The Datoga are treated badly. They (the Datoga) are denied land." (Y)
"Wananyanyaswa wadatoga. Wananyimwa ardhi." (Y)

This research focused on Haydom village, so the Iraqw view may be accurate in this limited context in considering ethnicity as not being a contributing factor in child vulnerability. This view of the situation in Haydom village appears to differ from the view found in the literature relating to the surrounding area, which suggests that the Datoga (often referred to as Barabaig as discussed in section 2.3.2) have been marginalised (as referred to in sections 2.3.2, 2.11 and 2.15). Marginalisation involves treating a person or group of people as less important than others (The New Penguin English Dictionary 2001n:850), which amounts to discrimination.

Datoga informants raised the issue of problems connected to ethnicity, such as educational deprivation, which was discussed in section 2.14. Poverty may be a confounding variable in this scenario; ethnic issues are politically sensitive in a country whose ‘founding father’, Mwalimu Julius Nyerere, stressed the importance of unity and equality, denounced ethnic discrimination and took measures to reduce ethnic identities (Elia, Z. 2008. Personal interview, 28 June. Haydom; Naman, E. 2009. Personal interview, 1 July. Haydom; Nyerere 1974:106-110).

6.3.2 Exploitation of orphans

Exploitation involves taking unfair advantage of someone for financial or other gain (The New Penguin English Dictionary 2001I:489). Informants expressed the view that some orphans in foster care may be treated disrespectfully, and they may be exploited by being used as domestic helpers or animal herders. This exploitation produces deprivation and may be accompanied by abuse. Exploitation is the result of discrimination and is a contributing factor to child vulnerability, further complicating the child’s existing state of vulnerability. Data display 2.2 presents evidence about exploitation of orphans.

DATA DISPLAY 2.2
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 2: EXPLOITATION OF ORPHANS

- **Informants’ views**

“Yes, the child’s life will be bad … She {the foster mother} will even deprive him of food … She will just send him to herd the animals.” (Y)

“Ee, mtoto maisha yake itakuwa ni mbaya … Tanyima <atamnyima> hata chakula … Anapeleka <anampeleka> kuchunga tu.” (Y)

“A vulnerable child … they abuse him discretely; they may make him do a lot of work … To a considerable extent the parents who are bringing him up will make him work hard but not in an obvious way … he will be made to work in the kitchen, and so he gets a lot of problems; he is mistreated.” (G)

“Mtoto asiyejiweza … wanamnyanyasa kwa akili; labda kufanyizwa kazi nyingi … Kwa asilimia kubwa watatumikishwa kwa akili ya wazazi ambao wanamlea. Hawaonyeshi sana ila ... anafanyizwa kazi jikoni, kwa hiyo anapata sana matatizo; ananyanyaswa.” (G)

“There are some who will look after the child, but others will mistreat him ... They will beat him; they will deprive him of food; they will give him hard work which he cannot even manage. [Will they send him to school?] There is very little opportunity for schooling.” (N)

“Sasa kuna wengine watamtunza; kuna wengine watamtesa ... Watampiga; watamnyima chakula; watamfanyia kazi ngumu ambazo ziko nje ya uwezo wake. [Watamwelimisha?] Nafasi ya elimu ni ndogo sana.” (N)

"[If vulnerable children are staying] at a house to be helped {without being related} like the neighbour's house, you (the child) must suffer because that mother, you may find that perhaps she has her own family, and often 'blood is thicker than water' … She uses those children who came to ask for help rather than her own children … for all sorts of jobs, yes, … without sending them to school; the issue of school is forgotten. She (the child) becomes just a 'house girl', if it's a girl, if it's a girl then she cooks for the family, she takes care of the children of that mother; if it's a boy, then his job is out in the fields, or just herding the animals." (A)

"[Watoto wasiojiweza wakiwa] kwa nyumba ya msaada tu ya jirani, ni lazima uteswe kwa sababu yule mama, unaweza ukute labda ana familia yake, kwa mara nyingi 'damu inakuwa nzito sana' … Anawatumia sana wale ambao, waliokuja kuomba msaada kuliko wale wa kwake … kwa kazi zote, ee, … bila kusomeshwa; hiyo shule imesahaulika. Anakuwa ni mtoto tu wa nyumbani, kama ni binti, kama ni binti basi awapikie wenzake, alee na watoto wa yule mama; kama ni kijana haya awe ni wa shambani, au kuchunga basi." (A)

"I can identify him, because he does all this housework; he works; when he goes to school he will already be exhausted." (C)

"Naweza nikatambua, kama vile anavyofanya hizo kazi; anafanya kazi; anaenda shuleni atakuwa ameshachoka." (C)

"They {vulnerable children} can be made to work, like those, for example, in our society, like us Datoga people, or even the Iraqw, it is likely that many children are mistreated {by the adults who are bringing them up}, those vulnerable children; a lot of their work is done at home, like a house with cows, or fields, or just any other types of work. So they can be made to work, and to work hard. Without caring about their humanity, and what their view of their later life might be." (H)

"Wanaweza kufanyishwa kazi, kama hizo, kwa mfano katika jamii zetu sisi datoga labda, hata wairak, huwa watoto wengi huwa wananyanyaswa wale wasiojiweza; kazi zao nyingi ya kufanya nyumbani kama nyumba yenye ng'ombe, au shamba, au sehemu zingine tu za kazi. Kwa hiyo wanaweza wakafanyishwa kazi ngumu. Bila kujali utu wao na mtazamo wa maisha yao hapo baadaye." (H)

- **Informant's personal experience**

"When I was there at my aunt's house, I lived there, I was sent out, her children were very little and I was sent out to take care of the cows." (O)

"Mimi pale nilikuwa kwa mama mdogo niliishi pale, nilipelekwa, watoto wa mama mdogo walikuwa wadogo sana, mimi nilipelekwa kama kuchunga n'gombe." (O)

Exploitation of various types was also reported in the literature (in section 4.7.3.5.3), although not all of the types of exploitation reported in the literature (such as trafficking and use in armed conflicts) were reported to occur in Haydom. This highlights the importance of local assessment of factors in child vulnerability. Deprivation of inheritance can be considered to be a form of exploitation, and is discussed in relation to deprivations in section 6.4.2.2.

6.3.3 Physical abuse

Child abuse of various kinds is described in the literature, and physical punishment of children is reported to be commonly used by parents and teachers in Tanzania

(discussed in section 4.7.3.5.2). Only physical abuse in terms of 'beating' was reported by informants. Display 2.3 presents data relating to physical abuse of vulnerable children.

DATA DISPLAY 2.3
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 3: PHYSICAL ABUSE

- **Beating by alcoholic parents**

"[Here in Haydom are there parents who usually beat their children?] This happens here … it happens especially with those people when they leave the club … When he (the parent) gets home the child has tried hard to do the housework, but when he (the parent) arrives he is not satisfied and just beats him (the child)." (P)

"[Hapa Haydom kuna wazazi ambao wana tabia ya kupiga watoto?] Hiyo ipo … Inatokea hasa kwa hawa wanaotoka kilabuni … Akirudi nyumbani mtoto amejitahidi kazi za nyumbani; yeye akifika hajaridhika, anapiga tu." (P)

- **Beating of foster children**

"{Vulnerable foster children} are beaten, they take the blame for everything … another child has done something wrong, but because he {the foster child} is the child who went there because of his problem, that will become the reason for him to suffer." (A)

"Wanapigwa, lawama zote zinawashukia wao … kosa amefanya mwingine basi, yeye kwa sababu ni mtoto ambaye ameenda pale kwa shida zake, ndiyo zitakuwa sababu ya kumtesa yeye." (A)

"[Do vulnerable children get beaten more than other children? …] Yes, this is something that is evident in our society, we Datogas and Iraqws. Very many children are mistreated. And beaten more than others, (more than) those who have their father and mother … the vulnerable child who is living with his guardian, if the father's own child makes a mistake, it is likely that all the trouble goes to that vulnerable child; he carries all the load of mistreatment, being beaten, and in the end being chased away." (H)

"[Watoto wasiojiweza wanapigwa zaidi kuliko watoto wengine? …] Ndiyo hii ni kitu inayojionyesha katika jamii zetu, sisi Wadatoga na Wairak. Huwa watoto wengi sana wananyanyaswa. Na kupigwa sana kuliko wengine, ambayo wana baba na mama … mtoto asiyejiweza ambaye anaishi na mlezi, mtoto wa yule baba akikosea huwa mambo yote yanaenda kwa yule mtoto ambaye asiyejiweza; anabeba mizigo yote kunyanyaswa, kupigwa, hatimaye kufukuzwa." (H)

"Some {foster parents} can be too hard on him and they can beat him … he may start living on the streets." (C)

"Inaweza wengine wazazi wanakuwa wakali, wanaweza kumpiga … anaweza akaanza hata uhuni." (C)

- **Beating of illegitimate children**

"[What kind of child is beaten more than other children? ...] It's children who are born out of wedlock." (FF)

"[Aina gani ya mtoto wanaopigwa zaidi kuliko watoto wengine? ...] Ni watoto waliozaliwa nje ya ndoa." (FF)

"Children who are beaten from time to time are those who stay {with the family}, it is those who stay {with them}. You will find that a child stays with his stepfather. It is this very one who is beaten from time to time. A child who doesn't live with his mother, you will find that he is suffering all the time, he is constantly mistreated every day ... he will be deprived of his rights." (EE)
"Watoto wanaopigwa mara kwa mara ni hao wanaokaa, ni hao wanaokaa. Utakuta mtoto anakaa na baba wa kambo. Ndiyo huyo huyo anapigwa mara kwa mara. Mtoto asiyekaa na mama yake, utakuta anateseka masaa yote, anaonewaonewa kila siku ... Atakuwa ananyimwa haki zake." (EE)

- **Beating of children caught stealing**

"They {vulnerable children} will not have a good life; they can steal; they will be caught and beaten; they can get hungry." (Z)
"Hawatakuwa na maisha mazuri; wanaweza kuiba; watakamatwa na kupigwa; wanaweza kupata njaa." (Z)

"He {the vulnerable child} may go there {to 'town'} … if caught stealing he might be beaten and hurt (by 'mob justice') or locked up in jail." (T)
"Anaweza akaenda huko … anaweza akaiba akapigwa akaumizwa au akafungwa jela." (T)

Informants identified vulnerable children as being at risk of physical abuse, and mentioned children of alcoholics, foster children and illegitimate children in particular. Children caught stealing were also noted to be likely to suffer violence, discussed further in section 6.3.4. Preventing and identifying physical abuse is a challenging problem for the Haydom community, in a country where corporal punishment is common in homes and schools. Informants' failure to mention psychological and sexual abuse may suggest a lack of community awareness of these problems, or perhaps an unwillingness to discuss them.

6.3.4 Social ostracism

Social coherence and support appear to be important values in Haydom society (as discussed in sections 2.8 and 2.10). In a society such as this one where there is very little social service provision, 'people need people'. Discrimination against some children in society such as handicapped children, illegitimate children and orphans is noted throughout section 6.3. Social ostracism involves even more than discrimination; it involves actual rejection of a child, who then has 'nowhere to go'. The importance of social networks for a child is discussed in the literature and is referred to in various sections of chapter 4 of this study (including section 4.7.4.4). Social exclusion and 'invisibility' of vulnerable children have been reported in the literature, for example UNICEF's 'State of the world's children' 2006 report was entitled 'Excluded and invisible' (UNICEF 2005). The informant in a study in Zimbabwe who noted that "we cannot see what shames us" (referred to in section 5.2.3) reflects the denial of

responsibility for a child, which allows him to be ostracised. Informants' views on social ostracism in vulnerable children are presented in display 2.4.

DATA DISPLAY 2.4
THEME 2: CONTRIBUTING ANTECEDENT: INTENTIONAL MISTREATMENT
CATEGORY 4: SOCIAL OSTRACISM

- **Social ostracism of illegitimate children**

"A child who is born out of wedlock, when he is not recognised by society, can later get one problem, he will not know his guardians, his parents, or even also his mother. And so a big problem that he can get is how he can succeed (in life), and he can't recognise those relatives of his who he can, if he gets a problem, he can run to them. And so the big problem that he will get is that he can miss out on an important support mechanism. Because he doesn't have anywhere to go." (H)

"Mtoto aliyezaliwa nje ya ndoa, asipotambulishwa <asipotambuliwa> na jamii, baadaye shida atakayopata moja, hatawajua walezi, wazazi au mama yake hata pia. Kwa hiyo shida mkubwa <kubwa> ambayo anaweza kupata ni namna gani ataweza kujifanikisha, na hataweza kuwatambua wale nduguze, ambao anaweza, akipata shida, anaweza kukimbia kwa hao. Kwa hiyo shida kubwa atakayopata ni kwamba msaada muhimu ataweza kukosa. Kwa sababu hana sehemu ya kwenda." (H)

- **Social ostracism of child caught stealing by imprisonment**

"Since he is not strong enough to do hard work he may go and steal, and be caught; he can also be ill-treated by people … If he steals he may be caught and then he may be locked up in prison or beaten or even killed." (I)

"Kwa kuwa hana labda nguvu ya kufanya kazi ngumu anaweza akaenda akaiba, akakamatwa; anaweza pia akaonewa na watu … Akiiba anakamatwa; anafungwa jela au anapigwa na kuuawa kabisa." (I)

"And won't he go and steal? … [Will he be able to avoid getting caught?] He will avoid {getting caught}, but when his 'forty days' are up, won't they just catch him? They will be beaten or they will go and be locked up; it's just like that. Mm, that is the destruction of our children." (U)

"Si ataenda kuiba? ... [Ataweza kukwepa kukamatwa?] Atakwepa, lakini kama siku zake zikijaa 'siku arobaini', si watamkamata tu? Watapigwa au wataenda kiufungwa; ni hivyo tu mama. Mm, ndiyo hasara ya watoto wetu." (U)

- **Complete social ostracism by murder**

"He may go wandering from house to house and he may even have poison put into his food and also he may go wandering about in town and in the end he may meet up with robbers and be killed." (M)

"Anaweza kwenda kuzurura nyumba za watu na anaweza kuwekewa hata sumu kwenye chakula na pia anaweza kwenda mjini kuzurura na hatimaye anaweza kukutana na majambazi akauawa." (M)

"There are many dangers {for the vulnerable child who becomes vagrant}; there are criminals … others can go and steal and they will get caught, and what is very bad, he can be beaten (by 'mob justice') and he can be killed." (V)

"Hatari ni nyingi; kuna majambazi … wengine wanaweza kwenda kuiba na watakamatwa, na ni kitu mbaya <kibaya> sana, anaweza akapigwa akauawa." (V)

"[What can be the consequences in the life {of a vulnerable child}?] … He can go and beg … He can steal … He will be caught and he can be killed … Yes, he can be killed because people are angry (with him)." (Y)
"[Wanaweza kupata madhara gani kwenye maisha?] … Anaenda kuombaomba ... Anaweza kuiba … Atashikwa, anaweza kuuawa … Ee, unaweza kuuawa kwa hasira ya watu." (Y)

Informants spoke of children caught stealing arousing anger in members of the community and being subjected to 'mob justice', which might involve beating and even the risk of death. Some children who steal and are caught were said to be put in prison, and thus are socially ostracised.

There appears to be a contradiction here; the community recognises that vulnerable children steal out of necessity, as discussed in section 6.5.1.2.1 but the community appears to view child stealing unsympathetically. Perhaps the severe sanctions arise because of the affront to honesty (that is said to be valued in the Iraqw culture, as mentioned in section 2.10), or the attack on hard-won personal possessions. The intolerance of stealing by vulnerable children on the part of the general public was verbalised by one informant as follows:

> *"[If they {vulnerable children} start to steal, what may people do about it?] They can also kill him. It is dangerous. It is quite possible, for example a thief; they must kill him or injure him. They will have no mercy about this. [Won't they consider that perhaps he is an orphan, or?] No. Because they feel very bad, not about people, about (losing) their things. They don't feel bad for the one who is stealing." (DD)*
> *"[Ikiwa wanaanza kuiba watu wanaweza kufanyaje?] Wanaweza kumwua pia. Hatari. Inawezekana sana, kwa mfano mwizi; lazima watamwua au watamwumiza. Hawatakuwa na huruma juu ya hilo. [Hawatamwona kwamba labda ni yatima au?] Hapana. Kwa sababu si wana uchungu sana, si watu, na vitu vyao. Hawana uchungu na huyu aliyeiba." (DD)*

Identified consequences of social isolation and ostracism involve further psychological, economic, social and physical sequelae, even mortality. This downward spiral is an example of 'child vulnerability as potential for deterioration' as discussed in section 6.4.3.2.2 and shown in figure 6.6. This loss of social wellbeing must have a major impact on the individual vulnerable child in a society that values and depends heavily on social networks (as discussed in section 2.5 and 2.8).

6.3.5 Summary of contributing antecedents to child vulnerability

Informants identified discrimination as a factor in child vulnerability in Haydom. This discrimination is manifested as intentional neglect of foster children, illegitimate children

and handicapped children, possible societal neglect of members of ethnic groups, neglect of education by some parents, exploitation, physical abuse and social ostracism. These factors contribute to the lack of resources available to the vulnerable child.

6.4 THEME 3: DEFINING ATTRIBUTES: DEPRIVATIONS IN A YOUNG INDIVIDUAL

Informants expressed their views on the defining attributes of the terms ‘child’, ‘vulnerability’ and ‘child vulnerability’. A summary of these is shown in figure 6.5.

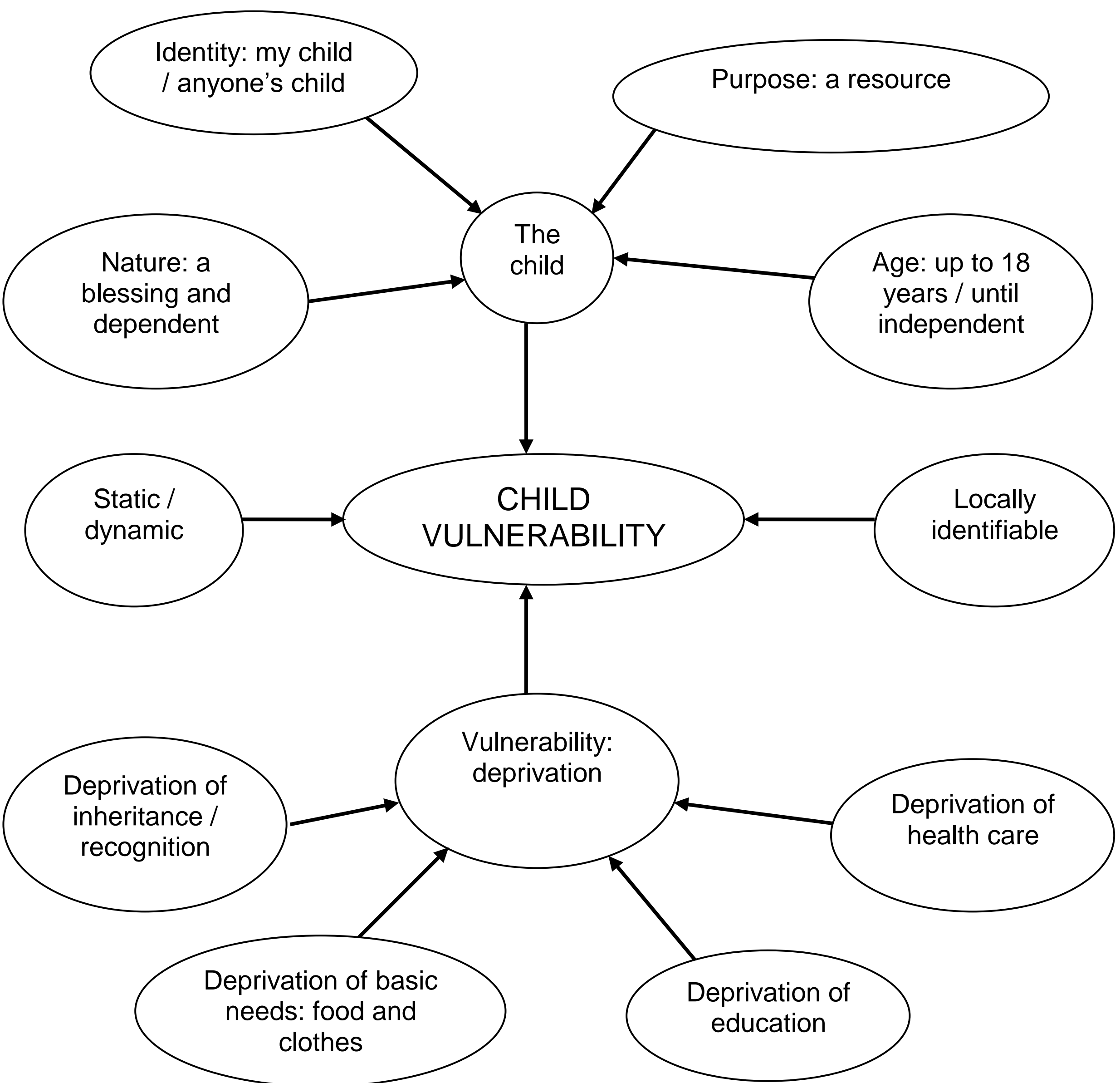


Figure 6.5 Defining attributes of child vulnerability identified by informants

6.4.1 The child

The term 'child' is socially constructed; defining attributes of the concept 'child' derived from the literature include a variety of chronological age criteria for childhood, such as up to 14 years, 18 years, or 22 years or physical and mental immaturity producing dependence on others (as discussed in section 4.5 of this study). Children's rights are a major issue in the literature. Locally held views about the concept 'child' relate to his identity, his nature, his purpose and his age. Children's rights were little mentioned by informants, but many informants spoke of children as a resource or investment.

6.4.1.1 The child's identity

Informants' views of the child's identity were either that he is 'my offspring' or 'any young individual in society'.

6.4.1.1.1 The child as 'my offspring'

Many informants understood the word 'child' to represent the one who is my offspring, a part of my family, as shown in display 3.1.1.1.

DATA DISPLAY 3.1.1.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 1: CHILD'S IDENTITY
#1: THE CHILD AS 'MY OFFSPRING'

"*A child is a union between the families of the father and mother." (N)*
"*Mtoto ni muunganiko wa familia ya baba na mama." (N)*

"[What does the word 'child' mean to you?] The word 'child' … 'Child' means 'my offspring'." (P)
"['Mtoto' lina maana gani kwako?} Neno 'mtoto' … 'Mtoto' ni mwanangu." (P)

"The way I understand {the term 'child'} is that it is a child. The child is the one whom I have given birth to." (R)
"Mimi ninavyoelewa ni mtoto. Mtoto aliyemzaa ni mimi." (R)

" 'Child' means to me that when I was giving birth I experienced a lot of pain, and after giving birth to him he becomes an important person …" (Z)
" 'Mtoto' kwangu ni kwamba wakati wa kujifungua nilipata uchungu sana, na nilipomzaa akawa mtu wa maana …" (Z)

"The word 'child', (I'm not sure) if I have understood or not, it is just mine, the one that I love, yes … [Can the word 'child' also mean the neighbour's child or another child or is it just?] It is (just) mine." (Y)
" 'Mtoto' sijaelewa, si wangu tu, mimi nampenda, ee ... ['Mtoto' inaweza kumaanisha pia kama mtoto wa jirani au mtoto mwingine au hasa ni?] Ni wangu." (Y)

"The word 'child', as I understand it, is the child that I have given birth to and who depends on me for all his needs." (G)
"Neno 'mtoto', kama ninavyoelewa mimi, ni mtoto niliyemzaa na ananitegemea kwa mahitaji yote." (G)

Definitions found in the literature include the concept of child as 'my offspring', as discussed in section 4.5.1. If people see 'the child' as only their own offspring, this may affect their willingness to take responsibility for children other than their own biological children.

6.4.1.1.2 The child as any young individual

In addition to informants' perception of the child as 'offspring', some informants considered that a child might also be any young individual in society, as indicated by the evidence in data display 3.1.1.2.

DATA DISPLAY 3.1.1.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 1: CHILD'S IDENTITY
#2: THE CHILD AS ANY YOUNG INDIVIDUAL

"[If we say 'child'?] (It means) my child … It can be mine or also even my neighbour's." (X)
"[Tukisema 'mtoto'?] Mwanangu … Inaweza kuwa wa kwangu hata hasa wa jirani pia." (X)

"It means that when we talk about 'a child', it means that this is any child who lives with me, either my own child or someone else's." (K)
"Ina maana ya kwamba tukiongea 'mtoto', ina maana ya kwamba mtoto yeyote yule ambaye anayeishi pamoja na mimi, aidha ni ya kwangu au labda ni ya mtu mwingine." (K)

"[Is a child just your child?] He may even be my neighbour's." (T)
"[Mtoto ni wako tu?] Pamoja na hata wa jirani." (T)

"{'Child' refers to} all children … even other people's … any neighbour, a growing creature." (O)
"Watoto wote … hata wa mtu … jirani yeyote, kiumbe kinachokua." (O)

When members of the community see children as a community responsibility they may be willing to consider strategies such as unrelated fostering to help vulnerable children.

6.4.1.2 The child's nature

The child was reported to be seen as inherently good, and also as being dependent on adults for his needs.

6.4.1.2.1 The child as a blessing

Informants described children as a gift and a blessing from God, and as being inherently good. These views are shown in display 3.1.2.1.

DATA DISPLAY 3.1.2.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 2: THE CHILD'S NATURE
#1: THE CHILD AS A BLESSING

"A child is a blessing. He is a gift from God." (W)
"Mtoto ni riziki. Ni zawadi kutoka kwa Mungu." (W)

"A child is flawless; he is like an angel; he is a child, he is just a child." (G)
"Mtoto hana makosa; mtoto ni sawa na malaika; ni mtoto, ni mtoto tu." (G)

"A child is an asset (or blessing) for a household, isn't he? And as he grows up, he helps us." (U)
"Mtoto si faida ya nyumbani? Na akikua anatusaidia." (U)

"No doubt the {illegitimate} child is flawless; those who have made a mistake are his father and mother." (H)
"Bila shaka mtoto hana kosa; wenye kosa ni baba na mama." (H)

Seeing children as a blessing reflects the positive value of children in society; this view is influenced by socio-cultural factors such as the need for children to support one in old age. This subjective view of children as a blessing was not noted in the literature, but could be a starting point for community mobilisation to help vulnerable children and increased sensitisation about children's rights.

6.4.1.2.2 The child as dependent and therefore inherently vulnerable

Children were seen to be temporarily dependent on adults, but gradually contributing more and more to the family's activities. This dependence is the result of the child's immaturity, and relates closely to the lack of internal resources available to children, discussed in section 6.2.1.1 as an antecedent factor to child vulnerability. A child's dependence implies that all children are inherently vulnerable. It could be considered that dependence for specific issues related to age or developmental stages produces 'issue-specific vulnerability', that is, the child is vulnerable in relation to particular needs. Informants depicted the child as primarily dependent on their parents, who are expected to try to provide for their children's needs, with some support from other adults, particularly in the extended family. Data relating to the dependent nature of the child are shown in display 3.1.2.2.

DATA DISPLAY 3.1.2.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 2: CHILD'S NATURE
#2:THE CHILD AS DEPENDENT AND THEREFORE INHERENTLY VULNERABLE

"The 'child', the exact meaning of the word 'child', is someone who, if he doesn't have parents, he must depend on those adults who are bringing him up … there is no such thing as a child who is affluent (or not vulnerable). There is no child, no child who is affluent (or not vulnerable); all children are intrinsically vulnerable (or unable to manage by themselves)." (BB)
" 'Mtoto' kwa maana halisi ya 'mtoto', ni mtu ambaye kama hana wazazi basi lazima atakuwa anategemea walezi … hakuna mtoto anayejiweza. Hakuna mtoto, mtoto anayejiweza; watoto wote hawajiwezi." (BB)

"Ah, 'child' means that, it's a person who is still small; he is not able to manage by himself and he depends on help from adults." (W)
"Aa, 'mtoto' ina maana ya kwamba, ni mtu ambaye ni bado ni mdogo; hajajiweza na anategemea msaada kutoka kwa watu wakubwa." (W)

"He can't look after himself yet; he is a child and he still needs basic necessities of life from his parents … Especially when it comes to food, the efforts of parents are needed. Together with assistance, particularly from relatives who will enable them." (O)
"Ni bado hawezi kujitegemea; yeye ni mtoto na anahitaji mahitaji ya lazima kwa wazazi … Hasa kwa kupata chakula wana, inatakiwa jitihada ya wazazi, pamoja na msaada hasa kutoka kwa ndugu ambao watawawezesha." (O)

"[What does that child need in his life?] He just needs help … He should just continue with school, especially school … Even for example, food is just a problem, (another) example is clothes … He depends on his parents." (Y)
"[Yule mtoto ana haja gani kwenye maisha?] Anataka msaada tu ... Aendelee na shule tu, hasa shule ... Hata mfano, chakula tu ni shida tu, mfano mavazi ... Anategemea wazazi." (Y)

The wide spectrum of children's needs as discussed in the literature, including rest, leisure and freedom to express their views (discussed in section 4.5.4) was not referred to by informants although some physical, educational and emotional needs were mentioned. Many informants' failure to mention emotional needs such as for love and respect may arise from reticence to talk about emotions, the preoccupation with the daily struggle to meet physical survival needs, or perhaps the use of the Swahili word *'haja' (*or *'mahitaji')* which translates the English word 'need' (or 'needs') (English-Swahili Dictionary 2000h:535). In practice the Swahili word appears to be understood in a narrower way than the English word. The Swahili word *'haja'* appears to be primarily used to mean the things that the father of the family obtains, and brings in to the family to use, as informants indicated in the following data in which *'haja'* and the related term *'mahitaji'* are underlined:

> *"Needs, there are many different kinds of needs, and the word 'need' is customarily understood by our ethnic groups; often we expect that a child's needs will be provided for by his father." (BB)*
> *"Haja, kuna haja za aina nyingi, na inatumiwa na desturi za makabila yetu; mara nyingi tunategemea kwamba haja ya mtoto ni baba ata, atahusika." (BB)*

> *"The father is important ... since he is the one who is responsible for bringing in the things needed in the household." (N)*
> *"Baba ni muhimu ... kwa sababu ndiyo anayetafuta sana mahitaji kwa ujumla." (N)*

These comments about the role of the father in providing for particular needs can be considered in the context of an understanding of parental roles, discussed in section 6.2.2.1.1.

- *Dependence manifested by physical and educational needs*

It was suggested that children are dependent on adults for food and clothes, as well as their educational needs. The needs for clean water and sanitation were not referred to by informants, although these are obvious problems in Haydom village (as mentioned in section 1.2.5). This may be because the needs for clean water and sanitation are not seen to be an issue relating specifically to children, and are perhaps 'taken for granted' daily problems for everyone. Data display 3.1.2.2.1 shows evidence from informants in relation to physical and educational needs of children.

DATA DISPLAY 3.1.2.2.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 2: THE CHILD'S NATURE
#2: THE CHILD AS INHERENTLY VULNERABLE
***1: PHYSICAL AND EDUCATIONAL NEEDS**

"There are many shortages (to deal with), perhaps giving them food, buying clothes for them as long as this includes school uniforms, and whenever they are sick to get them treatment, to send them to hospital; to build them a children's home if they are orphans who have no means at all, and to include a school (in the plan) so that they get education." (I)
"Mapungufu ni mengi sana, labda kuwapa chakula, kuwanunulia mavazi ikiwa ni pamoja na nguo za shule, na pale watakapokuwa na dhaifu kuwapatia matibabu, kuwapeleka hospitalini; kuwajengea nyumba yao kama ni yatima wasio na namna kabisa, na kuingiza shule ili wapate elimu." (I)

"I think we should give them clothes, food and if they have any kind of illness to give them treatment." (T)
"Mimi naona tuwasaidie kuwapa mavazi, chakula na kama wana udhaifu wapate matibabu." (T)

"A child needs food, and also clothes to wear, those notebooks when he gets bigger; education; these are his needs; he needs them all." (U)
"Mtoto anahitaji chakula, na pia nguo ya kuvaa, hiyo daftari akikua; masomo; ndiyo mahitaji; anahitaji yote." (U)

"He is my child … I would use all my resources and consideration to support him so that he completes school. This will enable him to get some employment, and that's when I will see that he can help himself." (O)
"Mtoto ni mwanangu … Kwa uwezo wangu na fikira zangu ningemsaidia amalize shule. Akimaliza namna ya kupata ajira yake kidogo. Ndiyo hapo nitakapoona kwamba na yeye amejisaidia." (O)

"All of their rights should be respected; in my view the first major issue is education." (A)
"Wapewe haki zote ipasavyo; kwanza kikubwa mi naona ni elimu." (A)

"To tell the truth, there are many school requirements, they are really a lot … He will probably need clothes, food and other things like food. There are lots of issues, because he can't provide anything for himself. So I will give him all the things that he needs … [Who (which age group of child) has the most problems?] Perhaps let's say it is when they are in secondary school, because the little ones only need food, is that not so? They should be provided with food." (P)
"Kwa kweli, ni mambo mengi mahitaji ya shuleni, ni nyingi kwa kweli … Atahitaji labda mavazi, chakula na mambo mengine kama chakula. Mambo mengi tu, kwa sababu yeye hawezi kujisaidia kwa kitu chochote. Kwa hiyo nitampa yale mahitaji yote ambayo anayahitaji … [Nani ana upungufu mkubwa zaidi?] Labda tuseme hao wa sekondari, kwa sababu wale wadogo ni chakula siyo? Wasaidiwe upande wa chakula." (P)

Children's needs were seen to vary with their age; a very young child's needs were said to be 'only food', whereas an older child's needs were more complex, for example also needing education. The issues of physical and educational needs are discussed further in sections 6.4.1.2.2 relating to deprivation of these needs.

- *Dependence manifested by emotional needs*

When specific questions about emotional needs were asked, the importance of love was acknowledged by informants, as shown in data display 3.1.2.2.2. Some informants spoke of the provision of institutional care for handicapped and orphan children (as discussed in sections 6.6.2.2.2 and 6.6.2.3.3), without any reference to the risk of deprivation of emotional needs, as identified in the literature (discussed in section 5.4.1).

DATA DISPLAY 3.1.2.2.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 2: THE CHILD'S NATURE
#2: THE CHILD AS INHERENTLY VULNERABLE
***2: EMOTIONAL NEEDS**

- **The need for love**

"[Can he manage to live well without love?] He can't live without love; you must give him love, so that the child knows that his parents love him." (P)

"[Anaweza kuishi vizuri bila upendo ?] Na upendo huwezi, lazima umpe upendo, mtoto ajue kwamba wazazi nao wanampenda." (P)

"It is necessary to love a child; it is the first thing that is before everything else … It is looking after him, thinking about him and loving him, feeding him, so that he doesn't get any problems, and other things will follow." (Z)

"Kumpenda mtoto ni lazima; ni kitu cha kwanza yaani kabla ya yote … Ndiyo na kumtunza, na kumwaza na kumpenda, awe anashiba, asiwe anapata shida na mengine yatafuata." (Z)

"All of their rights should be respected … the second priority is that the family itself where the child is living should be loving; they (the children) should feel that they are being treated as human beings … they should be respected, they should be valued." (A)

"Wapewe haki zote ipasavyo … pili kwanza hata hiyo familia yenyewe anayoishi iwe na upendo, wajione kama vile nao ni watu … waheshimiwe, wathaminiwe." (A)

- **Love as inherent in African culture**

"An African child or a Tanzanian child gets love. He is fed by his father and mother, he lives with his father, and he is given love and attention … It is something which is present, it is something which we could say is nature, human nature … To be loved and valued while still a young child, this is something that is just there. Even we, even our relatives, while we were growing up we found love (in our homes); it's not something to buy." (BB)

"Mtoto wa kiafrika au mtoto wa kitanzania ana upendo. Ananyonyeshwa na baba na mama yake, anakaa na baba yake, na anapewa ile upendo wa kupendwa … Ndiyo ni kitu kipo, ni kitu ambacho tuseme ni asili ya, asili ya binadamu … Kupendwa na kuthaminiwa katika umri wa mtoto mdogo, hii <hiki> ni kitu kipo tu. Hata sisi, hata ndugu zetu, tulivyokuwa tulikikuta pale; siyo kitu cha kununua." (BB)

Assuming that Maslow's identified human needs, which include the need for love and belonging (Potter & Perry 1999:437; Walsh 2002:11), are transculturally applicable, there is a need to ensure that vulnerable children's emotional needs are considered, in spite of possible linguistic and cultural challenges that may present themselves. This is an example of the need for linguistic and cultural sensitivity in all aspects of a study of this nature, and of the need to scrutinise unexpected findings.

6.4.1.3 The child's purpose: a resource

Children were reported to be a resource or an investment for their families, and were expected to provide help from an early age, and support for elderly parents. Children

were also reported to provide meaning to adulthood; a marriage without children was seen to be incomplete. The emphasis on the responsibilities of children contrasts with the emphasis on the rights of children found in the literature (as discussed in section 4.5.4). From a 'Western' perspective the view of a child as a resource could be interpreted as carrying a risk of exploitation. The local view may be influenced by the pragmatic consideration that insurance schemes and social service systems are not well established in Tanzania (as discussed in section 1.2.9), and people rely heavily on other members of society to help them manage challenges (such as care of the elderly) and crises. This view of African culture has been identified by transcultural nurses, who speak of the importance of extended family networks and interdependence with other members of society (Andrews & Boyle 1999:28; Andrews 2003b:170-171; Chipfakacha 2002:3-4). Data from informants related to 'the child as a resource' is presented in display 3.1.3.

DATA DISPLAY 3.1.3
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 3 : THE CHILD AS A RESOURCE

- **General indicator**

"A child is very important to me {as a widow}; to me he is someone without whom, if my child is not here, I would be alone; what would I do?" (V)

"Mtoto kwangu ni muhimu sana; ni mtu ambaye kwangu mimi ningekuwa peke yangu, kama mtoto hayupo; ningefanya nini?" (V)

- **The child as a provider of help when young**

"Adults are happy to have children because they are a help to them, and they {the children} can help them in the small activities, like (going) here and there." (H)

"Watu wazima wanafurahi kuwa na watoto kwa sababu ni msaada kwao, na wanaweza wakasaidia katika shughuli ndogo ndogo, kama hapa na pale." (H)

"From the age of about five years {a child will be helpful}, in the sense that he will help you; if you send him on an errand, he can manage to do the errand." (K)

"Tangu wakati akiwa na umri kama miaka mitano, kwa maana ya kwamba atakuwa anasaidia; ukimtuma anaweza akatumwa." (K)

- **The child as a helper for parents when he has grown up**

"It is the child who will help me when he grows up." (D)

"Ndiyo mtoto akikua atanisaidia." (D)

"… after giving birth to him (my child) he becomes an important person because he will help me later." (Z)

" … nilipomzaa akawa mtu wa maana kwa sababu baadaye atanisaidia." (Z)

"When a child grows up and learns to become a teacher he can provide for his parents … later on it is this child who will help us." (E)
"Wakati mtoto akipata elimu akawa mwalimu, anaweza kuwapatia wazazi wake … baadaye ni huyu mtoto atakayetusaidia." (E)

"The 'child' ... It is up to us who are his parents to help him wherever we can ... they (our children) will help us later on." (N)
" 'Mtoto' ... Ni sisi wazazi kumsaidia kwa pale utakapoweza ... Watatusaidia baadaye." (N)

"A child is an asset (or blessing) for a household, isn't he? And as he grows up, he helps us, although it costs us a bit to bring him up, having a child is an asset." (U)
"Mtoto si faida ya nyumbani? Na akikua anatusaidia, ingawa kidogo tunalea, ndiyo faida ya mtoto." (U)

"The word 'child' means (someone) to help me, or my helper in later life." (O)
"Neno 'mtoto' ina maana ya kunisaidia au msaidizi wangu wa baadaye katika maisha." (O)

"A child to me {as a widow} means my strength … He is my child, my help; when he grows up I will depend on him for everything as if he was my father and mother, since I am now living far away from my parents; I am only living with my children here." (M)
"Mtoto kwangu lina maana ya kwamba ni nguvu yangu … Ni mtoto wangu, ni msaada wangu; akikua kwa kila kitu namtegemea kama baba yangu na mama yangu, kwa maana niko mbali na wazazi wangu; niko na watoto wangu tu." (M)

"Today I will help him {the child}; tomorrow he will help me." (X)
"Leo nitamsaidia; kesho atanisaidia." (X)

"As I understand the term 'child', I help to bring him up during the time that he is still small up to the age of 18, and after that I can depend on him to help me since I am his parent." (G)
"Mimi ninavyoelewa 'mtoto', ninamsaidia kumlea kwa kipindi alichokuwa bado mdogo hadi miaka kumi na nane, na hapo baadaye ninaweza kumtegemea akinisaidia maana mimi mzazi wake." (G)

"As they listen to each other and discuss together in that house, they discuss together, the young men must plan, they must plan who will take care of that {widowed} mother … we take steps to look after her. And to listen to her, and to ask her if she is short of anything." (BB)
"Kama wanasikilizana ndani ya nyumba ile, wanasikilizana, inabidi wapange wale vijana, wapange kwamba yule mama nani atamtunza … ni sisi tunachukua hatua ya kumtunza. Na kumsikiliza na je? kwamba anakosa kitu fulani." (BB)

"When my father got leukaemia he left the place where he had gone to, which was far away, and he came back ill and died right here at Haydom hospital. I myself nursed him until the last minute when he died in my own hands, even though he had abandoned us." (G)
"Baba yangu akapata kansa ya damu, katoka huko sehemu za alienda huko, sehemu za mbali, akarudi anaumwa, akaja kufariki hapa hapa hospitali ya Haydom. Mwenyewe nimemwuguza mpaka dakika ya mwisho akakata roho mikononi mwangu, japokuwa alikuwa ametuacha akatutoroka." (G)

"To tell the truth parents are just parents. You can't abandon your parents because they must remain your parents, and it's not that perhaps they were very bad, but I know that a human is just a human, he has his shortcomings." (K)
"Kwa kweli wazazi ni kama wazazi tu, huwezi kuwatupa kwa vyovyote vile lazima watakuwa wazazi wako, na si kwamba labda pengine ni wabaya sana, maana najua ya kwamba binadamu ni binadamu, ana kasoro yake." (K)

"In my view a large proportion of people … are very happy to have children … they see the family as being important … later on when I have become very old my children will look after me. It's like they have made an investment." (DD)
"Kwa mtazamo wangu asilimia kubwa … wanafurahi sana kuwa na watoto … wanaona familia kuwa ya maana sana … baadaye nikishakuwa mzee sana watoto wangu watanitunza. Ni kama wamejiwekea hazina." (DD)

- **The child as an important factor in social life**

"If someone has got married, what does he pray for? Doesn't he or she pray that God may grant them children? It's only one or two people who stay completely unmarried, but all women get married." (Z)
"Ikiwa mtu ameoa au kuolewa anaomba nini? Si anaomba kwamba Mungu nijalie watoto? Ni mtu moja moja tu wanaokaa bila kuoa moja kwa moja, lakini wanawake wanaolewa wote." (Z)

"I would think, why not help the family and the parents [to care for their children], if you take them away, what use are we parents who produced them, the children who God granted us to have, what use would that be …? We would be useless." (E)
"Mimi ningeona kwa nini usisaidie huanzia familia na wazazi wao, au wewe ukiwachukua watoto, ina maana sisi tuliowazaa hao, Mungu ametupa tukazaa, ina maana …? Hatuna maana sisi." (E)

"People get married and in the end they don't manage to have children … they are likely to feel bad (about it), and often it's likely that the husband decides to chase away (that wife) or to marry another one in order to have children … in our society which is around us, Datoga and Iraqw ethnic groups, many of them get an additional wife in order to have children. Because children are (important for) their status." (H)
"Watu wanaoana na hatimaye hawawezi kupata mtoto … huwa wanajisikia vibaya, na mara nyingi huwa mume ndiyo anao uwezo wa kufukuza au kuoa mwingine ili kupata mtoto … kwa jamii zetu wanaotuzunguka, wadatoga na wairak, wengi wao huwa wanaongeza mke wa pili ili kuweza kupata watoto. Kwa sababu watoto ni sawa na, na hadhi yao." (H)

"Often it's a great joy to have children because of the issue of inheritance; if she doesn't have children who will take the inheritance that she has been given by her husband? It can't stay with her, if she has no children. If she has children, either girls or boys, that inheritance of hers, on the day that her daughter gets married, she (the mother) gives her (the daughter), she gives those possessions to her daughter, she gives to her son." (BB)
"Mara nyingi ni furaha sana kuwa na watoto kwa sababu ya urithi; ikiwa hatapata watoto ule urithi aliyopewa na mume wake itachukuliwa na nani? Hawezi kubaki kwake, kama hana watoto. Kama ana watoto hata wa kike au wa kiume ule urithi wake, siku mtoto wake wa kike akiolewa, anatoa, anatoa ile mali, anampa mtoto wake wa kike, anampa wa kiume." (BB)

Informants gave their views about children being a social resource, in terms of children helping while still young, and later on as their parents get older, and also in terms of companionship. Children were seen to be important in caring for widows, and even parents who have mistreated them as children. The following appears to be a fairly unusual 'contrary case' of care of ageing relatives by children; an elderly informant with no children caring for her expressed her loneliness and sadness:

> *"I {am an old lady and I} have no way of going on. I want to die. There's no-one to help me. My own children are not around; they have scattered to different areas; some have run away; the girls are with their husbands ..." (I)*
> *"Mimi sina namna. Nataka kufa. Hamna wa kunisaidia. Watoto nimewazaa hawapo; wametawanyika; wengine wametoroka; wasichana wako kwa bwana zao ..." (I)*

While children in Haydom can be observed playing, they are often seen to be looking after younger siblings and helping their parents with household tasks, as shown in figures 9.21 to 9.25. The "rights based" approach to child vulnerability which is common in the literature differs from the "responsibility focused" approach which appears to be represented here. This lack of emphasis of children's rights represents a major difference compared to the values expressed in much of the literature. A lack of appreciation of children's rights affects the underlying rationale for planning and implementing strategies.

Children appear to be an important factor in giving meaning to adulthood. A community leader (Informant S) reported that Iraqw adults like to have many children, and a childless married woman is not seen as a 'real wife' and may be deserted by her husband. Other informants spoke of the desire to have children. The finding that local people want and expect to have children is congruent with the findings of anthropologists who have studied local ethnic groups, as discussed in section 2.14 of this study. The child providing meaning to adulthood appears to be closely related to seeing the child as a resource or investment.

6.4.1.4 The child's age

Informants suggested that children remain children until they become independent or adult; they usually only mentioned an age when specifically asked, and then many said eighteen years. The literature provides a variety of views about the age of children; in

legal terms in Tanzania, a child is an individual below the age of eighteen years (discussed in section 4.5.1). Informants' views are presented in display 3.1.4.

DATA DISPLAY 3.1.4
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 1: THE CHILD
SUB-CATEGORY 4 : CHILD'S AGE

- **Age limit 15 years or more**

"[At what age can we say that he {a child} becomes an adult?] He can be a child until the age of fifteen years and a bit above. [Will he have already become independent?] He will not yet be independent; he will take a few more years yet … By the age of twenty years he will have got enough strength or resources to be independent." (R)

"[Tunaweza kusema ni mtu mzima akiwa na umri gani?] Anaweza kuwa mtoto mpaka umri wa miaka kumi na tano na kuendelea kidogo. [Atakuwa ameweza kujitegemea?] Atakuwa hajajiweza; atachukua miaka kidogo mbele … Mpaka miaka ishirini atakuwa amepata nguvu au uwezo wa kujitegemea." (R)

- **Age limit 16 years or more**

"[Up to what age can we use the term 'child'?] Until he can manage by himself … Like sixteen years of age or more. [Will he be independent?] He won't yet be independent. [When is he likely to be (independent)?] By about eighteen years of age." (T)

"[Tunaweza kusema 'mtoto' mpaka umri gani?] Mpaka atakapojiweza … Kama miaka kumi na sita au na zaidi. [Atakuwa amejiweza?] Bado hajajiweza. [Mpaka umri gani labda?] Kama miaka kumi na nane." (T)

- **Age limit 18 years**

"The word 'child', as I understand it … His age is below eighteen years." (G)

"Neno 'mtoto', kama ninavyoelewa mimi … Umri chini ya miaka kumi na nane." (G)

"[What does the word 'child' mean to you?] It means that if we talk about the term 'child' it means … up to eighteen years of age." (K)

"[Neno 'mtoto' lina maana gani kwako?] Ina maana ya kwamba tukiongea 'mtoto' ina maana ya ... hadi kwenye miaka kumi na nane." (K)

"[How can you tell that he {a child} has already become an adult?] It's after reaching eighteen years old and he is able to be independent." (O)

"[Unaweza kutambuaje kwamba ameshakuwa mtu mzima?] Ni baada ya kuwa na umri wa miaka kumi na nane na anaweza kujitegemea." (O)

"[What age {is 'the child'}?] … Yes, 'the child' for us here in Tanzania, 'the child', 'the child' (refers to) the age of eighteen years and before that." (N)

"[Umri gani?] … Ee, 'mtoto' kwa huku kwetu Tanzania, 'mtoto', ni umri wa miaka kumi na nane kuja nyuma ndiyo 'mtoto'." (N)

"He is a child until he is eighteen years old. When he passes eighteen years he is not a child, he is an adult. He will be able to manage; he can at least search for food to fill his stomach." (V)

"Mtoto mpaka miaka kumi na nane. Akipita miaka kumi na nane siyo mtoto, ni mtu mzima. Atakuwa amejiweza; anaweza kujitafutia angalau chakula cha tumbo lake." (V)

- **Age limit above 18 years**

"[What age do you consider someone as a child?] … by the age of twenty five years he is able to help me." (C)

"[Mtoto unadhani ana umri gani?] ... miaka ishirini na tano anaweza kunisaidia." (C)

"{He is a child} until he becomes an adult … it is possible that this is even up to twenty or thirty years of age." (E)

"Mpaka utu uzima … inawezekana hata ishirini au hata thelathini." (E)

These varied views of the chronological age of a child in Haydom reflect the socially constructed nature of childhood as well as legal considerations, and are congruent with the variety of views found in the literature. Organisations helping vulnerable children are likely to place age criteria on different strategies, so it is necessary to be aware of the locally held views regarding the age of 'the child'.

6.4.2 Vulnerability

The term *'upungufu'* (plural *'mapungufu'*) meaning deficiency, deficit, lack, something wanting (A Standard Swahili-English Dictionary 1995k:390), shortage or scarcity (Swahili-English Dictionary 2001j:347) was a recurring theme in informants' reports of vulnerability. When this deficiency relates to one or more needs of a child, it implies a 'deprivation', which was deduced to be a defining attribute of child vulnerability. Evidence relating to descriptions of vulnerability which use the term *'upungufu'* (underlined) is presented in display 3.2.1.

DATA DISPLAY 3.2.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY 1: *'UPUNGUFU'* / SHORTAGE

"There are many shortages (to deal with) {for vulnerable children}, perhaps giving them food, buying clothes for them as long as this includes school uniforms, and whenever they are sick to get them treatment." (I)

"Mapungufu ni mengi sana, labda kuwapa chakula, kuwanunulia mavazi ikiwa ni pamoja na nguo za shule, na pale watakapokuwa na dhaifu kuwapatia matibabu." (I)

"There are many needs that are not met for this child, for example, if he is asked to bring something to school he can't get it quickly; he starts to struggle to get it." (V)

"Mapungufu ni mengi kwa mtoto, mfano, akiambiwa kitu shuleni hawezi kupata haraka; anaanza kuhangaika." (V)

"Now there's a big shortage of resources, we can't buy the basic necessities. It is very difficult … When you have no money for basic necessities, life is difficult … There is soap (to buy), if someone is sick, if they are sick, and there is no money life is difficult." (U)
"Sasa kuna upungufu sana, hata kwa matumizi unashindwa kupata. Inakuwa ni ngumu sana … Huna matumizi unakaa na shida … Kuna sabuni, kama anayeumwa, kama anaumwa. Huna matumizi unakaa na shida." (U)

"There is a danger of deficiencies {for vulnerable children}, health wise, because he needs food." (E)
"Hatari ya upungufu, kiafya na kule anahitaji chakula." (E)

The uses of the term 'vulnerable' are many, and reflect the richness and complexity of the term and the English language (as discussed in section 4.6.1). Defining attributes identified in the literature include susceptibility to harm which is a feature of the empirical indicators, in relation to health risks that arise from lack of nutrition and lack of access to health care. Vulnerability involves being at risk from negative life events that becomes evident when adverse life circumstances arise (as noted in section 4.6.3). The differences between the attributes of vulnerability identified from the literature and the attributes identified by informants may reflect the relative simplicity of the Swahili language, linguistic considerations associated with the translation *'asiyejiweza'* (discussed in section 4.7.1) as well as the personal views and experience of informants.

Different aspects of deprivation (deficits in relation to needs, or *'upungufu'*) were described by informants, including deprivation of food, clothes, recognition, inheritance, education and access to health care. The literature also considered deprivation to be a feature of child vulnerability, as discussed in section 4.7.4. Specific features of deprivation could be considered empirical indicators for child vulnerability in Haydom, for example, operational definitions of deprivation suggested by UNICEF (2004c:19) could be adapted to the local situation, in consultation with local 'experts'. A variety of empirical indicators of deprivation are indicated in data display series 3.2.2 to 3.2.5.

6.4.2.1 Deprivation of basic needs: food and clothes

Informants reported that vulnerable children were likely to lack basic needs such as food and clothes, which reflects the dependence of the child (as discussed in section 6.4.1.2.2); these basic needs are directly related to a child's health. Evidence in this regard is shown in display 3.2.2.

DATA DISPLAY 3.2.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY 2: DEPRIVATION OF BASIC NEEDS (FOOD AND CLOTHING)

- **Food**

"The problems that a vulnerable child might suffer from are that he can lack … food, meaning he can lack a balanced diet." (G)
"Mtoto asiyejiweza madhara yatakayompata ni anaweza akakosa … lishe, maana yake anaweza akakosa mlo kamili." (G)

"The first thing {to affect a vulnerable child} is hunger, and then {shortage of} clothes …" (D)
"Cha kwanza ni njaa, mavazi …" (D)

"There is a danger of deficiencies {for vulnerable children}, health wise, because he needs food." (E)
"Hatari ya upungufu, kiafya na kule anahitaji chakula." (E)

"For other {vulnerable children} their state of health {is affected}; they don't get food properly or a balanced diet, and they don't have clothes." (R)
"Kwa wengine kwa afya; hawapati chakula vizuri au lishe nzuri, na mavazi hawana." (R)

"I can say that problems that he {the vulnerable child} will get are as follows. Perhaps I should start with, ah, to get that condition, a lack of nutrition or he can probably go short of normal everyday food." (K)
"Ninaweza kusema ya kwamba madhara atakayopata ni hayo yafuatayo. Labda pengine nianze ya kwamba, aa, kupata nani hii, kukosa lishe au labda pengine chakula cha kawaida ya siku zote anaweza akakosa." (K)

- **Clothing**

"You can identify that a particular child comes from a vulnerable family by looking at his clothes, his health and his state of nutrition." (O)
"Unaweza kutambua kwamba huyu mtoto familia yake hawajiwezi kutokana hata kuona mavazi yake, afya yake, lishe." (O)

"He {the vulnerable child} will dress differently from other children." (I)
"Atakuwa anavaa mavazi tofauti na wengine." (I)

Deprivations of food and clothes were observed in many informants' households to be a common lived experience. One informant that the researchers visited was a Datoga widow who had 4 children, who all looked badly dressed, dirty and hungry. She described how to distinguish vulnerable children, by referring to her own children:

> *"I can differentiate, like those (children of mine who are) outside, you will see children are different by looking at their clothes. Those from well to do families dress up every day, they change their clothes. Something else is that they cannot even go to school. If you go to the houses of children who are well-off, you find the children are eating well, and they play a lot." (M)*
>
> *"Ninaweza kutofautisha, kama wale wa nje, utaona watoto ni tofauti kwa kuangalia mavazi. Walio na uwezo wanavalishwa kila siku, wanabadilisha nguo. Kitu kingine, kushindwa kupata elimu. Watoto walio na uwezo ukifika majumbani mwao utakuta wanakula vizuri wanachezacheza." (M)*

Another informant whose father had two wives and a total of 16 children remembered the experience of problems of hunger especially in the famine years of 1975 and 1976:

> *"In those days it was so difficult to find food, conditions were very hard. We were so very hungry that the cows would be bled, and we ate that cow's blood mixed with a little flour. Yes, there was no food at all in 1975 and 1976 ... we even left school because of hunger and then we used to move from place to place. We had a few animals but the livestock died all along the way. Conditions were really bad." (O)*
>
> *"Chakula ilikuwa ngumu sana kipindi kile, hali ilikuwa ngumu. Tulipata njaa sana mpaka tuli n'gombe walikuwa wanatolewa damu tunakula zile damu ya n'gombe pamoja kuchanganywa na unga kidogo. Ee, chakula ilikuwa hamna kabisa mwaka wa sabini na tano na sabini na sita ... tunaacha hata shule kwa ajili ya njaa, halafu kuhama kutoka eneo moja kwenda nyingine. Tulikuwa na mifugo kidogo, halafu walikuwa wanakufa njiani njiani; hali ilikuwa mbaya." (O)*

This traumatic community experience of famine has not been forgotten; informant G reported that there was a dramatic increase in suicide by hanging during the famine years. Deprivation of food and clothes is still clearly a part of the stressful lived experience of vulnerable families; hunger was reported to be a frightening experience such that fear of hunger keeps vulnerable children persevering in a bad situation where they get even a little food, rather than risk running away and starvation (as discussed in section 6.6.1.1). The literature links deprivation of water and sanitation to child vulnerability (as discussed in section 4.7.4.2); these deprivations were not referred to by informants in this study, perhaps because they are common deprivations for the community as a whole, and were therefore not identified as specific to vulnerable children. This reflects the relative and contextual nature of deprivation.

6.4.2.2 Deprivation of inheritance and recognition

Orphans were reported by informants to be likely to be deprived of their inheritance, especially by relatives. This deprivation could also be considered to be a type of

exploitation (discussed in section 6.3.2). Evidence relating to this issue is provided in display 3.2.3.

DATA DISPLAY 3.2.3
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY # 3: DEPRIVATION OF INHERITANCE AND RECOGNITION

- **Orphans**

"They may take care {of the orphaned child's rights}, if the father has his relative he will take care of the land until the children grow up, they grow up a bit. He will look after the land, but if the man is a bad person he will deprive them {the orphans} of it … If he is a bad character he will deprive them of all of it." (U)
"Watalinda, kama baba ana ndugu yake, atalinda ile ardhi mpaka watoto wakue kidogo, kidogo wakuekue. Ndiyo analinda hiyo ardhi kama mzee ana tabia mbaya atawanyima … Kama ana tabia mbaya moyoni mwake atawanyima yote." (U)

"Orphans, in the case where one of the parents, for example the father, dies, those {orphans}, they may not get, they may not inherit their father's possessions, because the relatives (of the deceased man) may mistreat him {the orphan} in one way or the other, and so in the end he may get absolutely nothing, and often those who are likely to take these possessions are the relatives of the deceased man." (H)
"Watoto yatima, endapo kati ya mzazi mmoja mfano baba anapo, anapofariki, wale wanaweza wasipate, wanaweza wasirithi mali kutoka kwa baba yake, kwa sababu ndugu zake wanaweza kumnyanyasa, kwa namna moja ama nyingine, kwa hiyo hatimaye anaweza moja kwa moja asiweze kupata, na mara nyingi hiyo mali huwa anayeweza kufanya hivi ni ndugu ya yule aliyefariki." (H)

- **Illegitimate children**

"It becomes very hard {for an illegitimate child} to be recognised by the (father's) clan." (A)
"Inakuwa ngumu sana kutambulikana kwenye ukoo." (A)

"Let us say that his real birth father, that one who is his biological father can give him {the child} an inheritance, but the one {the child} who doesn't have his father, the one who is not his real father, he can't give him an inheritance. He {the child} can only struggle ... that other stepfather can't help him. Even if he lives just here {with the stepfather} he will just suffer, he {the stepfather} won't care if he {the child} has any problem at all." (EE)
"Tuseme kama baba yake kabisa, huyu ambaye ni baba mzazi anaweza kumpa urithi, lakini asiye na baba yake, huyu ambaye si baba yake mzazi, hawezi kumpa urithi. Anaweza kuhangaika tu ... Huyu baba mwingine wa kambo hawezi kumsaidia. Hata kama atakaa hapo hapo atakuwa anateseka tu, asimjali akiwa na shida yeyote." (EE)

"This {illegitimate} child will not be able to get land except maybe from my own father (that is, his maternal grandfather)." (G)
"Huyu mtoto hataweza kupata ardhi, labda kwa baba yangu." (G)

- **The position of women in society**

"These days a lady {who is widowed} and her property becomes the general property of the relatives of the (deceased) husband's parents, and they claim the inheritance and they go and sell it, it gets scattered around, then they (the widow and her children) just stay without anything, there is nothing … [How can widows be helped? …] … Her rights relating to her husband must be defended, because if they {the relatives} take all the possessions, then also the household cannot continue and the children are scattered." (AA)

"Siku hizi mama imeshataifishwa na ndugu wa wazazi ya mume, anadai urithi halafu anakwenda kuuza, anasambaratisha halafu wanabaki hivi hivi, hamna kitu … [Na jinsi ya kusaidia wajane? …] … Ni lazima atetewe haki zake za mume wake, kwa sababu wakirithi basi tena nyumba imekufa na watoto wanasambaratika." (AA)

"Yes, here, it {orphans getting their inheritance} depends on, on, on the mother's stand … you find she looks for a 'helper' … now here, here is a problem. You find that the man who comes to live with that woman can take all the possessions; those little children, they can't say anything. And the woman reckons that this is all right, and this often happens, and for us, we see this as being like poison … And later on the children have nothing. And so it is often like this … It's rather difficult to defend the rights of children." (BB)

"Ee, hapa inategemeana na, na, na umsimamo wa mama … unakuta anamtafuta msaidizi … sasa hapa, hapa ni shida. Unakuta yule mwanaume anayekuja kuishi na huyu mama anaweza kuchukua mali, na wale watoto wadogo, hao hawawezi kusema kitu. Na mama anaona ni sawa, na hii imetokea mara nyingi, na hii kikwetu tunaona ni kama sumu … Na watoto baadaye hamna kitu. Kwa hiyo mara nyingi ni hivyo … Kutetea haki za watoto kidogo inakuwa ngumu." (BB)

"When I leave my home and get married I no longer have any standing in the family where I was brought up. Children are considered in terms of gender; the one who inherits is the male child, so for the majority of Iraqw families female children do not inherit anything." (G)

"Nitakapoondoka kwetu nitakapoolewa mimi sina mamlaka tena nyumbani kwetu, na mtoto wanaangalia tena jinsia; anayerithishwa hasa ni mtoto wakiume kwa hiyo mtoto wa kike kwa asilimia ya wairaqw hawarithishwi mali." (G)

- **Fathers dying intestate**

"[Can orphans get their inheritance from their parents who have died?] … if they have not left any written will, or however at the time of death the deceased just left his last wishes verbally, often people don't follow those verbal instructions closely. There is no such thing as defending the rights of the orphan … they just remain (with nothing); they miss out on their rights." (A)

"[Yatima wanaweza kupata urithi wao labda kutoka wazazi wao waliofariki?] … kama hayo maandishi hayajaacha, au aidha wakati marehemu amefariki aliacha kauli yake ya mwisho, na mara nyingi ile kauli watu hawafuatilii sana. Ni hamna haki inayotendeka kwa mtoto yatima … wanabaki tu, wanakosa haki tu." (A)

Deprivation of inheritance and recognition was reported to relate to orphans and illegitimate children, but was compounded by the position of women in society and fathers dying intestate. One Datoga informant whose father died when he was young

spoke from personal experience of how his uncles misappropriated his land. When asked if he had inherited anything from his father he replied:

> *"No, nothing! … They didn't give me anything, I left empty handed … My father's uncle came and took away all the cows. Yes, as for that land, my uncle who was his (my father's) younger brother, who is my paternal uncle, took all the land. He moved there and took over ownership because my father was dead and my mother had left, the child had left so he went and moved there … I didn't get anything." (Y)*
> *"Hamna, hamna! … Hamna chochote; nimetoka hivo hivo <hivyo hivyo> ... Hapana wana, baba zake mdogo nakuja <wamekuja> kuchukua na ng'ombe imeisha <wameisha>. Ee, kwa ile eneo baba yake mdogo ambaye ni kaka yake ambaye baba yangu mdogo akaja kuchukua ile ardhi, kahamia kule kamiliki <akamiliki>, kwa sababu si wamekuta baba amekufa, mama ameondoka, mtoto ameondoka, yeye ikaenda <akaenda> kuhamia kule … sijapata chochote." (Y)*

Deprivation of inheritance and recognition may bring serious economic and social consequences, as discussed in section 6.5.

6.4.2.3 Deprivation of education

Informants suggested that vulnerable children may suffer from educational deprivation; this deprivation was often linked to poverty but was said to be the result of unwillingness to educate children based on cultural beliefs (referred to in section 6.3.1.5) in some cases. In Tanzania, 77.2% of children aged between 7 and 13 years were estimated to attend school in 2006 (as discussed in section 1.2.7), and UNICEF quotes the most recently available secondary school attendance rates as 8% (2008:137). Data display 3.2.4 contains evidence on different facets of educational deprivation.

DATA DISPLAY 3.2.4
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY 4: DEPRIVATION OF EDUCATION

- **Intentional deprivation of education by the responsible adults**

"It is the parents, there are those bringing up children, who deprive the children of education, for example those who are not educated ... they deprive them and they marry them off … often he {the child} can't consider and (even) know his rights, and (how to) claim his basic rights, because school helps you to know your rights, and to know where to go to claim your rights … the child who is deprived of education is exactly like that vulnerable child." (H)
"Ndiyo wazazi, walezi wapo, wananyima watoto elimu, kwa mfano wale wasioelimika … wanawanyima wakaozeshwa … mara nyingi hawawezi kuzingatia na kujua haki zao, na kudai haki zao za msingi, maana shule inasaidia kujua haki zao, na kujua kwamba utaenda kudai wapi haki zao … mtoto aliyenyimwa elimu ni sawa kabisa na yule mtoto asiyejiweza." (H)

"*They {foster children} will not get education as they should … people don't value someone else's child like their very own child; there must be deficiencies in their care even though they {the children} probably really have problems." (K)*

"*Hawatapata elimu kama ipasavyo … mtoto wa mtu mwingine mtu hatamthamini kama wa kwake kabisa; lazima kutakuwepo na ukasoro kasoro ingawaje kwa kweli labda ana matatizo." (K)*

- **Poverty and school exclusion**

"The result is that children just get sent home; they don't care if this one can't afford (what is stipulated) … The implementation {of the child's right to education} is difficult, because you will find that they talk a lot about it but the implementation is difficult." (T)

"Kwa hiyo ni kufukuzwa tu; hawawezi kujali kwamba huyu hajiwezi … Kutekeleza jambo hilo {haki elimu} ni ngumu kwa sababu utakuta wanaongelea lakini kutekeleza inakuwa ngumu." (T)

"Now how would he continue (with school) if I (his father) have no money? He is sent home from school (because of non-payment of fees) and the lessons go ahead (without him)." (E)

"Sasa angejiendeleza vipi, kama mimi sina hela? Na shuleni anafukuzwa halafu masomo yanampita." (E)

- **Adherence to uniform policies**

"[In respect to education] {and entering class without following all the rules} the school authorities won't allow this. They just send the children home, because at school if they decide that the students should wear a particular kind of shoe for uniform, when a child wears 'tyre sandals' he will be sent away. You must get ones like the ones they want. And so, the result is that children just get sent home." (T)

"[Kwa upande wa elimu] shuleni hawawezi kukubali, hivo ni kufukuzwa tu, kwa sababu shuleni hata wakisema viatu vya shule ni aina hii, ukienda na hata hizi za tairi unafukuzwa. Lazima upate kama ile wanayotaka wao. Kwa hiyo ni kufukuzwa tu." (T)

Informants noted that deprivation of education is linked to parents themselves not being educated, and communities not being aware of a child's rights, in spite of the Tanzanian government's policy of *'haki elimu'* ('the child's right to education') which has been widely publicised in the media. The lack of access to media in rural areas of Tanzania (as mentioned in section 1.2.5) may militate against effective community sensitisation about children's rights. Deprivation of education is also linked to discrimination against a stepchild or foster child, discussed further in section 6.3.1. Poverty appears to be a major factor depriving children of education. One ten-cell leader (Informant S) described the economic status of families in his area of responsibility of 32 households in relation to their ability to send their children to school. He reported that 7 families were 'comfortably off', 15 were 'average', which he explained as meaning for example, that children might be sent home periodically for non-payment of school fees, but would be returned fairly soon, and 10 households were very poor, which he explained as meaning

that parents could not afford basic school requirements such as uniforms, so children would not be able to attend school.

There is reported to be fairly strict adherence to school uniform policies in Haydom, which would discriminate against those too poor to afford uniforms. For example, informant M spoke of her own children being excluded from school for lack of uniforms; they were seen to have ragged and dirty clothes and to be living in abject poverty.

> *"If the children want to go to school there are no means available to pay the costs, and they (Government officials) can take legal steps against me and send me to prison. As for me, my own children, they have been sent back home because I had no way of getting what they needed like those school uniforms. Even getting clothes to wear at home, you can see it is difficult, can't you?" (M)*
> *"Wakitaka kusoma shule hamna namna ya kuwasomesha watoto, na wanaweza kunichukulia hatua ya kisheria na kufungwa. Na mimi watoto wangu mimi, wamerudishwa nyumbani kwa kukosa namna ya kupata mahitaji kama vile nguo za shule. Hata nguo za kushindia nyumbani si unaona ni shida?" (M)*

Strategies to increase access to education, including abolition of school fees and uniforms are discussed in section 5.4.6, and recommendations considered in section 8.6.1.6. Deprivation of education is likely to have lasting consequences for the child, as discussed in section 6.5.1.3.

6.4.2.4 Deprivation of health care

Vulnerable children were reported to have reduced access to health care for treatment of illness, which may require some payment, although they have access to free vaccination services. Local availability of health services, 'cost-sharing' systems and exemptions at HLH are discussed in section 1.2.6. The evidence in data display 3.2.5 should be read in conjunction with other sections of this study. The deprivation of basic needs such as food and the consequence of vagrancy with lack of shelter contribute to the vulnerable child being more prone to ill health and in jeopardy of not receiving the necessary health care.

DATA DISPLAY 3.2.5
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY 5: DEPRIVATION OF HEALTH CARE

"A vulnerable child may either become sick and fail to get any assistance to get medicine, or there may be the problem of not even being able to get him to the necessary place so that he gets that treatment, meaning there is no one who will help him; he is left without help, so it is dangerous for him." (K)
"Aidha hata anaweza akaugua, asipate hata na msaada wowote wa kupata na dawa, au anaweza kuwa na kasoro ya kutokuweza kufika hata mahali anapotakiwa ili apate huduma hiyo, maana hapatakuwa na mtu atakayemsaidia mara nyingine; anabaki hewani, kwa hiyo ni hatari kwake." (K)

"If it's a vulnerable child, maybe his mother has no money, she may perhaps get a casual job and then she may get money for paying what is owed (for health care); if it's a question of getting treatment at the dispensary or the outpatients department, she can come, and not get anything, she can return home in just the same condition without any treatment … If you don't pay you don't get anything, those people {health workers} expect money; if you don't have money you just go back home without any treatment." (T)
"Kama ni mtoto ambaye hajiwezi, labda mama yake hana namna, anaweza kwenda kufanya kibarua labda na akapata hela na kwenda kulipa deni; kama ni kupata matibabu kule dispensary au O.P.D. anaweza akafika, akakosa, akarudi nyumbani hivi hivi bila kupata matibabu … Bila kulipa hela hupati chochote, wale wanadai hela; kama huna hela unarudi nyumbani tu bila matibabu." (T)

"It is often difficult for vulnerable children to get health services ... others live in difficult circumstances; it is very difficult because they have no income, they have no money to be able to provide for their basic needs like treatment for illness; it's difficult for them to get. They suffer; they don't get treatment like other children get … and often he can't be helped or listened to … it's very difficult getting helped there {in the health facility}, to get treatment like other children get." (H)
"Watoto wasiojiweza kupata huduma za afya mara nyingi ni ngumu ... wengine wanaoishi katika mazingira magumu; ni ngumu sana maana hawana kipato, hawana fedha za kuweza kujikimu katika matibabu kama maradhi; ni ngumu kwao kupata. Wanateseka; hawapati matibabu kama watoto wengine wanapata … ni mara nyingi asiweze kusaidiwa na kusikilizwa … ni ngumu sana kuweza kusaidiwa kule, kupata matibabu kama watoto wengine wanavyopata." (H)

Informants commented on difficulties in getting health services although treatment for under five year old children is supposed to be free of charge throughout Tanzania and Government facilities can be accessed by paying 5 000 shillings (about US$4) a year per family, or 500 shillings (about US$0.4) per visit (as described in section 1.2.6). Personal experience of informants that appears to support the perceptions of other informants is presented in display 3.2.5.1.

DATA DISPLAY 3.2.5.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 2: VULNERABILITY AS DEPRIVATION
SUB-CATEGORY 5: DEPRIVATION OF HEALTH CARE
#1: PERSONAL EXPERIENCE

"If they are sick, and there is no money life is difficult. (The problem continues untreated) until he is seriously ill … They {health workers} do not listen. I tell them about my problems, then they say 'Go back home and find a way to pay'; it's just like that. [What about letting you off the payment?] There is nothing like that. You will be allowed to do casual work, even if it's there (at the hospital) you will ask and you will even get work like cutting grass; that's how you pay. [What about … if you want to go back home with medicine {without being admitted}?] They will not understand. You go back home empty handed." (U)

"Kama anaumwa, huna matumizi unakaa na shida. Mpaka unaumia kabisa … Hawasikilizi. Mimi nasema hivi, halafu wanasema 'Nenda; rudi nyumbani, ukatafute namna ya kulipa'; ni hivyo tu. [Kusamehe?] Hakuna. Utaruhusiwa utafanya kibarua, hata kama ni kule utaomba utapewa hata ile ya kufyekafyeka; ndiyo unalipa. [Ikiwa … unataka kurudi nyumbani na dawa?] Hawataelewa. Unarudi kavu kavu." (U)

"(Then there is) the issue of illness. After getting food, and clothes, there is the issue of illness … the situation is bad. It's not easy. [Getting vaccinations?] If it's free services I will take them (my children). [But what if you are sick?] It's a problem" (D)

"Kipengele cha maradhi. Baada ya chakula, mavazi, kuna kipengele cha maradhi … hali ni mbaya. Siyo rahisi. [Kupata chanjo?] Kitu ambayo <ambacho> siyo hela nitapeleka <nitawapeleka>. [Lakini ikiwa unaumwa?] Ni shida" (D)

Logistical problems in reaching health facilities and variable availability of medicines and supplies in the health facilities create barriers to health care. There may be a need for user-friendly identification systems for the poorest members of the community who do not have even 500 shillings to allow them access to health services.

6.4.3 Child vulnerability

While child vulnerability combines the features of 'child' and 'vulnerability', informants also described child vulnerability in terms of it being static or dynamic, involving risk, involving continuous interaction between different aspects, being relative and being locally identifiable.

6.4.3.1 Child vulnerability combines the features of 'child' and 'vulnerability'

Child vulnerability combines the features of a child (as discussed in section 6.4.1) with those of vulnerability (as discussed in section 6.4.2). Thus, child vulnerability refers to 'a young, dependent person who suffers deprivation in relation to one or more of his needs'.

6.4.3.2 Child vulnerability as static or dynamic

Child vulnerability was seen to have potential for being static or dynamic. This static or dynamic nature links the defining attributes and the consequences of child vulnerability; as time passes changes may occur as a result of the complex interactions between antecedents, defining attributes and consequences. As the evidence in data displays in this section indicate, the antecedent conditions to child vulnerability and the effect that these have on the child may sustain and even intensify the situation.

6.4.3.2.1 Child vulnerability as a static phenomenon

Informants were asked if a vulnerable child's condition would change if the child received no help, and some felt that no change was possible. These views are expressed in the data in display 3.3.1.1.

DATA DISPLAY 3.3.1.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 1: CHILD VULNERABILITY AS STATIC OR DYNAMIC
#1: A STATIC PHENOMENON

- **General indicator**

"The child's condition will not change unless he is helped." (A)
"Hali yake haitabadilika isipokuwa anapata msaada." (A)

"It {the child's condition} will stay (as it is), he will suffer. He will suffer … He won't be able to make any progress." (Y)
"Itabaki, ataumia. Ataumia … Hawezi kuendelea." (Y)

"If he {the vulnerable child} gets no help then there are no changes in his condition." (V)
"Kama hakuna msaada anaopata hakuna mabadiliko." (V)

"If there is no help at all, his {the vulnerable child's} condition will stay just as it is." (T)
"Kama hamna msaada yeyote hali yake itabaki ilivyo." (T)

"Without any help, he {the vulnerable child} will really just stay in that same condition; there is nothing he can do to help himself to progress in life. [He can't do anything?] He can't do anything because a child needs you to give him a good upbringing, doesn't he? So if he doesn't get it, the child can't manage to make any progress with his life." (P)
"Bila msaada kwa kweli atabaki hivo hivo <hivyo hivyo>; hamna kuweza kujiendeleza. [Hawezi kufanya chochote?] Hawezi kufanya chochote kwa sababu mtoto anatakiwa unampa yale malezi mazuri, siyo? Sasa kama hayapati, mtoto hawezi kujiendeleza kitu." (P)

- **Change in socio-cultural values**

"In general, as life is these days, it {the child's condition} cannot change because it is becoming difficult for people to help each other … It's not like in former times … In former times people, for example if you and I are relatives, if you have a problem, if a person has some resources he helps you as much as you need, but these days even if he has the resources a person does not help you. Even if he sees that you have a real problem he does not help you. Even if he is a relative." (N)

"Kwa ujumla, kwa maisha ya sasa hivi, haiwezi kubadilika kwa sababu watu kusaidiana inakuwa ngumu … Siyo kama zamani … Zamani watu, kwa mfano kama mimi na wewe ni ndugu, kama una shida, kama mtu ana uwezo anakusaidia kwa kadiri utakavyohitaji, lakini sasa hivi hata kama ana uwezo mtu hakusaidii. Hata kama anaona ni matatizo ya kweli unayo hakusaidii. Hata kama ni ndugu." (N)

- **Due to prevailing poverty (external factors)**

"{The child's condition} will remain like this for ever, won't it? How can it change if there are no chickens, there are no cattle, there is nothing in the house? Like in my situation, my children's condition can't change, because I don't have anything; I have been alone {and widowed} since January last year." (M)

"*Si, itabaki ilivyo siku zote? Itabadilika kwa gani, ikiwa hamna kuku, hamna n'gombe, hamna kila kitu ndani ya nyumba? Kama mimi hali ya watoto haiwezi kubadilika maana sina kitu; niko peke yangu toka mwaka jana januari." (M)*

"It {the vulnerable child's condition} can stay as it was, because what will he use to change his life? What will change him? There isn't anything." (AA)

"Inaweza kuwa kama ilivyo, kwa sababu atabadilika na kitu gani? Kitu gani atakachombadilisha <kitakachombadilisha>? Hamna." (AA)

- **Due to loss of hope in the child**

"His condition doesn't change because he loses hope, (he thinks to himself) 'I am not one who can study, I don't have any way (to achieve this)', and the way he is living is not normal. That child becomes mentally disturbed because he can't get anything that he needs. Because now others need education and they have no way to get it … He can't manage because from early childhood he has got used to only having problems. And he doesn't know where to start." (R)

"Hali haibadiliki kwa sababu atakata tama, kwamba 'mimi si wa kusoma, sipati namna yeyote,' na anavyoishi siyo kawaida. Yule mtoto anachanganyikiwa akili kwa sababu kile anachohitaji amekosa. Kwa sababu sasa hivi wengine wanahitaji kusoma na njia ya kupata hawana … Hawezi kwa sababu toka utotoni ameshazoea shida tu. Na hajui aanze wapi." (R)

Stasis or lack of progress and development in a child can be considered to be abnormal, since children are normally expected to develop and make progress in psycho-social and physical aspects of their lives. The possibility of a static condition is a justification for implementing appropriate strategies to help vulnerable children.

6.4.3.2.2 Child vulnerability as potential for deterioration

Other informants suggested that the condition of vulnerable children could deteriorate as one problem might lead to another. This defining attribute relates closely to

consequences of child vulnerability, and the 'self-impregnating' nature of the problems of the vulnerable child. The literature refers to the risk of deterioration of the quality of life for vulnerable children (as discussed in section 4.7.2.4). Display 3.3.1.2 provides data related to child vulnerability as potential for deterioration.

DATA DISPLAY 3.3.1.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 1: CHILD VULNERABILITY AS STATIC OR DYNAMIC
#2: POTENTIAL FOR DETERIORATION

"Without any help they {vulnerable children} can be badly affected because the children's problems increase. They become burdened (with problems) … It can become even worse … and if he wants to go to a nursery school he is unable to go because he, that father or mother will not be able to provide the fees, and in the end he, he misses out health-wise, then he misses out on education. In the end this child becomes intellectually handicapped." (X)
"Bila msaada yeyote <wowote> wanaweza wakaathirika kwa sababu matatizo inazidi <yanazidi> kwa watoto. Wanalemewa … Inaweza kuwa mbaya zaidi … na akiwa anataka kuingia shule ya chekechea naye anashindwa kuingia kwa sababu ana, baba au mama yule anashindwa kumwezesha, hatimaye ana, anakosa kiafya, halafu anakosa na elimu. Hatimaye anakuwa mlemavu katika akili huyu mtoto." (X)

"If he doesn't get any help, ah, his {the vulnerable child's} condition will continue to get worse, because he won't get the things that he needs that are important for him … The very first bad effect is, yes, probably not getting education, then also not getting good health care because of not having any resources now." (W)
"Kama hapati msaada, aa, hali yake itazidi tu kuwa mbaya, kwa sababu hatapata yale mahitaji ambayo ni muhimu kwake … Madhara ya kwanza kabisa ni, ee, kutokupata labda elimu, halafu na pia kutokupata huduma nzuri ya afya, kwa maana ya kutokuwa na uwezo sasa." (W)

"Ah, as for me, I think that a {vulnerable} child who doesn't get help, instead of progressing forwards, yes, I think it will get even worse (than before)." (K)
"Aa, mimi nafikiri mtoto ambaye asiyepata msaada, badala ya kuendelea mbele, ndiyo, nafikiri itakuwa ni mbaya zaidi kuliko." (K)

"Some of them, they will get into a more dangerous situation. You will find that children like them, if they are not helped you will find some of them get involved in very strange issues." (DD)
"Wengine hali yao itakuwa hatari zaidi. Utakuta watoto kama hao kama hawakusaidiwa utakuta wengine watajiingiza katika maswala ya ajabuajabu." (DD)

This downward spiral is represented in a simplified form in figure 6.6. Just as poverty may 'breed' poverty (as discussed in section 4.1.2 and table 4.2), child vulnerability has the potential to 'breed' continuing or worsening child vulnerability. This relates to the dynamic nature of child vulnerability, that is, the interaction between antecedents, defining attributes and consequences; the consequences of child vulnerability 'weaken'

the child further (as discussed in section 6.5). In real life, the continuing effect of the 'original' antecedents, as well as 'new' antecedents may interact with 'original' and 'new' consequences and defining attributes.

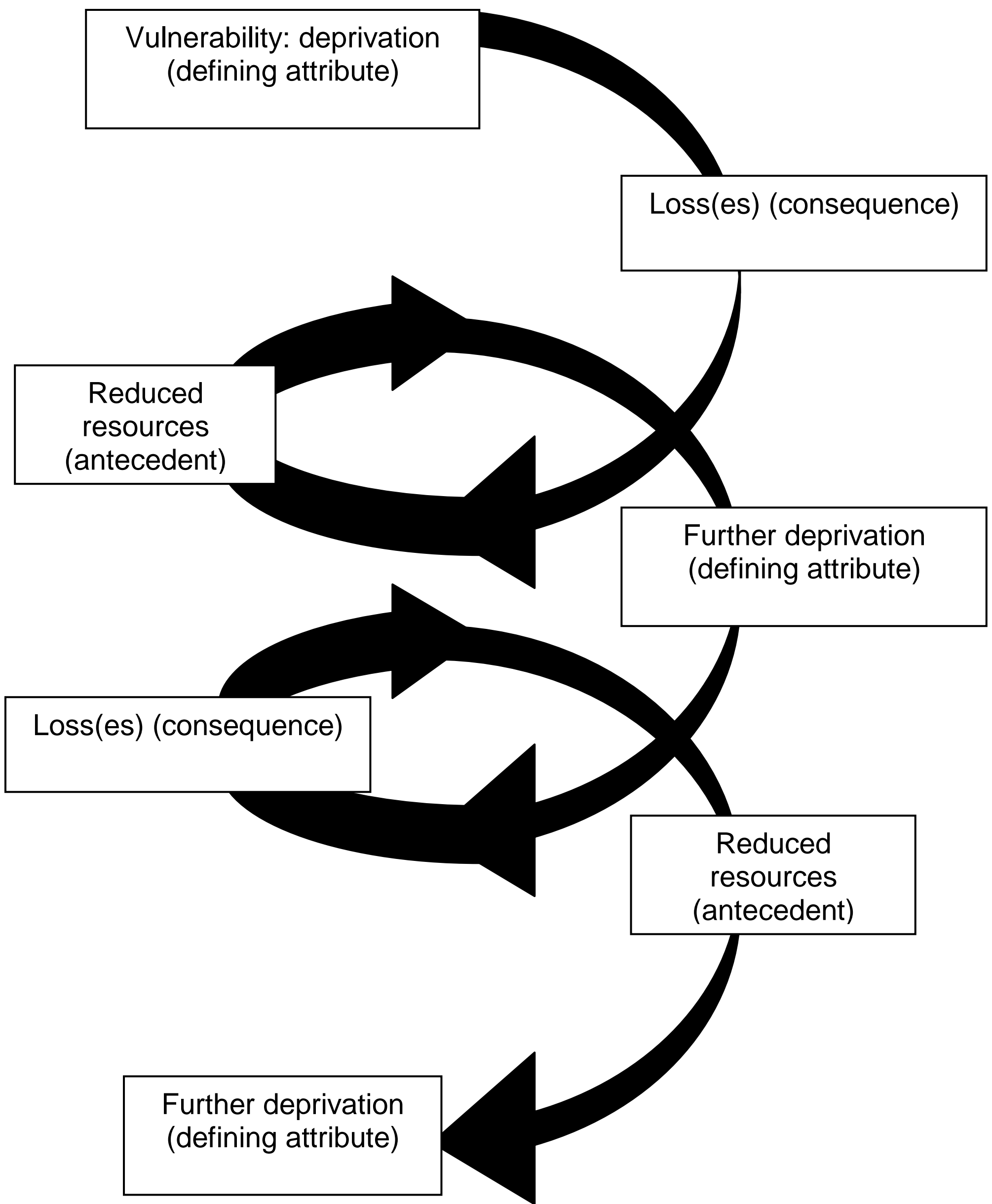


Figure 6.6 Child vulnerability as potential for deterioration

6.4.3.2.3 Child vulnerability as potential for improvement

On the other hand, some informants considered that a vulnerable child's condition might change, sooner or later. There are many local examples of children who come from very poor families who have managed to even obtain a professional education, by their own hard work and some help from others. Display 3.3.1.3 presents evidence in this regard.

DATA DISPLAY 3.3.1.3
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 1: CHILD VULNERABILITY AS STATIC OR DYNAMIC
#3: POTENTIAL FOR IMPROVEMENT

- **Age as a factor in improvement**

"The condition of the vulnerable child can stay as it was without any help, while he is still under the age, under the age of eighteen. Perhaps he can change later when he is an adult." (G)
"Hali ya mtoto asiyejiweza bila msaada inaweza ikabaki jinsi ilivyokuwa, aliye na umri chini ya, umri chini ya miaka kumi na nane. Labda atabadilika baadaye akiwa mtu mzima." (G)

- **'Getting help' as a factor in improvement**

"Why {should it not change?} Isn't God there? Even relatives and extended family are there, aren't they? He will keep asking and he will get some help." (I)
"Kwani? Mungu si yupo? Hata ndugu na majamaa si wapo? Ataombaomba na atasaidiwa." (I)

"If there is no help {can the condition of vulnerable children change}? If there is no help at all it will not change, but if there is help it will change." (Z)
"Kama hamna msaada? Kama hamna msaada yeyote haibadiliki, lakini kama kuna msaada itabadilika." (Z)

- **Living examples**

"We have plenty of examples, we have doctors here who have come from poor families, who are now professionals, people who are respected, and this is an enormous change." (BB)
"Tuna mifano mingi, tuna madaktari hapa ambao wametoka katika familia maskini, maafisa sasa, ni watu wenye heshima, na hii ni mabadiliko makubwa sana." (BB)

"Especially those who we give milk to, and uniforms, right now, they are in good shape … they see themselves as being like their friends, they feel great, it's really good {to see the changes}." (DD)
"Hasa wale ambao tunawapa maziwa, nguo za shule, sasa hivi, hali ni nzuri … wanajiona kama sawa na wenzao, wanajisikia fresh, ile ni nzuri sana." (DD)

This possibility of improvement in the condition of vulnerable children who are helped is represented in figure 6.7, and can be considered to be largely the result of effective strategies, many of which are discussed in chapter 5 and section 6.6, although only community and divine interventions were mentioned in response to specific questioning about the possibility for change in the vulnerable child's condition.

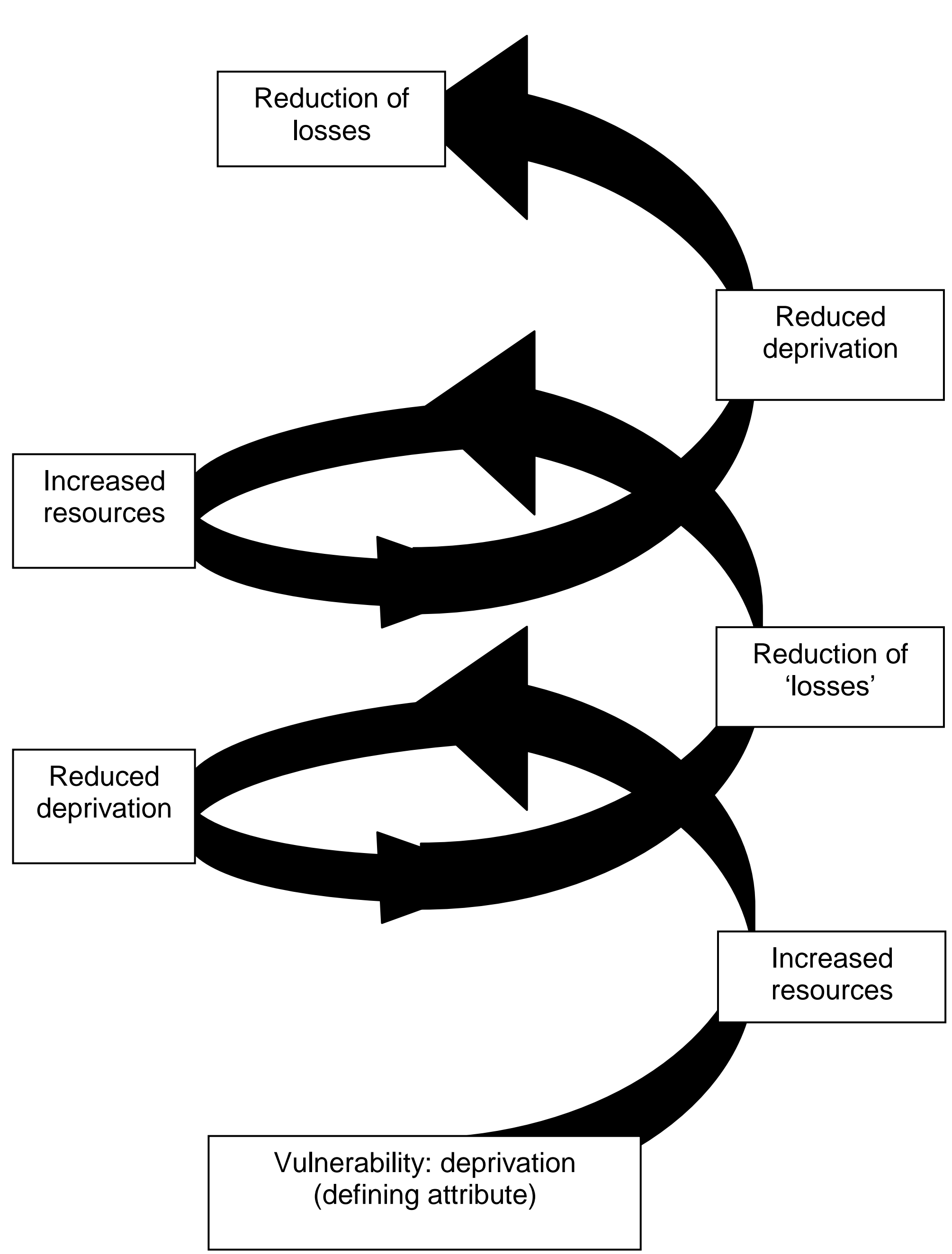


Figure 6.7 Child vulnerability as potential for improvement

Figure 6.7 also points to the possibility of factors identified in this study being useful for surveillance of the well-being of vulnerable children. Changes in the condition of a vulnerable child, defined locally in terms of antecedents (lack of resources) and defining attributes (deprivations) and consequences (losses) could be monitored, as benchmarks of demographic changes or to evaluate the effectiveness of strategies implemented.

6.4.3.3 Child vulnerability involves 'risk'

The term 'risk' is related to the idea of the dynamic nature of child vulnerability. There is

potential, a possibility, a danger, or even an expectation of the occurrence of negative events, such as mistreatment (a contributing antecedent) deprivations (defining attributes) and subsequent losses (their consequences). The term 'risk' recurred in the literature discussions of child vulnerability, as noted in section 4.6.1. While the term *'mtoto asiyejiweza'* (which is the commonly used and well understood translation of 'vulnerable child') does not obviously linguistically carry the connotation of risk, informants referred to risk, that is *'hatari'*. The following data units in display 3.3.2 refer to *'hatari'*, that is, risk or danger (underlined).

DATA DISPLAY 3.3.2
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 2: CHILD VULNERABILITY INVOLVES RISK

"Maybe a vulnerable child, the way I see it, is one that perhaps is disabled … I also think another issue is hunger, hunger contributes … (he is) in danger of deficiency; health wise he needs food; this is one of the risks." (E)
"Pengine mtoto asiyejiweza, mimi ninavyofahamu, ni kwamba pengine ana ulemavu … lingine nafikiri njaa, na njaa inachangia … hatari ya upungufu; kiafya ni kule anahitaji chakula; hii ndiyo hatari mojawapo." (E)

"He can even be ill and not get any help at all with getting medicine, or he can have a shortage (of funds) and not be able to reach the place where he is supposed to so that he can get services, because there is often no one who is there to help him. He is left 'stranded'. And this is dangerous for him." (K)
"Hata anaweza akaugua asipate hata na msaada wowote wa kupata na dawa au anaweza kuwa na kasoro ya kutokuweza kufika hata mahali anapotakiwa ili apate huduma hiyo, maana hapatakuwa na mtu atakayemsaidia mara nyingine. Anabaki hewani. Kwa hiyo ni hatari kwake." (K)

"There is a danger of people in Haydom of becoming infected because of this difficult economic situation which is (the situation affecting) vulnerable children ... they can even become infected with AIDS." (G)
"Kuna hatari ya watu wa Haydom kuambukizwa kwa sababu ya hii hali ngumu ya uchumi, ya watoto wasiojiweza … wanaweza kuambukizwa hata UKIMWI." (G)

"Going along with the environment, he {the vagrant child} can copy other habits that are different from those he had originally … and he can start doing other things that put his life at risk." (H)
"Kulingana na mazingira, anaweza akaiga tabia zingine tofauti na vile vya awali … na akaja kufanya mambo mengine ambayo yanahatarisha maisha yake." (H)

"Some of them, they will get into a more dangerous situation. You will find that children like them, if they are not helped you will find some of them get involved in very strange issues." (DD)
"Wengine hali yao itakuwa hatari zaidi. Utakuta watoto kama hao kama hawakusaidiwa utakuta wengine watajiingiza katika maswala ya ajabuajabu." (DD)

"There are many dangers {for the vulnerable child who becomes vagrant}; there are criminals … others can go and steal and they will get caught, and what is very bad, he can be beaten (by 'mob justice') and he can be killed." (V)
"Hatari ni nyingi; kuna majambazi … wengine wanaweza kwenda kuiba na watakamatwa, na ni kitu mbaya sana, anaweza akapigwa akauawa." (V)

Risk presents challenges as in terms of operationalising the term, and begs the question of 'how much risk?' as discussed in section 4.6.1. It may be more helpful to consider 'at risk of what?' The existence of many children who are already suffering deprivations and their consequences provides an answer to that question, which in turn guides strategy formulation.

6.4.3.4 Child vulnerability as continuous interaction of factors

The interactive nature of factors associated with child vulnerability was repeatedly noted in the data; factors appear to be interrelated in a 'web-like' or spiral fashion (as suggested in figures 6.6 and 6.7). For example, deprivation of inheritance as a child is likely to give the individual financial problems as an adult. Data display 3.3.3 contains evidence in this regard.

DATA DISPLAY 3.3.3
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 3: CHILD VULNERABILITY AS CONTINUOUS INTERACTION OF FACTORS

"The {vulnerable} child can suffer consequences. Here in Haydom, if a child is a schoolchild he can suffer consequences depending on his environment, for example, when he has to depend on his own efforts the child can get certain temptations, he can get involved in things that are not good, for example smoking marijuana, going to play pool ... and this has lost many children ... He fetches water for one person and is given 500 shilling, he fetches water for someone else and is given 500 shillings ... and so you find he has got used to not going to school. Primary school, secondary school – he doesn't attend because he has got somewhere to get money." (BB)
"Mtoto anaweza kupata madhara. Hapa Haydom mtoto kama ni mwanafunzi anaweza kupata madhara inayoendana na mazingira yake, kwa mfano, anapokaa katika hali ya kujitegemea mtoto anaweza akapatwa na ushawishi fulani aka, akajiingiza katika mambo ambayo si mazuri, kwa mfano, kuvuta bangi, kwenda kucheza michezo kama hii ya pull table ... na hii imepoteza wengi sana ... Anachota maji nyingine kwa fulani anapewa mia tano, anachota maji kwa fulani anapewa mia tano ... kwa hiyo unakuta akishazoea haendi shule. Shule ya msingi, sekondari haendi kwa sababu amepata mahali pa kupatia hela." (BB)

"The child who does not get his inheritance, later on gets the problem of lacking a good direction in life, and getting involved in a bad environment in respect to stealing, alcohol abuse, and in the end he can be imprisoned … because he doesn't have any inheritance, where will he get (any resources) from? He will think that he should steal, in order to get something which will help him, but in the end he can die, he can even be killed. And so if he is killed it is a loss to the nation who is depending on his efforts. And it's a loss to his society." (H)

"Mtoto asiyepata urithi wake, shida atakayopata baadaye ni kukosa mwelekeo mzuri wa maisha, na kujiingiza katika mazingira ya uovu kwa upande wa uwizi, ulevi, na hatimaye anaweza akafungwa … kwa sababu hana urithi, atapata wapi? Yeye atafikiria kwamba akaibe, ili apate kitu ambayo kitamsaidia, lakini hatimaye anaweza akafa hata pia akauawa. Kwa hiyo pia akishauawa ni hasara kwa taifa ambao tunategemea nguvu zake. Na ni hasara kwa jamii." (H)

"The consequences that will affect a vulnerable child are that he can miss out on education, the first thing is that he misses out on nutrition, meaning he can lack a balanced diet, he can become confused, he can become mentally ill because that child will keep thinking about how bad his situation is." (G)

"Mtoto asiyejiweza madhara yatakayompata ni anaweza akakosa elimu, kitu cha kwanza anakosa lishe, maana yake anaweza akakosa mlo kamili, anaweza pia akapata labda ugonjwa wa akili, anaweza akachanganyikiwa, anaweza akapata magonjwa ya akili kwa maana huyu mtoto atakuwa anawaza mara kwa mara kwa jinsi hali yao <yake> ilivyo mbaya." (G)

Repeated evidence of the interactive nature of factors in child vulnerability is found throughout this chapter, and was observed repeatedly by the researcher, who noted many instances including poverty interacting with loss of school opportunities and poor nutrition resulting in restricted growth and anxiety.

6.4.3.5 Child vulnerability as a relative phenomenon

The literature notes the impact of relative deprivation, in which the expectations of a particular context impact on the perceptions of community members (as discussed in section 4.7.2.2). Child vulnerability is also a relative phenomenon in the sense that different child groups are affected by vulnerability in different ways. Informants' views are shown in display 3.3.4.

DATA DISPLAY 3.3.4
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 4: CHILD VULNERABILITY AS A RELATIVE PHENOMENON

"{Vulnerable children's} problems are not the same, because those who are very small will get nutritional problems … then primary school children will be affected psychologically … because of not getting {school requirements}, not getting any financial support ... The way I see it is that this child can't make good progress, because even his later life will be very difficult, because he has not inherited anything at all." (DD)

"Shida zao hazitafanana, kwa sababu wale ambao ni wadogo sana watapata tatizo la lishe … halafu wale wa shule za msingi wataathiriwa kisaikologia … kwa sababu ya kutokuwa na upatikanaji, kutokuwa na msaada ... Mimi navyoona mtoto huyu hawezi kuendelea vizuri, kwa sababu maisha yake hata baadaye yatakuwa magumu sana, kwa sababu hajarithi kitu chochote." (DD)

"Perhaps {those at high risk} are especially the really small ones who are at risk of being attacked with diseases such as malaria, especially those very small ones, because the big ones have more strength, they are able to care for themselves but those little ones of a young age suffer more." (O)

"Labda hasa wale ambao ni wadogo zaidi ambao katika, wako katika hali ya kushambuliwa na maradhi kama vile malaria, hasa wale wadogo wadogo kwa sababu wale wakubwa wakipata nguvu zaidi wanaweza wakawa wamejiweza lakini hawa wadogo ambao katika umri mdogo wanaumia zaidi." (O)

"With girls it's more risky … because when girls are on the streets later on, if they don't have someone bringing them up, there is a big risk. They are more vulnerable to rape and they can become involved in extremely bad behaviour, worse even than boys … [Those girls can be raped?] (And) they can get AIDS." (N)

"Kwa wasichana ndiyo hatari zaidi … kwa sababu wasichana baadaye wakiwa mitaani kule, kama hawana mlezi hatari ni kubwa. Wanaweza wakabakwa; wakawa wanaingia kwenye tabia ambazo ni za ajabu zaidi kuliko hata wavulana … [Wale wasichana wanaweza kubakwa?] (na) kupata UKIMWI." (N)

Informants identified age groups and gender groups as having different needs and problems. Different groups of vulnerable children, such as orphans, illegitimate and vagrant children were also seen to be likely to have condition specific problems (as noted throughout chapter 6). These may be important factors to consider when identifying strategies and prioritising needs.

6.4.3.6 Child vulnerability as a locally identifiable phenomenon

Informants concurred that child vulnerability is locally identifiable. They linked particular antecedents, defining attributes and contributing attributes to vulnerable children, which are discussed throughout this chapter. They noted that local 'experts', that is people like ten cell leaders who are in contact with many members of the community, are in a good position to identify the most vulnerable children. The view of Haydom residents that

child vulnerability is identifiable locally is congruent with views expressed in the literature, discussed in section 4.7.2.3 The actual indicators vary according to the context, so that while child soldiers and children exposed to hazardous work (as discussed in section 4.7.4), for example, may not be part of the picture in Haydom as elsewhere, socio-cultural issues such as discrimination against handicapped children and multiple deprivations in children with alcoholic parents may be pertinent local concerns. When informants were asked about how to recognise vulnerable children, they mentioned easily observable phenomena, as shown in display 3.3.5, which are described in more detail in other sections of this chapter.

DATA DISPLAY 3.3.5
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 5: CHILD VULNERABILITY AS A LOCALLY IDENTIFIABLE PHENOMENON

"[How can you recognise that a child is a vulnerable child?] If he is walking around you can't miss him; from his clothing you can recognise him, even if you look and see what he is wearing; even if he is with his friends they are different. When they play together you will find that they (the vulnerable children) may not be happy." (T)

"[Unawezaje kutambua kwamba mtoto ni mtoto asiyejiweza?] Kama anatembea huwezi ukamkosa; kwenye mavazi unaweza ukamtambua, hata kwa kumwangalia alivyovaa; hata akiwa pamoja na wenzake wanakuwa tofauti. Wakicheza pamoja utakuta wanaweza kuwa hawana raha." (T)

"You can recognise this {vulnerable} child from (looking at things like) his house; having food to eat is a problem; there is no food; his mother and father are out at the 'club'. And where will the child get food from? There is no way; he will wander around the streets; he becomes a street child." (AA)

"Mtoto unaweza kumtambua kama nyumbani kwao; kula ni shida; hamna chakula; mama na baba ni kilabu. Na mtoto atapata wapi chakula? Hamna; anapitapita tu mitaani; anakuwa chokoraa." (AA)

"As for me, the way I understand it, a vulnerable child is perhaps an orphan, the one who has not got any parents, or has one parent, or others are those whose parents have no resources, perhaps they don't even have anywhere else (to live), they have big financial problems. These vulnerable children, some of them perhaps have physical disabilities like those who are epileptic, or those who have chronic illnesses, another one is handicapped." (G)

"Mimi kwa jinsi ninavyoelewa, mtoto asiyejiweza labda ni watoto yatima, ambaye hana wazazi wote wawili, au mzazi moja, au wengine wazazi hawana uwezo, hawana hata labda mahali pengine, hali yao ya uchumi ni ngumu sana. Hawa watoto wasiojiweza, labda wengine ni walemavu kama hao wenye kifafa wengine wana magonjwa labda, mwingine ni mlemavu." (G)

Haydom residents were thus able to identify external or objective indicators, and also spoke from subjective lived experience of vulnerability. They spoke of a variety of

stressful experiences associated with vulnerability, such as the experience of hunger, discrimination and deprivation of rights to inheritance and education. The qualitative approach used in this part of this study allowed informants to provide data which gives insight into the lived experience of the phenomenon of child vulnerability. Understanding both the objective and subjective elements of a phenomenon is valuable if strategies are to be evaluated for their therapeutic value in bringing real physical, social and psychological healing to those who have suffered from that phenomenon. Informants suggested that there are community members who can be effective in identifying vulnerable children, as shown in display 3.3.5.1.

DATA DISPLAY 3.3.5.1
THEME 3: DEFINING ATTRIBUTES: CHILD AND VULNERABILITY
CATEGORY 3 : CHILD VULNERABILITY
SUB-CATEGORY 5: CHILD VULNERABILITY AS A LOCALLY IDENTIFIABLE PHENOMENON
#1: IDENTIFYING VULNERABLE CHILDREN

- **Ten cell-leaders**

"You (the researcher) are not able to identify him. The one who can identify him is my ten cell leader since he is close to me … I who am the one looking after the child can also (identify him) … I think that just as you were coming here and just as you continue going around, you will be able (to identify them). You will be able to see the real conditions, and that this person deserves to be helped or not helped … We are looking at the economy of the human being; his ability to make progress." (E)

"Wewe huwezi kutambua. Atakayetambua ni Balozi wangu kwani yuko karibu yangu … pia ni mimi ambaye ni mlezi wa mtoto … Mimi naona kadiri ulivyokuja huku na kadiri mnavyozunguka, mnaweza. Mkaona hali halisi kwamba huyu mtu anafaa asaidiwe au asisaidiwe … Tunaangalia ule uchumi wa, wa binadamu, kujiendeleza." (E)

"Someone like the ten-cell leader is in a good position or in his personal household (within the community) to know who has problems. He understands that a certain person has a problem; it's better, he will really understand." (T)

"Mtu kama balozi kwa sehemu yake aliko au kaya zake mwenyewe, shida ataweza kufahamu. Ataelewa fulani ana shida; ni nafuu, ataelewa kabisa." (T)

- **Being close**

"You can identify him after you have been close to him, knowing him and even knowing his parents … it's good to be close (to the children) and to know them better … so it is easy to go and investigate." (W)

"Unaweza ukamtambua, kwa baada ya kuwa naye karibu, kumfahamu, na hata pia kuwafahamu wazazi wake … ni vizuri kuwa karibu na kuwafahamu kwa ukaribu zaidi ... kwa hiyo ni rahisi kwenda kuchunguza." (W)

- **Being a neighbour**

"The people who can easily recognise that this family is vulnerable, first of all it is the neighbours." (A)

"Watu ambao wanaweza kuwatambua kwa urahisi kwamba hii familia haijiwezi, kwanza ni majirani." (A)

It was suggested that outsiders may not be able to differentiate vulnerable children until they had experience of the community. It was also suggested that close observation was needed to identify really vulnerable children. Informants recommended that local families and ten-cell leaders, especially those with years of experience, could provide valuable information to help identify the most vulnerable families. These views are important to consider when deciding on inclusion criteria and prioritisation for local programmes.

6.4.4 Summary of defining attributes of child vulnerability

Informants identified defining attributes of the child relating to his age, nature, purpose and identity. Vulnerability was seen to relate to deprivation of needs, such as food, education, access to health care, recognition and inheritance. Child vulnerability combines these features of the child and vulnerability, and in addition is locally identifiable, involves risk, relativity and continuous interaction of factors; it may be static or dynamic. As noted in section 6.1.4, empirical indicators for child vulnerability in Haydom are drawn not only from defining attributes, but also from antecedents and consequences, as shown in table 6.2.

6.5 THEME 4: CONSEQUENCES: LOSSES SUFFERED

The consequences of child vulnerability identified by informants were related to losses suffered. This loss was expressed in many different ways in Swahili, such as *'kupata madhara'* meaning 'to suffer injury / harm / loss', *'hawatakuwa na …'* meaning 'they will (no longer) have ….', *'atakuwa hana …'* meaning, 'he will have no …', *'umempoteza ….'* meaning 'you have lost his ...', *'kuhangaika'* meaning to 'struggle to cope' implying 'loss of confidence in ability to cope' and *'hasara'* meaning 'loss'. Although a variety of expressions were used, the underlying meaning was that of loss, representing a negative outcome or 'a defeat in the struggle to cope with life's challenges'. The possible losses described by informants include the following:

- damage to, or loss of physical health
- loss of life

- loss of psycho-social wellbeing including anxiety and depression
- lost educational opportunities and poor educational outcomes
- lost job opportunities
- loss of normal 'childhood' roles manifested in inappropriate levels of autonomy for developmental stage of child
- loss of normal behaviour patterns manifested in culturally unacceptable or unusual behaviour
- loss of financial resources; increasing economic poverty.

The consequences described by informants in Haydom are remarkably congruent with those described in the literature, discussed in section 4.7.5. Actual loss of 'strength' such as loss of educational opportunities and loss of assets were reported. The consequences of child vulnerability described by the informants in this study are represented in a simplified form in figure 6.8, although the interactions are highly complex in real life, as suggested in section 6.4.3.4.

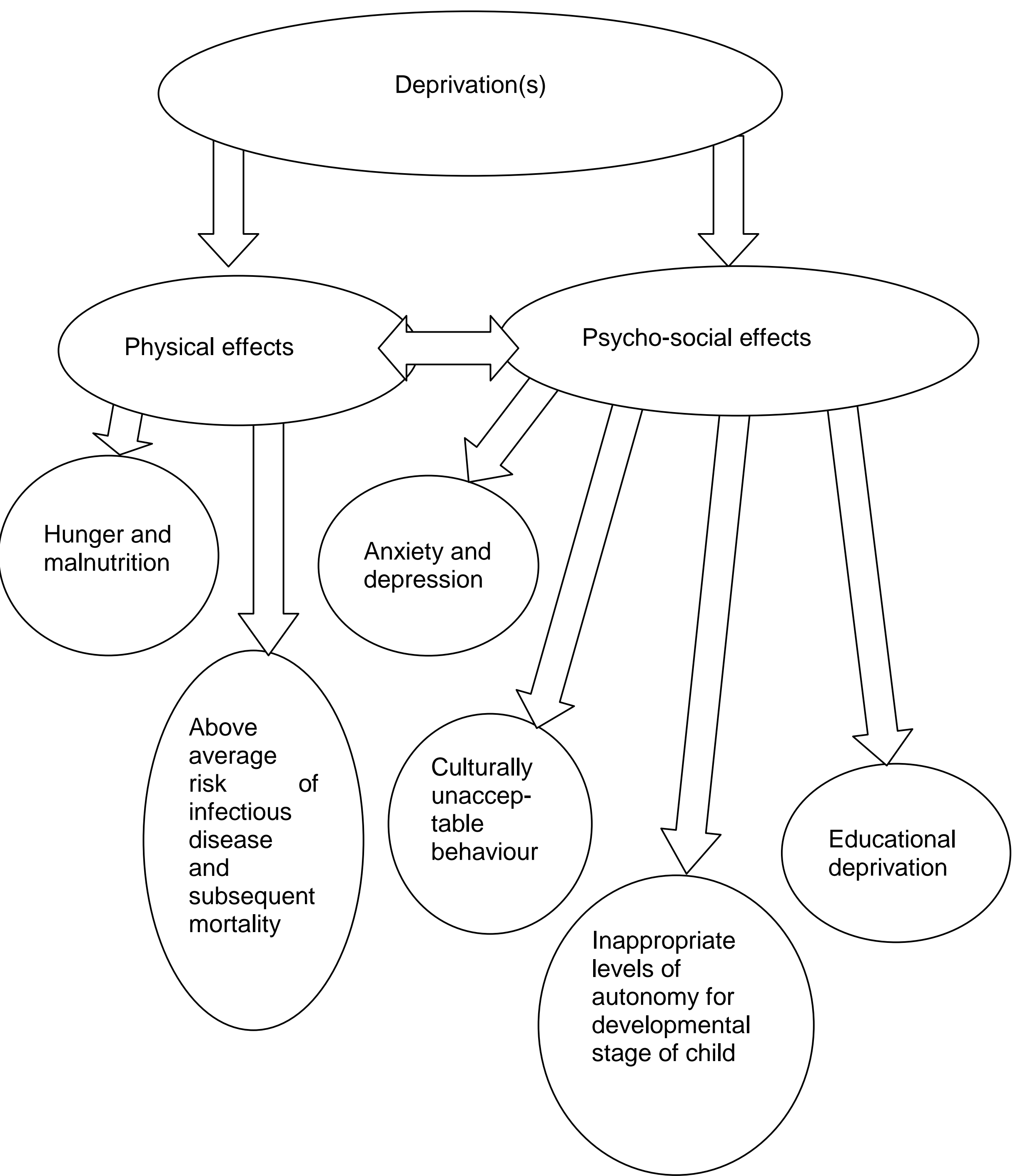


Figure 6.8 Overview of consequences of child vulnerability as identified by informants

6.5.1 Psycho-social effects

Psycho-social consequences of child vulnerability reported by informants include anxiety and depression, culturally unacceptable or unusual behaviour patterns, the results of educational deprivation and inappropriate roles for developmental stage, which involves loss of normal 'childhood' roles.

6.5.1.1 Anxiety and depression

Anxiety and depression were reported to be consequences of child vulnerability related to the stress of having unmet needs. This can be seen as the loss of psychological health. This relates to the experience of constantly living with the stress of deprivation, and the associated insecurity. Display 4.1.1 shows data related to the anxiety and depression experienced by vulnerable children.

DATA DISPLAY 4.1.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 1: ANXIETY AND DEPRESSION

- **Anxiety**

"As time goes by he {the vulnerable child} will become very worried because he doesn't get what he needs … He is very anxious … Yes, anxiety, anxiety is the worst thing of all." (U)
"Muda ikiendelea atakuwa na mawazo nyingi kwa ajili hapati yote anayotaka … Ana mawazo mengi … Ee, kwa mawazo, mawazo ndiyo mbaya kabisa kuliko." (U)

"He might also suffer from mental illness; he can become confused and even mentally ill since this {vulnerable} child will often be thinking about how bad his situation is." (G)
"Anaweza pia akapata labda ugonjwa wa akili; anaweza akachanganyikiwa anaweza akapata magonjwa ya akili kwa maana huyu mtoto atakuwa anawaza mara kwa mara kwa jinsi hali yao ilivyo mbaya." (G)

- **Depression**

"You can just identify a vulnerable child; he just sits still; he looks unhappy; he looks unhappy … He just looks weary; while the others are playing, he looks unhappy." (C)
"Mtoto asiyejiweza … unaweza ukamtambua tu, akawa amekaa tu, hana raha, hana raha … Amenyong'onyea tu; wengine wakiwa wanacheza yeye hana furaha." (C)

"You can recognise {that he is an orphan} because he will not be happy. That usual (behaviour of) staying happily with his friends (is lacking), he has a certain state of sadness. So when he looks at his friends they appear different, and so he is, he is not happy. You can recognise that this child has problems." (P)
"Unaweza kutambua kwa sababu atakuwa hana raha. Ile ya kukaa na wenzake vizuri, ana hali fulani ya kusikitika. Kwani akiwatazama wenzake hajafanana, kwa hiyo anakuwa na, hana raha. Unaweza kumtambua huyu mtoto ana shida." (P)

"The child will become unhappy." (I)
"Mtoto atakuwa hana raha." (I)

"There is a big difference {between 'normal' and 'vulnerable' children}. You will identify him by his clothes, and he picks up things on the road and eats them … He will not be happy." (F)
"Kuna tofauti. Utamtambua kwenye mavazi, na anaokota vitu vya barabarani na kula … Atakuwa hana furaha." (F)

"You will see that, let's say he {a vulnerable child} is a child who will be grieving. So he will be feeling sad." (BB)
"Utaona kwa, tuseme ni mtoto alivyo atakuwa na masikitiko. Kwa hiyo atakuwa anasikitika." (BB)

- **Anxiety and depression related to shortage of necessities**

"You will recognise (that he, the vulnerable child), if he is a little child, he will be sad … This child is different from the others; even if he sits somewhere, he looks miserable. He must always be worrying about something; he is sad; he has many issues that he is thinking about; he is short of many things." (V)
"Utatambua, kama ni mtoto ambaye ni mdogo atakuwa na huzuni. Yule mtoto ni tofauti na wengine; yeye hata akikaa mahali anasikitika tu. Na lazima kuna kitu anafikiria; anakuwa ana huzuni; anawaza mambo mengi; mapungufu ni mengi." (V)

- **Anxiety and depression related to shortage of necessities: personal experiences**

"It is painful, on my side I really find it painful {to be vulnerable} … You find that you are thinking a lot, it is like stress, really that now if your life is depending on growing crops, and then there is not enough money … then what about another year, if it happens that there is no rain what will you do? … and so that condition gives me a problem; that's how it is. And if there is my younger brother, then I haven't gone to school, then he hasn't gone to school, what shall we, the family as a whole, what shall we do? The problem was like that." (L)
"Maumivu yapo, maumivu kwa kweli kwa upande wangu … utakuta inakuja ile kufikiria sana kama stress kweli kwamba sasa kama maisha ndiyo hii ya kutegemea kilimo, halafu huna hela ya kutosha … halafu mwaka mwingine je, ikitokea hamna mvua utafika wapi? … kwa hiyo hali ilikuwa inanipa shida; ndiyo hicho. Na pengine kama kuna mdogo wangu, halafu pia sijasoma mimi, halafu yeye hajasoma, sisi kwa ujumla, familia tutafika wapi? Shida ilikuwa kama hiyo." (L)

"I am anxiously struggling for everything, you will find that I don't even have any food, I don't even have any money for living expenses ... even they {vulnerable children} also are, you will find that they are just anxiously struggling, they just feel bad. Just as I see that I am suffering, even they are {suffering} in the same way ... You can be worried; you don't have this or that, or you don't have food, or sometimes you don't have clothes." (EE)
"Nahangaika kwa kila kitu, utakuta hata sina chakula, sina hata hela ya matumizi ... Hata wao {watoto wasiojiweza} pia wana, utakuta wanahangaika tu, wanajisikia tu vibaya. Kama mimi navyoona nateseka, hata wenyewe ni hivo hivo <hivyo hivyo> ... Unaweza kuwa na mawazo; huna hiki wala kile, au huna chakula au mara huna mavazi." (EE)

The anxiety and depression experienced by vulnerable children and described here appear to relate to the difficult and uncertain life they are leading. Informants spoke of

anxiety and psychological ‘pain’ when faced with deprivation of necessities and uncertainty over meeting them; it is not surprising that this is associated with feelings of helplessness and depression. The lack of hope that is part of anxiety and depression was mentioned in section 6.4.3.2.1 in relation to child vulnerability as a static phenomenon, and is also suggested by informant CC, who notes that:

> *“Really, I personally felt just bad {as a vulnerable child} … perhaps there comes a time in the future when you have succeeded it is like good luck, it is not something that you expected.” (CC)*
> *“Kwa kweli mimi binafsi nilijisikia vibaya tu … huko mbeleni labda unapokuta umefanikiwa ni kama bahati kwa kweli, siyo katika hali ya kutegemea.” (CC)*

Psychological changes were also reported to interact with the child’s education. Data in this regard is shown in display 4.1.1.1.

DATA DISPLAY 4.1.1.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 1: ANXIETY AND DEPRESSION
#1: ANXIETY RELATED TO EDUCATION

- **Observed experience**

“He will be worried and he will be anxious. Because in respect to education, if he went to school he fails; he would not pass his exams, that is because his parents didn’t enable him to go to school; he will be worried, and later his schooling will become a problem, and later on he will be more and more demoralised … When a child is hungry it will be a problem because he can’t study.” (O)
“Atakuwa na wasi wasi na atakuwa na shida sana ya mawazo. Kwa sababu elimu, kama alikuwa na elimu akafeli, akaja kushindwa, yaani kutokuwezeshwa na wazazi kusomeshwa; atakuwa na wasi wasi; baadaye elimu yake itakuwa ni shida; baadaye ataharibika zaidi … Mtoto akiwa na njaa itakuwa ni shida kwa sababu hawezi kusoma.” (O)

“Even in his studies … [He lives with? …] fear, he lives with uncertainty … [his thoughts will be? …] far away {from the classroom}, for example, how will he get food today? How will he get it? How will he get it? He thinks about (how to get) the basic necessities … he will lose confidence in everything that he does … his work performance also becomes poor quality. Because of fear and anxiety. Because of not having confidence.” (DD)
“Hata katika masomo yake ... [Anaishi na? …] hofu, ana mashaka … [mawazo yatakuwa? …] mbali, kwa mfano leo atapataje chakula? Atapataje? Atapataje? Anafikiria mahitaji muhimu ... hatajiamini katika kila jambo analolifanya … Utendaji wa kazi pia unakuwa duni. Kwa sababu ya hofu na wasiwasi. Kwa sababu ya kutokujiamini.” (DD)

- **Personal experience**

"Really, I personally felt just bad {as a vulnerable child} … it is like that condition of getting pain in your heart … that state of anxiety affects life greatly, because when you are at school you are staying there in a worried state … often even when other people are studying, you are probably thinking about family problems … when you lie down at night you find you are thinking, you start to consider what to do, you think of how you can deal with the problems, but you find there is no way {of dealing with them}, so you lie there and you can't get to sleep at all." (CC)

"Kwa kweli mimi binafsi nilijisikia vibaya tu … ni kama ile hali ya kukutana maumivu moyoni … hali ile ya wasiwasi inaathiri maisha kwa kiasi kikubwa sana, maana yake unapokuwa shuleni unakaa kwa wasiwasi … mara nyingi hata watu wanaposoma pengine wewe utafikiria mambo ya familia … unapolala tu usiku unakuta mawazo yanakuja, unaanza kutafakari yale, ile unatafakari jinsi ya kuepuka, lakini unakuta hauna jinsi, pengine unakaa hata usingizi unakukimbia kabisa." (CC)

Many informants were seen to be living in very difficult circumstances, and to have personal experience of vulnerability; periods of school exclusion interfere with educational performance, and worries about obtaining basic necessities interfere with sleep and concentration at school. It is clear that children's basic needs must be met effectively before other issues such as education can be realistically addressed. The stressful life experience of deprivation of basic needs and education must to be considered when planning strategies; practices related to conditions such as post-traumatic stress may need to be incorporated into a programme of strategies (Liebenberg 2008:26-29).

6.5.1.2 Culturally unacceptable behaviour

Informants described behaviour patterns that vulnerable children in Haydom might use to cope with their situation, which they considered to be culturally inappropriate or unusual. This behaviour includes stealing and use of habit-forming substances, especially marijuana. These activities may be considered to be maladaptation to child vulnerability, or if there are no other strategies available to a child, the activities might be seen to be consequences of child vulnerability. A lack of strategy options that results in stealing would imply that children's rights are not being protected. Use of marijuana might be seen to be a strategy for escape from the stress of vulnerability, but was described by informants as a consequence of lack of parental support and guidance, and so is discussed in section 6.5.1.2.2. Stealing and use of marijuana are reported in street children in the literature (as discussed in section 4.7.4.5).

6.5.1.2.1 Stealing

The literature reports children stealing in order to get food for survival (Foster et al 1997b:399; UNICEF 2005:80). The Centre for the Study of Violence and Reconciliation (CSVR) 2006:8 speaks of orphans suffering from psychological disturbances which may result in stealing, and Snider and Dawes found that stealing was a behaviour pattern in young people exposed to violence and conflict (2006:84).

The harsh community reaction to stealing is referred to in data display 2.4 as an aspect of social ostracism, and as a contributing antecedent to child vulnerability. This negative reaction was in spite of children being reported to be 'driven to steal' because of unmet needs; hunger was associated with stealing. Stealing was not reported to be the result of 'delinquency' or greed by the informants in this study. Data display 4.1.2.1 contains further evidence in respect to stealing as unacceptable behaviour.

DATA DISPLAY 4.1.2.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1: PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 2: CULTURALLY UNACCEPTABLE BEHAVIOUR
#1: STEALING

- **General indicator**

"A vulnerable child can even start stealing. He can even go to town. He is especially likely to start stealing when he gets hungry; he realises he hasn't even got any food; he can steal someone else's food, he even wants to steal people's money." (C)
"Mtoto asiyejiweza anaweza akaanza hata kuiba. Anaweza akaenda hata mjini. Sana sana anaanza kuiba akisikia njaa; anaona hana hata chakula; anaweza kuiba chakula cha mtu; hata anatamani kuiba hata pesa ya watu." (C)

"They {vulnerable children} will not have a good life; they can steal." (Z)
"Hawatakuwa na maisha mazuri; wanaweza kuiba." (Z)

"Now if he goes there to town, won't he get a lot of bad consequences? … And won't he go and steal?" (U)
"Sasa akienda kule mjini si atapata madhara nyingi? ... Si ataenda kuiba?" (U)

- **Associated social pathology**

"[What can be the consequences in the life {of a vulnerable child}?] He can be persuaded to go and drink beer or he can be made to become a vagrant or smoke marijuana … He can go and beg … He can steal … He will be caught and he can be killed … Yes, he can be killed because people are angry (with him)." (Y)
"[Wanaweza kupata madhara gani kwenye maisha?] … Anaweza kupata kushawishi <vishawishi> na kwenda kunywa pombe au anaweza kusababisha kuwa wahuni au kuvuta bangi … Anaenda kuombaomba ... Anaweza kuiba … Atashikwa, anaweza kuuawa … Ee, unaweza kuuawa kwa hasira ya watu." (Y)

- **Risk of being ill treated**

"Since he is not strong enough to do hard work he may go and steal, and be caught; he can also be ill-treated by people." (I)

"Kwa kuwa hana labda nguvu ya kufanya kazi ngumu anaweza akaenda akaiba, akakamatwa; anaweza pia akaonewa na watu." (I)

- **Risk of becoming a criminal**

"In general, the consequences that he {the vulnerable child} will get later are that he will become a real thief; he will be sent to prison. Because he won't have anything else to do except this." (N)

"Madhara atakayopata kwa ujumla baadaye ni atakuwa mwizi sana sana; ataenda magereza. Kwa sababu hatakuwa na shughuli yeyote ya kufanya zaidi ya hapo." (N)

"Also the {vulnerable} boy begins to be a thief, and breaks into someone's house, to steal someone's things." (A)

"Kijana tena ndiyo anaingia kwenye uwizi, mara avunje nyumba ya mtu, mara aibe kitu cha mtu." (A)

Stealing was reported to be an abnormal and unacceptable behaviour pattern associated with other abnormal behaviour, the risk of harm and the risk of developing the long-term lifestyle pattern of thieving.

6.5.1.2.2 Use of habit-forming substances

Use of marijuana was described by informants as being a consequence of vagrancy, expulsion from school or lack of adult guidance. According to the literature, marijuana use can also be seen as a strategy for escaping from the stress of difficult life circumstances such as unemployment or poverty (Mathre 2004:858-859; Murray 2001:572; Neeraja 2005:468).

DATA DISPLAY 4.1.2.2
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1: PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 2 : CULTURALLY UNACCEPTABLE BEHAVIOUR
#2: USE OF HABIT-FORMING SUBSTANCES

- **Marijuana**

"When will this child study? Once he is sent home from school he goes home, with the result that he goes on the streets, smoking marijuana and getting other bad habits there on the streets … they stand around a lot at the bus stand … problems that start there are smoking … use of marijuana and alcohol abuse." (E)

"Mtoto huyu atasoma saa ngapi? Mara anafukuzwa anarudi nyumbani, matokeo yake mitaani, uvutaji bangi na anasa huko mitaani … wanasimama simama stendi ya basi … shida ya kule inayowapata ni uvutaji … bangi na ulevi." (E)

"[What can be the consequences in the life {of a vulnerable child}?] He can be persuaded to go and drink beer or he can be made to become a vagrant or smoke marijuana." (Y)
"[Wanaweza kupata madhara gani kwenye maisha?] … Anaweza kupata kushawishi na kwenda kunywa pombe au anaweza kusababisha kuwa wahuni au kuvuta bangi." (Y)

"The {vulnerable} child can suffer consequences ... if he is living in a situation of having to provide for himself he can be faced with certain temptations, he can, he can get himself involved in things that are not good. For example, smoking marijuana." (BB)
"Mtoto anaweza kupata madhara ... anapokaa katika hali ya kujitegemea, mtoto anaweza akapatwa na ushawishi fulani, aka, akajiingiza katika mambo ambayo si mazuri. Kwa mfano, kuvuta bangi." (BB)

"The child who doesn't go to school can usually get big problems later, for example … on the side of the boys, they can suffer later on, he can become a thief, he can become a user of marijuana." (H)
"Huwa mtoto asiyepata elimu baadaye anaweza kuwa na matatizo makubwa, mfano … upande wa watoto wakiume baadaye anaweza akateseka, akaja kuwa mwizi, akaja kuwa mvuta bangi." (H)

- **Other habit-forming substances**

"[What can be the consequences in the life {of a vulnerable child}?] He can be persuaded to go and drink beer or he can be made to become a vagrant or smoke marijuana." (Y)
"[Wanaweza kupata madhara gani kwenye maisha?] … Anaweza kupata kushawishi na kwenda kunywa pombe au anaweza kusababisha kuwa wahuni au kuvuta bangi." (Y)

"He can use marijuana, other illegal drugs, alcohol." (A)
"Anaweza kutumia bangi, madawa ya kulevya, pombe." (A)

"They can use habit-forming drugs because they don't have anyone, and now you will find that they have not had enough guidance, not enough parental care, and now they decide for themselves … they go and function independently. There is no one to help them … [What do they use?] Marijuana, alcohol and cigarettes." (DD)
"Wanaweza kutumia dawa za kulevya kwa sababu hawana mtu, sasa utakuta hawakupata mashauri ya kutosha, malezi ya kutosha, wao sasa wanajiamulia … wanakwenda kujitegemea wao wenyewe. Hakuna wa kusaidia … [Wanatumia nini?] Bangi, pombe na uvutaji sigara." (DD)

Use of marijuana and alcohol were condemned as bad behaviour by informants, and can be considered to be maladaptive behaviour patterns that are the consequence of deprivation of adult guidance or peer pressure. These two substances appear to be the two commonly used addictive substances currently used in Haydom, as reported in section 2.12. No informant specified other addictive substances. The use of marijuana and alcohol only provide a temporary escape from the situation, and do not help the vulnerable child to meet any of his basic needs. Strategies to help vulnerable children in Haydom may need to assess the use of addictive drugs and plan appropriate measures.

6.5.1.3 Loss of educational opportunities

Vulnerable children who are deprived of education were reported to have problems such as bad behaviour, poor educational outcome and a reduced chance of employment later. These views of informants concur with the literature as discussed in section 4.7.4.1. Data from informants about loss of educational opportunities is presented in display 4.1.3.

DATA DISPLAY 4.1.3
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 3: LOSS OF EDUCATIONAL OPPORTUNITIES

- **Short-term frustration and inability to succeed in studies**

“That one (vulnerable child) will be educationally deprived because his parents fail even to help him to progress, and then he comes to fail in his later studies and become antisocial, and especially this society will come to be more affected … Because in respect to education, if he went to school he fails; he would not pass his exams, that is because his parents didn’t enable him to go to school; he will be worried, and later his schooling will become a problem, and later on his behaviour will deteriorate.” (O)

“Huyu atadhoofishwa kielimu kwa sababu wazazi wakishindwa hata kumwendeleza, hata kuja kufeli katika masomo la baadaye kuja kuharibika na hasa jamii hii watakuja kuathirika zaidi … Kwa sababu elimu, kama alikuwa na elimu akafeli, akaja kushindwa, yaani kutokuwezeshwa na wazazi kusomeshwa; atakuwa na wasi wasi; baadaye elimu yake itakuwa ni shida; baadaye ataharibika zaidi.” (O)

- **The pain of relative deprivation**

“He {the child deprived of education} will feel bad because he will see that his friends are studying, they are getting education, he sees that they are developing well, and their progress is good, so now he is bound to feel bad.” (FF)

“Atakuwa anajisikia vibaya kwa sababu atakuwa anawaona wenzake wanasoma, wanapata elimu, anaona mabadiliko yao ni mazuri, na maendeleo yao ni mazuri, sasa yeye lazima atakuwa anajisikia vibaya.” (FF)

- **Lack of employment possibilities and accompanying frustration**

“Ah, a vulnerable child … he fails to study, or to do the work that he wants, that he would like to do. And this is because he has no money. Yes, but if he had been enabled, he could have studied or, or got the job, the job that he wanted … My relative only finished primary school, and that younger brother of mine, he completed primary school and finished just there. Yes, and now they are just having a basic existence; they just do manual work; they just do work for individuals, helping with their houses. ” (W)

“Aa, mtoto asiyejiweza … anashindwa kusoma, au kuweza kufanya kazi hiyo ambayo anataka ku, ambayo anapenda kuifanya. Sasa kwa hiyo ni kwamba hana uwezo. Ee, lakini, angewezeshwa, angeweza kusoma, au, au kufanya kazi, hiyo ambayo anaipenda … Ndugu yangu ameishia tu shule ya msingi, na huyu mdogo wangu, naye amemaliza shule ya msingi ameishia tu hapo. Ee, sasa hivi wapo tu, wanafanya tu kazi, wanafanya tu kazi za watu binafsi kuwasaidia majumbani mwao.” (W)

“[If he doesn’t get any education? ...] He can even be affected psychologically, because afterwards, even his life will be difficult; he will not have any employment at all.” (FF)
“[Ikiwa hapati elimu? ...] Anaweza kuathirika hata kisaikolojia, maana yake baadaye hata maisha yake yatakuwa ya shida; hatakuwa na kazi yoyote.” (FF)

“[These days what happens if a child doesn’t go to school? …] He becomes just like a vulnerable child, meaning that now he doesn’t have any sense of direction. Without education the child, how will that child live in today’s world? It’s very hard … the child who has no education, the consequence in the first place is that he is unhappy … he doesn’t even know what is written up there ahead, how it is written; he just has to ask … he just stays a labourer who uses his physical strength ... [If it’s a girl?] … she just does menial work in people’s houses; she is a house girl in people’s houses … It becomes really difficult to get work … Even if you go to ask for work, you are bound to be asked how far you have got with your education. And so they ‘get to the bottom of the pile’, meaning they have a low standard of living … he can’t succeed.” (A)
“[Mtoto akikosa elimu saa hizi? ...] Anakuwa kama asiyejiweza, maana yake hana sasa dira ya maisha. Bila elimu mtoto, huyo mtoto ataishije dunia ya sasa hivi? Ni ngumu sana … mtoto ambaye hajapata elimu, madhara sana kwanza, yeye mwenyewe hana raha … hajui hata ile kitu pale kimeandikwa mbele kimeandikwaje; anabaki tu kuuliza … anabaki tu na vibarua vya kutumia nguvu … [Kama ni mtoto wa kike?] … Aidha anatumwatumwa tu kwenye nyumba za watu, house girl kwenye nyumba za watu … Lazima hata kama unaenda kuomba kazi unaulizwa umefikia elimu wapi. Kwa hiyo wenyewe wanakuwa wa chini tu, yaani ile standard ya maisha ya chini … hawezi kufaulu.” (A)

“The child who is deprived of education is just like a vulnerable child … He can’t go and work in a private or government institution, it’s difficult because he has no education. And so the activities that he will be involved in will be labouring jobs.” (H)
“Mtoto aliyenyimwa elimu ni sawa kabisa na yule mtoto asiyejiweza. Maana hapo umempoteza maisha yake yote baadaye; atateseka tu ... hawezi kwenda kufanya kazi katika taasisi ya watu binafsi au serikalini, ni ngumu kwa sababu hana elimu. Kwa hiyo shughuli anayo, atakayojishughulisha nayo nikufanya kibarua.” (H)

“If a child doesn’t get an education, he will suffer later on in life. In the end he will be struggling, he will suffer, he will not be happy; firstly he will not have anything {to help him} in later life ... he can’t get a job, unless he is self-employed with petty trading, because he hasn’t studied, he can’t get any further training.” (EE)
“Ikiwa mtoto hapati elimu, atakuwa anateseka kwa maisha yake ya baadaye. Hatimaye atakuwa anahagaika, atakuwa anateseka. Atakuwa hana raha; kwanza atakuwa hana chochote kwa maisha yake ya baadaye ... Hawezi kupata kazi, mpaka ajiajiri mwenyewe kwa biashara ndogondogo, maana kama hajasoma, hawezi kupata elimu yeyote.” (EE)

Informants noted that children who are excluded from school periodically are at a disadvantage compared to children who consistently attend school. Deprivation may be absolute or relative; relative deprivation involves the child comparing himself with others. Relative deprivation is thought to have particularly serious psycho-social consequences, as discussed in sections 4.7.2.2 and 4.7.4. Informants were well aware

that deprivation of education is likely to have lasting consequences for the child, in terms of employment possibilities. These outcomes of educational deprivation are part of the 'downward spiral' of child vulnerability, as depicted in figure 6.6. Strategies to ensure that children's right to education is respected are important, while increasing employment opportunities is a challenge in a society which currently has very limited employment possibilities (as discussed in section 1.2.3).

6.5.1.4 Inappropriate levels of autonomy for the developmental stage of the child

While it has been noted that "expectations of children's competencies will vary from one society to another" (Rose, Aldgate & Jones 2006:165), there is consensus that children are expected to pass through a series of developmental stages. Research undertaken by Fahlberg, by Sheridan, by Meggitt and Sunderland and by Morrison and Anders has provided useful guidelines about what may be expected of children at different ages; these researchers appear to expect children to remain dependent on adults up to about 15 years of age, and are not expected to be able to provide for themselves or others. Theorists such as Piaget and Erikson present different perspectives of these stages (Daniel 2006:187-188; Quinton 2006:104-105; Rose et al 2006:163-185). Andrews cautions that "[n]ot all developmental theories formulated on the basis of observations with Western children have cross-cultural generalizability", and suggests that theories developed by Freud and Piaget require modification when used out of their original cultural context (2003b:137). In this study, children were reported to be busy trying to cope with adult responsibilities:

> *"He has started to confront problems that would not have concerned him if he had got a parent. Now he has started to think about adult issues. So this is bound to affect him … it is more than he can manage." (DD)*
>
> *"Yeye ameanza kukabiliana na matatizo ambayo hayamhusu yangekuwa na mzazi. Sasa ameanza kufikiria mambo ya mtu mkubwa. Kwa hiyo jambo lile litamuathiri kwa vyovyote … ni zaidi ya uwezo wake." (DD)*

The Swahili term *'kuhangaika'* was commonly used by informants to describe the behaviour of vulnerable children, or vulnerable adults, particularly mothers struggling to care for children alone. *'Kuhangaika'* means to be busy, excited or to be troubled (Swahili-English Dictionary 2001k:98). It often includes an element of anxiety or being worried, for example, about having too much work or things going wrong (A Standard

Swahili-English Dictionary 1995l:126-127). In this study, *'kuhangaika'* has often been translated as 'struggling (to cope)'. This term, when used of children, suggests that the children have inappropriate levels of autonomy for their age; they have more autonomy and greater responsibilities than is reasonable for their developmental stage. When *'kuhangaika'* is used for children and adults it suggests uncertainty about coping, and an observable difference in 'the way' people are behaving. This behaviour contradicts the stereotype of a present orientated African culture (Boyle 2003:354; Giger & Davidhizar 2004:112; Luckman 1999:31,306) in which "the concept of time was elastic and encompassed events that had already taken place" (Giger & Davidhizar 1995:177). The following data items are some examples of the use of *'kuhangaika'* (underlined) by informants in this study.

DATA DISPLAY 4.1.4.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 4: INAPPROPRIATE LEVELS OF AUTONOMY FOR THE DEVELOPMENTAL STAGE OF THE CHILD
#1: CHILDREN STRUGGLING TO MEET BASIC NEEDS

- **Children struggling to meet basic needs**

"He {the vulnerable child} will be anxiously looking for the things he needs." (O)

"Yeye atakuwa anahangiaka kutafuta mahitaji." (O)

"There are many needs that are not met for this child, for example, if he is asked to bring something to school he can't get it quickly; he starts to struggle to get it." (V)

"Mapungufu ni mengi kwa mtoto, mfano, akiambiwa kitu shuleni hawezi kupata haraka; anaanza kuhangaika." (V)

"They have been abandoned by their parents; you will find that the mother is struggling or the mother has left; she has left the father (alone). Then the children are struggling to cope. The child is unable to help himself." (C)

"Wameachwa na wazazi; utakuta mama anahangaika au mama ameondoka; anamwacha baba. Halafu watoto wanahangaika. Mtoto anashindwa kujisaidia." (C)

"What problems can a vulnerable child get in his life?] He can wander around in the streets, he will struggle there on the streets ... he will have a difficult life, struggling, begging, or in the end, stealing." (EE)

"[Mtoto asiyejiweza anaweza kupata madhara gani maishani?] Anaweza kuwa anatembea tu mitaani, atakuwa anahangaika huko mitaani ... Atakuwa na maisha ya shida, kuhangaika, kuombaomba, au hatimaye kuiba." (EE)

- **Personal experience of struggling to meet basic needs**

"We struggled with our mother. Even our mother herself goes to collect firewood, we go and sell it, and mother will go to beg, probably from the extended family, the neighbours; perhaps a bit of flour, a bit of food." (G)
"Tunahangaika na mama yetu. Hata mama mwenyewe anaenda kuni, sisi tunaenda kuuza, mama ataenda kuomba labda kwa majamaa, majirani; labda unga kidogo, chakula kidogo." (G)

"You will find that they {the vulnerable children} are miserable; they are just busy struggling (to survive) … Others {of my children} go to people's houses and work there and the little ones are busy begging from people who pass by, like these children of mine." (M)
"Utakuta hawana raha; wanahangaika tu ... Wengine wanaweza kwenda nyumba za watu wakafanya kazi na walio wadogo wanaweza wakahangaika tu kuombaomba watu wa njiani, kama hawa wa kwangu." (M)

When children are struggling to meet their basic needs, they have lost their normal childhood roles and the chance to progress though 'normal' developmental stages. While research findings about developmental stages of children carried out in developed countries may not be completely generalisable to other countries because of socio-cultural factors, it is clear that a child who is struggling to provide for himself and / or others is likely to be losing out on his rights, including his right to education.

6.5.1.4.1 Begging

Begging is behaviour that is related to the child having to meet his own needs; this implies that he is carrying out a function (that is, providing for himself) that would normally be expected of his parents. Begging puts vulnerable children at risk from an adult who decides to exploit or abuse them. It is also very demeaning behaviour, with the risk of psychological effects and social isolation. Begging was reported to be unusual behaviour.

> *"Normally in our culture, a child doesn't usually beg for anything; he's not allowed to beg; to go begging … it shows us … that my parents aren't able to meet those needs." (BB)*
> *"Kwa kawaida katika mila na desturi za kikwetu mtoto mara nyingi haombi kitu; hana mamlaka ya kuomba; kuombaomba … inatuonyesha … wazazi wangu hawana uwezo wa mahitaji haya." (BB)*

Data display 4.1.4.2 contains evidence of begging being a recognisable feature of child vulnerability.

DATA DISPLAY 4.1.4.2
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 4: INAPPROPRIATE LEVELS OF AUTONOMY FOR THE DEVELOPMENTAL STAGE OF THE CHILD
#2: BEGGING

- **General indicators**

"If you {are a vulnerable child and you} have problems you go and beg: 'please help me with a certain amount of money'."(V)
"Kama una shida unaenda kuomba: 'naomba unisaidie hela kiasi fulani'." (V)

"I can identify a vulnerable child. Firstly, when you look at him, his clothes, or by the way he will appear; he begs from people." (G)
"Ninaweza kutambua mtoto asiyejiweza. Kwanza, ukimwangalia, mavazi yake au kwa jinsi atakavyokuwa; anaombaomba." (G)

"[What can be the consequences in the life {of a vulnerable child}?] He can be persuaded to go and drink beer or he can be made to become a vagrant or smoke marijuana … He can go and beg … He can steal." (Y)
"[Wanaweza kupata madhara gani kwenye maisha?] … Anaweza kupata kushawishi na kwenda kunywa pombe au anaweza kusababisha kuwa wahuni au kuvuta bangi … Anaenda kuombaomba ... Anaweza kuiba." (Y)

- **Begging as coping**

"[How do they {vulnerable children} manage to cope?] They go begging from people, asking for food and clothes." (I)
"[Wanajiwezesha kwa njia gani?] Wanaombaomba kwa watu kama chakula na mavazi." (I)

"The little ones are just struggling to beg from people who pass by, like these children of mine. Sometimes I leave my children at home from morning until the evening while I am out looking for food." (M)
"Walio wadogo wanaweza wakahangaika tu kuombaomba watu wa njiani, kama hawa wa kwangu. Ninaweza kuwaacha asubuhi mpaka jioni; naenda kutafuta chakula." (M)

"The one who has not yet got the strength to work will be begging. He will just live with difficulty; if he gets some food at the neighbour's house he is grateful." (R)
"Yule ambaye hajapata nguvu ya kazi atakuwa anaombaomba. Ataishi kwa shida tu; akipata chakula kwa jirani anashukuru." (R)

Begging is an attempt to cope with deprivation, particularly to obtain food; it might therefore be categorised as a strategy. While begging may provide a short term solution to providing for basic needs, the effort put into begging does not empower the child in the long term, and speaks of total dependence on adults who may not have immediate kinship obligations to them. Begging suggests a complete lack of *'uwezo'* or resources. The 'drive' of unmet needs, especially hunger, forces the child into this abnormal behaviour. The child who is busy begging is losing out on his 'normal childhood'; while begging he is missing out on school and play activities.

6.5.1.4.2 Vagrancy

Adults are responsible to see that children have appropriate shelter; vagrant children have to find whatever shelter they can, which means that they are performing a function that they are not mature enough to carry out. Children deprived of shelter were reported to wander around 'in town', which may mean in the middle of Haydom village or even leaving Haydom and running away to live in other more urban areas such as Arusha. This vagrancy was reported to be related to various family problems including parental alcohol abuse, poverty, expulsion from school or abandonment, and not as an option chosen by a disobedient child to avoid responsibilities. Display 4.1.4.3 contains evidence relating to vagrancy.

DATA DISPLAY 4.1.4.3
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 4: INAPPROPRIATE LEVELS OF AUTONOMY FOR THE DEVELOPMENTAL STAGE OF THE CHILD
#3: VAGRANCY

- **General indicators**

"This child {whose parents are alcoholic} will lack what he needs, because he does not have good parenting. Then he can lack even the normal work skills as he roams around, and in the end he can be someone who lacks direction in life ... Both parents may run away to different places. When the father leaves and goes off somewhere, if the mother can't manage she may also leave, and the children are left alone helpless if there is no one else around. That's why you find that some children are wandering the street. They are left as street children." (K)

"Mtoto huyu atakuwa na upungufu kwa maana ya mlezi ambayo siyo mazuri. Halafu anaweza akakosa hata katika utaratibu wa kufanya kazi katika hali ya kuzurura, na hatima yake anaweza kuwa mtu ambaye hana mwelekeo ... Kila moja anaweza kutawanyika kivyake au anaweza akaenda mahali popote pale, mama atakaposhindwa anaweza akaondoka, watoto wanabaki hewani kwamba hakuna mtu yeyote; ndiyo maana unakuta kwamba watoto wengine wanazurura mitaani. Wanabakia katika hali ya uchokora." (K)

"What can they do when they don't have any money? … He may go wandering from house to house … and also he may go wandering about in town." (M)

"Watafanyaje ikiwa hawana namna? ... Anaweza kwenda kuzurura nyumba za watu … na pia anaweza kwenda mjini kuzurura." (M)

- **Outcome of vagrancy**

"Children living on the street don't have good behaviour on the whole. They can't behave well because of the upbringing that they have, and the environment they live in. So they must get involved in things that are not appropriate, like bad things in society." (H)

"Watoto wa mitaani hawana tabia nzuri kwa ujumla. Hawawezi kuwa na tabia nzuri kwa sababu ya malezi ambayo wamepata, na mazingira wanamoishi. Kwa hiyo lazima wajishughulishe na mambo yasiofaa kama maovu katika jamii." (H)

"A street child cannot have good habits because there is no adult bringing him up who is guiding him there in the streets. He just guides himself. [He guides himself in whatever way he is able?] In whatever way he is able, and so he copies everything that he sees there in the streets. Bad and good seem to be just all right to him." (A)
"Mtoto wa mtaani hawezi kuwa na tabia nzuri kwa sababu hana mlezi anayemwongoza kule mtaani. Ila anajiongoza yeye mwenyewe. [Anajiongoza anavyoweza?] Anavyoweza, kwa hiyo anaiga yote ya kule mtaani anayoyaona. Baya na nzuri kwake anaona ni sawa tu." (A)

Children who are struggling to find their own basic needs such as shelter are reported to be the result of parental abandonment or extreme poverty, and to carry the danger of becoming involved in risky lifestyles related to lack of parental guidance. For example, vagrancy was linked to begging and stealing.

> *"[Children who are abandoned by their parents? …] They develop the habit of begging; they start to steal; they even lack shelter, clothes and food; their life becomes one of just wandering around there on the streets." (A)*
> *"[Watoto waliotelekezwa na wazazi? …] Wanakuwa ombaomba; wanaanza kuiba; wanakosa hata malazi, mavazi, chakula; maisha yao yanakuwa ya kutangatanga tu huko mitaani." (A)*

Thus vagrancy is not only demonstrating an inappropriate level of autonomy, but is linked with culturally unacceptable behaviour. Vagrancy involves premature independence or "loss of childhood" if one considers childhood to be a period of dependence. Moreover vagrancy lacks any security, which would appear to be a reasonable expectation for a growing and developing individual.

6.5.1.4.3 Child-headed households

When children preferred to stay together in a child-headed household, it was seen to be inappropriate in this cultural setting. Data display 4.1.4.4 contains evidence in this regard.

DATA DISPLAY 4.1.4.4
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 1 : PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 4: INAPPROPRIATE LEVELS OF AUTONOMY FOR THE DEVELOPMENTAL STAGE OF THE CHILD
#4: CHILD-HEADED HOUSEHOLDS

"[Can orphan children manage to live together without an adult?] … How will they manage by themselves? What will they know?" (AA)
"[Watoto yatima wanaweza kuishi pamoja bila mtu mzima?] … Wenyewe watawezaje? Watajua nini?" (AA)

"They can't live by themselves without any adults … they really need help … they need someone to support them. [Like a relative?] It will help a lot if there will be a close relative … A neighbour will discriminate; sometimes she will help them today, tomorrow she will only have bad words for them." (A)

"Hawezi <hawawezi> kuishi wenyewe bila watu wazima … wanahitaji kwanza msaada … anatakiwa mtu wa kuwasimamia. [Kama ndugu?] Itasaidia sana kama kutakuwa na ndugu wa karibu zaidi … Jirani atakuwa anabagua; mara leo atawasaidia, kesho atawasimanga." (A)

"You will find that the question of education {for children in child-headed households}, you will find that children like them have very limited resources … it is not safe because they are having a lot of difficulty getting food … they depend a lot on the side of, if it's on the side of cultivating in the fields they will cultivate, but on the side of education {they don't manage}, because they don't have enough income generating activities." (DD)

"Utakuta katika maswala ya elimu, utakuta watoto kama wale uwezo wao uko chini sana … si salama kwa sababu wao wanasumbuka sana na lishe … wao wategemea sana upande wa, kama ni upande wa kujilimia shamba watalima, lakini upande wa elimu, kwa sababu hawana miradi ya kutosha." (DD)

"No. They can't manage to live together. They will be mistreated; all of those whose mother or father has died will be mistreated. They shouldn't live together ... they will be mistreated." (Y)

"Hapana. Hawawezi kuishi pamoja. Watanyanyaswa; wote ambao baba yao amefariki au mama yake amefariki atanyanyaswa. Hawatakiwi kukaa pamoja … atanyanyaswa." (Y)

"Orphan children living together {without an adult} … living together is difficult, because they need leadership, they need people to give them 'light', to instruct them, to advise them, and to get services that are important for them in their lives. So to live at their home together will be difficult because they will continue to grow up in a difficult situation and doing things that they wouldn't (normally) be expected to do. So it is important that there are people there who can supervise them, and can help them." (H)

"Watoto yatima kuishi pamoja … kuishi pamoja ni ngumu, maana inatakiwa kiongozi, wanatakiwa watu wa kumpaa 'taa', wa kuwaangaza, kuwashauri, na kuwapatia huduma ambayo ni muhimu katika maisha yao. Kwa hiyo kuishi kwao pamoja itakuwa vigumu maana wataendelea kukua katika matatizo na kufanya mambo ambayo hawajatarajia. Kwa hiyo lazima wawepo watu ambao wa kuwasimamia, na kuwasaidia." (H)

Informants thought that child-headed households would not be able to cope in economic and organisational terms and could be mistreated by other members of the community. Child-headed households were seen to involve children in responsibilities that are appropriate for adults; if children carry the responsibility for heading a household then they are losing out on their normal 'childhood'.

A family may effectively be child-headed if the parents are present but are not providing for the children; this appears to be common in the case of parents who abuse alcohol, and parents who are ill, as discussed in section 6.2.2.2.1. An example of a family in

which a mother is ill and the oldest daughter is effectively running the household is provided as follows:

> *"I think that that lady is disabled. Both her legs (are affected), but you will find that her oldest (daughter) is struggling to look after those younger children." (DD)*
> *"Nafikiri yule mama ni mlemavu. Miguu yote miwili, lakini utakuta yule mkubwa anawahangaikia wale watoto wadogo." (DD)*

Informants' views of child-headed households are congruent with views expressed in the literature, discussed in section 5.2 of this study. The literature generally concludes that they may be an appropriate temporary or long-term option in some places, but only if provided with adequate support and recognition. There appears to be a need to recognise families that are functioning as child-headed households because of parental incapacity, as well as those where parents are absent.

6.5.1.4.4 Sexual activity

Sexual activity in children was reported to be the result of adolescent street girls' need (or sometimes desire) for money. Informant A described this as 'immoral' behaviour, and informant G considered it involved 'temptation', suggesting a negative societal view of this behaviour. Traditional practices in the cultural groups of Haydom, such as the sanctions that were applied to pregnancy before marriage (discussed in section 2.13) speak of a lack of acceptance of adolescent sexual activity. Sexual activity in children could have been classified as 'culturally unacceptable behaviour'; informants also spoke of sexual activity in terms of a means of obtaining money for meeting needs, so it can be considered to be an indicator of inappropriate levels of autonomy or "loss of childhood". The evidence is contained in data display 4.1.4.5.

DATA DISPLAY 4.1.4.5
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY1: PSYCHO-SOCIAL EFFECTS
SUB-CATEGORY 4: INAPPROPRIATE LEVELS OF AUTONOMY FOR THE DEVELOPMENTAL STAGE OF THE CHILD
#5: SEXUAL ACTIVITY

- **General indicator**

"They {vulnerable children} will not have a good life … they get persuaded to do different things like entering into prostitution." (Z)
"Hawatakuwa na maisha mazuri … anaweza kupata vishawishi vingine kama kufanya umalaya." (Z)

"In the society that we live in, for example those who live in difficult circumstances and the society that surrounds them that are in a bad condition, they can often get involved in vagrancy and prostitution."
"Katika jamii tunamoishi mfano wale wanaoishi katika mazingira magumu na jamii inayozunguka ambao hali ni ngumu, wanaweza ni mara nyingi wanajishughulisha na uhuni na umalaya." (H)

- **Girls are more vulnerable**

"Girls {should be helped first}. Because girls are more badly treated and can get bigger problems … In some ways, a girl is a child who likes to have something … and hence she is more likely to be tempted … a boy can look after himself to some extent, and girls can't do heavy work … house construction, manual work." (G)
"Watoto wakike. Kwa sababu watoto wakike ndiyo wanaonyanyasika zaidi na kupata shida kubwa zaidi, kuathirika; watoto wakike ni rahisi sana. Mtoto wa kike, kwa namna fulani mtoto wa kike ni mtoto anayejipenda … ataingia kwenye vishawishi mbalimbali … wa kiume wanajitetea kwa asilimia, na watoto wa kike hawawezi kufanya kazi ngumu … mambo ya ujenzi wa nyumba, fundi." (G)

"If they are studying {vulnerable boys and girls} have the same risks. Among the vagrant … the girls are at risk." (U)
"Kama ni wanasoma wako sawa. Ambao wanatembea mjini … wasichana wako hatarini." (U)

- **Sexual activity as 'work'**

"In the end she {the vulnerable street child} can become involved in immoral sexual behaviour, unprotected sexual activity even causing her life to be in danger … If it is like a girl, those who are old enough to have a young man, then, this is 'work', it becomes a sort of employment. Today she is with this one, tomorrow she is with another one; she can become a prostitute." (A)
"Hatimaye anaweza kuingia kwenye mambo ya ngono, ngono uzembe hata kusababibisha maisha yake kuwa na hatari … Ikiwa ni kama ni msichana haya wa umri wa kuweza kuwa na kijana basi, ndiyo 'kazi', inakuwa ajira ndiyo hiyo. Leo yuko na huyu, kesho yuko na huyo; anaweza kuwa malaya." (A)

"For girls it's a bit, it usually occurs at a certain stage, it's not usually very early. But it comes at a certain age that when you have reached a certain age she can be persuaded, she can be given money, and this and that." (BB)
"Kwa watoto wa kike kidogo, kidogo huwa inakuja katika hatua fulani, huwa si mapema sana. Lakini inakuja katika umri fulani kwamba ukishakuwa na umri fulani basi anaweza akashawishiwa, akapewa pewa hela, nini na nini." (BB)

The belief that adolescent girls are at higher risk from sexual activity than boys corresponds to findings in the literature, for example Cook and Du Toit have reported from South Africa that female vulnerable children aged 11 to 17 years are likely to be driven into prostitution by poverty, while boys of this age are more likely to become involved in crime in order to survive (2004, cited in UNICEF 2007:13). This belief deserves further investigation and verification in the Haydom setting, and findings could be used to guide prioritisation of strategies to help vagrant children in and from this locality. Premature sexual behaviour is noted in the literature in relation to street children and child domestic workers (as mentioned in sections 4.7.4.5 and 4.7.5.1).

Informants did not discuss risks to child domestic workers, but this might also warrant investigation in the Haydom setting. Informants reported that premature sexual activity carries major health risks, as discussed in section 6.5.2.2.2.

6.5.2 Physical effects

Informants pointed out that the nature of consequences experienced by vulnerable children depends on various factors including age, behaviour patterns and gender, as discussed in relation to the relative nature of child vulnerability, in section 6.4.3.5. Young children (with their relatively low immunity) were seen to be at high risk of communicable disease; sexually active children (identified especially as adolescent, vagrant and female) were seen to be at risk of sexually transmitted diseases, including AIDS with potentially fatal consequences. Children caught stealing, of school age or teenage years, were reported to be disliked, persecuted, and even killed by other members of society (as discussed in section 6.5.1.2.1).

6.5.2.1 Hunger and malnutrition

Informants reported that vulnerable children are likely to suffer from the direct consequences of lack of food, including hunger and malnutrition with poor physical growth and development. Statistics relating to the effects of poor nutrition in terms of stunting and malnutrition are discussed in section 4.7.5.1. Data display 4.2.1 alludes to this issue.

DATA DISPLAY 4.2.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 2 : PHYSICAL EFFECTS
SUB-CATEGORY 1: HUNGER AND MALNUTRITION

- **Hunger and associated behaviour**

“They {vulnerable children} will not have a good life - they can get hungry.” (Z)
“Hawatakuwa na maisha mazuri - wanaweza kupata njaa.” (Z)

“There is a big difference {between ‘normal’ and ‘vulnerable’ children}. You will identify him by his clothes, and he picks up things on the road and eats them … He will not be happy.” (F)
“Kuna tofauti. Utamtambua kwenye mavazi, na anaokota vitu vya barabarani na kula … Atakuwa hana furaha.” (F)

“You can see them {vulnerable children} because you will find some of them at the market picking up things to eat… you can identify him.” (N)
“Unaweza ukaona kwa sababu wengine utawakuta kule sokoni; wanaokotaokota vitu vya kula … unaweza ukamtambua.” (N)

"If he is small, that's how it is {for the vulnerable child}. He perseveres just where he is. [If he gets food?] If he gets {food} it's all right; if he doesn't get {any food} he sleeps just as he is; in the morning he goes to beg." (A)
"Kama ni mdogo, ndiyo hivyo. Anavumilia hapo hapo. [Akipata chakula?] Akipata sawa; asipopata wanalala hivo hivo <hivyo hivyo>; pakikucha anaenda kuomba." (A)

- **Malnutrition**

"Also they will be malnourished, firstly they won't get the right diet and they will suffer from malnutrition." (G)
"Pia hali ya lishe pia itakuwa ni duni, kwanza hawatapata mlo kamili pia watakuwa na utapiamlo." (G)

"Vulnerable children who live in difficult circumstances get physical damage … the child who doesn't get good care, ah; in English they call it a 'balanced diet', later on he can get big problems like kwashiorkor." (H)
"Watoto wasiojiweza wanaoishi katika mazingira magumu, madhara wanayopata mwilini … mtoto asiyepata malazi kama, aa, kwa kiingereza wanaita 'balance diet', baadaye anaweza akapata matatizo makubwa kama 'kwashiorkor'." (H)

"[Will he be able to grow well physically?] … He will not be fat; he will become thin because of being worried." (U)
"[Kwenye mwili anaweza kukua vizuri?] … Hatakuwa mnene; atakuwa mkondefu kwa ajili ya mawazo." (U)

- **Stunted development**

"So you can recognise that he {the vulnerable child} has poor health to a certain extent … And his health, his weight does not hold up … he has lost weight." (O)
"Kwa hiyo unaweza kutambua kama anakuwa na afya ambaye ni duni kwa kiasi fulani … Na afya yake, kilo yake hafanikiwi … ameshusha kilo." (O)

"They lack good food; a child must first become stunted. He can't grow physically or develop intellectually. He is stunted, his intellectual development has a certain weakness or a certain disability, meaning in his brain. He lacks strength. Yes, and in the end he just stays stunted." (A)
"Wanakosa chakula bora; lazima mtoto anadumaa kwanza. Hawezi kukua kimwili hata kifikra. Anadumaa, anakuwa na udhaifu fulani na ulemavu fulani kwenye akili, yaani kwenye ubongo wake. Anakosa nguvu. Ee, na hatimaye anabaki kudumaa hivo hivo <hivyo hivyo>." (A)

Issues related to food availability, hunger and the fear it creates appear to be important factors in child vulnerability (discussed further in section 6.5.1.1). Food as a basic survival need must be given priority in strategies to help vulnerable children; the Convention on the Rights of the Child makes clear that all children have the right to life and survival and speaks of the need for nutritious food and clean drinking water (as discussed in section 4.5.4). Informant U notes that the vulnerable child "*will not be fat; he will become thin*"; this suggests that being fat is viewed as a sign of health. The perception of obesity as health by some cultures including some in Central and Western Africa is described in the literature (Andrews 2003b:143; Helman 2007:22,68-69).

One informant spoke from her own current lived experience of having no food to give her children; she had been to the butcher on the previous day and had collected some blood from an animal that was being slaughtered. That had been the only food she had been giving her children since the previous day.

> *"They are vulnerable because they don't have the basic necessities, for example they don't get food … especially (lack of) food contributes (to make children vulnerable). And even now we continue to be hungry; since yesterday evening we were eating blood and even now it is all that is in the pot … They may go to bed hungry; there is no food." (M)*
> *"Hawajiwezi kwa kukosa mahitaji, mfano chakula hawapati … na chakula hasa inachangia sana, kwani hata sasa tunashinda njaa; tangia jana jioni tulikula damu; hata sasa hivi bado inajaa sufuria … Wanaweza kuwa wanalala njaa; hamna chakula." (M)*

The lack of food reported by this informant was clearly associated with chronically poor growth in the children, and the restless behaviour of the oldest child who kept checking on the 'pot' referred to was suggestive of the physical and psychological distress of hunger. Deprivation of food and hunger results in a variety of behaviour patterns; the demeaning and risky behaviour of picking up scraps of food on the road goes along with the stress of being hungry. This is an example of the many interrelationships between the physical and psychological effects of vulnerability.

Food deprivation is common in this area where rains are variable, some families appear to be short of crop-growing land, and periods of famine have been a feature of its history. The serious physical and psychological consequences of food deprivation should be taken into consideration when planning strategies to help vulnerable children in Haydom.

6.5.2.2 Prone to infectious disease

Informants reported that young vulnerable children have an increased risk of common infectious diseases, and adolescent vulnerable children have an increased risk of sexually transmitted disease. This is congruent with findings in the literature, discussed in section 4.7.5.1.

6.5.2.2.1 Prone to common infectious diseases and subsequent mortality

Informants noted that vulnerable children are prone to infection because of lack of carers, lack of immunity related to poor diet and lack of access to or use of health

services such as vaccination. Common infectious diseases in Haydom are discussed in section 1.2.4 of this study. Data display 4.2.2.1 bears evidence to proneness to disease.

DATA DISPLAY 4.2.2.1
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY 2 : PHYSICAL EFFECTS
SUB-CATEGORY 2: PRONE TO INFECTIOUS DISEASE
#1: PRONE TO COMMON INFECTIOUS DISEASES AND SUBSEQUENT MORTALITY

- **Poor living conditions**

"What can they do when they don't have any money, they have no food, they have no clothes or anything else? They can die … also if they don't have clothes they will suffer from the cold; they will get ill from being cold." (M)

"Watafanyaje ikiwa hawana namna, hawana chakula, hawana mavazi na kila kitu? Wanaweza kufa … lingine kama watakosa nguo, baridi itawaumiza, wataugua ugonjwa wa baridi." (M)

- **Age factor**

"Perhaps {those at high risk} are especially the really small ones who are at risk of being attacked with diseases such as malaria, especially those very small ones, because the big ones have more strength, they are able to care for themselves but those little ones of a young age suffer more." (O)

"Labda hasa wale ambao ni wadogo zaidi ambao katika, wako katika hali ya kushambuliwa na maradhi kama vile malaria, hasa wale wadogo wadogo kwa sababu wale wakubwa wakipata nguvu zaidi wanaweza wakawa wamejiweza lakini hawa wadogo ambao katika umri mdogo wanaumia zaidi." (O)

- **Lack of carers**

"A vulnerable child may either become sick and fail to get any assistance … meaning there is no one who will help him; he is often left without help, so it is dangerous for him." (K)

"Aidha hata anaweza akaugua asipate hata na msaada wowote … maana hapatakuwa na mtu atakayemsaidia; mara nyingine anabaki hewani, kwa hiyo ni hatari kwake." (K)

"There are many dangers {for the vulnerable child who becomes vagrant} … He may even get malaria suddenly and there is no one to assist him, for example if it's a girl what will she do? ... When a parentless child gets sick he has no way of getting help and so he will be waiting, if he is sick, he waits to die." (V)

"Hatari ni nyingi … Anaweza akapata hata malaria ghafla na hamna wa kumsaidia, kama mfano ni mtoto wa kike atafanyaje? ... Asiye na wazazi ni kwamba hana namna; atakuwa anasubiri, kama labda anaumwa atasubiri kifo." (V)

- **Lack of access to health services**

"Where they live is far from the hospital; the child just stays sick here at home; he just stays sick here at home, until the day when his condition gets worse; they send him to hospital, and it all ends in the death of the child." (A)

"Wanapokaa na hospitali ni mbali; mtoto anabaki kuugulia tu hapa nyumbani; anabaki kuugulia tu hapa nyumbani, mpaka siku hali inakuwa mbaya; wanampeleka hospitalini; hatima yake ni kifo tu." (A)

"The child who does not get health services can later become weak and in the end he can die. Because … the child who was left when he was still small didn't get things like his vaccinations, I think they call it … measles, and other ones, later on he can, because it is an endemic disease the child can get it … and in the end he can become handicapped." (H)

"Mtoto asiyepata huduma ya afya baadaye anaweza akadhoofika na hatimaye kufa. Kwa sababu … mtoto ambaye ameachwa akiwa bado mdogo hajapata kama sindano ya kinga kwa, nafikiri wanaita … surua, na mengineyo, baadaye anaweza, kwa sababu ilivyo magonjwa shambulizi yanaweza yakamtokea … ee, na mwisho kupata ulema, na ulemavu." (H)

"Another thing that can probably make a {vulnerable} child have problems is, also on the side of health. Yes, not getting, eh, treatment properly, meaning, also because his parents have no resources; yes, to be able to treat their child properly … You will find that perhaps the child gets, like those illnesses that are able to be prevented." (W)

"Kitu kingine ambacho kitamfanya mtoto awe na shida labda, ni upande pia ya afya. Ee, kutopata, ee, matibabu vizuri, kwa maana pia kwamba wazazi wake hawana uwezo; ya, kuweza kutibu mtoto wake vizuri … Utakuta mtoto labda anapatwa na, kama haya magonjwa ambayo yanaweza kukingwa." (W)

"Vulnerable children who live in difficult circumstances get physical damage … they can become weak because they don't get treatment as they should, meaning, often they don't go and get their health checked. So they can be attacked by many illnesses, they can get weak in the end; they can become so weak that they can't do their (normal) activities … they can't be strong." (H)

"Watoto wasiojiweza wanaoishi katika mazingira magumu, madhara wanayopata mwilini … wanaweza kudhoofika kwa sababu matibabu hawapati ipasavyo, maana, mara nyingi hawaendi kucheki afya zao. Kwa hiyo anaweza akashambuliwa na magonjwa mengi, akadhoofika mwishowe; akashindwa na nguvu za kufanya shughuli zake … hawezi kuwa na nguvu." (H)

"A vulnerable child does not get health services easily when he is ill, which causes a big percentage of them to die due to delayed treatment. A little child is commonly affected by pneumonia in the cold season. He can get malaria suddenly; when a little child is bitten by mosquitoes he is bound to get sick; he becomes acutely ill and many children have died in this way because of delayed treatment." (G)

"Mtoto asiyejiweza kama anaumwa, hapati huduma za matibabu kwa urahisi, na pia kwa asilimia kubwa inasababisha kifo cha watoto kwa sababu wamechelewa kupata matibabu. Mtoto mdogo lazima pneumonia itambana kwa vipindi vya baridi. Malaria itampata ghafla; mtoto mdogo akishaumwa na mbu lazima ataugua, ataugua ghafla na watoto wengi wamekufa kwa jinsi hii kwa sababu wamechelewa hata kupata matibabu." (G)

- **Neglect by health workers**

"When the child is sick (and supposing) you don't have money for basic necessities; you are finding life difficult. (The problem continues untreated) until he is seriously ill … They {health workers} do not listen. I tell them about my problems, then they say 'Go back home and find a way to pay'; it's just like that." (U)

"Kama anaumwa huna matumizi; unakaa na shida. Mpaka unaumia kabisa … Hawasikilizi. Mimi nasema hivi, halafu wanasema 'Nenda; rudi nyumbani, ukatafute namna ya kulipa'; ni hivyo tu." (U)

Many of the communicable diseases common in Haydom could be prevented with improved water, sanitation, nutrition and use of insecticide treated nets; mortality could be reduced by appropriate use of health services. These issues need to be considered amongst the strategies to help vulnerable children.

6.5.2.2.2 Prone to sexually transmitted diseases and subsequent mortality

Childhood sexual activity, related to prostitution and vagrancy, was reported to have the risk of contracting sexually transmitted diseases; informants specifically spoke of AIDS. These perspectives correspond to views expressed in the literature as mentioned in section 4.7.5.1. Display 4.2.2.2 shows evidence of informants' concerns related to sexually transmitted diseases in vulnerable children.

DATA DISPLAY 4.2.2.2
THEME 4: CONSEQUENCES: LOSSES SUFFERED
CATEGORY2: PHYSICAL EFFECTS
SUB-CATEGORY 2: PRONE TO INFECTIOUS DISEASE
#2: PRONE TO SEXUALLY TRANSMITTED DISEASES AND SUBSEQUENT MORTALITY

- **General indicator**

"In the end he can become involved in immoral sexual behaviour, unprotected sexual activity, even causing his life to be in danger." (A)

"Hatimaye anaweza kuingia kwenye mambo ya ngono, ngono uzembe, hata kusabibisha maisha yake kuwa na hatari." (A)

- **Gender issues**

"With girls it's more risky … because when girls are on the streets later on, if they don't have someone bringing them up, there is a big risk. They are more vulnerable to rape and they can become involved in extremely bad behaviour, worse even than boys … [Those girls can be raped?] (and) they can get AIDS." (N)

"Kwa wasichana ndiyo hatari zaidi … kwa sababu wasichana baadaye wakiwa mitaani kule, kama hawana mlezi hatari ni kubwa. Wanaweza wakabakwa; wakawa wanaingia kwenye tabia ambazo ni za ajabu zaidi kuliko hata wavulana … [Wale wasichana wanaweza kubakwa?] (na) kupata UKIMWI." (N)

- **Sexually transmitted disease in general**

"He {the vulnerable child} may go there {to 'town'} and come into contact with {sexually transmitted} diseases." (T)

"Anaweza akaenda huko akakutana na magonjwa." (T)

- **AIDS**

"Now if he goes there to town, won't he get a lot of bad consequences? … In town there are a lot of infectious diseases, AIDS. Now won't he die with that?" (U)

"Sasa akienda kule mjini si atapata madhara nyingi? ... Mjini kuna maambukizo nyingi, UKIMWI. Sasa si utakufa na hayo?" (U)

"Problems that start there {on the streets} are smoking, stealing, exposure to illnesses and diseases, and in this way, with marijuana and alcohol abuse, now the child of the age or of standard seven starts to mix with those who are affected by AIDS." (E)
"Shida ya kule inayowapata ni uvutaji, uwizi, na kukutana na maradhi haya ya magonjwa, sasa kwa njia hiyo, bangi ni ulevi, sasa mtoto wa umri au wa darasa la saba akianza kushirikiana na hao waathirika." (E)

"They {vulnerable children} will not have a good life … they get persuaded to do different things like entering into prostitution, and getting terrible diseases like AIDS." (Z)
"Hawatakuwa na maisha mazuri … anaweza kupata vishawishi vingine kama kufanya umalaya, na kupata na magonjwa ya ajabu ajabu kama UKIMWI." (Z)

"Or if he goes wandering around, there (in town) there are many troubles; there is AIDS, it is here, and many other troubles. He can meet up with that disease of AIDS through promiscuous behaviour." (V)
"Au akienda kuzurura, huko mambo ni mengi; kuna UKIMWI, upo, na mambo mengine mengi. Anaweza kukutana na ugonjwa huu wa UKIMWI kwa njia ya uzinzi." (V)

"There are many consequences {of vulnerability}; some who are wandering around (the streets), if it's a girl she will be following after a man and if it's a young man he will be following after a girl. And it will be easy to get AIDS." (R)
"Madhara ni mengi; wengine wakiwa wanazurura, kama ni msichana atakuwa anafuata mwanaume na wa kiume atakuwa anamfuata msichana. Na atakuwa rahisi kupata UKIMWI." (R)

The rising incidence of AIDS in Haydom (as discussed in section 1.2.4) suggests that informants' concerns should be taken seriously when strategies to protect vulnerable children are considered.

6.5.3 Summary of consequences of child vulnerability

Informants identified consequences of child vulnerability in Haydom as relating to physical and psycho-social effects. These effects include loss of physical health, psycho-social wellbeing, social support, educational success, job opportunities, financial resources and even life.

6.6 THEME 5: STRATEGIES: DEALING WITH DEPRIVATION

As mentioned in section 5.1, a strategy is "a plan or method devised to meet a need" (The New Penguin English Dictionary 2001e:1392). In the context of child vulnerability, strategies need to counteract the negative factors in the 'equation', that is, reduced strength and resources (of antecedents), mistreatment (of contributing antecedents), actual deprivation (of defining attributes) and additional losses (of consequences). Strategies thus need to identify areas of 'weakness' and provide added strength and

resources, and / or combat mistreatment and / or identify and combat deprivations and / or identify and combat losses. A wide variety of terms was used which reflects the variety of strategies; these include *'kutunza'* meaning 'to care for or look after', *'kujaribu'* meaning 'to try', *'kujitahidi'* meaning 'to try hard', *'kusaidia'* meaning 'to help' and *'kuvumilia'* meaning 'to persevere'.

Informants talked about many of the strategies identified in the literature, although some of their views about these strategies varied from the views expressed in the literature. The literature review in chapter 5 is organised in terms of self-care, institutional care and community based care. In this section, strategies are discussed in terms of those initiated by the child, and those initiated by adults. Efforts that informants considered to be beneficial were categorised as strategies in this study. Informants' views on efficacy, which arise out of the cultural context, are an important consideration in local planning (as discussed in section 5.1.2). This is described by Nyambedha et al, in relation to care of orphans, who state that "the complex, local reality in which cultural factors, kinship ties, and poverty are interwoven needs to be taken into consideration if sustainable solutions are to be found" (2003:301). Figure 6.6 illustrates the impact of absent or ineffective strategies, while figure 6.7 represents the impact of effective strategies in reducing child vulnerability. Figure 6.9 provides an overview of the strategies suggested by informants.

6.6.1 Child initiated strategies

It might be argued that if vulnerable children have no other option, the strategy they adopt is also a consequence of their situation. For example, begging, stealing, sexual activity, use of marijuana and formation of child-headed households are categorised as consequences of child vulnerability in this study, although they could be categorised as child initiated strategies that are generally viewed as culturally unacceptable.

Informants reported perseverance and working hard as being culturally acceptable strategies to cope with child vulnerability. While the child himself may initiate these strategies, adults might advise or encourage them in these efforts. The concepts of perseverance and willingness to work hard are found in the literature in relation to the issue of resilience, as discussed in section 4.4.

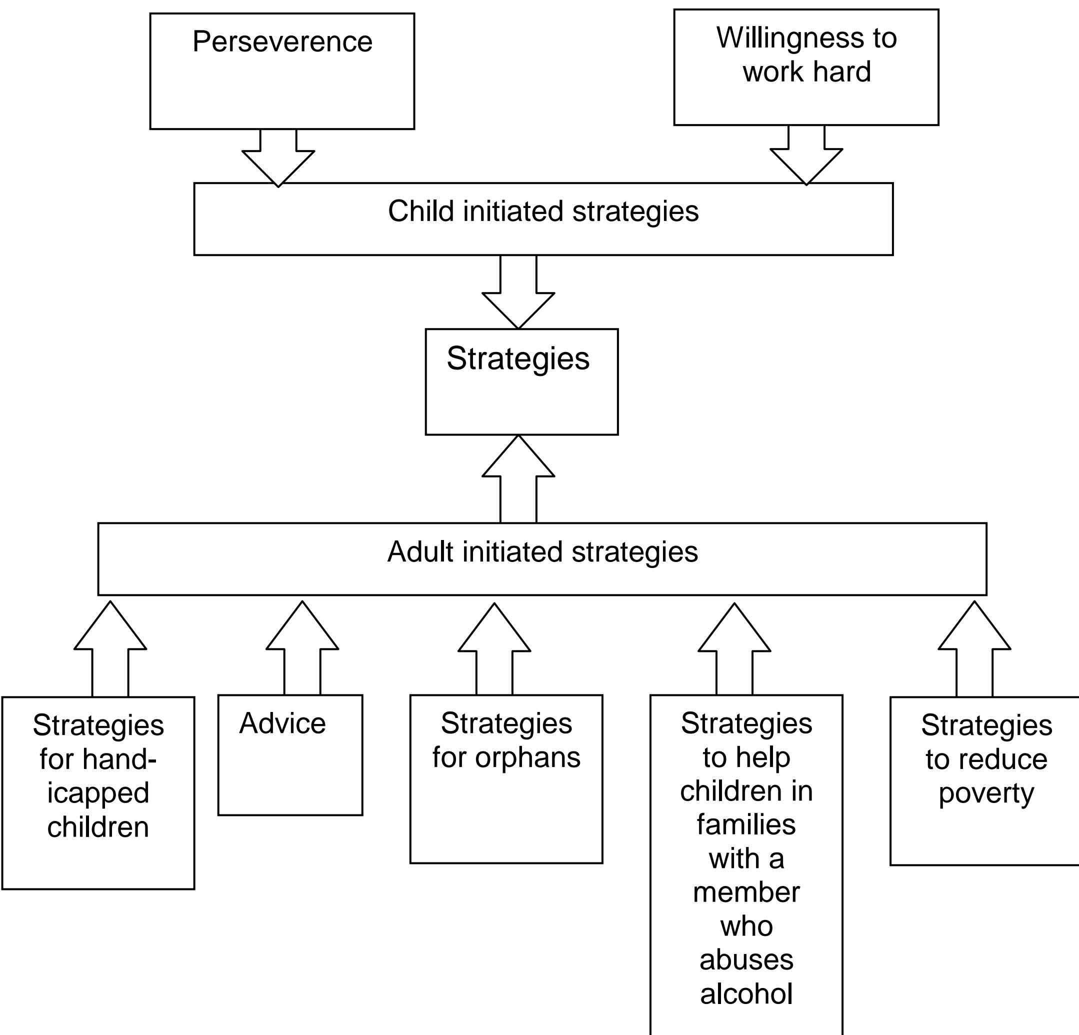


Figure 6.9 Overview of strategies suggested by informants

6.6.1.1 Perseverance as a coping strategy

Informants talked about perseverance as a coping skill which involves determination in the face of hardship. Perseverance implies persisting in a condition in spite of adverse influences (The New Penguin English Dictionary 2001p:1037). The Swahili word *'kuvumilia'* was commonly used in this context, and carries the meanings of persevering, enduring, suffering or tolerating (A Standard Swahili-English Dictionary 1995m:517). Informants' views about perseverance are presented in display 5.1.1.

DATA DISPLAY 5.1.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 1: CHILD INITIATED STRATEGIES
SUB-CATEGORY 1: PERSEVERANCE

- **Perseverance until self reliant**

"He can only persevere in order to get to an age (where he can be independent) … the age of adulthood, in order that he can then be independent, that's how I see it; and now because he has no parents he perseveres with the situation until he can be self reliant." (E)

"Anaweza kujikaza ili kukidhi ule umri wake … umri wa utu uzima, na ili aweze kujitegemea, mimi ninavyoona ni hivi; sasa kwa vile hana wazazi kuvumilia mpaka atakapojitegemea." (E)

- **Perseverance and child rights**

"[This child … is badly treated … can he get his rights?" …] It is difficult … He should just persevere." (N)

"[Huyu mtoto … ananyanyaswa … anaweza kupata haki? …] Ni ngumu ... Avumilie tu." (N)

"For those who have not got any schooling, who have not been to school, they often can't claim their rights because they don't know where to get them. And so they will persevere in their life situation, where they are, and where later they will suffer a lot … they persevere in the condition that they are in." (H)

"Kwa wale ambao hawajapata shule, hawajaenda shule, mara nyingi hawawezi kudai haki zao maana hawajui watazipatia wapi. Kwa hiyo watavumilia katika mazingira ya maisha, hapo ndipo, ambapo baadaye watakuja kuteseka sana … wanavumilia katika hali waliyo nayo." (H)

- **Food as a motivation to persevere**

"He won't leave there {from the home of his foster parents}, because if he leaves he won't get food, so he will hang on and stay with them just so that he can eat, because he knows that if he eats he will stay alive, even if he is badly dressed, if he has eaten he will stay alive; meaning if he has eaten, one's life depends on food … he will persevere and stay with those people simply because food is available; in this way he knows that he may be badly treated but what should he do? He will continue to stay here because he just gets food." (G)

"Hataondoka hapo kwao, kwa sababu akiondoka atakosa kula, huyu atang'ang'ania kukaa kwa watu kusudi ale tu, kwa sababu anajua akishakula ataishi, hata kama anavaa vibaya; yaani akisha kula, mtu lazima uhai wa mtu ni lishe … atavumilia kukaa kwa watu kwa sababu chakula tu kinapatikana; kwa jinsi hiyo anajua kwamba ananyanyaswa lakini basi afanye nini? Ataendelea tu kukaa hapa kwa sababu kula tu anapata." (G)

"Many children persevere because … even if they are made to do hard work, but they are given food, at least so that he doesn't suffer from hunger pangs, so that he doesn't die (of hunger), he must work, even if it's cleaning the floor every day until the evening, what can he do even if he is not given any clothes? … but if he is given food he perseveres … he knows that in other places, other people won't even give you food … he thinks that if he goes away, where will he go to?" (L)

"Watoto wengi wanavumilia kwa sababu … hata kama anafanyizwa kazi ngumu, lakini anapewa chakula, angalau hata asiteseke tumboni, asife, inabidi afanye, hata kama ni kudeki kila siku mpaka jioni, kufanyaje hata kama hapewi nguo? … lakini kama anapata chakula anavumilia … anajua maeneo mengine watu wengine hata chakula hawatakupa … anaona akitoka je, ataenda wapi?" (L)

"If he refuses to live in this situation {as a deprived foster child} there is no one else to help him. He reckons that this situation of getting a bit (of food) from the one who is giving it is better than (what might be the case) if he leaves there … if he doesn't eat even the little that he gets he will die. This is the other thing in respect to fear, he is probably afraid of this (dying of starvation)." (DD)
"Atakapokataa hali hiyo hana mtu wa kumsaidia. Anaona hali hiyo ya kupata kidogo kutoka huyo anayempa ni nafuu kuliko akiondoka hapo … asipokula hata kidogo atakachokipata atakufa. Kitu kingine kwenye sehemu ya hofu, labda anahofia hilo." (DD)

"It is not that they expect that later there will be changes; it is because of the environment; where (else) will he live? And because getting at least a little of his basic needs, where (else) will he get (anything)? And so he reckons it is better to live in a situation like this because if he looks anywhere there is no, there is no help (available)." (H)
"Siyo kwamba wanategemea kwamba baadaye watabadilishiwa; ni kutokana na mazingira, na kwamba ataishi wapi? Na kwamba mahitaji yake angalau hata kidogo atapata wapi? Kwa hiyo anapoona ni nafuu kuishi katika mazingira ya namna hiyo kwa sababu akiangalia popote hakuna, hakuna msaada." (H)

Perseverance appears to have limitations as a coping strategy; it does not necessarily help to address deprivations other than acute shortage of food. The need for perseverance suggests that the child's basic rights are not being respected. Not knowing rights or mechanisms to obtain rights was reported to produce continuing suffering and the need for perseverance; education of children at school about their rights is implied to be important by informant H. Community sensitisation about children's rights is a strategy that relates to all aspects of child vulnerability (as discussed in section 5.4.9.).

It was suggested that perseverance was important because even if a fostered orphan was maltreated, he would generally be given food. The implication is that the child may be faced with only two options: a difficult life or starvation. Suffering the difficult life, that is persevering, may be the only survival strategy that appears to be available to a child; this implies that perseverance is more related to fear than hope. Suffering hunger and undernutrition have immediate negative physical and psychological consequences and the risk of long-term trauma; those who have suffered from acute or chronic food deprivation may require not only physical therapies but psychological support in order to recover (as mentioned in section 6.5.1.1).

6.6.1.2 Working hard as a coping strategy

Another coping skill was reported to be willingness to work hard; this was often linked to perseverance. Informants concurred with the idea that fetching water or firewood,

breaking up stones for gravel and farming work such as weeding crops and herding animals were local coping strategies for vulnerable children. Display 5.1.2 presents data about working hard as a coping strategy.

DATA DISPLAY 5.1.2
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 1: CHILD INITIATED STRATEGIES
SUB-CATEGORY 2: WORKING HARD

- **Piece jobs**

"Some of them are able to earn a bit for themselves. He may go to someone or if there is something like a bit of a temporary job he says to the person, 'Please give me some temporary work so that I can get just a bit of money'. He can earn something for himself in this way … He can fetch water for someone or do farm work, if he can manage to do farm work … he can help himself." (C)

"Wengine wanaweza kujiwezesha. Anaweza akaenda kwa mtu au kama kuna kakibarua hivi anamwambia mtu, 'Naomba kibarua nipate hata hela kidogo'. Anaweza akijiwezesha kwa njia hii … Anaweza akachota maji ya mtu au akalima, kama anaweza kulima kidogo … anaweza akajisaidia." (C)

"He can do temporary jobs, he goes to people (and asks to work for them); it's a way of helping himself so that at least he gets money for things like his soap … they do small scale jobs, such as selling things or piece jobs like fetching water and selling it, and the one who has not yet got the strength to work will be begging. He will just live with difficulty; if he gets some food at the neighbour's house he is grateful." (R)

"Anaweza kufanya kibarua, anaenda kwa watu; ni namna ya kujisaidia angalau apate sabuni yake … wanafanya kazi ndogo ndogo, kama vile biashara au kibarua kama kuchota maji na kuuza, na yule ambaye hajapata nguvu ya kazi atakuwa anaombaomba. Ataishi kwa shida tu; akipata chakula kwa jirani anashukuru." (R)

"They can work even as daily paid labourers, because I usually see them even in this part of the village, I have seen them, some are breaking stones, that is making gravel, and fetching water and selling it. I see that they earn something for themselves in this way." (I)

"Wanaweza wakafanya hata vibarua, kwa sababu mimi ninawaonaga hata kwenye maeneo haya, nimewaona, wengine wanatwanga mawe, yaani kokoto, na kuchota maji na kuuza. Mimi ninaona kuwa wanajiwezesha kwa njia hii." (I)

"Today he {the vulnerable child} asks for some paid work here, herding the animals; tomorrow he asks for some paid weeding job; the day after tomorrow he asks for another paid job, even selling there in people's food vending stalls, (anything) so long as he is just pressing on with his life." (A)

"Leo anaomba kibarua hapa, cha kuchunga; kesho anaomba kibarua cha kupalilia; kesho kutwa anaomba kibarua, akauza hata migahawa ya watu huko, ili mradi ajisukumie maisha yake tu." (A)

"The {vulnerable} child goes to do piece jobs. Yes, if he works in people's fields he will get his notebook (that he needs for school). He goes to study. It's just like that … At the time of year when people cultivate they will get {piece jobs}." (U)

"Anaenda kibarua. Ee, akilima shamba ya watu atapata daftari yake. Anaenda kusoma. Ni hivyo tu ... Wakati wa kilimo watapata." (U)

- **Self employment**

"[How can the child himself manage to deal with a difficult life?] Some get things by stealing; another can sell small items like selling firewood. They sell small things and in that way they are able to get what they need for themselves." (T)

"[Mtoto mwenyewe anawezaje kupambana na maisha magumu?] Wengine wanajipatia vitu kwa kuiba; mwingine anaweza kuuza vitu vidogo kama kuuza kuni. Wanauza vitu vidogo vidogo ndiyo wanaweza kujipatia mahitaji yao." (T)

Informants spoke from personal lived experience of working hard to cope with vulnerability as adults and when they were children, and also of their children's efforts; this data is presented in display 5.1.2.1.

DATA DISPLAY 5.1.2.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 1: CHILD INITIATED STRATEGIES
SUB-CATEGORY 2: WORKING HARD
#1: PERSONAL EXPERIENCE

- **Efforts as a child**

"{As children we lived} with difficulty; on Saturdays and Sundays we made an effort to go and work hard at casual jobs in order to get (money for) food." (W)

"Ni kwa shida tu; siku za jumamosi na jumapili, kwa hiyo tunajitahidi kwenda kufanya kibarua kwa bidii ili tuweze kupata chakula." (W)

"{As children} we had been left alone with our mother … There our farming did not involve any ox drawn ploughs; there weren't any; it was always just hand hoes, and there is not enough land to say that it can probably provide for people's needs; it's a very small area, and we usually have to work very hard; it's like that; so we lived like that for a certain period of time. But we carried on in that way … persevering." (K)

"Tulikuwa tumebaki na mama … Kule kilimo chetu hakuna cha plau ya n'gombe; hakuna; bali ni ya mikono tu daima, na hakuna mashamba ambayo ya kutosha ya kusema labda pengine itakidhi haja ya watu; ni sehemu ndogo sana, na mara nyingi lazima ni kuhemea; ni kitu cha aina hii; ndiyo tuliishi nayo kwa muda fulani. Lakini tulikwenda katika sura hii … kuvumilia." (K)

"I don't have a mother … Really at that time {when I was a child}, the first thing after selling firewood … was always selling chickens. Yes, you sell your chicken, you get some clothes … It's work, isn't it? If you sell the chicken you buy your clothes and you go back home." (P)

"Sina mama ... Kwa kweli kipindi kile kwanza baada ya kuuza uza kuni … kuku tunauzaga. Ee, unauza kuku wako, unapata nguo ... Ni kazi siyo? Ukiuza kuku unanunua nguo yako unarudi nyumbani." (P)

"I have lived a very difficult life … We really suffered … our father left us when we were still very small … so we used to look for firewood, we went to sell firewood, I get, if I get that five shillings, I put that five shillings on one side, I collect up (those five shillings), then I buy some paraffin, I buy some soap, I buy my clothes. At that point I still hadn't started school. So sometimes we go to look for particular fruit growing in the bush, and we go and sell it at a place in town … we struggled with our mother. Even our mother herself goes to collect firewood, we go and sell it, and mother will go to beg, probably from the extended family, the neighbours; perhaps a bit of flour, a bit of food." (G)

"Nimeishi maisha magumu sana …Tuliteseka sana … baba akatuacha tukiwa wadogo sana … basi tukawa tunatafuta kuni, tunaenda kuuza kuni, napata, nikipata hiyo shilingi tano nawekeza hiyo shilingi tano, nawekeza, nanunua mafuta ya taa, nanunua sabuni, nanunua nguo zangu. Hapo bado sijaanza shule. Basi mara tunaenda kutafuta matunda fulani porini, tunaenda kuuza sehemu ya mjini … tunahangaika na mama yetu. Hata mama mwenyewe anaenda kuni, sisi tunaenda kuuza, mama ataenda kuomba labda kwa majamaa, majirani; labda unga kidogo, chakula kidogo." (G)

"It was a life of, it was fairly difficult … we were quite a lot (in the family). [What did you have difficulty getting? …] clothes and even education … food was a problem to some extent … [How did you manage to cope with these problems?] Ah, I just tried hard to cope until I reached this stage while facing hardships … I just did piece jobs." (X)

"Yalikuwa ni maisha ya, ni magumu kiasi … tulikuwa wengi kidogo. [Ulipata shida kwa kupata? …] mavazi hata elimu … chakula nayo kiasi tu … [Uliwezaje kupambana na shida hizo?] Aa, nilijitahidi tu kupambana mpaka nikafikia hatua hii katika ugumu ... Nilifanya kibarua tu." (X)

- **Efforts as a parent**

"You'll find that when they {my children} get back from school they go to fetch water and bring it to people's houses in order to get money for soap. You'll find another one selling firewood on Saturdays and Sundays in order to get what he needs, and this is how a child perseveres under difficult circumstances … I {the mother of the house} always collect firewood and I go and sell it, and I crush stones to make gravel if I don't manage to sell firewood. I don't have any other way of getting money … It's selling firewood, and asking for piece jobs. I personally carry the firewood on my back … I have earned some money for myself, I push on in this way, and I may go to my neighbour and say, 'Oh my goodness, please help my children, they are hungry', and they help me. You'll find the sun is setting and another day has gone by." (V)

"Utakuta wakirudi toka shule anaenda kuchota maji nyumba za watu anapata hela ya sabuni. Mwingine utakuta siku ya jumamosi na jumapili anauza kuni, na anapata mahitaji yake, ndiyo mtoto anayevumilia maisha magumu ... Mimi huwa ninakata kuni ninaenda kuuza, ninabonda bonda mawe yaani kokoto, nikishakosa kufanya hivi. Sina mahali pengine pa kupata hela ... Ni kuuza kuni, ni kwenda kuomba kibarua. Ni mimi mwenyewe ninabeba kwa mgongo ... Mimi nimejiwezesha, kusogeasogea kwa njia hii, na labda nikienda kwa jirani, 'jamani, nisaidieni watoto wangu, wana njaa', wananisaidia. Utakuta kumekucha na siku zinaenda." (V)

- **Efforts of informant's children**

"They {my children} stay at home alone … Others go to people's houses and work there and the little ones are busy begging from people who pass by, like these children of mine." (M)

"Wanakaa nyumbani wenyewe … Wengine wanaweza kwenda nyumba za watu wakafanya kazi na walio wadogo wanaweza wakahangaika tu kuombaomba watu wa njiani, kama hawa wa kwangu." (M)

Informants spoke of present difficulties that they and their children face, and the hard work that is needed to survive; some spoke of combining hard work and begging in order to keep alive; it seems that children who are too young to do manual work may beg for help. The jobs described involve hard work; many use natural resources and all involve the use of initiative in a situation where employment opportunities are very limited (as discussed in section 1.2.3). A child working hard to provide for their basic needs suggests inappropriate levels of autonomy for the developmental stage of the child, as discussed in section 6.5.1.4. A child working hard also suggests the risk of exploitation (as discussed in section 6.3.2), as children may receive little remuneration for their efforts. The view of childhood varies in different cultures; the 'Western' idea that 'children play while adults work' is discussed in section 4.5.1. Many children in Tanzania are involved in work, as discussed in section 1.2.7. Working hard may be the only currently available survival strategy for some children, but it does not guarantee that all the child's needs will be met effectively; moreover the child's physical strength may be overtaxed and he may miss out on education and other aspects of his childhood.

Perseverance and hard work appear to be linked, as more than one informant spoke of perseverance and hard work together. The comment by informant V that "*You'll find the sun is setting and another day has gone by"* suggests 'bare survival'; the low quality of life of people who are struggling to stay alive day by day.

6.6.2 Adult initiated strategies

A variety of adult initiated strategies were suggested by informants. These include advice from adults, strategies specifically for handicapped children, strategies to help orphans, and general poverty reduction strategies. Adult initiated strategies described were those that were culturally acceptable. Using orphans as domestic and farming labour was considered to be exploitation (discussed in section 6.3.2) and might conceivably be categorised as a culturally unacceptable adult initiated strategy. In this study it is categorised as a contributing antecedent, since the term 'strategy' is taken to

mean a method devised to meet a need; in this context the needs are those of the vulnerable child. Exploitation does not attempt to meet the child's needs, although the perpetrator may experience some benefit.

6.6.2.1 Advice on developing coping skills

Help, advice and encouragement from relatives and others in the community were said to help vulnerable children avoid vagrancy and theft and encourage them to do a variety of jobs to earn some money. Display 5.2.1 provides data about adults giving advice to vulnerable children.

DATA DISPLAY 5.2.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 1: ADVICE ON DEVELOPING COPING SKILLS

- **Advice**

"(Even) if parents don't have any money for those important requirements, they can just advise their child, because advice is the beginning point for success. You can advise him by explaining to him what he should do and where he should go, in order for him to get his basic rights." (H)
"Wazazi, wasipokuwa na fedha yale mahitaji ya muhimu, wanaweza wakamshauri mtoto tu, maana ushauri nayo ni chanzo cha mafanikio. Unaweza ukamshauri kwa kumwelekeza afanye nini na aende wapi, ili basi kupata haki zake za msingi." (H)

"[{If you as a neighbour see a vulnerable child} who is about to steal, or about to run away from home?] Now it's good to advise him that really the aim is to try to find work or to find a place where he can be able to earn a bit of money for himself … you should advise him on something, you explain to him 'do like this' and you are helping him to get what he needs … perhaps he can be sent to people to do menial jobs. Sweeping, little jobs or working as a 'house girl', fetching water, firewood. So he can try something like that, or herding the animals for those households who have domestic animals." (O)
"[Anataka kuiba, anataka kutoroka?] Sasa ni kushauri kwamba kwa kweli lengo ni kujaribu kutafuta kazi au kutafuta maeneo ambayo inaweza kuwezesha … umshauri katika kitu ambacho, unamwelekeza kwamba 'fanya hivi' na mnamuwezesha … labda anaweza kupelekwa kwa watu kutumikishwa. Kufagiafagia, mambo madogo madogo au kama 'house girl', kuchota maji, kuni. Basi huyu anaweza kujaribu mambo kama hayo au kuchunga kwa nyumba ambazo zina mifugo." (O)

"Even if you have no money, you can give good advice to your own child. You can tell your child clearly, about good things he could do instead of doing other things like stealing and wandering about in town." (C)
"Unaweza ukamshauri mtoto wako, kama huna uwezo. Unaongea vizuri na mtoto wako kwamba unaweza ukamshauri tu mambo mazuri, asiende kufanya kitu kingine kwenda kuiba au kutembea mjini." (C)

"I really like to advise them {vulnerable children}, and I have even advised some of them, yes, to persevere … so I advise them a lot, and I tell them, yes, to try hard to pray to God and to be content with whatever little they have got." (W)
"Aa, kwa kweli nina, ninapenda sana kuwashauri na hata hivyo nimewashauri baadhi, ee, wawe wavumilivu … kwa hiyo nawashauri sana na pia nawaambia kwamba, ee, wajitahidi kumwomba Mungu na waridhike na kile ambacho wanakipata kidogo." (W)

- **Encouragement**

"And so to a large extent, probably their parents are those who are enabling them, (and telling them) that although things are difficult, they should just try hard, even selling those bananas in the streets … It's encouragement from their parents. They can encourage the child 'you can do this' ... like maybe taking water to people's houses. And looking after animals (for people)." (N)
"Hiyo kwa asilimia kubwa labda wazazi wao ndiyo wanaowawezesha, kwamba japokuwa hali ni ngumu, wajitahidi tu hata kuuza hizo ndizi hapo mitaani … Ni msukumo kutoka kwa wazazi. Kumhimiza kwamba 'wewe kafanye hivo' ... kazi zingine labda kuchota tu kwenye majumba ya watu. Na kuchunga." (N)

Even when adults have no financial help to provide children, informants reported that advice and encouragement from relatives and others in the community may be valuable in order to help vulnerable children avoid vagrancy and theft and encourage them to do a variety of jobs to earn some money.

Willingness to communicate with vulnerable children may be beneficial at least from the point of view of providing them with some social and psychological support. The use of volunteers is described in the literature; their role may include offering support and guidance, as discussed in section 5.4.10. Volunteerism may not yet be well established in Haydom (as discussed in section 6.6.2.3.4).

6.6.2.2 Strategies to help handicapped children

Informants suggested that handicapped children could be cared for either at home or in an institutional setting.

6.6.2.2.1 Home care

When exploring the issue of who might help handicapped children, some informants expressed willingness to look after them, and some informants are actually looking after handicapped children (such as informant P). Views supporting home care are shown in the data in display 5.2.2.1.

DATA DISPLAY 5.2.2.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 2: STRATEGIES TO HELP HANDICAPPED CHILDREN
#1: HOME CARE

"[Who can help a child when he has a mental handicap …?] Somebody might volunteer to help, but this largely depends on the heart of the individual. Yes, because as for me, if it was me, I personally don't see it as a problem." (N)
"[Mtoto labda ana upungufu wa akili; nani anaweza kumsaidia …?] Mtu anaweza akajitolea, sasa hapo hiyo inategemea na huyu mtu, roho yake ikoje. Ee, kwa sababu kwa mimi, kama ni mimi, mimi sioni kama ni shida." (N)

"[Can the Iraqw agree to care for a handicapped child if maybe he is unrelated …?] Many who have 'Good Samaritan' hearts do this. But it all depends on the individuals' hearts, which vary. So I cannot say that they are not looked after. There are many who have been cared for." (O)
"[Wairak wanaweza kukubali kutunza mlemavu ikiwa labda si ndugu …?] Ni wengi wenye roho wale wasamaria wema wanafanya hivyo. Lakini ni roho za watu tu. Ambazo inategemea. Hivi siwezi kusema kwamba hawatunzwi. Wengi wametunzwa." (O)

"[According to Iraqw culture, if, for example, a child is handicapped and his parents die, can somebody agree to take that child?] A person might take him. Now what will she do, for example if it is your sister's child? Will you refuse to take him? You will take him anyhow. You will look after him. He cannot help you. I will take him in order to help him." (P)
"[Kufuatana na mila na desturi, kwa wairak, ikiwa kwa mfano mtoto ni mlemavu na, wazazi wanafariki mtu anaweza kukubali kumchukua huyu mtoto?] Anaweza kumchukua. Sasa atafanya nini mfano kama ni mtoto wa dada yako? Utaacha kumshika? Kwa vyovyote utamchukua. Utamtunza. Yeye hawezi kukusaidia. Namchukua ili nimsaidie." (P)

"[Who can help that {orphan} disabled child?] That disabled child, the issue is that people are not the same. Someone with a merciful spirit will take him. This depends on the character of people, how they are … A person who is merciful, who has a heart of mercy, can take him even if he is disabled, and can look after him (the child) even though he can't help (her, the mother)." (T)
"[Nani anaweza kumsaidia yule mlemavu?] Huyu mlemavu, ni kwamba watu hawafanani. Mwingine atamchukua aliye na roho ya huruma. Hii inategemea tabia ya watu, jinsi walivyo … Mtu ambaye ana huruma, roho ya huruma anaweza akamchukua hata kama ni kilema, akamtunza japo hawezi kusaidia." (T)

Home care of orphaned disabled children appears to depend on whether the extended family considers it their responsibility and otherwise on the kind-heartedness of the individual. Home care is generally recommended in the literature for all kinds of vulnerable children, as discussed throughout chapter 5 and suggested in table 5.4.

6.6.2.2.2 Institutional care

Some informants suggested that handicapped children need care beyond the extended family, because of negative attitudes towards them as indicated in section 6.3.1.3. These negative attitudes, as described by informant BB, are an obstacle to home care.

"(Let's say) it's a disabled child whose leg has been amputated, for example, if it's a Datoga child he cannot be accepted into that society. [Not yet?] Not at all ... an epileptic child is also going to face the same problem." (BB)

"Kilema amekatwa mguu, kwa mfano, kama mtoto ni wa kidatoga hawezi kukubalika katika jamii ile. [Bado?] Kabisa bado … mtoto mwenye kifafa pia ni shida hiyo hiyo, tatizo ni ile ile." (BB)

The evidence in data display 5.2.2.2 further illustrates informants' views about the need for institutional care for handicapped children. Some of the informants suggested that this should be a Government responsibility.

DATA DISPLAY 5.2.2.2
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 2: STRATEGIES TO HELP HANDICAPPED CHILDREN
#2: INSTITUTIONAL CARE

"I could suggest for the case like for handicapped, then this is where the government should take charge, because a human being is a human being, whether he is handicapped or not, that they should be given reasonable basic care, because if you say, 'somebody volunteer', then nobody would appear. [Nobody at all? Not even one?] For the handicapped who will not help you, who will not give any help in the future, I don't think there are (volunteer foster parents); they are very, very rare. Then that is where the government should take charge … They need some kind of centre." (J)
(Interview conducted in English)

"Often you will find that when children are maybe, mentally retarded it depends on the attitude of the community. Where the community is unwilling to care for them, then the government will take the responsibility or even a 'Good Samaritan'. [Should we care for them in the community?] I think it would be a very good thing to have a centre for handicapped children, in order for them to have closer attention." (K)

"Mara nyingi utakuta kwamba watoto ambao labda pengine wana upungufu wa akili inategemea jamii wakoje basi. Kama jamii hawatamtaka basi serikali itachukua jukumu au labda 'msamaria mwema'. [Tutunze ndani ya jamii?] Mimi nafikiri ni jambo jema kama itawekwa kituo ambacho ni cha walemavu, ili kusudi wawe na msaada wa karibu kuliko." (K)

"If {vulnerable} children are built a children's home … perhaps if it's for those who are double orphans, and for the disabled, I think that for children like them it's suitable, but for others you find that there is one parent remaining (with the children), like in my case." (V)

"Kama watoto watajengewa kituo … labda kama ni wale yatima kabisa, na walemavu, mimi ninaona kwa watoto kama hao inafaa, lakini kama wengine utakuta mzazi mmoja yupo, kama mimi." (V)

“Handicapped children must be looked after in a special building … it is not easy for them to get care from a neighbour … His care will be very poor quality and will tend to reflect a selfish approach … They will discriminate against him … They can’t send him to school; they are likely to segregate him because he is handicapped.” (A)
“Watoto walemavu wanapaswa kutunzwa kwenye jengo maalum … kwa jirani siyo rahisi … Utunzaji wake utakuwa ni wa hafifu sana na wa ubinafsi kidogo … Watakuwa wanawabagua … Hawawezi kumpeleka shule; wataweza kumtenga kwa sababu yeye ni mlemavu.” (A)

“If their relatives or guardians fail to look after handicapped children like other children, they must be segregated in a special place. They can (then) get everything they need like other children.” (H)
“Watoto walemavu, ikiwa ndugu zao, au walezi wameshindwa kumtunza kama watoto wengine, wanapaswa watengwe sehemu maalum. Wanaweza kupata mahitaji kama watoto wengine.” (H)

A significant proportion of informants saw the need for institutional care for handicapped children. This appears to relate to the fear of handicaps (particularly identified in the Datoga ethnic group, as discussed in section 6.3.1.3) and the inability of handicapped children to repay parents for their parenting efforts by later providing for them in old age (as discussed in section 6.4.1.3). A literature review relating to institutional care for vulnerable children is presented in section 5.3, and concludes that although well run children’s homes may be needed in some communities, orphanages run the risk of psycho-social deprivation. This highlights the need to consider research findings (as a key issue in evidence based practice) as well as local culturally acceptable solutions when planning strategies.

6.6.2.3 Strategies to help orphans

Strategies to help orphans identified by informants include related and unrelated fostering and adoption (discussed in section 5.4.8) and institutional care (discussed in section 5.3). Formal adoption was not mentioned by informants; the literature review found that adoption is little practised in Africa. Informants specifically suggested that orphans need and deserve help.

> *“[Which kind of child deserves to be helped more than others?] … My personal opinion, really, it is those orphans. Yes, they should be helped. They should be made a priority.” (P)*
> *“[Aina gani ya mtoto anastahili kusaidiwa zaidi kuliko wengine?] … Kwa mawazo yangu, kwa kweli, ni wale yatima. Ee, wasaidiwe. Wawekwe kipaumbele.” (P)*

> *"Now when we are considering a child, I think that the one who will be most needy is that child who has been left an orphan; the one who has lost both parents." (K)*
> *"Sasa kama tunamwangalia mtoto nafikiri atakayekuwa na shida zaidi ni yule mtoto ambaye ameachwa yatima; hana wazazi kabisa." (K)*

Evidence in the data displays in section 6.6.2.3 also implies that orphans need and deserve support.

6.6.2.3.1 Related fostering

Informants talked about the importance of family relations in terms of ties of 'blood' or 'bone', and how a child taken by relatives was said to be more likely to be cared for than an unrelated child, for example:

> *"If the child is 'his own blood' he loves him more. There is this thing they always call 'of my own bone'." (U)*
> *"Kama ni 'damu yake' anampenda zaidi. Kuna kitu wanasemaga pia 'fupa langu'." (U)*

The data in display 5.2.3.1 suggests that in Haydom, orphans are expected to be cared for by their extended families. This usually means care by sisters or brothers of the deceased parents, especially on the father's side of the family, but sometimes grandparents or older sisters or brothers of the orphans are involved.

DATA DISPLAY 5.2.3.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 3: STRATEGIES TO HELP ORPHANS
#1: RELATED FOSTERING

- **Closely related family**

"A child, if he is an orphan or whatever is the case, he must have relatives who are close to him; they will just look after him until he is grown up; if it's a girl they will marry her off and if it's a boy they will also get him a wife." (Z)
"Lazima mtoto, kama ni yatima au ni vipi, lazima kuna wandugu wa kuwa karibu nao; watatunzwa tu mpaka wanakua vizuri; kama ni wa kike ataozwa na kama ni wa kiume vile vile atampatia mke." (Z)

"[And if the child is an orphan, perhaps (both) parents die, who is supposed to take that child?] If both parents have died, it is their relatives that can take them (the children)." (T)
"[Na ikiwa mtoto ni yatima, labda wazazi wanafariki, nani anapaswa kumchukua yule mtoto?] Kama wazazi wote ni marehemu, ni ndugu zake wa kwao wanaweza kuwachukua." (T)

"[What if he {the child} has neither father nor mother?] Probably in their extended family or amongst their relatives there is a woman, a maternal grandmother or a paternal relative who is able to take them." (V)
"[Kama hana baba wala mama?] Labda jamaa zake au ndugu zake kuna mama, bibi mzaa mama au ndugu kwa baba ndiyo wanaweza kuwachukua." (V)

"If a child has lost both parents … they may have older brothers or sisters, older siblings are there or even a maternal aunt, or his sisters. I think that this child should be cared for by his close relatives. If perhaps there are his brothers, who are older than him, he should be taken by his older brothers, and the community should look at the way (that children are cared for); it should try to make sure that they are brought up close to their relatives. This would be good because his relatives, his brothers, his sisters, his older siblings will be concerned about him since they are blood relatives." (G)
"Kama mtoto ni yatima kabisa … wanaweza wakawa na wakubwa zao, wakubwa zao wanakuwepo au mama zake wadogo, dada zake. Mi naona huyu mtoto angechukuliwa na ndugu zake wa karibu. Kama wapo labda kaka zake, wakubwa zake, wachukuliwe na wakubwa zake, na jamii ingeangalia jinsi ambayo sasa itajaribu kuwalea wakiwa karibu na ndugu zake. Hapo ingekuwa vizuri kwa sababu ndugu zake, kaka zake, dada zake wakubwa watawa watamjali kwa sababu ni damu yao." (G)

"[According to Iraqw customs, in former years, how were vulnerable children helped?] If his father died, it is then that we say that the relatives take them. Yes, and those who have no children. Some people take these children, other people take these other children ... Yes, they agreed, or in my home place they take the relative of the deceased parent, and he helps those children, for example where the mother is alive and the father is dead. That (nominated) relative then assists that family. That's what they always do … all the same it is not help that is always available when needed. Only a few get helped continuously. Yes, you can do like that with each other but as time passes, a person finds that he can't help them as if it was his own family." (P)
"[Kufuatana na mila na desturi za wairak, kama zamani watoto wasiojiweza walisaidiwaje?] Kama baba yake alifariki, ni hivo tunasema ndugu wanachukua. Ee, na ambao hawana watoto. Wengine wanashika hawa, wengine hawa … Ee, walikubali, au kikwetu wanamchukua ndugu wa marehemu anasaidia hawa watoto, mfano mama yupo baba amefariki. Huyu ndugu atakuwa anasaidia hiyo familia. Ndiyo wanafanyaga … vile vile siyo msaada wa karibu. Ni wachache wanaopata msaada wa karibu. Ee, unaweza kufanyiana hivo lakini kwa baadaye mtu anaona hawezi kusaidia kama familia yake." (P)

"[And if for example, the child is an orphan with neither parent alive?] … Perhaps the relatives of the deceased (parent), won't they be there? Probably it is they who will be the main support (mechanism)." (N)
"[Na ikiwa kwa mfano, mtoto ni yatima kabisa?] … Labda ndugu wa hao marehemu, si watakuwepo? Labda ndiyo wawe wasimamizi wakuu." (N)

- **The clan as extended family**

"In our society, that orphan, really, is always really looked after by his society, those people from his household, for example his clan or people inside the close (family group), who even at the time that the person (the orphan's parent) dies, that person is the one who is put there by the extended family, so that it (is made clear that it) is you who will oversee that household. This is always what is done." (O)
"Katika jamii yetu, yule yatima, kwa kweli, huwa kwa kweli, anatunzwa na jamii yake, ile ya nyumbani, kwa mfano ukoo au watu wa ndani kwao ambao hata wakati anapofariki, yule mtu, kuna ambaye anakwenda kuwekwa pale na jamaa kwamba wewe ndiyo utakayeangalia nyumba. Hii huwa inakuwepo." (O)

- **Patrilinear responsibility**

"If there are relatives on the father's side, often that man will refuse and say 'These are our children. I will take them home to care for them'. That's just how it is; if there are no relatives (on the father's side) the maternal uncle will take them." (U)

"Kama kuna ndugu wa baba, kuna mara nyingine yule baba atakataa atasema 'Hawa watoto ni wa kwetu. Mimi nitaenda nao nyumbani. Nitawatunza.' Ndiyo hivi tu; kama hana ndugu ndiyo mjomba atawachukua." (U)

"Yes, orphan children who have no parents, they have no father or mother, they are probably living with their relatives, at the paternal aunt's house, that's particularly where they always go; they stay with the relative who agrees (to take them) … Ah, it is up to any relative who loves (the child)." (W)

"Ee, watoto yatima ambao hawana wazazi, hawana baba, wala hawana mama, na wanakuwa wanaishi labda kwa ndugu, kwa shangazi kwa hiyo huwa hasa wanaendaga; wanakaa tu kwa ndugu yule ambaye anakubali … Aa, ni upande wa ndugu yeyote ambaye ana upendo." (W)

"They can agree, if the father and the mother have both departed, they have died; a choice is made, and often if it's Datoga they live together, that family including the elders of the family. They sit together and they decide, they choose who will be responsible to look after (the child) and they (the ones chosen) are given that authority … The father's clan is the first option, and the mother's clan is the second option; if the first option fails then the second option will take responsibility." (BB)

"Wanaweza kukubali kama baba na mama wameondoka wamekufa; basi ni kuchagua, na mara nyingi, kama ni wadatoga, wanakaa pamoja, ile familia ile <wale> wazee. Wanakaa pamoja wanaamua, wanamchagua ni nani atahusika kutunza na wanapewa mamlaka hayo … Ukoo wa baba ni namba moja, na ukoo wa mama ni namba mbili; ikiwa namba moja itafeli basi namba mbili itachukua wajibu." (BB)

The extended family has been described as a 'safety net' for the care of orphaned children (as discussed in sections 4.7.3.3, 5.2.2 and 5.4.8.2). The question remains as to the effectiveness of this safety net in Haydom at this point in time, particularly in the current situation of the increased number of orphans related to AIDS. Literature relating to fostering supports the idea of children being cared for in a family setting. If this is by relatives who are already known to the child and feel some moral obligation to him, this is likely to be advantageous. It cannot be assumed that the child will be treated well, however, as discussed in sections 4.7.3.5, 5.4.8.4 and 6.3.1.

6.6.2.3.2 Unrelated fostering

Unrelated fostering was reported to be unusual in Haydom, which is congruent with national findings (as discussed in section 5.4.8.2). The majority of informants considered it to be a possible strategy for children without available family support. Data in this regard is presented in display 5.2.3.2.

DATA DISPLAY 5.2.3.2
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 3: STRATEGIES TO HELP ORPHANS
#2: UNRELATED FOSTERING (VOLUNTARISM)

- **An abandoned child**

"[If maybe {an abandoned child} is picked up by people … to whom would you send that child?] Ah, really, it's the person, the one who picked him up … it's a good thing for her to take him {the abandoned child}, and try to look after him … after we have checked up on what income generating projects she has." (W)

"[Labda ameokotwa na watu … huyu mtoto utapeleka kwa nani?] Aa, kwa kweli, ni mtu, yule ambaye amemwokota … ni vizuri akamchukua, akajitahidi kumtunza … baada ya kupeleleza una miradi gani." (W)

- **Neighbours**

"Those children {who don't have relatives to care for them}, now won't they go and visit people? Then even if they arrive at my house he will stay there. Now what will you do? [Even if it's a neighbour?] Yes. They will just stay there. [Is this not bad according to the local culture? …] If he goes to stay there at the neighbour's house? Now where else will he go? It's like he is yours now." (U)

"Hawa watoto sasa si wataenda kutembea? Halafu hata wakifika nyumbani kwangu atakaa. Sasa utafanyaje? [Ikiwa hata kwa jirani?] Ee. Watakaa tu. [Siyo mbaya kwa mila na desturi za hapa? …] Akienda kukaa kule kwa jirani? Sasa wataenda wapi? Ni kama wa kwako sasa." (U)

- **The childless**

"Anyone who is kind enough takes him {an orphan} and cares for him … In that case {of an infertile woman taking an orphan}, she can take him because she will even find that later she has no one to care for her; if she has agreed to look after him, when (later on) her strength fails she will be looked after (by the fostered child)." (R)

"Mtu yeyote anayeona huruma anamchukua na kumtunza … Hapo anaweza kumchukua kwa sababu ataona hata baadaye hamna wa kumtunza; yeye akishakubali atamtunza, na siku nguvu yake imeisha atatunzwa." (R)

"I think that it is good to send that child to the {volunteer foster mother} who has not yet got a child of her own … because a woman who has never had a child will consider this child as if he is her own birth child and she will look after him … In respect to cultural patterns … things have changed because now they say that this is a century of science and technology. I think that people's perspectives are broadening." (E)

"Mimi naona ni vizuri kupeleka yule ambaye hajawahi kuwa na watoto … kwa sababu yule ambaye hajawahi kuzaa atajua huyu mtoto ni wa kwangu niliyemzaa, nitamtunza … Kimila na desturi … imebadilika kwa sababu sasa hivi wanasema ni karne ya sayansi na teknolojia. Naona akili inazidi kupanuka." (E)

"It will be very good for this {childless volunteer} woman. There is no way she will mistreat the child." (O)

"Itakuwa nzuri sana kwa huyu mama. Hatakuwa na namna yoyote ya kumnyanyasa." (O)

"Oh, that is, traditionally, adopting the children, just taking care of the children whom they do not own, it is not a traditional practice, but there is a tendency of, like you say, a lady who is infertile, they will adopt the children and they will not adopt from the same ethnic group, normally they are taking, for example, the Iraqw are taking from Iramba side, and then they will adopt and then the lady will be the owner of that child. Normally it is the ladies who adopt, but just taking care of the child who is not of your family, is not so much practised, and I think that could be a good strategy if it could be emphasised to the community." (J)
(Interview conducted in English)

"That is possible {for an unrelated married childless lady}; some people who want can take {an orphan}, and you can find that someone has taken him {the orphan} and is living with him." (T)
"Hiyo inawezekana; wengine ambao wanapenda wanaweza wakachukua, na unaweza ukamkuta mwingine anamchukua anakaa naye." (T)

- **Anyone unrelated**

"[There is a certain {unrelated} lady, who volunteers to take the orphan…] It is good. It is not bad. Because she will care for him." (P)
"[Kuna mama fulani, anajitolea kuchukua yatima …] Inafaa. Siyo mbaya. Kwa sababu atamtunza." (P)

"[Someone who is like outside of {the family}? …] She is new in that case (to the family); it will be all right because isn't the aim to help him {the orphan child}? It will be fine … Yes; in that case it's all right. It's not bad." (N)
"[Mtu ambaye ni kama nje ya? …] Ni mpya hapo; itakuwa ni sawa kwa sababu lengo si kumsaidia? Itakuwa ni sawa ... Ee, hapo ni sawa. Siyo mbaya." (N)

"This is not bad {that a childless volunteer take an orphan} but we must look carefully to see whether she has any problems and whether she really wants to take the child. The community does not deny her this opportunity. It is allowed to take a child and bring him up as one's own child. [Here in Haydom?] It occurs. People volunteer on a small scale, they are here, they crop up and they take the children and bring them up." (G)
"Hii siyo mbaya, ila tutaangalia kama huyu mtu ana shida sana na huyu mtoto atapenda kumchukua pia jamii haimfungi, iko ruksa ya kumchukua mtoto na kumlea kama mtoto wake. [Hapa Haydom?] Hii iko, wanajitokeza kwa asilimia kidogo, wapo, wanajitokeza na kuwachukua na kuwalea." (G)

"It will be fine; she can take someone else's child and bring him up if she doesn't have children of her own, as far as I can see … She can just take him. Even if she is not related to the child ... I would help those poor vulnerable children, how I see it is that I would help a lot … If I were a rich person I would just help … I would just take them … and bring them up … in my own house. [Is this a better solution?] (This is) better than sending them to an orphanage." (C)
"Itakuwa sawa; anaweza akamchukua mtoto wa mtu, akamlea kama yeye bado hajazaa, mimi ninavyoona … Anaweza akachukua tu. Hata kwa mtu ambaye siyo ndugu … Mimi ningesaidia watoto maskini ambao hawajiwezi, ningesaidia sana jinsi ninavyoona … Ningesaidia tu ningekuwa tajiri … Hata ningewachukua tu … kuwalea … ndani ya nyumba yangu. [Ni vizuri zaidi?] Kuliko kupeleka nyumba ya yatima." (C)

"[Is someone like this {volunteer foster mother} able to take an orphan? According to Iraqw culture?] She is able … it is not bad … she is able (to do that)." (D)

"[Mtu kama yeye, anaweza kuchukua yatima? Kwenye mila na desturi ya Kiiraqw?] Anaweza … Siyo mbaya … Anaweza." (D)

"[Can they {unrelated foster parents} look after them {orphan children} well?] Yes. They can just take them. They can take him, and they will look after him well, if they take him they can look after him well. [Can they {unrelated foster parents} look after them {orphans} as if they were their own?] Yes, like her own child." (Y)

"[Wanaweza kuwatunza vizuri?] Ee. Wanaweza kuchukua tu. Wanaweza kuchukua hii <hawa>, na tatunza <atamtunza> mzuri <vizuri>, hii <huyu> ikichukua <akimchukua> inaweza <anaweza> kutunza <kumtunza> mzuri <vizuri>. [Wanaweza kuwatunza kama watoto wa kwao?] Ee, kama mtoto yake <wake>." (Y)

- **Resources as a criterion**

"[Someone who has never had a child and wants to take him {an orphan}?] It is possible if it is someone who has some resources and she wants to, it's fine, but if she doesn't have any resources it will not be possible." (M)

"[Ambaye hajawahi kupata mtoto na anapenda kumchukua?] Inawezekana kama ni mtu mwenye uwezo na anapenda, ni sawa, na kama hatakuwa na uwezo haitawezekana." (M)

"[Can you stay with {unrelated foster children} and look after them?] If I have enough resources. Children should not be shared out amongst people randomly. You find someone with some resources who can look after them." (AA)

"[Unaweza kukaa nao ukawatunza?] Ikiwa nina uwezo. Si watoto kuwagawia watu ovyo ovyo. Unaona mtu mwenye uwezo anayeweza kutunza." (AA)

"Kind-hearted people could take part in taking that child, that is perhaps his father has died, or whose mother has died, then I can, maybe I can, if I had money I could take that child and make him like my own child and look after him. [Even though he is not necessarily related to you?] … It will not be a bad thing, because what you are looking after is the life of that person, so that he doesn't die of neglect before your very eyes." (K)

"Watu wenye moyo wa upendo wanaweza kushiriki kumchukua huyu mtoto, pengine yaani baba hayupo, mama hayupo, basi ninaweza kuwa, labda pengine ninaweza, nina uwezo ninamchukua yule mtoto na kumfanya kama wa kwangu na kumtunza. [Ingawa labda siyo ndugu yako] … Haitakuwa mbaya, kwa maana ya kwamba kitu unachokitunza ni ule uhai wa yule mtu, isiondoke hivi hivi wakati wewe unaona." (K)

A volunteer such as a neighbour or childless married woman were considered to be possible foster parents. The most common criterion of suitability suggested for fostering unrelated children was financial capacity, which would allow for physical and educational needs are to be met. Informants did not set criteria relating to the provision of emotional needs; this may relate to the assumption that the provision of love will automatically be a component of child care (as discussed in section 6.4.1.2.2 under the heading of 'Dependence manifested by emotional needs'). The risk of mistreatment of an unrelated foster child was noted by informants and is discussed in section 6.3.1.1.

Fostering and adoption is discussed in section 5.4.8 and the literature concludes that family care is advisable for orphans whenever possible. It would seem to be in an orphan's interests to be officially adopted; since lawyers and social service departments are virtually inaccessible to most Haydom residents this presents a challenge. (The nearest legal officer and social services office are in Mbulu, 80 kilometres from Haydom). The finding that unrelated fostering is unusual but acceptable in Haydom suggests that societal attitudes are changing and reflects the view that culture is not static. Unrelated fostering may be a strategy to consider seriously in Haydom, although education to ensure its acceptability would be important.

6.6.2.3.3 Institutional care

Informants who viewed volunteer fostering outside the extended family negatively talked about institutional care for orphaned babies or children, particularly the handicapped, if no relatives were available to take care of the child, as discussed in section 6.6.2.2. As one informant stated:

> *"In any case, a (children's) centre is also good {for orphans} if they are looked after; it's a better idea {than unrelated fostering}." (R)*
> *"Hata hiyo, kituo ni nzuri pia kama watatunzwa; ni vizuri zaidi." (R)*

Data display 5.2.3.3 contains additional evidence in this regard.

DATA DISPLAY 5.2.3.3
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 3: STRATEGIES TO HELP ORPHANS
#3: INSTITUTIONAL CARE

"[What if maybe unfortunately this orphan … the relatives refuse to take him?] Truly, if there is a centre that is empowered to care of those children, it would be something significantly better, to take them from where they are and care for them in a separate facility so that they may feel good." (O)
"[Ikiwa labda bahati mbaya yule yatima … watu wa karibu wanakataa kumchukua?] Kwa kweli, kama kuna kituo ambacho kitawezeshwa kuweza kutunza hao watoto, ingekuwa ni kitu ambayo ni muhimu zaidi kuwachukua mahali walipo na kuwatunza pembeni ili nao wajisikie vizuri." (O)

"We will first investigate their situation {of the vulnerable children} to see if perhaps they don't have any {relative}, they have no one who would like to take them; (if they don't have) then they should be sent to an orphanage." (G)
"Tutawachunguza kwanza labda kama hawana {ndugu}, hakuna yeyote atakayependa kuchukua; apelekwe kituo cha watoto yatima." (G)

"Ah, but if there is an orphanage and there are carers it is good because all the {orphan} children are there; here they will not suffer." (X)
"Aa, lakini kama kuna nyumba ya watoto na kuna watunzaji ni nzuri kwa sababu watoto wote wako; hapa hawatateseka." (X)

"She {the foster mother} will not love the child as her own; she will discriminate against him over everything. I personally think they should just have a (children's) home built for them." (M)
"Hatampenda kama wa kwake; atambagua kwa kila kitu. Mimi naona wajengewe nyumba yao tu." (M)

"In any case, a (children's) centre is also good {for orphans} if they are looked after; it's a better idea {than unrelated fostering}." (R)
"Hata hiyo, kituo ni nzuri pia kama watatunzwa; ni vizuri zaidi." (R)

"Their relatives can care for them; if they are still little a children's centre; if they are bigger with the relatives, if they are there … [if he was sent to a woman who couldn't have a child of her own, is it acceptable or is it not good according to Iraqw culture?] He should probably stay at a (children's) centre." (F)
"Jamaa zao wanaweza kuwatunza; kama bado wadogo kituo cha watoto; wakiwa wakubwa kwa ndugu, kama wapo … [kama alipelekwa kwa mama ambaye hakuweza kupata mtoto mwenyewe, inaweza kufaa au labda siyo nzuri kwa mila na desturi ya wairaqw?] Labda akae kituoni." (F)

Institutional care was considered to be an option for care of double orphans by some informants, rather than unrelated fostering, provided no relatives are available to care for the children. This was made clear by one widow with six children, who stated that:

> *"If the {orphan} children will have their centre built far away I wouldn't like this, because someone like me, I can't manage by myself, and if my children have already been taken to the children's centre, who will stay with me? Whom can I send out on errands except a child? Perhaps if they are double orphans, or are handicapped. For children like that it is fine, but some orphans have one living parent, like me." (V)*
> *"Kama watoto watajengewa kituo huko mbali mimi sipendelei, kwa sababu kama mimi sijiwezi na watoto wangu wameshaenda huko kwenye kituo cha watoto, mimi nitabaki na nani? Nitamtuma nani kama mtoto? Labda kama ni wale yatima kabisa, na walemavu; mimi ninaona kwa watoto kama hao inafaa lakini kama wengine utakuta mzazi mmoja yupo kama mimi." (V)*

The concept of institutional care for orphans is well known in the area; there was an orphanage in Dongobesh for many years under the auspices of HLH, and a centre for young orphans (which is essentially a crisis nursery but is often locally referred to as an orphanage) has been opened at HLH in 2009 as discussed in section 1.2.8. The literature differentiates crisis nurseries, orphanages, children's homes and children's villages, and generally recommends that care in a family setting is preferable to institutional care (as discussed in section 5.4). Haydom informants discussed

institutional care in terms of *'nyumba ya yatima'* which has been translated here as orphanage, or *'kituo cha watoto'* which is translated as children's centre. If institutional care for vulnerable children is considered in Haydom, the different options of institutional care as well as community views and experience would need to be taken into consideration (as discussed in section 6.6.2.2).

6.6.2.3.4 Voluntary efforts to provide psycho-social support

Informants reported that there are some existing unstructured community support networks to support vulnerable children such as orphans, and themselves reported helping individuals in need. Data in this regard is shown in display 5.2.3.4.

DATA DISPLAY 5.2.3.4
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 3: STRATEGIES TO HELP ORPHANS
#4: VOLUNTARY EFFORTS TO PROVIDE PSYCHO-SOCIAL SUPPORT

- **Existing voluntary efforts**

"In whatever way we are able {we help}, so if someone gets a problem, the neighbours help those who are poor, or if you have a problem you go and ask 'Please help me with a certain amount of money' … people are not the same; one is kind and another is not kind; the one who is kind will help; he will help (the person in need) by giving some food if he has a problem (with that) and he will help him (the person in need) with a certain amount of money." (V)

"Kwa namna ile tunayoweza, kwani mwingine kama anapata shida, wale jirani wanasaidia wale walio na uwezo kidogo, au kama una shida unaenda kuomba, 'Naomba unisaidie hela kiasi fulani' … watu hawafanani; mwingine ana roho ya huruma, mwingine hana roho ya huruma; yule aliye na huruma atamsaidia; atamsaidia chakula kama ana shida na kiasi fulani ya hela atamsaidia." (V)

"We can probably, in my opinion, we can help vulnerable children … if there is not even enough maize flour at their home to make soft porridge, we can firstly, the community that are close by, extended families, perhaps friends, families and neighbours, firstly we can help the vulnerable child, by passing on to him even a little. We can even give him clothes if he has no clothes, we can give him clothes, we can share the flour that we have even if it's a little … we can help vulnerable children." (G)

"Labda tunaweza, kwa mawazo yangu, tunaweza kuwasaidia watoto wasiojiweza … hamna hata unga wa uji kwao, tunaweza, kwanza jamii wa karibu, majamaa, labda marafiki, majamaa na majirani, kwanza tunaweza tukamsaidia mtoto asiyejiweza, kumtupia hata kitu kidogo. Tunaweza tukampa hata nguo kama hana nguo, tunamvisha nguo, tunaweza tukagawana unga tulio nao hata kidogo … tunaweza tukawasaidia watoto wasiojiweza." (G)

"There is one child whose mother came to ask for help from me ... her child had no clothes ... I told her "I don't have any money to buy clothes for him, perhaps I should share the children's clothes that I have with you"." (C)
"Kuna mtoto moja mama yake alikuja kuniomba ... mtoto wake alikuwa hana nguo … Nikamwambia, "mimi sina hela ya kumnunulia labda nikugawie nguo za mtoto"." (C)

- **Mobilisation of volunteers through community education**

"[Can people volunteer to help?] It is possible; this is possible, it is that we need educating … and so it's a question of arranging things {that is voluntary activities} in a stable way, strengthening, but by giving education … The question of time is also the same thing; it's a question of the person himself, the individual; they have time to drink beer. So it's just a question of the person himself, the individual, whether I have understood that issue {of the importance of voluntary work} well." (BB)
"[Watu wanaweza kujitolea kusaidia?] Inawezekana; hii kitu inawezekana <hiki kitu kinawezekana>, ni tunahitaji elimu … kwa hiyo ni swala la kuitengenezea uimara, kuimarisha, lakini kwa ku, kutoa elimu … Suala la muda ni hilo pia; ni suala la mtu mwenyewe, mtu binafsi; kwenye pombe wanapata muda. Kwa hiyo ni suala tu la mtu mwenyewe, mtu binafsi, kwamba nimefahamu vizuri jambo hili." (BB)

"[Can volunteering happen here in Haydom, or will it be difficult?] It can happen if people are educated. There is where education is needed for all the ladies, or for everyone … [But I see that people are busy.] Some people are busy doing nothing. I personally think that they can {volunteer}, if they are educated, they can. Where there is a will, what is there? There is a way … they are not used {to volunteering}." (DD)
"[Jambo la kujitolea inaweza kutokea hapa Haydom, au itakuwa ngumu?] Inaweza kutokea wakifundishwa. Hapo elimu inahitajika kwa kina mama, au kwa watu wote … [Lakini naona watu wako 'busy'.] Wengine wako 'busy' katika hamna. Mimi nadhani wataweza, wakifundishwa wataweza. Penye nia pana nini? Pana njia … Hawajazoeshwa." (DD)

- **Obstacles to volunteering**

"I have never seen it ... a person volunteering to help someone ... it is just selfishness sometimes. You will help someone's child; the parent's child will start to complain. Later there will be a quarrel." (FF)
"Sijawahi kuona ... Mtu anajitolea kusaidia mtu labda ... Ni ubinafsi tu saa zingine. Utamsaidia mtoto wa watu; mzazi wa mtoto ataanza kulalamika. Baadaye kutakuwa na ugomvi." (FF)

"There are also a few Africans who give help, they also help orphan children ... educating them and also giving them food ... it is a few who volunteer to help vulnerable children ... because some of them also don't have any resources to help vulnerable children ... there are plenty of them who have resources. But those who volunteer are few ... they don't have that motivation to volunteer to help vulnerable children." (EE)
"Waafrika wachache pia wanatoa msaada, pia kuwasaidia watoto yatima ... Kuwasomesha, na kuwapa pia chakula ... Ni wachache wanajitoa kuwasaidia watoto wasiojiweza ... Kwa sababu wengine pia hawana uwezo wa kuwasaidia watoto wasiojiweza ... Wenye uwezo ni wengi. Lakini wanaojitoa ni wachache ... Hawana ule msukumo wa kujitoa kuwasaidia watoto wasiojiweza." (EE)

There appears to be a need to create a "culture of volunteerism"; it was suggested that community members should be sensitised about the possibility of helping others by volunteering. It was suggested that some people have time but not all have an interest

in helping others. The use of voluntary workers to help vulnerable children is documented in the literature and discussed in section 5.4.10. Volunteering may, however, be occurring more than is obvious in Haydom; it might be valuable to investigate this with further research.

6.6.2.4 Strategies to help children affected by parental alcohol abuse

Many families in Haydom appear to be adversely affected by alcohol abuse, and children are neglected as a result, as discussed in section 6.2.2.2.2. Data display 5.2.4 indicates that giving financial help or even food aid to those who abuse alcohol was seen to be a problem by many informants, as these adults were said to be likely to use the money or sell the food to obtain alcohol.

DATA DISPLAY 5.2.4
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 4: HELPING CHILDREN AFFECTED BY PARENTAL ALCOHOL ABUSE

- **Not to give money to alcoholic parents**

"The parents {of the vulnerable child} can use the money to drink alcohol, and something which is well known is that once that parent has been given money and he is a drinker, he spends the whole day in the club. That money will not reach the child, to tell the truth." (A)

"Wazazi wanaweza kutumia hela kwa kunywea pombe, ni kitu ambacho kinajulikana kabisa, mzazi ameshapewa hela na yeye ni mnywa pombe, na yeye anashinda kwenye kilabu. Hiyo hela haitamfikia mtoto, kweli." (A)

"People are not very reliable; if you give {financial help} to some parents, many times they take it, then they spend it on alcohol." (K)

"Watu si waaminifu sana; ukimpa mzazi mwingine, mara nyingine anaichukua, halafu anaipeleka kwenye pombe." (K)

- **Assistance channelled through someone other than an alcoholic parent**

"[In the case of those parents who are alcoholic, who should be given {money for school expenses}?] If you give the parents they will use it on alcohol. If the parents are alcoholic it should be given to the school or perhaps sometimes one parent doesn't drink, like the mother; she can be given, and she will put it {the money} somewhere and she will take it little by little to look after her children." (V)

"[Wale wazazi ambao ni walevi, apewe nani?] Ukiwapa wazazi watatumia kwa pombe. Kama wazazi ni walevi ni kutoa shuleni au labda mara pengine mzazi mmoja hanywi, kama mama; anaweza kupewa, na ataweka mahali na atakuwa anachukua kidogo kidogo kwa matumizi ya watoto wake." (V)

"It's probably even appropriate to give {food or financial assistance} to the mother, because sometimes there are others who drink, don't they? Sometimes if the father gets hold (of money) he spends it on beer. If the mother is given, she knows how to plan the budget for her children, and someone like me, I don't go to drink beer. As for me personally, I will be able to make my plans for the household; I can't go and drink beer; but others drink and will waste (any help given)." (T)

"Vitu kama hizi <hivi>, hata kwa mama inafaa labda, kwa sababu saa zingine wengine, si wanakunywa? Saa zingine baba akishika anapeleka kwenye pombe. Akipewa mama, mama anajua kupanga bajet ya watoto wake, na mtu kama mimi, huko kwenye pombe siendi. Mimi kama mimi nitaweza kupanga mipango ya nyumba yangu; siwezi kwenda kwenye pombe; lakini wengine wanakunywa, wataharibika." (T)

"[If the parents of a vulnerable child are alcoholics, how can we help him?] ... It is by giving him, giving the child. If the child is a schoolchild, it's a question of giving the child his school fees, so that in the end the child takes the fees to school ... [If you give it {money} to the parents?] ... they will use it, they will use it on alcohol." (EE)

"[Ikiwa wazazi wa mtoto asiyejiweza ni walevi, tunawezaje kumsaidia?] ... Ni kumpa, kumpa mtoto. Mtoto kama ni mwanafunzi ada ya shule ni kumpa mtoto, hatimaye mtoto kupeleka shuleni ... [ukiwapa wazazi?] ... Watatumia, wanaweza kutumia kwenye pombe." (EE)

"If both of the parents are drinking alcohol, both of them, it's a question of going to ask them politely "What is to be done? I wonder why your children have stopped going to school? Does it mean that they don't have money {for school fees}? And are they behind with their studies?" If they get angry, this money, perhaps the way I see it is, if you want to help them you can give them, you can give the ten cell leader ... it's better to give the child, or perhaps the teacher can represent him." (FF)

"Wazazi kama wote wanakunywa pombe, wote wawili, ni kwenda kuuliza tu taratibu "kufanyaje? Hawa watoto wenu mbona shule wameacha? Ina maana hawana uwezo shuleni? Na maendeleo yao yako nyuma?" Kama wanakuwa wakali, hela hiyo, labda mimi naona, kama mnataka kuwasaidia mnaweza mkawapa, mnaweza mkampa balozi ... Kuliko ni kumpa mtoto, labda mwalimu ndiyo awakilishe." (FF)

- **Provide school uniforms**

"[How can alcoholics be helped?] It is difficult … This is an extremely difficult issue, you will, that little that you have, like you if you want to help, who will you give the help to? Now this is difficult. If you give money to the child there at home where will he put it? If the father and others (in the household) are drinking, won't they go and drink (using that money)? Now it is difficult to help here. [If you bring food?] He goes and drinks (after selling the food). [If you bring children's clothes?] That is better … Then the child will be able to go to school." (U)

"[Kusaidia walevi?] Ni ngumu ... Hapa ni pagumu kabisa, sasa uta, yale <kile> kidogo uliyo <ulicho>, kama wewe unataka kusaidia, utampa nani? Kwa hapa sasa ni ngumu. Ukimpa mtoto pale nyumbani mtoto ataweka wapi? Si akina baba si wanakunywa, si wataenda kunywa? Kwa hapa sasa ni ngumu kusaidia hapa. [Ukileta chakula?] Anaenda kunywa. [Ukileta mavazi ya watoto?] Hapa ni nafuu … Ndiyo mtoto atasoma." (U)

- **Even food aid can be misused**

"{How can vulnerable children be helped?} It depends. It's all right to give money. If it's just food it's all right, because if you give him money he will buy food, if they are not alcoholics. If they are alcoholics you can give food. But it's hard to get round the problem because even if you give food they will sell it. You can't do anything." (P)

"Inategemea. Kama ni hela ni sawa. Kama ni chakula tu ni sawa kwa sababu ukimpa hela atanunua chakula, ikiwa siyo walevi; ikiwa unaweza kutoa chakula kama ni walevi. Lakini huwezi kuepuka kitu kwa sababu hata kama ukitoa chakula watauza. Huwezi kufanya kitu." (P)

Informants suggested giving school fees direct to a mother, a child who is old enough or another responsible person to avoid misuse by an alcoholic parent. Providing children with school uniforms was thought to be helpful, discussed further in sections 6.6.2.5.2 and 6.6.2.5.4. Informant Q (who did not wish to be tape-recorded, so field notes only were made) suggested that measuring school children of alcoholic parents, and providing them with school uniforms would be an effective way of helping them. She reported that while alcoholic parents would misuse donated money, and might even misuse food aid by selling it and using the money for alcohol, they would be unlikely to sell school uniforms that had been made for specific children.

The growing prevalence of alcohol abuse in Haydom is an issue of concern (discussed in section 2.12). The suggestion of targeting the mother of the household rather than the father is congruent with findings in the literature (discussed in section 5.4.5.3), and with informants' views about targeting financial help generally (discussed in section 6.6.2.5.3).

6.6.2.5 Strategies to reduce poverty

Informants discussed strategies to reduce poverty in terms of principles, providing food and clothes, financial support and school fees, and income generating projects and training.

6.6.2.5.1 Principles of poverty reduction strategies

Understanding currently available formal and informal strategies is important when planning services for vulnerable children. There are only two small scale non-governmental community based projects involved in poverty alleviation efforts in Haydom (as discussed in section 1.2.8). The use of locally available resources, individualised needs assessments, addressing underlying problems, and acceptable

project management were suggested by informants. These principles are congruent with the literature, as discussed in section 5.1.

- *Individualised needs assessment*

It was suggested that strategies should be based on an individualised needs assessment, and that a variety of needs may require attention, including food, and clothes, particularly school uniforms, as discussed in section 6.6.2.5.2 and 6.6.2.5.4. Informants' perspectives on individual needs assessments are presented in display 5.2.5.1.1.

DATA DISPLAY 5.2.5.1.1
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#1: PRINCIPLES OF POVERTY REDUCTION
***1: INDIVIDUAL NEEDS ASSESSMENT**

- **The need to assess individuals' needs**

"We must first assess the individual child's particular need, we will see what it is because sometimes they have food and they have clothes; sometimes the problem may be related to money for the fairly large costs of schooling, perhaps. In that case we will first make an evaluation; we should probably evaluate in which area they have a problem; when we can see that it's food (that is needed) we will give them food; if we see that food is available, clothes." (G)

"Tunaweza kwanza tukamwangalia huyu mtoto; shida hasa labda ni nini; tutaangalia kwa sababu mara pengine wana, wana chakula, wana mavazi; mara pengine shida itakuwa labda kwenye uwezo wa gharama kubwa kidogo za shule mara pengine. Hapo tutafanya kwanza uchambuzi, labda tuchambue wana shida hasa upande gani; tukiangalia kama ni chakula, tutawapa chakula; tutaangalia labda chakula kipo, mavazi." (G)

- **Areas of need**

"[Here in Haydom, how can we help 'vulnerable children'?] Perhaps by giving financial help … There are many shortfalls, perhaps to give them food, to buy clothes for them particularly if it includes school uniforms, and when they are ill to get treatment, to send them to hospital, to build a house for them if they are orphans with no support at all. [And is there anything else …?] To get them into school so that they get education." (I)

"[Hapa Haydom tutawezaje kuwasaidia 'watoto wasiyejiweza'?] Labda kwa njia ya msaada … Mapungufu ni mengi sana, labda kuwapa chakula, kuwanunulia mavazi ikiwa ni pamoja na nguo za shule, na pale watakapokuwa na dhaifu kuwapatia matibabu, kuwapeleka hospitalini, kuwajengea nyumba yao kama ni yatima wasio na namna kabisa. [Na kitu kingine …?] Kuingiza shule ili wapate elimu." (I)

"A vulnerable child of primary school age, firstly, the first thing to take care of is his education, the things he needs for school … [Money, food or school uniforms?] It is important to help him with all of those. But first you choose what is most important amongst those three things." (A)
"Mtoto wa shule ya msingi ambaye asiyejiweza, kwanza, cha kwanza kuangalia mambo yake ya elimu, mahitaji ya shuleni … [Hela, chakula au sare za shule?] Unaweza ukamsaidia vyote pamoja ni muhimu. Lakini kwanza unachagua kile cha muhimu cha kwanza kwenye hivo <hivyo> vitatu." (A)

The evidence contained in data display 5.2.5.1.1 suggests that the main areas of need are food, clothes, education, health care and shelter. These views are corroborated by the data contained throughout this chapter including sections 6.6.2.5.2 and 6.6.2.5.4, and by informant D's personal needs assessment. This informant is a mother who was clearly having difficulty looking after her children. She reported that her greatest need was for food, and if that need was met she needed clothes, and would also like money to cover costs of health care for her children when they became sick.

> *"[You as a mother are getting difficulties … what is your (main) problem?] Feeding my family. [After that, what will your next biggest need be?] A bit of money to get clothes for the children … My oldest is in standard three (of primary school). The others are not yet at school. They need to go to nursery school … There is the issue of illness. After food and clothes, there is the issue of illness [… if (a child) is ill can you take him to hospital?] Our economic situation is bad. It would not be easy (to take him to hospital)." (D)*
> *"[Wewe kama mama unapata shida … shida yako ni ipi?] Kulisha familia. [Baada ya hapo, haja ya pili itakuwa ipi?] Hela kidogo kwa ajili ya mavazi ya watoto ... Mkubwa yuko darasa la tatu. Wengine bado. Wanataka chekechea … Kipengele cha maradhi. Baada ya chakula, mavazi, kuna kipengele cha maradhi [… sasa hivi kama anaumwa unaweza kumpeleka hospitali?] Hali ni mbaya. Siyo rahisi." (D)*

Providing according to individual need appears to be appropriate, although this may raise problems as to how to judge fairly without the possibility of favouritism or discrimination. The Compassion project in Mbulu and the ELCT project in Haydom provide a 'standard package' of help (as described in section 1.2.8) which, assuming that the most vulnerable children are identified fairly in the first place, reduces the possibility of accusations of discrimination.

- *Addressing underlying problems*

It was noted that the underlying problems of the family, such as land shortage, need to be addressed.

DATA DISPLAY 5.2.5.1.2
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#1: PRINCIPLES OF POVERTY REDUCTION
***2: ADDRESSING UNDERLYING PROBLEMS**

- **Temporary solutions**

"I think for the children who are at this moment vulnerable, which means they {donors} may do something to help this child who is now in need of being educated, before it's too late. I think there is where you can direct help for the child, like paying school fees and feeding ... (but) it will only help for a short period; they need help to solve their problems." (J)
(Interview conducted in English)

- **Land as an enduring solution**

"It would be very helpful to have my very own field; it would be a help, a big help, because even if I fail (to get a good crop) in one year may be due to (shortage of) rain, I might get a very good crop the following year." (O)
"Itasaidia sana nikipata shamba langu la binafsi; itakuwa ni msaada, vilevile kubwa, sababu hata mwaka huu nikifeli labda kwa ajili ya mvua, mwakani naweza nikafanikiwa sana." (O)

"When I get a field I know this is enough capital; that field will feed the children, clothe the children, send them to school … the big solution is the land … the field is a remedy, just like paracetamol, it's having a field. If you cultivate this you will get a small amount of capital. Your child will advance. While they are educating him there, here you continue to gather strength." (E)
"Akishapata shamba mimi najua ni mtaji wa kutosha; hilo shamba italisha watoto, kuvalisha watoto, itasomesha watoto … solusheni kubwa ni shamba … dawa ni shamba kama ni paracetamo ni shamba. Ukishalima hii umepata mtaji kidogo; mtoto anaendelea. Kule wanamsomesha, na hapa wewe unazidi kujipatia nguvu." (E)

Empowering Haydom residents with resources to reduce family and child vulnerability appears to be appropriate, and long-term solutions such as provision of land might be effective; however there is currently little agricultural land available close to Haydom (as discussed in section 1.2.3). Providing financial assistance or food aid to deal with immediate needs is only a temporary solution, but is sometimes necessary when no other solution is forthcoming.

- *Acceptable project management*

Informants expressed views about features of acceptable project management as shown in display 5.2.5.1.3.

DATA DISPLAY 5.2.5.1.3
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#1: PRINCIPLES OF POVERTY REDUCTION
***3: ACCEPTABLE PROJECT MANAGEMENT**

- **Problem with intermediaries in aid distribution**

"Personally, if I look at the situation, in my inexpert opinion, there are some people who do not care … instead of helping (others) he (the intermediary) takes it (the donation) himself as a gift to help himself personally." (K)
"Mimi nikiangalia kwa ufahamu wangu tu wa kawaida, kuna watu wengine ambao wasiojali … badala ya kusaidia anaichukua yeye kama msaada wa kwake binafsi." (K)

"Nowadays, as you know, each person has his own problems and when he takes the money he might spend part of it on his own problems and the child ends up with only a small proportion of it … [the money won't be spent?] … in the right way." (X)
"Kwa wakati huu, sasa unajua mtu mwenyewe ana shida, hasa akichukua hii hela anaweza asilimia nyingine akaingiza kwenye shida zake, mtoto anapata asilimia ndogo … [pesa haitaenda?] … kama ipasavyo." (X)

"[(Supposing) every month you get money for his {a foster child's} food from the government …] That also would need some kind of, what can I say, because if you pay then it will not work, for example, for me I could say that is OK but it depends also to the individual you are giving this money. It is not necessarily that if you give me this money it will go to help for that purpose." (J)
(Interview conducted in English)

- **Eliminating intermediaries**

"I would recommend that … {help should come} … directly from the donor to the targeted person, the one who is being helped should get the help directly to him, without intermediaries. The person who donates should get the help right to those for whom it is intended." (T)
"Mimi ningependelea … {msaada ifike} … kwa njia ya huyu anayetoa msaada mpaka kwa yule mlengwa, anayesaidiwa afikishiwe kabisa, bila kuwa na watu wa kupitiapitia. Yule anayetoa msaada afikishe kabisa kwa wale walengwa." (T)

"If it would be possible, in my opinion, if any financial help becomes available, the child should be given the help directly... my sponsorship used to pass from my relatives {who lived abroad} to the teacher; it didn't pass through my hands … that money got lost at school and I finished school with difficulty." (G)
"Ingewezekana, mimi kwa mawazo yangu, kama itatokea msaada, angepewa mtoto moja kwa moja ... msaada wangu ufadhili ukawa unapitia kwa ndugu zangu kwa mwalimu; haunifikia mimi mkononi … hizo fedha zikapotea shule; nimemaliza kwa taabu." (G)

"It is not possible to give the money to the father ... to the mother, yes … even food directly … (or) to give it to the school directly … the father will be sure to steal it, (it is) not (appropriate to give) to the father." (D)
"Hela ukimpa kwa Baba haiwezekani ... kwa Mama, ee ... hata chakula moja kwa moja … kumpa shuleni moja kwa moja … Baba ataiba kweli, siyo kwa Baba." (D)

- **Monitoring the distribution of aid**

"Yes, then, someone must try to see that these things are implemented, if it's clothes, if it's good food; when a child gets good food it will bring some change (in his health status) … Yes, now it's a question of going and looking to see if she has done well. Because some parents might spend the money (in other ways) leaving the child just as he is. He still doesn't get that good food. He doesn't get the clothes, yes, and now the child's money is only helping the grandmother, it reaches the grandmother, if you just give her money, without seeing the child himself, it will somehow not be a good thing." (W)

"Ee, basi, mtu anajaribu kuangalia kwamba kweli haya mambo yametekelezwa, kama ni mavazi, kama ni chakula bora; mtoto akipata chakula bora kidogo anabadilika … Ee, sasa ni kwenda kuangalia kama amefanya vizuri. Kwa sababu wazazi wengine wanaweza wakachukua zile pesa wakamwacha tu mtoto kama alivyo. Tayari hapati chakula kile kizuri. Hapati mavazi, ee, sasa mtoto, pesa inamlenga tu bibi, inamlenga, unamwona tu bibi, unampa hela basi uta, bila kumwona mtoto mwenyewe, inakuwa kidogo siyo nzuri." (W)

"It is not necessarily that if you give me this money it will go to help for that purpose … You need also to assess or to evaluate the utilisation of that money." (J)
(Interview conducted in English)

Informants expressed concern that intermediaries should not misappropriate resources intended for vulnerable children. Reducing the use of intermediaries and monitoring the use of resources were suggested, as even school fees paid to the school authorities were reported to have been 'lost'. Acceptable project management as identified by informants is congruent with that described in the literature, for example World Bank (2004:21-68), and discussed in section 5.1. Informants did not mention volunteer projects; this may relate to their previous experience of projects in Haydom being donor funded.

6.6.2.5.2 Providing food and clothes

Informants judged that getting food to vulnerable children is important, and suitable mechanisms might be through a feeding scheme, or direct to the mother of the household. Clothes, especially school uniforms, were also seen to be needed. Data in this respect is shown in display 5.2.5.2.

DATA DISPLAY 5.2.5.2
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#2: PROVIDING FOOD AND CLOTHES

- **General indicators**

"There are very many areas of shortage; probably {important strategies should include} giving them food, buying clothes for them, if it includes school clothes." (I)

"Mapungufu ni mengi sana; labda kuwapa chakula, kuwanunulia mavazi ikiwa ni pamoja na nguo za shule." (I)

- **Food**

"As for me, my idea is that {if there is the option of donor support} food is important, it's a priority for human health and life." (E)

"Mimi, wazo langu ni kwamba chakula ni muhimu, ni kipaumbele kwa afya ya binadamu na kwa uhai." (E)

"Those who have no resources were helped in any way, or in one way or another, helping so that they {the very poor} continue to stay alive. And perhaps I should say, perhaps with respect to food they can be helped … it can often be other people in society or it can be neighbours." (K)

"Wale ambao wasio na uwezo walikuwa wanasaidiwa kwa namna yeyote, au kwa namna moja au kwa namna nyingine kwa kuwasaidia ili kwamba waendelee kuishi. Ndiyo labda pengine niseme, labda pengine kwa habari ya chakula wanaweza wakasaidiwa … mara nyingi inaweza kuwa ni jamii au inaweza kuwa ni watu jirani." (K)

- **Feeding centre**

"If we want to be sure that the child is being helped, probably it would be a good idea to have a centre for feeding children." (C)

"Kama ni kuwa hakika wa kusaidia mtoto, labda hiyo kituo kwa kulisha watoto ni nzuri." (C)

"[If money is given to the mother will it achieve the goal of helping the child?] To the mother, yes … Even food given directly ... [What about those children whose parents are alcoholic?] If they build a centre (for feeding) it will help … [Those with parents who are not alcoholic?] You can give (food) to the mother … the father will really steal it, not to the father." (D)

"[Kumpa Mama hela itafika lengo lake, kumsaidia mtoto?] Kwa Mama, ee ... Hata chakula moja kwa moja ... [Wale ambao wazazi wanakunywa pombe sana?] Wakijenga kituo itasaidia … [Wazazi ambao hawanywi pombe?] Unaweza kumpa mama … Baba ataibia kweli, siyo kwa Baba." (D)

"Building a centre to help {with feeding children}, that is possible … Yes, they {the children} would be able to come {to a central location} … [But if they go to school they get food at school, don't they?] Yes … they just eat an evening meal at home. They get soft porridge and tea at ten o'clock at school, and they get a midday meal at school, except in the evening they return back home." (P)

"Kujenga kituo cha kusaidiwa, hii inawezekana … Ee, wanaweza kufika … [Lakini wakienda shuleni wanapata chakula shuleni siyo?] Ndiyo … chakula cha jioni tu wanakula nyumbani. Uji, chai ya saa nne wanapata shuleni, chakula cha mchana wanapata shuleni, isipokuwa jioni wanarudi nyumbani." (P)

- **Clothes including school uniforms**

“He should be helped with clothes; he should be dressed.” (C)
“Mavazi anasaidiwa; anavalishwa.” (C)

“It is important {for children to have school uniforms} because it is likely that those parents are unable to buy clothes for the children. For example, some parents, the father leaves in the morning and gets back in the evening or after three days. He doesn’t concern himself with the children, and so if we buy them school uniforms you will find that the children will feel that they are like other children … this really helps … it is a school regulation that every child must have a school uniform.” (DD)
“Ni muhimu kwa sababu huenda hawa wazazi wameshindwa kununua nguo za mtoto. Kwa mfano, wazazi wengine, baba anatoka asubuhi, kurudi kwake jioni au baada ya siku tatu. Hashughuliki na watoto kwa hiyo tukiwanunulia sare za shule utakuta watoto watajisikia watakuwa kama watoto wengine ... hilo linasaidia kwa kweli ... ni sheria ya shule kwamba kila mwanafunzi anapaswa kuwa na sare za shule.” (DD)

“He can be helped with his important requirements for example boarding expenses, clothes and education as a whole … just a bit of money to help satisfy his needs in the place where he lives, like at school … in order to live like the other children so that he should not suffer and get very stressed … school uniforms is part of boarding issues and is very important.” (H)
“Anaweza akasaidiwa kwa mahitaji muhimu kwa mfano malazi, mavazi, na elimu kwa ujumla … hela kidogo tu kwa ili kukidhi mahitaji yake katika sehemu ambayo anamoishi kama shuleni … ili kuishi kama watoto wengine asiweze kuteseka na kupata mawazo nyingi <mengi> … sare za shule ni sehemu ya malazi, inampasa sana.” (H)

The data in the display above from informant P includes information about school children who *“get soft porridge and tea at ten o’clock at school, and they get a midday meal at school, except in the evening they return back home”.* This underlines the importance of ensuring that school age children get education as it also helps to ensure that they are fed.

Throughout the qualitative phase of the current research, poverty and the need for food were recurring themes. The lived experience of one informant is vividly portrayed by the following interview excerpt:

> *“[How can we help them {vulnerable children}?] … I think it is by getting food for them … They can go to bed hungry because there is no food (at home) ... My field is this little garden around my door, and we finished (all the maize we had grown) before it had fully grown, even eating the central stem of the maize cob which is left after the grain is removed … Me especially, I have no other way; we can spend the whole day only eating cow’s blood.” (M)*
> *“[Tutawezaje kuwasaidia?] … Mimi nafikiri ni kwa kuwapatia chakula … Wanaweza kuwa wanalala njaa hamna chakula ... Shamba langu ni hiyo bustani ndogo ya mlangoni, na tumemaliza wakati hazijakomaa, tunatafuna pamoja na magunzi … Hasa mimi, sina namna; tunaweza kushindia damu ya n’gombe” (M)*

It is clear that there is a need to ensure that all children in Haydom are fed adequately. Informants in Haydom are not familiar with feeding schemes (as discussed in section 5.4.2), but have had experience of food donations in years of poor harvests and famine. This highlights the need for community education about a range of options if evidence based strategies that are unfamiliar to local people are to be considered. The need for school uniforms was stressed by informants, although the literature reports on increased school accessibility when regulations about school uniforms are removed (discussed in section 5.4.6). Following the period of data collection, the researcher discussed informally with Haydom residents whether it might help to remove school uniform regulations; those spoken to commented that it might help, but that children from very poor families needed clothes anyway, so they might as well be given school clothes.

6.6.2.5.3 Financial support

Informants' views about the provision of financial support to help vulnerable children are presented in data display 5.2.5.3.

DATA DISPLAY 5.2.5.3
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#3: FINANCIAL SUPPORT

- **Child support helps parents too**

"I think that in current day life, we have burdens, and if help was available for children in terms of education and food, the burden for even the parents would become less, because if the child is helped, he (the parent) has been helped. He should not think that the child should be helped as well as himself. If the child has received help then already his (the parent's) situation has got better." (E)

"Mimi nafikiri maisha ya leo, tuna mizigo; sasa kama msaada wa watoto kupatikana katika kusoma na lishe, mzigo imepungua hata kwao, kwa hiyo yeye mtoto akisaidiwa ni yeye amesaidiwa. Yeye asifikiri mtoto asaidiwe pamoja na yeye. Mtoto akishasaidiwa tayari yeye ameshakuwa na nafuu." (E)

- **Entrusting the mother of the child**

"The money should be given to the mother of the household; even I {the father of the house} should not be given (any money) … as I know the problem of alcohol. We were affected; we got into this bad situation because of that alcohol." (E)

"Hela apewe mama, hata mimi nisipewe ... kwa sababu nafahamu matatizo ya pombe. Tuliathirika; hili pengo limeingia kwa sababu ya hilo pombe." (E)

"{Money} should be given to the child's mother, as the mother feels more grieved about the child, and how he is in pain. Even if the mother who has given birth to him, even if she is a crook of some sort, even if she is a robber, she will be affected (by her child's suffering). She should probably be given money if it's possible; it shouldn't be given to close relatives or members of the extended family; the birth mother should be given, the parents should be given, especially the mother … as she is very close to the child." (G)

"Apewe mamake mzazi, kidogo mama ana uchungu sana na, na mtoto, na jinsi mtoto anavyoumia. Hata kama mama aliyemzaa, hata kama ni mtapeli wa namna gani, hata kama ni jambazi, lazima roho yake itaumia. Labda apewe ikiwezekana; asipewe ndugu, majamaa; apewe mama yake mzazi; apewe wazazi wake hasa mama … kwa sababu yuko karibu sana na mtoto." (G)

"This issue {of who can reliably receive money for the vulnerable child} depends on the family concerned, how it is. If the father is an alcoholic it will be necessary that it {any money} be given to the mother, because the father can use it (for himself)." (N)

"Hapo inategemea hiyo familia husika, ikoje. Kama baba ni mlevi itabidi apewe mama kwa sababu baba anaweza akatumia." (N)

"It is not possible to give the money to the father ... to the mother, yes … even food directly … (or) to give it to the school directly … the father will be sure to steal it, (it is) not (appropriate to give) to the father." (D)

"Hela ukimpa kwa Baba haiwezekani ... kwa Mama, ee ... hata chakula moja kwa moja … kumpa shuleni moja kwa moja … Baba ataiba kweli, siyo kwa Baba." (D)

"Money that is given to help {a vulnerable child}; it depends firstly on the age of the child … If it's a small child, he can't manage to understand (how to use) that money, it's better that it should be given to the mother who is close to the child. What I mean is, often these fathers, many of these Datoga fathers drink a lot of alcohol." (A)

"Hela inayotolewa ya msaada; inategemea na umri wa mtoto kwanza … Kama ni mtoto ambaye umri ni mdogo, hawezi kuifafanua ile hela, ni bora apewe mama ambaye yuko karibu na mtoto. Maana yake, mara nyingi hawa wazee, wazee wa asili ya kidatoga wengi ni wanywa pombe sana." (A)

It was suggested that targeting children's needs with financial support was acceptable, since if children were helped, the parents would be relieved of some of the burden of the costs of bringing up their children, which would help the family as a whole. There was general agreement that giving money to the father of a vulnerable child was inappropriate. This unreliability was especially linked to alcohol abuse as discussed in section 6.6.2.4, and even male informants agreed that the mother of the child rather than the father might receive financial assistance.

Financial support was reported to be needed by families, but consideration of the cultural context and control mechanisms appear to be necessary. The recommendation to channel financial support through the mother rather than the father is congruent with the literature in some countries outside Tanzania (as discussed in section 5.4.5.3), but

contradicts the cultural stereotype of the Iraqw as honest (as mentioned in section 2.10). Providing support direct to mothers might meet with resistance from some members of this patriarchal society, and might also create logistical challenges as some women are 'tied to the home' with young children, whereas men appear to 'move around' more than women.

6.6.2.5.4 Provision of school fees

Informants' views about implementing a strategy of providing school fees are presented in display 5.2.5.4.

DATA DISPLAY 5.2.5.4
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#4: PROVISION OF SCHOOL FEES

- **The value of education**

"In order to help them, probably (it's good to) educate them so that they can get employment (later). In order to educate them, it is the responsibility of the community in general, it is society (as a whole), especially those who have resources. On the whole, it's the responsibility of the community and the government … even looking for donors … [to ensure that they get …] school fees." (N)

"Ili kuwasaidia, labda kuwasomesha ili baadaye wapate ajira yao. Kuwasomesha sasa ni jamii kwa ujumla, ni jamii, hasa wale ambao watakuwa na uwezo. Kwa ujumla ni majukumu ya jamii na serikali … hata kuwatafutia wafadhili … [kuwahakikisha kwamba wanapata …] ada za shule." (N)

"Now I would personally like {any available support} to be given for primary and secondary school education until the child is independent … He may become a carpenter or a teacher." (E)

"Sasa mimi ningependa pale kwenye elimu ya msingi, elimu ya secondary hadi ajitegemee ... Awe serimala au mwalimu." (E)

- **Paying school fees directly to schools**

"It would be just better that when someone has the money he would support and even pay school expenses … [to give the child money …?] Even to the headmaster. Or if the child's parent doesn't drink alcohol, he can help his own child. But if the parent does not know the importance of education, you can give to the teacher." (C)

"Ingekuwa vizuri tu mtu kama ana uwezo angeweza kusaidia hata kuwasomesha … [kumpa mtoto hela …?] Hata mwalimu mkuu. Au kama mzazi wake hanywi pombe, anaweza akamsaidia mtoto wake; kama mzazi wake kidogo hajui hata maana ya elimu, unaweza ukampa mwalimu." (C)

"I personally think that if a 'Good Samaritan' decides to assist that child who has no resources at all then he should probably send the money directly to the teacher with instructions that this is the school fees for this period and this is the fees for this period ... It will probably be safer and better." (K)

"Mimi ninafikiri kama ni 'msamaria' amejifanyia kwamba kujitoa ili kwamba kumsaidia yule mtoto ambaye hana namna yeyote, basi ingempasa labda ampelekee tu mwalimu moja kwa moja, kwamba ni ada ya wakati fulani na ada ya wakati fulani … Itakuwa labda salama na nzuri zaidi." (K)

"*If it were me, I would give the money directly to the school authorities so that the child may study well, rather than giving to the parent and he happens to be an alcoholic, he will spend all of it (on alcohol), and you will have helped him in his drinking. If you give it to the teacher so that the child can study for a certain number of years, or for example, you pay for one year at a time. This way the child will make good progress, but if you give it to the parent he will spend all of it." (R)*

"*Kama ni mimi, ni kutoa hela moja kwa moja shuleni ili mtoto asome vizuri, kuliko kutoa kwa mzazi akiwa mlevi atatumia yote, utakuwa umemsaidia yeye kwa matumizi ya pombe. Ukimpa mwalimu kwamba huyu mtoto asome mpaka miaka kadhaa, au mfano, umetoa ya mwaka huu mwakani unatoa tena. Mtoto huyu atakuwa anaendelea vizuri mbele; ukitoa kwa mzazi atatumia yote." (R)*

"[Giving money to the school principal directly?] Yes, it is appropriate, that helps because they are given a receipt, so the child goes to school … Even that will be fine." (N)

"[Kumpa hela mwalimu mkuu moja kwa moja?] Ee, inafaa, nayo ni inasaidia kwa sababu ile wanapewa risiti, kwa hiyo mtoto ni anaenda shule … Hata hiyo itakuwa ni sawa." (N)

"The sponsor who wants to help a school child can give help through the parents if those parents understand {the need for education}. But if the parents don't understand the children's problem {of needing education}, they will use financial help to solve other problems of their own. In that case it's just better that the school teacher is given the money … it should go directly to the school." (A)

"Mfadhili ambaye anataka kumsaidia mtoto wa shule anaweza kuwapa wazazi endapo wazazi hao ni waelewa. Lakini wazazi kama si waelewa wa hilo tatizo la watoto, wao wanatatua matatizo yao mengine. Ni bora tu apewe mwalimu wa shule … ipitie moja kwa moja shuleni." (A)

"Because that money, yes, the one, the one who is sponsoring, it's also good if he gives that principal or if it's a headmaster he {the sponsor} gives him, and also, yes also, (one needs to) look at the father's (level of) understanding, or if it's the mother … if he {the father} is a drinker, really it is not easy (to trust the parent with money)." (W)

"Kwa hiyo zile pesa, ee, huyu, huyu ambaye ni mfadhili, ni vema pia akampa yule mkuu wa shule au kama ni head master anampa, na pia kuangalia, pia, ee, ufahamu wa baba, au kama ni mama … kama ni mnywaji kwa kweli siyo rahisi." (W)

"Really, I personally recommend that they {school fees} should be sent directly to the school, because that's the right place, isn't it? It's the school … Yes; any money relating to school issues should stay right there at the school." (P)

"Kweli mimi napendekeza zipelekwe tu moja kwa moja shuleni, kwa sababu ni mahali inayostahili siyo? Ni shuleni ... Ee; ya shuleni ikae huko huko shuleni." (P)

"So we should send the {donated} school fees to the school; give them to the school teacher. It's not good to give them to him {the child}. Yes, give to the teacher." (Y)
"Hiyo tuweke shule ada yake; mpe mwalimu wa shule. Kumpa yeye siyo nzuri. Ee, mpe mwalimu." (Y)

Informants universally supported the idea of school fees being paid for vulnerable children, and noted the importance of an education for the child's future. Informants suggested that these fees should be entrusted to school authorities to avoid misuse especially by alcoholic parents.

It was noted that children need various items such as school uniforms, shoes, notebooks, pens, hoes, slashers, examination fees and food contributions in addition to school fees to be allowed to attend school. Secondary school additional costs were seen to be much higher than the actual school fees. The following two excerpts indicate the variety of items (underlined) that parents need to provide for.

> *"I try to ask for assistance from people. Now the situation I am in is that I have students who depend on me for things like soap, notebooks, skin oil, you know the living expenses for children at school. I try hard to give them, but I am not easily able to give them. [Secondary school costs? …] are high because while the school fees are not so bad, the living costs are more. It is the living costs that are too much." (P)*
> *"Ninajitahidi kwa kuomba msaada kwa watu. Sasa hapa mimi nilipo ni hivo <hivyo> tena nina wanafunzi lakini wananitegemea kwa mambo kama, sabuni na daftari, mafuta ya kujipaka, matumizi ya watoto wa shule si unajua. Kidogo ninajitahidi kumpa lakini naona ni kama siridhiki kumpa. [Gharama za sekondari? …] ni nyingi kwa sababu hasa gharama za shule kidogo ni afadhali kuliko matumizi. Matumizi ndiyo inazidi." (P)*

> *"Secondary school, now that is when things continue to get harder … [Do the teachers insist on (school) uniforms and shoes?] (School) shoes and notebooks … [When they go into secondary school …?] The costs go up a lot … there is this child of mine here, she started form one this year … you send (compulsory contributions of) two buckets of beans and four buckets of maize. Then there is uniforms, notebooks, those shoes and then those (compulsory) contributions, of those, there are many contributions in that form. On average it {all} amounts to two hundred thousand shillings {a year} … (There are) notebooks and whenever they finish you have to buy (another). There are many things to buy, a hoe, a bucket …" (N)*
> *"Sekondari, sasa ndiyo yaani hali inazidi kuwa ngumu zaidi … [Walimu wanasisitiza sana nguo na viatu?] Viatu na madaftari … [Wakiingia sekondari …?] Inaongezeka sana … kuna huyu hapa kwangu, alikuwa ameanza form one mwaka huu … unapeleka maharage debe mbili mahindi debe nne. Halafu uniform, daftari, hivi viatu, halafu na ile michango ya, yaani michango ni mingi kwenye ile fomu. Kwa wastani karibia wa laki mbili … Daftari ni kila ikiisha unatakiwa ununue. Kuna vitu vyingi vya kununua, jembe, ndoo ..." (N)*

The total annual costs of 200 000 Tanzanian shillings per year of secondary school education currently amount to about US$ 150. Paying school fees was seen to be an important aspect of help for a vulnerable child; although income generating projects might have a long-term impact, they could not be depended on to deal with the immediate problem of failing to attend school.

> *"I think for the children who are at this moment vulnerable, that means they {donors} may do something to help this child who is now in need of being educated, before it's too late. I think there is where you can direct help for the child, like paying school fees and feeding." (J)*
> *(Interview conducted in English)*

Ensuring that children's school fees are paid or waived would appear to be an important aspect of helping vulnerable children; in the short term it ensures that they get food, education and social contact with other children, while in the long term it reduces the consequences of educational deprivation discussed in section 6.5.1.3. Strategies not mentioned by informants but suggested in the literature include waiving school fees for all orphans and vulnerable children, abolishing school fees and abolishing the compulsory wearing of school uniforms (as discussed in section 5.4.6). Haydom residents may not have mentioned these as their experience may be limited to donor support for school fees; this again highlights the need to not only respect the views of local residents but also the need to bring other evidence based strategies to their attention.

6.6.2.5.5 Income generating projects and training

While helping children was seen to help parents the converse was also reported to be the case; helping parents was seen to be critical in helping vulnerable children. Informants' views about income generating projects and training are shown in display 5.2.5.5.

DATA DISPLAY 5.2.5.5
THEME 5: STRATEGIES: DEALING WITH DEPRIVATION
CATEGORY 2: ADULT INITIATED STRATEGIES
SUB-CATEGORY 5: STRATEGIES TO REDUCE POVERTY
#5: INCOME GENERATING PROJECTS AND TRAINING

- **General indicators**

"Starting income generating projects is probably a better option {than cash or food handouts}." (N)

"Kuanzisha mradi labda ndiyo itakuwa nzuri zaidi." (N)

"I think the projects that produce money later like those of cows are better than (giving) money, which finishes quickly." (T)

"Naona hiyo mradi ambayo inaweza kuzalisha baadaye ni hii kama ya n'gombe kuliko hii hela ya kuisha tu haraka." (T)

- **Animal projects**

"If the family has some ability to manage work, either the father or the mother, or even the children themselves; if they are able to look after some animals there at home, well, they should be given income generating projects." (A)

"Kama familia kidogo ina uwezo wa kujimudu kwa kazi kati ya baba na mama, hata watoto wenyewe; kama wana uwezo wa kujifugiafugia mifugo pale nyumbani, basi, wapewe miradi tu." (A)

"Probably my personal idea would be … to try to get a certain ongoing project in order to get some money in order that at least those children who are now unable to manage (or are vulnerable), we could enable them, so that they could study … Perhaps for example, pig projects help a lot." (O)

"Labda kwa mawazo yangu kabisa … kujaribu kupata mradi fulani wa kuendeleza ili kupata fedha ili walau hao watoto ambao sasa hivi hawajiwezi, tuweze kuwawezesha, waweze kusoma … Labda kama vile, mradi wa nguruwe nao unasaidia sana." (O)

- **Selling food**

"Another project, for example, at this time it's the season in which now we go and collect the food which comes from the fields like this maize … you can look after it well, you can treat it (with chemicals to prevent insect attack) and then you can sell it later at a higher price and it can generate that money." (O)

"Kwa mradi mwingine kwa mfano wakati huu ni wakati ambao sasa hivi tunakwenda kupokea chakula hii ambayo inatoka shambani kama vile mahindi … ukaweza kuitunza vizuri, ukaweka dawa, unaweza ukauza baadaye kwa bei ya juu zaidi, ikazalisha ile hela." (O)

- **Vocational training**

"I personally would like them to be empowered in whatever they think they are able to do, like those who do business should be helped by increasing, yes, their capital and to give them vocational training in relation to their work, that business or work that they are doing." (W)

"Ningependa binafsi wangewezeshwa kwenye kile ambacho wameona katika akili yao, kwamba yaani ambao wanafanya kwa biashara wawezeshwe kuongezewa, ee, mtaji, na kupewa elimu kuhusiana na hiyo, hiyo biashara anayoifanya au kazi anayoifanya." (W)

“A vocational training school can also help, and the person {can} make an effort himself to be self-employed, you can also personally manage to help yourself even if you don’t have (resources) ... to go into small business to help himself for his later life.” (EE)
“Shule za ufundi pia inaweza kusaidia na mtu ku, kujitoa mwenyewe kujiajiri, mwenyewe pia unaweza kujisaidia hata kama huna ... Kufanya biashara ndogondogo akajisaidia kwa maisha yake ya baadaye.” (EE)

“[If they had a school built for them {vulnerable adolescents}? …] If they send tools (for vocational training) and things? [Yes.] They can do something. It would be supervised by those who gave the tools and things? [Yes.] This can really help them in their lives.” (AA)
“[Wakijengewa shule? …] Kama anatuma vifaa vya ufundi na nini? [Ee.] Anaweza kufanya. Anasimamiwa na aliompa vyombo na nini? [Ee.] Naye anaweza kuokoa sehemu fulani katika maisha.” (AA)

Informants suggested that long-term help might come from projects for the families of vulnerable children, which might be preferable to cash or food handouts. The most suitable type of project was seen to depend on the interest and ability of the parents, and also on their location. Most suggestions related to agriculture. While most informants considered income generating projects as suitable help for parents of vulnerable children, it was also suggested that older vulnerable children might be empowered by getting skills and employment.

The literature also supports the concepts of income generating projects and development of job opportunities as discussed in sections 5.4.3 and 5.4.4. The setting up of such strategies in a village like Haydom would require considerable care in view of the limited expertise, infrastructure, economic turnover and employment opportunities, as well as geographical and climatic considerations (as discussed in sections 1.2.3 and 1.2.5).

6.6.3 Summary of strategies to help vulnerable children

Informants identified a range of possible strategies to help vulnerable children including child and adult initiated strategies. The child initiated strategies of perseverance and working hard were considered to be culturally acceptable. Adult initiated strategies identified include providing advice, and specific strategies for handicapped children (such as family care and institutional care), orphans (such as fostering and institutional care), children in families with a member who abuses alcohol, and strategies to reduce poverty. The views of local informants about strategies to help vulnerable children were not always congruent with views expressed in the literature.

6.7 SUMMARY

The analysis of Haydom Iraqw and Datoga informants' views about child vulnerability clarified locally held views about issues related to antecedents, contributing antecedents, defining attributes and consequences of child vulnerability as well as strategies that may help vulnerable children. The findings may have been influenced by linguistic factors such as the construction of the term 'vulnerable' in Swahili. Various factors could have been located in more than one of these themes which reflects the interacting and complex nature of the different aspects of child vulnerability, as was noted in the literature review of child vulnerability in chapter 4.

Some of the informants' views are congruent with those found in the literature, while others are not congruent, and reflect the particular cultural context of Haydom village. The significant differences between these local findings and those reported in the literature, supports the view that "the type of vulnerability faced by children is strongly contextual" (Subbarao & Coury 2004:4). The overall impression gained by observation, together with informants' views and experiences of vulnerability, suggest to the researcher the need for acceptable and effective strategies to help the vulnerable children of Haydom.

Findings in Haydom that are congruent with the literature, but appear to have particular significance in the local context include:

- poverty and large family size as antecedents for child vulnerability
- special care needed to help children living in a family with an alcoholic parent
- fathers seen as unreliable as a channel for help for vulnerable children
- perseverance and willingness to work hard as currently available coping strategies for children

Findings in Haydom that differ from the literature include the following:

- the possibility of discrimination of handicapped children, illegitimate children and foster children
- former wealth as a risk factor for lack of coping skills
- the child as a resource rather than an individual whose rights must be protected
- child vulnerability as not only potential for deterioration, but also for stasis or improvement

- a limited range of strategies suggested, including institutional care, with little stress on volunteer programmes
- unrelated fostering seen as unusual but acceptable to many people.

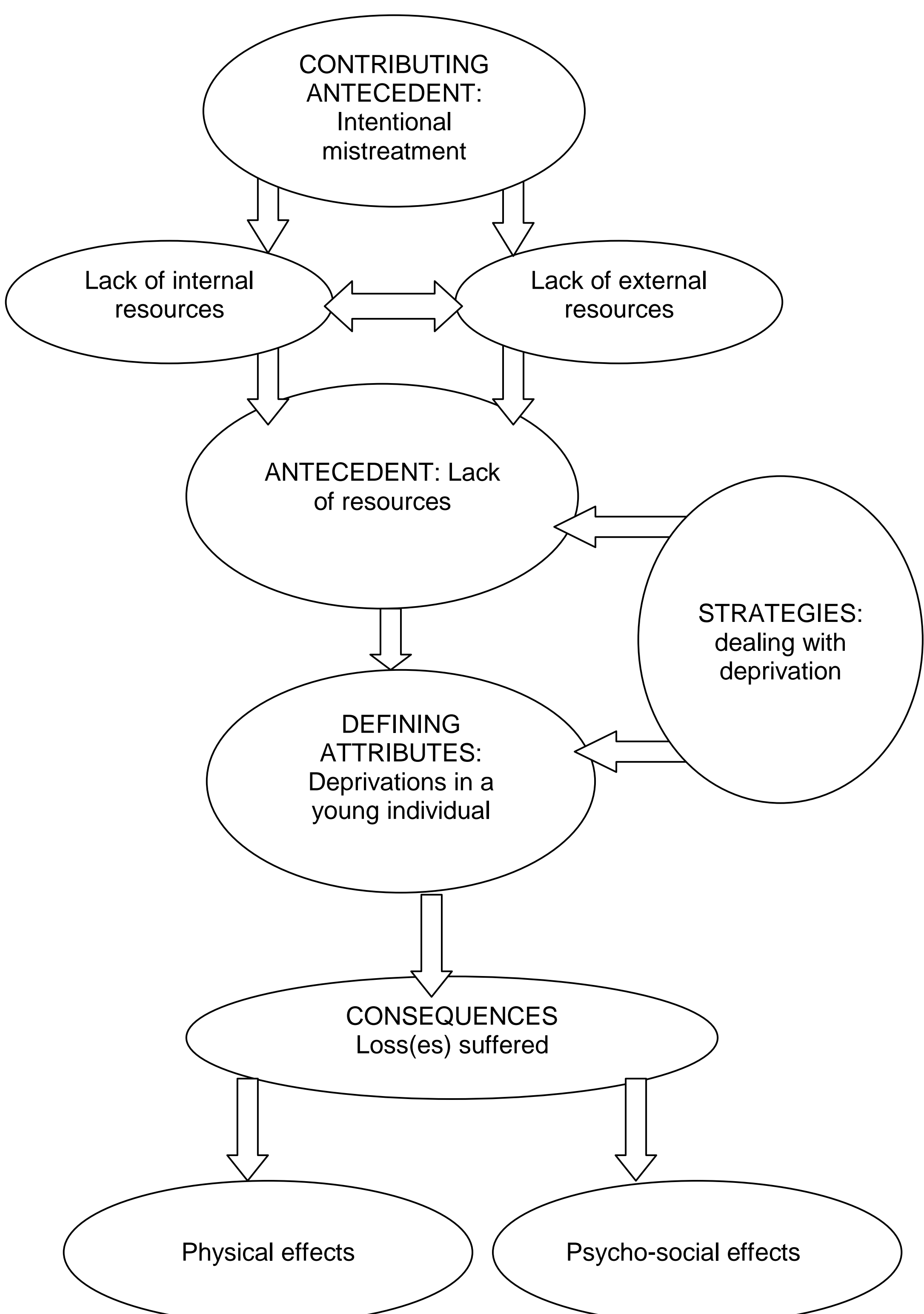


Figure 6.10 Overview of factors in child vulnerability identified by informants

Figure 6.10 shows some of the key relationships between the main themes identified from analysis of the informants' views about child vulnerability in Haydom. Informants' views are summarised as follows in sections 6.7.1 to 6.7.4. These findings were used to formulate statements for the questionnaire (as shown in appendix D) used in the subsequent stage of this study.

6.7.1 Informants' views relating to antecedents to child vulnerability

The overall antecedent to child vulnerability is lack of resources, that is, *'uwezo' / 'nguvu'*; this refers to resources or 'strength' such as physical strength, money and other assets.

Antecedent factors include lack of internal and external resources.

Lack of internal resources includes intrinsic lack of strength relating to immaturity, physical or mental handicap and lack of coping strategies**.**

Lack of external resources relates to parents who are unable to provide for their children.

Parents may be unable to provide for children because of single parenthood, parental conditions, large family size and / or poverty.

Single parenthood may be the result of death of a parent, a child being born out of wedlock, and parental abandonment.

Chronic parental conditions which are risk factors for child vulnerability include alcohol abuse and chronic physical illness.

Large families may be antecedent to child vulnerability, especially in their lack of ability to educate their children.

Family poverty is a common antecedent to child vulnerability.

6.7.2 Informants' views of contributing antecedents to child vulnerability

Discrimination against a vulnerable child contributes to his problems, and discrimination manifests in mistreatment.

Mistreatment involves intentional neglect, exploitation and abuse.

Vulnerable children may be exploited by being made to work hard, which may be associated with educational deprivation.

Orphans, illegitimate children and disabled children are at risk of discrimination.

Discrimination along ethnic lines may be an issue in Haydom.

Vulnerable children may suffer from intentional deprivation of education.

Orphans may be mistreated by unrelated or related foster parents.

Some vulnerable children may suffer physical abuse in the form of beating.

6.7.3 Informants' views relating to defining attributes of child vulnerability

Informants' views on the defining attributes of child vulnerability relate to the defining attributes of the terms 'child' and 'vulnerability' as well as additional features of the compound term 'child vulnerability'.

6.7.3.1 Informants' views relating to defining attributes of the child

The child is described in terms of identity, nature, age and purpose as a resource.

The identity of a child relates to his being 'my child' or 'anyone's child'.

The child by nature is seen as inherently good, and dependent on adults to meet his needs. These needs vary in different age groups.

The child is a young individual; this means either until he is 18 years of age or independent.

The child is seen as a resource for his parents.

The child's dependence is manifested by physical, educational and emotional needs.

6.7.3.2 Informants' views relating to defining attributes of vulnerability

Vulnerability is seen to relate to *'upungufu',* that is, lack or deprivation of basic needs.

Vulnerability may involve deprivation of food and clothes.

Vulnerability may involve deprivation of education.

Children born out of wedlock may be deprived of recognition by the community.

Orphans and children born out of wedlock may be deprived of their inheritance.

Vulnerability may involve difficulty gaining access to health care.

6.7.3.3 Informants' views relating to defining attributes of child vulnerability

Child vulnerability combines the features of 'the child' and 'vulnerability'; it relates to young, dependent individuals who are deprived of one or more of their basic needs.

The condition of vulnerable children may be static, or deteriorate without assistance, but with assistance can improve.

Child vulnerability involves 'risk'.

Child vulnerability involves continuous interaction of factors.

Child vulnerability is a relative phenomenon, depending on age, gender and specific antecedent factor.

Child vulnerability is a locally identifiable phenomenon.

6.7.4 Informants' views relating to consequences of child vulnerability

The consequences of child vulnerability include physical and psycho-social effects, which involve losses.

Psycho-social consequences of child vulnerability include psychological disturbance, loss of 'normal' behaviour patterns, loss of educational opportunities, and inappropriate levels of autonomy for developmental stage.

Vulnerable children may be anxious and depressed, and may not play happily like other children.

Vulnerable children may display culturally unacceptable behaviour including stealing and use of marijuana.

Vulnerable children may suffer from loss of educational opportunities, with subsequent poor educational outcomes, loss of job opportunities and increasing poverty.

Vulnerable children may have inappropriate levels of autonomy for their developmental stage, which manifests in behaviour including begging, vagrancy, living in child-headed households and sexual activity.

Physical consequences of child vulnerability include impaired growth and development, loss of health and loss of life.

Impaired growth and development is the result of food deprivation.

Vulnerable children lose health because of food deprivation and susceptibility to endemic communicable diseases when young, and sexually transmitted diseases during adolescence.

6.7.5 Views relating to strategies for helping vulnerable children

Strategies for helping vulnerable children are child or adult initiated.

Child initiated strategies include perseverance and working hard.

Adult initiated strategies include providing psycho-social support, measures to help handicapped children, measures to help orphans, measures to help child who live in a family where there is alcohol abuse and poverty reduction measures.

The extended family is the primary support mechanism for vulnerable children, by related fostering.

Unrelated fostering is currently unusual but is an acceptable strategy for care of orphans.

Institutional care is appropriate for handicapped children not cared for by their family, and possibly for some orphans.

Financial assistance can help vulnerable children and is more reliably channelled through the mother rather than the father.

Assisting children with food, clothes and school uniforms are appropriate strategies.

Paying school fees for vulnerable children is appropriate, and is best channelled directly to the school authorities.

Alcoholic parents should not be given direct financial help; providing school uniforms, or giving school fees direct to the school authorities are appropriate.

Poverty reduction strategies include income generating projects and training for vulnerable adolescents.

6.7.6 Empirical indicators

Empirical indicators deduced from informants' views about vulnerable children in Haydom are presented in table 6.2.

TABLE 6.2: SUMMARY OF IDENTIFIED EMPIRICAL INDICATORS FROM INFORMANT DATA

TYPE OF PROBLEM	EMPIRICAL INDICATOR
Physical problems	Malnutrition Poorly clothed Recurrent / untreated illness Handicapped child
Social problems	Single parent household: orphan / abandoned / born out of wedlock Child-headed households Parental conditions: chronic illness / alcohol abuse Large family size
Educational problems	Not attending school full-time Poor school performance
Economic problems	Reduced economic means Family poverty
Problems relating to cultural factors	Ethnic discrimination Mistreatment of foster child / step child
Psychological problems	Anxiety and depression
Behaviour problems / unusual behaviour	Stealing Use of marijuana Begging Vagrancy Sexual activity

As noted in section 6.1.4 these indicators reflect antecedents, contributing antecedents, defining attributes and consequences.

6.7.7 Refined definition and model of child vulnerability

On the basis of the informants' views the definition of child vulnerability presented in section 4.7.7 is refined as follows:

'Child vulnerability is the dynamic, relative and locally identifiable human condition and experience of deprivation of needs as a result of lack of 'nguvu' and 'uwezo', worsened by intentional mistreatment. Consequences are physical and psycho-social 'losses'. It is affected by continuous interaction with its antecedents, defining attributes and consequences, the socio-economic and cultural context, as well as by strategies that are attempted.'

The model presented as figure 4.8 is refined as follows in figure 6.11 according to the views expressed by informants, for example, instead of antecedents, specific antecedents identified in Haydom are shown on the figure.

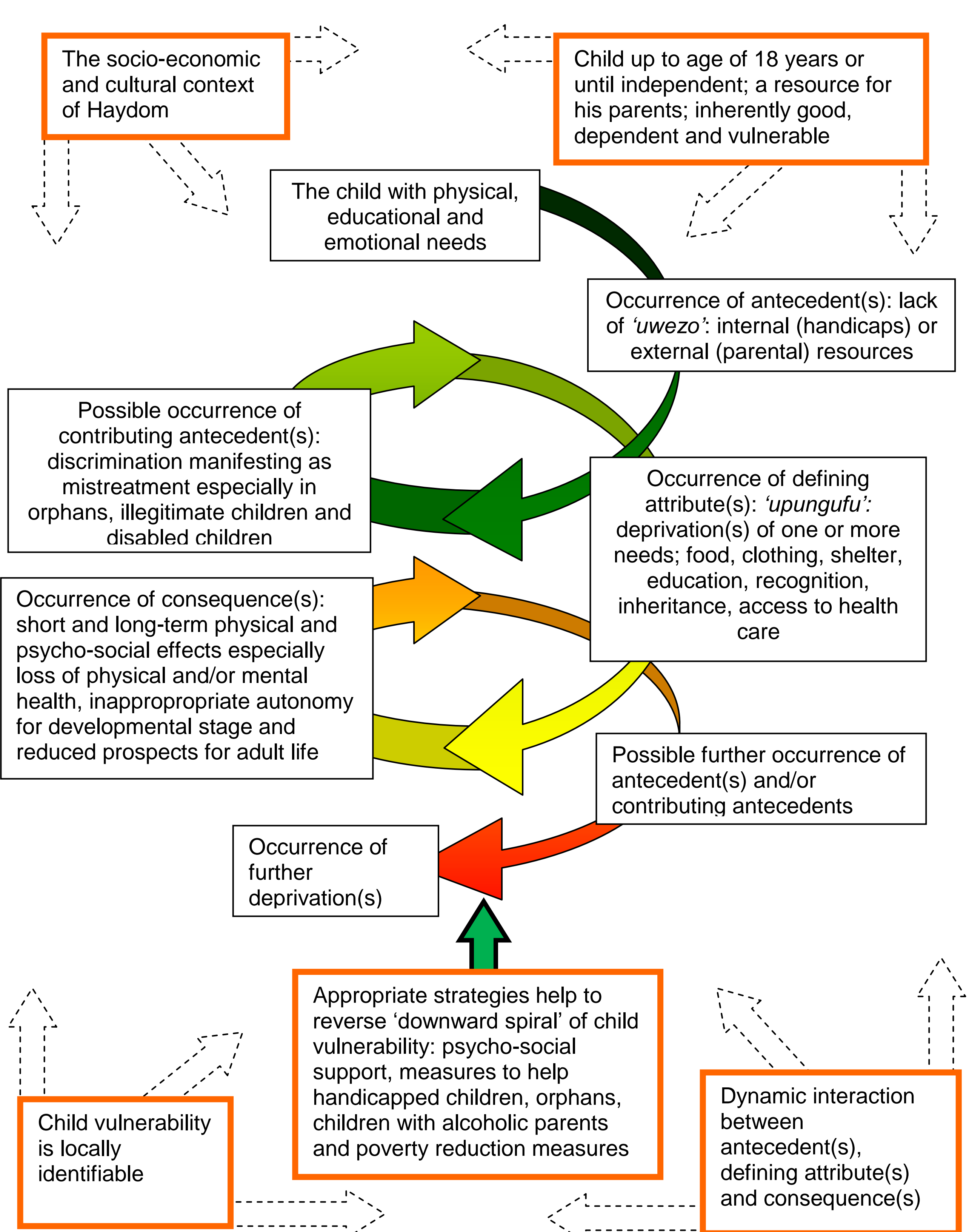


Figure 6.11 A model of child vulnerability based on Haydom informants' views

CHAPTER 7
RESULTS OF QUANTITATIVE ANALYSIS

> *"While the poverty line is an important measure of poverty in a country over time, poverty goes beyond income levels. It includes access to health care and education, respect, status, isolation within a community, and feelings of powerlessness and hopelessness. Poverty is multidimensional, and many of its dimensions are often hidden" (Narayan 1997:7).*

7.1 INTRODUCTION

This chapter presents quantitative data from an analysis of Haydom respondents' views about child vulnerability. A sample of issues raised by the informants in the qualitative part of this study was used to design a simply worded questionnaire (in view of the expected low educational status of many respondents); the methodology used is discussed in section 3.2.3. The aim of this analysis was to validate the findings of the second stage of the study quantitatively with a group of young adults in Haydom of the Iraqw and Datoga ethnic groups. The data are presented in this chapter; a discussion of its significance and recommendations arising from the data are presented in chapter 8.

7.2 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The sampling criteria for respondents is discussed in section 3.2.3.5 and resulted in a sample that was more homogeneous in respect to age, educational level and economic status than the informant group, whose sampling criteria are discussed in section 3.2.2.11.2. The respondents were aged between 18 and 31 years and generally had a low economic status while the informants were aged 22 years to over 60 years. Most of the informants had a low level of education and economic status, but several had education beyond secondary school and an above average economic status. The differences in the groups might be expected to reduce the level of agreement between them.

It was planned that each of the four respondent groups (Iraqw male and female and Datoga male and female) should be represented by approximately 20 individuals, at least 16 in each group. It was found to be more difficult to identify Datoga respondents than Iraqw respondents. The number of respondents of each population group is shown in table 7.1.

TABLE 7.1: NUMBER OF RESPONDENTS IN POPULATION GROUPS

	MALE	FEMALE	TOTAL
IRAQW	24	24	48
DATOGA	16	16	32
TOTAL	40	40	80

The age range of the respondents was 18 years to 31 years, with the frequency of the age groups as shown in figure 7.1.

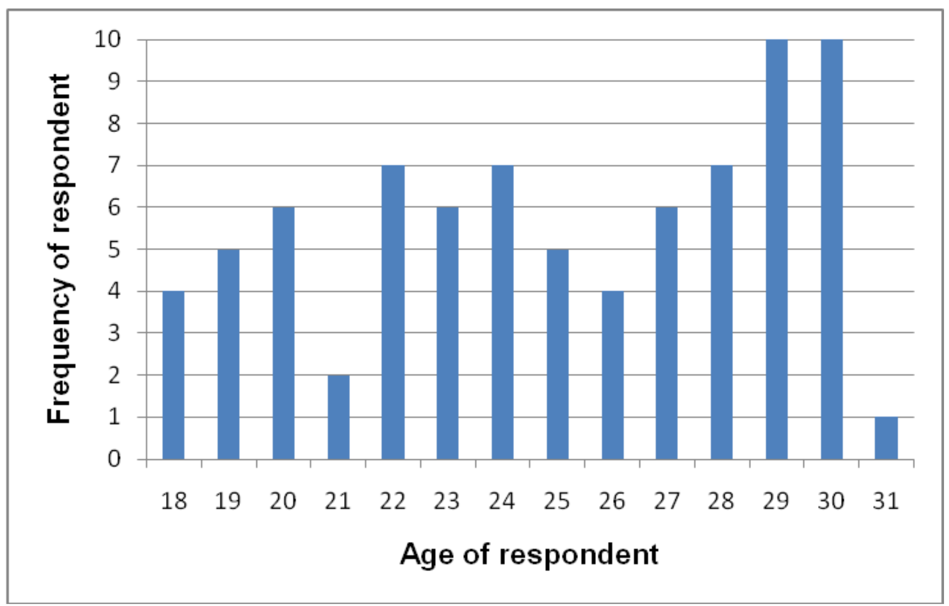


Figure 7.1 Frequency distribution of the age of respondents (n = 80)

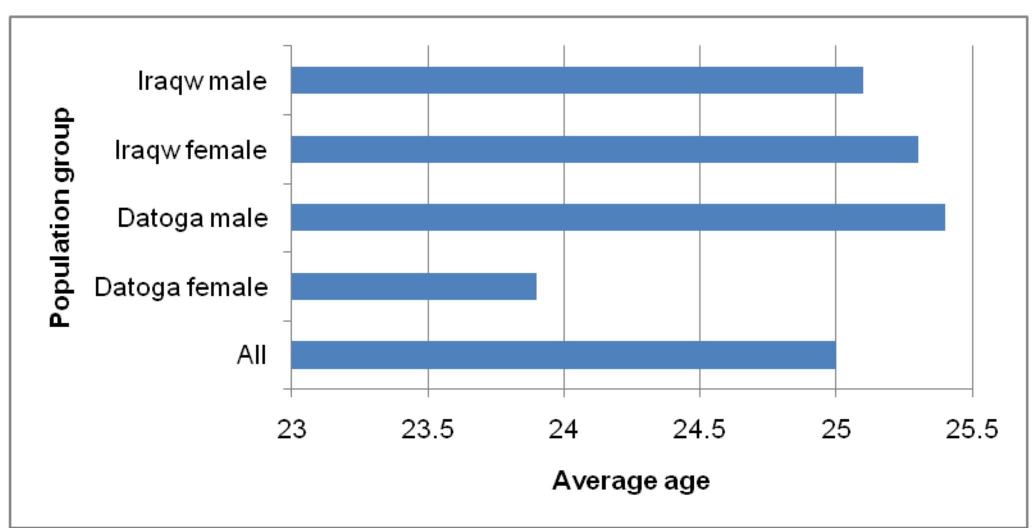


Figure 7.2 Average age of respondents (n = 80)

The average age of respondents was close to 25 years, ranging from a sample average of 23.9 years in Datoga females to a sample average of 25.4 years in Datoga males. Average age by population group is shown in figure 7.2.

7.3 ANALYSIS OF DATA ITEMS

The data was collected by using a questionnaire which contained 40 questions with a four option Likert scale, as described in section 3.2.3.3.2 of this study. Twenty six of the questions 'expected' a positive answer and fourteen a negative answer, following the views expressed by informants in the second stage of the study. A descriptive analysis of the quantitative data from this stage of the study follows; the aim is to validate the findings relating to child vulnerability from the second stage of the study, rather than to perform a detailed evaluation of the items of the questionnaire. The data were also analysed, and are discussed at the descriptive level, in accordance with the generally descriptive nature of the qualitative phase of this research and the descriptive intent of the current research. Table 7.2 shows the characteristics of the data items of the questionnaire (shown in annexures F and G).

The data were analysed for each statement for all of the respondents according to the four aspects of child vulnerability under consideration and the findings are presented in sections 7.3.2 to 7.3.5. The data were also analysed in respect to population groups as presented in sections 7.3.6 to 7.3.9.

TABLE 7.2: CHARACTERISTICS OF THE 40 QUESTIONNAIRE ITEMS

CHARACTERISTICS OF ITEMS		QUESTIONNAIRE ITEM NUMBERS	TOTAL	
ASPECT OF CHILD VULNERABILITY	Antecedents	3,15,17,19,21,24,29,30,37,38, 39	11	40
	Defining attributes	2,8,16,22,25,27,31,32,33,34	10	
	Consequences	5,7,11,14,20,23,26,35	8	
	Strategies	1,4,6,9,10,12,13,18,28,36,40	11	
'EXPECTED ANSWER'	Positive	1,4,6,7,8,9,11,13,14,15,16,17, 18,20,21,23,24,26,28,29,30,33, 35,36,38,40	26	40
	Negative	2,3,5,10,12,19,22,25,27,31,32, 34,37,39	14	

7.3.1 Overall level of agreement

All 80 respondents allocated responses to all 40 items of the questionnaire, choosing one option from a four point Likert scale. This provided a total of 3 200 allocated values. These values were allocated as shown in table 7.3. Respondents allocated 2 942 of 3 200 possible scores according to the 'expected' responses ('expected' as based on an analysis of the informants' views). This implies that only 8% of allocated responses were contrary to expectations, and 92% of responses were consistent with expectations. This implies a high level of congruence between the views of informants and respondents. A 75% respondent agreement level was taken to indicate validity (congruence) (Kothari 2004:85-86).

Levels of agreement in subsequent statement analysis tables in this chapter are calculated considering 'agree' and 'strongly agree' options in the case of an 'expected' positive response, or 'disagree' and 'strongly disagree' options in the case of an 'expected' negative response.

Whenever the term variability is used in this chapter, it is in relation to the mean percentage ± 1 SD; this descriptive statistic is presented for the different population groups. The significance of this statistic is that items with percentage values lower than the average variability may deserve attention (rewording or perhaps omission) in future applications of the questionnaire.

TABLE 7.3: ALLOCATION OF VALUES BY RESPONDENTS (N=80) ACCORDING TO POPULATION GROUPS (PERCENTAGES OF TOTAL VALUES SHOWN IN BRACKETS)

	NUMBER (AND PERCENTAGE) OF RESPONSES AGREEING WITH THE 'EXPECTED' RESPONSE		**NUMBER (AND PERCENTAGE) OF RESPONSES CONTRARY TO THE 'EXPECTED' RESPONSE**		
	Strongly agree with the 'expected' response	**Agree with the 'expected' response**	**Disagree with the 'expected' response**	**Strongly disagree with the 'expected' response**	**TOTAL NUMBER OF VALUES**
NUMBER OF IRAQW MALE VALUES	758 (79%)	99 (10%)	44 (5%)	59 (6%)	960 (100%)
	857 (89%)		103 (11%)		
NUMBER OF IRAQW FEMALE VALUES	816 (85%)	79 (8%)	26 (3%)	39 (4%)	960 (100%)
	895 (93%)		65 (7%)		
NUMBER OF DATOGA MALE VALUES	572 (89%)	36 (6%)	21 (3%)	11 (2%)	640 (100%)
	608 (95%)		32 (5%)		
NUMBER OF DATOGA FEMALE VALUES	507 (79%)	75 (12%)	33 (5%)	25 (4%)	640 (100%)
	582 (91%)		58 (9%)		
TOTAL NUMBER OF VALUES	2 653 (83%)	289 (9%)	124 (4%)	134 (4%)	**3 200 (100%)**
	2 942 (92%)		**258 (8%)**		

7.3.2 Respondents' views relating to antecedents of child vulnerability

Table 7.4 presents an analysis of respondents' views per statement relating to antecedents of child vulnerability on the questionnaire used in the third stage of this study.

TABLE 7.4: ANALYSIS OF RESPONDENTS' VIEWS PER STATEMENT ABOUT ANTECEDENTS OF CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	STATEMENT	'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE N = 80	PERCENTAGE OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE
3	A small family is more likely to have vulnerable children than a large family	Negative	38	48
15	Children born outside wedlock are likely to become vulnerable children	Positive	68	85
17	A handicapped child is likely to be a vulnerable child	Positive	77	96
19	Rich parents' children are likely to be vulnerable children	Negative	66	83
21	Children of chronically ill parents are vulnerable children	Positive	74	93
24	Children who have been abandoned by their parents are vulnerable children	Positive	75	94
30	Children of alcoholic parents are likely to be vulnerable	Positive	72	96
37	All orphans are brought up by their extended families without any discrimination	Negative	77	93
38	An orphan is likely to be a vulnerable child	Positive	74	98
39	Orphans get their expected inheritance	Negative	78	98

The percentage of respondents supporting the 'expected' response ranges from 48% to 98%. The only level of agreement below 83% of respondents in respect to items about antecedents of child vulnerability is 38 out of 80 respondents (48%) for statement

number 3. The low level of agreement on question 3 suggests that this finding from the informants is not validated by the respondents. When analysing the percentages of respondents supporting the ‘expected’ response, a mean value of 88.4% was found, with a standard deviation (SD) of 14.3. The average variability ranges from 74.1% to 102.7%, and all the percentage levels of support fall into this range except for the response level for item 3, which at 48% falls below the lower range of variability of 74.1%. The unrealistic >100% can be accounted for by the fact that the calculation is merely mathematical and not necessarily “logical” and realistic. This consideration applies to other variability results reported in this chapter.

If item 3 is excluded from the calculations related to responses to antecedent items, the mean value is 92.9% and the SD is 5.1. The range of variability in this case is 87.8% to 98%; items 15 and 19 fall below this range at 85% and 83% respectively. Apart from and excluding item 3, item 19 is the only item to fall outside the ranges of variability for all the four population groups. The item was worded as “rich parents’ children are likely to be vulnerable children” and expected a negative response; it is related to poverty as an identified antecedent of child vulnerability (as discussed in section 6.2.2.4). The issue of ‘former wealth as a risk factor for lack of coping skills’ as discussed in section 6.2.1.3 may have affected responses. This item of the questionnaire might be revised to read “family poverty contributes to child vulnerability” for future use.

The respondents’ views relating to antecedents of child vulnerability are further explained by the contents of table 7.5. This table summarises the responses to the different Likert options attached to the items relating to antecedents of child vulnerability. Modal values are shown in red. With regard to the current variable of antecedents to child vulnerability, all modes per Likert option occurred in the ‘strongly agree with the ‘expected’ response’ group.

TABLE 7.5: RESPONDENTS' VIEWS PER STATEMENT ABOUT ANTECEDENTS OF CHILD VULNERABILITY (N=80)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPONDENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS DISAGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS STRONGLY DISAGREEING WITH THE 'EXPECTED' RESPONSE
3	30	8	25	17
15	59	9	5	7
17	71	6	2	1
19	62	4	5	9
21	67	7	4	2
24	71	4	2	3
29	63	9	2	6
30	71	6	3	0
37	70	4	4	2
38	73	5	0	2
39	74	4	1	1

The levels of agreement in the four population groups in relation to the antecedents of child vulnerability in the questionnaire are shown in figure 7.3.

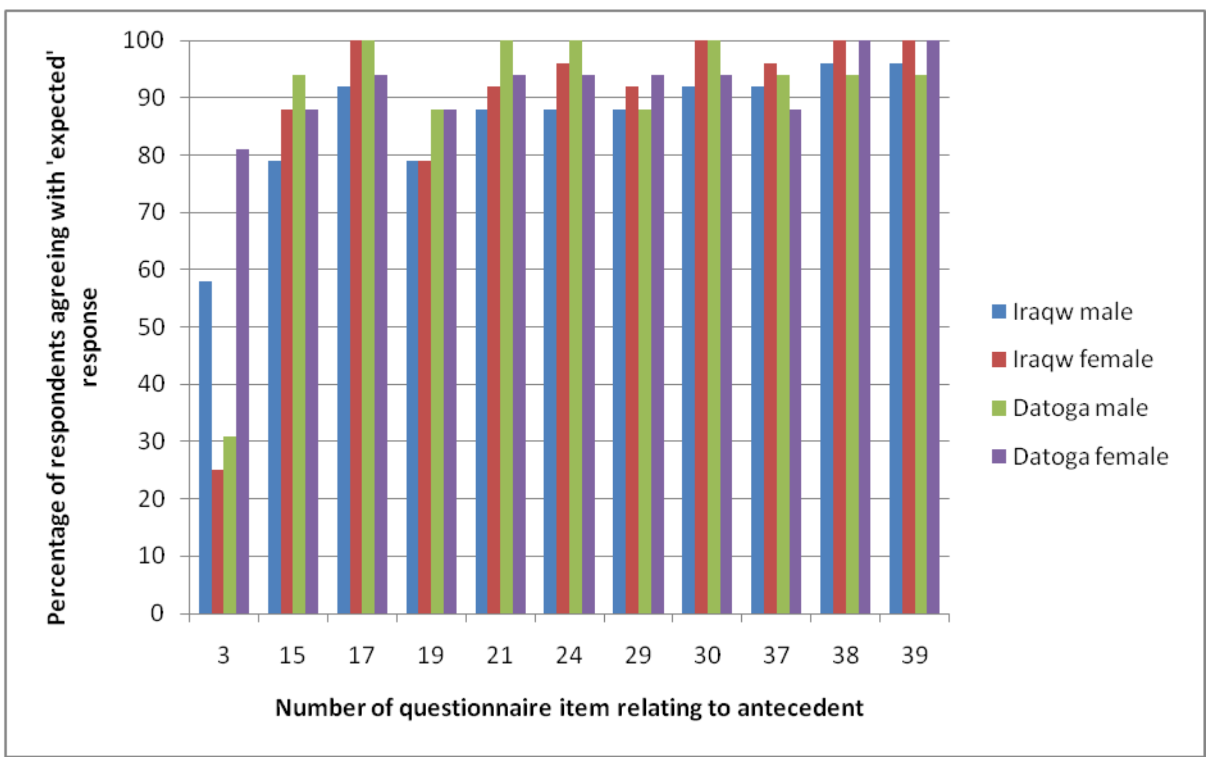


Figure 7.3 Percentage of respondents agreeing with 'expected' response to questionnaire items relating to antecedents

There is a wide range of agreement levels related to item 3 between population groups from 25% in Iraqw females to 81% in Datoga females. The two local reviewers of this study (as described in section 3.2.2.7.2) suggested that the lack of agreement may reflect the accepted norm of a large family which appears to relate to parental status and the perceived protective function of a large family in a society where adults depend on their children for support, especially in old age. Those who agreed with the statement were suggested to be more strongly influenced by the issue of a large family having to divide limited resources amongst many children and thus having difficulty providing for them. The variety of levels of agreement may reflect social and economic differences between the population groups.

7.3.3 Respondents' views relating to defining attributes of child vulnerability

Table 7.6 provides an analysis of respondents' views per questionnaire statement about defining attributes of child vulnerability.

The percentage of respondents supporting individual statements relating to defining attributes of child vulnerability ranges from 81% to 100%. The mean percentage agreement is 93.5% with a SD of 5, and the average variability ranges from 88.5% to 98.5%. The response level for item 25 falls below the lower range of variability (at 81%) and items 2 and 8 fall above the higher range of variability. The respondents' views relating to defining attributes of child vulnerability in terms of Likert scale scores are presented in table 7.7. Modal values are shown in red, and all occur in relation to the 'strongly agree with the 'expected' response' option, suggesting an overall agreement with the statements of the questionnaire relating to defining attributes.

TABLE 7.6: ANALYSIS OF RESPONDENTS' VIEWS PER STATEMENT ABOUT DEFINING ATTRIBUTES OF CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	STATEMENT	'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE	PERCENTAGE OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE
2	The condition of a vulnerable child is able to improve without any assistance	Negative	79	99
8	Vulnerable children can be identified by their communities	Positive	80	100
16	A vulnerable child has limited strength or resources available to him/her	Positive	76	95
22	Vulnerable children are able to claim their rights	Negative	72	90
25	Children who are born outside wedlock are recognised by the community	Negative	65	81
27	Vulnerable children are fed like other children in the community	Negative	75	94
31	Vulnerable children get adequate education	Negative	75	94
32	A vulnerable child dresses the same as other children in the community	Negative	74	93
33	Vulnerable children are those whose parents deprive them of educational opportunities	Positive	74	93
34	Vulnerable children have equal access to health services	Positive	77	96

TABLE 7.7: RESPONDENTS' VIEWS PER STATEMENT ABOUT DEFINING ATTRIBUTES OF CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	NUMBER OF RESPONDENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS DISAGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS STRONGLY DISAGREEING WITH THE 'EXPECTED' RESPONSE
2	68	11	1	0
8	57	23	0	0
16	68	8	3	1
22	62	10	1	7
25	55	10	11	4
27	67	8	3	2
31	68	7	4	1
32	73	1	3	3
33	61	13	2	4
34	70	7	0	3

The levels of agreement in the four population groups in relation to the defining attributes of child vulnerability in the questionnaire are shown in figure 7.4.

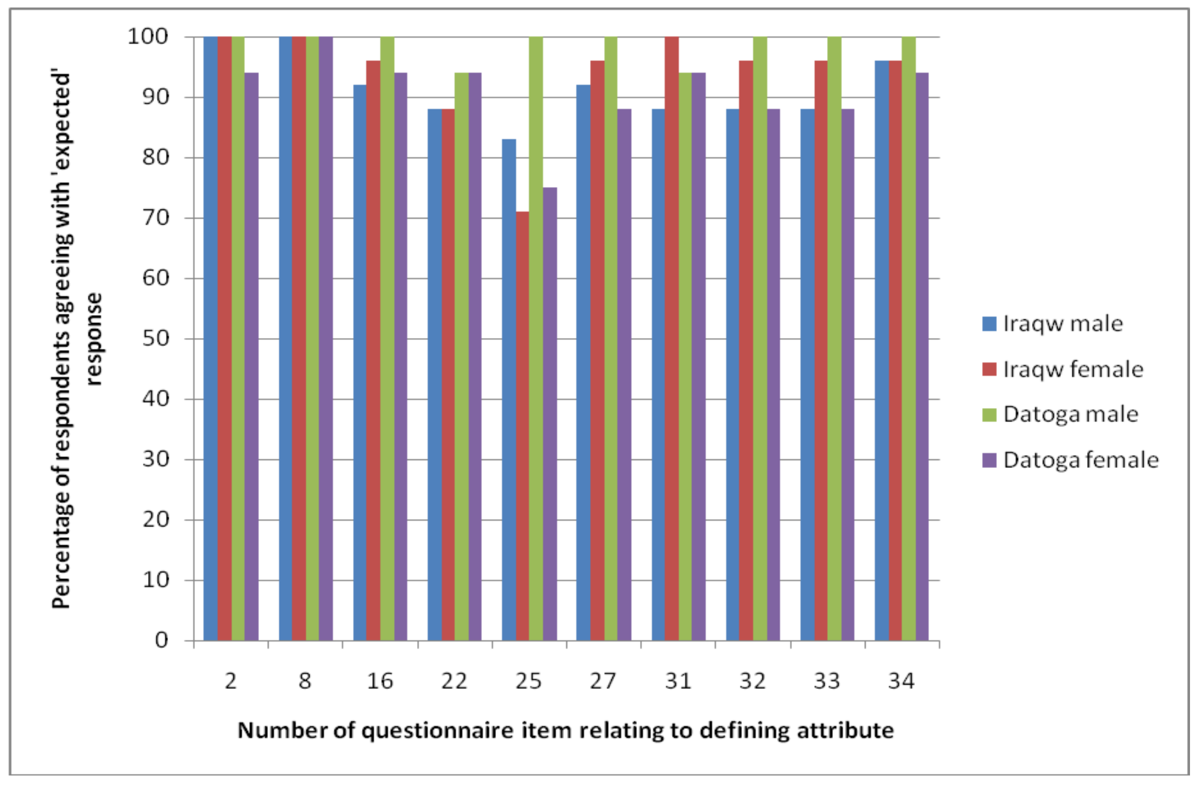


Figure 7.4 Percentage of respondents agreeing with 'expected' response to questionnaire items relating to defining attributes

Except for item number 3 relating to family size with 25% of respondents supporting the ‘expected’ view (an antecedent factor discussed in section 7.3.2), the lowest level of agreement was for question 25, with 17 of 24 respondents (71%) agreeing. Item 25 reads as follows: “c*hildren who are born outside wedlock are recognised by the community”* (defining attribute; negative response expected). A comparison of population groups’ responses to this question is shown in figure 7.4; only the proportion of Iraqw female respondents responding to this item is below 75%; all of the Datoga males supported the item. The two local reviewers of this study (as described in section 3.2.2.7.2) suggested that the current time may be a period of transition from the traditional rejection of illegitimate children to a greater acceptance of them; this transition is suggested to be occurring due to changes in religious beliefs as well as social mixing with other ethnic groups that have traditionally been less condemnatory of illegitimacy.

7.3.4 Respondents’ views relating to consequences of child vulnerability

Table 7.8 provides an analysis of respondents’ views per statement about consequences of child vulnerability; the percentage of respondents supporting the ‘expected’ response ranges from 88% to 96%.

The mean of the percentages of respondents supporting individual statements relating to consequences of child vulnerability is 92.4% with a SD of 2.4, and the average variability ranges from 90% to 94.8%. The response level for item 35 falls below the lower range of variability (at 88%) and the response level for item 14 falls above the higher range of variability. The respondents’ views relating to consequences of child vulnerability are presented in table 7.9. Modal values are shown in red, and all occur in the ‘strongly agree with the ‘expected’ response group. These data suggest an overall agreement with the statements of the questionnaire relating to consequences of child vulnerability.

TABLE 7.8: ANALYSIS OF RESPONDENTS' VIEWS PER STATEMENT ABOUT CONSEQUENCES OF CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	STATEMENT	'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE	PERCENTAGE OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE
5	Vulnerable children play happily as children should	Negative	74	93
7	Vulnerable children are likely to use marijuana	Positive	75	94
11	A vulnerable child is likely to become a thief	Positive	73	91
14	Vulnerable children risk different consequences depending on their age	Positive	77	96
20	Vulnerable children are likely to become prostitutes	Positive	75	94
23	Vulnerable children have a habit of begging	Positive	74	93
26	Vulnerable children can be recognised by observing their behaviour	Positive	72	90
35	Vulnerable children appear to be sad	Positive	70	88

TABLE 7.9: RESPONDENTS' VIEWS PER STATEMENT ABOUT CONSEQUENCES OF CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	NUMBER OF RESPONDENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS DISAGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS STRONGLY DISAGREEING WITH THE 'EXPECTED' RESPONSE
5	61	13	6	0
7	70	5	1	4
11	71	2	3	4
14	64	13	3	0
20	73	2	2	3
23	67	7	2	4
26	59	13	4	4
35	60	10	3	7

Figure 7.5 shows the percentage of respondents agreeing with the ‘expected’ response to questionnaire items relating to consequences of child vulnerability.

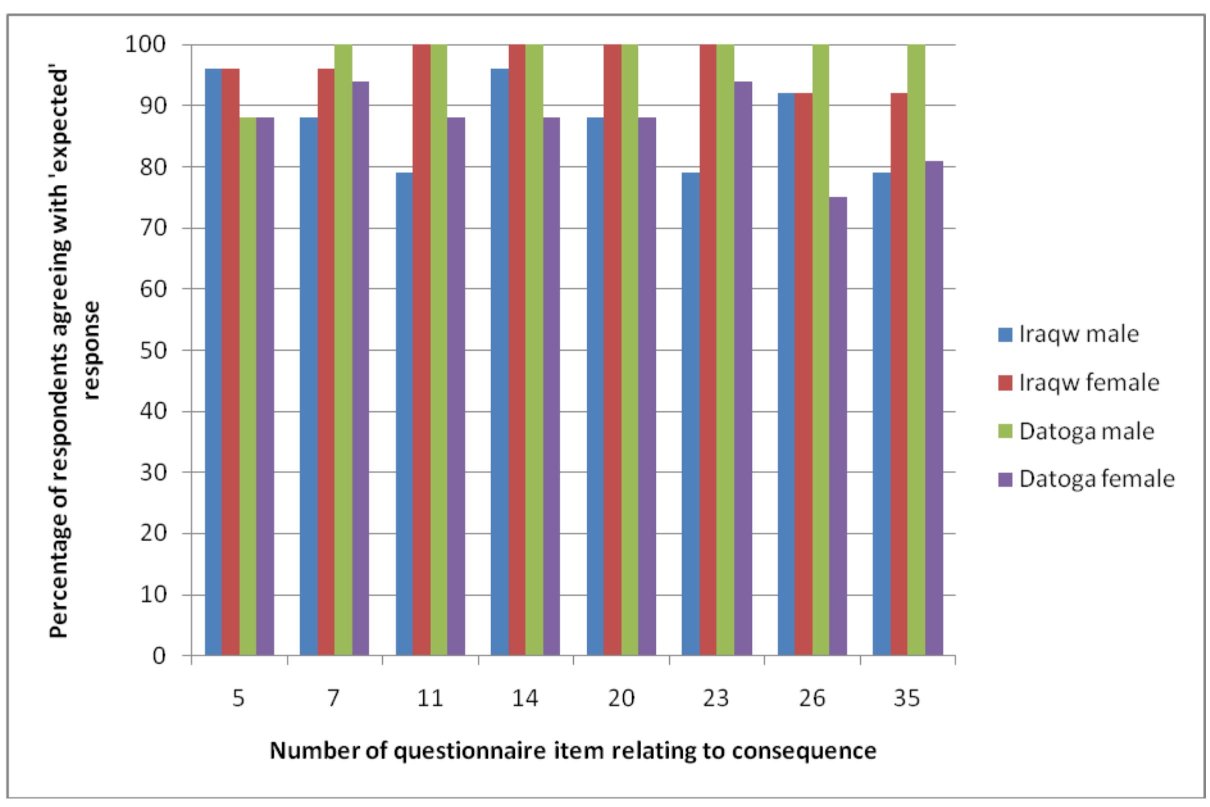


Figure 7.5 Percentage of respondents agreeing with ‘expected’ response to questionnaire items relating to consequences

The percentage responses across the respondent groups are in the range of 75% to 100%, and suggest a high level of agreement.

7.3.5 Respondents’ views relating to strategies to help vulnerable children

Table 7.10 provides an analysis of respondents’ views per statement about strategies to reduce child vulnerability. The percentage of respondents supporting the ‘expected’ response ranges between items from 88% to 98%.

TABLE 7.10: ANALYSIS OF RESPONDENTS' VIEWS PER STATEMENT ABOUT STRATEGIES TO REDUCE CHILD VULNERABILITY (N=80)

QUEST-IONNAIRE ITEM NUMBER	STATEMENT	'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE	PERCENTAGE OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE
1	Financial assistance intended for a vulnerable child is more reliably channelled through the mother than the father	Positive	78	98
4	Donated school fees should be paid directly to school authorities	Positive	78	98
6	The vulnerable child's extended family are responsible for helping him/her	Positive	70	88
9	Persevering in a bad situation can help a vulnerable child to survive	Positive	70	88
10	If alcoholic parents are given financial help, their vulnerable children are likely to benefit	Negative	76	95
12	Being lazy can help a vulnerable child to survive	Negative	75	94
13	Giving a vulnerable child school uniforms will help him/her	Positive	77	96
18	Community income generating projects can help vulnerable children	Positive	77	96
28	If handicapped children are not looked after by their families, they should be brought up in a special institution	Positive	75	94
36	Adults can help vulnerable children by giving advice	Positive	76	95
40	A volunteer mother who is not related to an orphan can bring him/her up	Positive	76	95

The mean of the percentages of respondents supporting individual statements relating to strategies to help vulnerable children is 94.3% with a SD of 3.2, and the average variability ranges from 91.1% to 97.5%. The response level for item 9 falls below the lower range of variability (at 88%) and the response level for items 1 and 4 fall above the higher range of variability. The respondents' views relating to strategies to help vulnerable children are presented in more detail in table 7.11. Modal values are shown in red. These data suggest an overall high level of agreement with the statements of the questionnaire relating to strategies to reduce child vulnerability.

TABLE 7.11: RESPONDENTS' VIEWS PER STATEMENT ABOUT STRATEGIES TO HELP VULNERABLE CHILDREN (N=80)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPONDENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS DISAGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPONDENTS STRONGLY DISAGREEING WITH THE 'EXPECTED' RESPONSE
1	69	9	0	2
4	71	7	1	1
6	63	7	1	9
9	66	4	4	6
10	73	3	2	2
12	70	5	2	3
13	71	6	1	2
18	77	0	1	2
28	71	4	3	2
36	70	6	3	1
40	70	6	1	3

Figure 7.6 shows the percentage of respondents agreeing with questionnaire items relating to strategies across the four population groups.

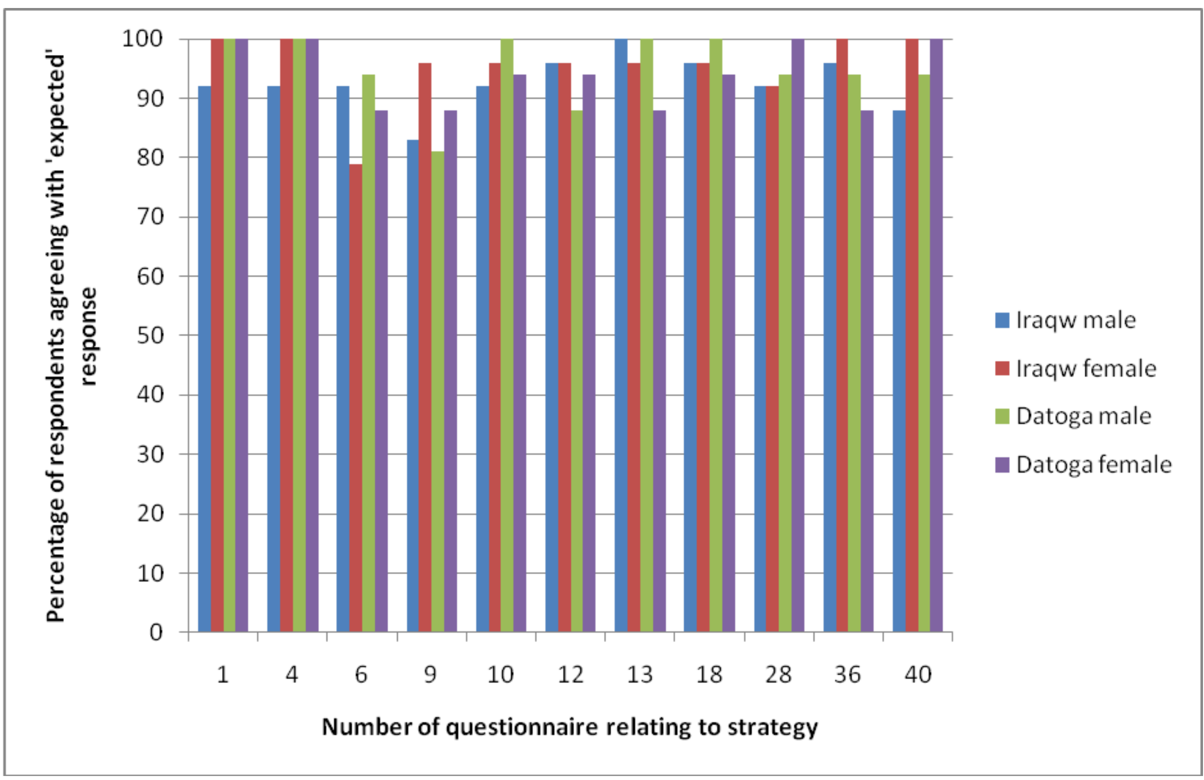


Figure 7.6 Percentage of respondents agreeing with 'expected' response to questionnaire items relating to strategies

The percentage agreement levels shown in figure 7.6 range from 79% to 100% suggesting a high level of agreement across all the population groups.

7.3.6 Comparison of analysis of 'expected' response levels between categories of questionnaire items

A comparison of 'expected' response levels suggests that if item 3 is excluded, the mean percentages and standard deviations are homogeneous, as shown in table 7.12. The inclusion of item 3 produces a significant difference in the mean of percentages of 'expected' responses, and a marked difference in the standard deviation. This suggests that item 3 should be considered as an 'outlier' (discussed in section 7.5).

TABLE 7.12: COMPARISON OF ANALYSIS OF 'EXPECTED' RESPONSE LEVELS BETWEEN CATEGORIES OF QUESTIONNAIRE ITEMS

ANALYSIS OF 'EXPECTED' RESPONSE / CATEGORY OF QUESTIONNAIRE ITEM	MEAN OF PERCENTAGE OF 'EXPECTED' RESPONSES	STANDARD DEVIATION OF 'EXPECTED' RESPONSES
ANTECEDENT	88.4	14.3
ANTECEDENT EXCLUDING ITEM 3	92.9	5.1
DEFINING ATTRIBUTE	93.5	5
CONSEQUENCE	92.4	2.4
STRATEGY	94.3	3.2

From the contents of table 7.12 there appears to be a less centred response and less general agreement from respondents with regard to the antecedents to child vulnerability in comparison to other variables. The consequences of child vulnerability show the least variation. When item 3 is excluded, these differences are less marked, and may be accounted for in different ways, for example, a difference in clarity of wording for particular items, or perhaps that some aspects of child vulnerability are more easily observed and 'understood' than other aspects.

7.3.7 Iraqw male respondents' views relating to statements about child vulnerability

Iraqw male respondents' views as shown in tables 7.13 to 7.16 demonstrate a high level of support for the statements of the questionnaire. Modal values are shown in red and all fall in the 'strongly agree with the 'expected' response' group. The highest level of agreement is 24 out of 24 respondents (100%) for 3 of the items. The lowest level of agreement is 19 out of 24 respondents (79%), except for item 3 (as discussed in section 7.3.2).

TABLE 7.13: IRAQW MALE RESPONDENTS' VIEWS PER ANTECEDENT STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENT-AGE OF RESPOND-ENTS SUPPORT-ING 'EXPECTED' RESPONSE
3	14	0	6	4	58
15	16	3	2	3	79
17	20	2	1	1	92
19	19	0	2	3	79
21	18	3	2	1	88
24	20	1	0	3	88
29	17	4	0	3	88
30	21	1	2	0	92
37	20	2	1	1	92
38	21	2	0	1	96
39	20	3	1	0	96

An analysis of the percentage of respondents supporting the 'expected' response in Iraqw male respondents' views of antecedents suggests an average percentage response of 86.2%. The SD of this data is 10.5 and the variability is 75.7% to 96.7%; only item 3 falls outside this range at 58%. If item 3 is excluded the average is 90.1% and the SD is 5.7. The average variability excluding item 3 ranges from 84.4% to 95.8%; in this case items 15 and 19 (both 79%) fall below this range and items 38 and 39 fall above this range.

Further analysis of the data in table 7.14 shows that the average percentage of Iraqw male respondents providing an 'expected' response to items relating to defining attributes is 91.5%, and the SD of these values is 5.4. The variability is 86.1% to 96.9%; item 25 agreement rate falls below this range (at 83%) while items 2 and 8 fall above this range.

TABLE 7.14: IRAQW MALE RESPONDENTS' VIEWS PER DEFINING ATTRIBUTE STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENT-AGE OF RESPOND-ENTS SUPPORT-ING 'EXPECTED' RESPONSE
2	20	4	0	0	100
8	15	9	0	0	100
16	20	2	1	1	92
22	17	4	0	3	88
25	18	2	3	1	83
27	19	3	2	0	92
31	18	3	2	1	88
32	20	1	2	1	88
33	18	3	0	3	88
34	20	3	0	1	96

TABLE 7.15: IRAQW MALE RESPONDENTS' VIEWS PER CONSEQUENCE STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENT-AGE OF RESPOND-ENTS SUPPORT-ING 'EXPECTED' RESPONSE
5	19	4	1	0	96
7	20	1	0	3	88
11	19	0	2	3	79
14	18	5	1	0	96
20	20	1	1	2	88
23	18	1	1	4	79
26	15	7	2	0	92
35	14	5	1	4	79

Analysis of the percentage of Iraqw male respondents supporting the 'expected' response in relation to consequence statements shows an average percentage of 87.1

and a SD of 6.9. The variability is 80.2% to 94%. Items 11 and 35 fall below this range (at 79%) and items 5 and 14 fall above it.

TABLE 7.16: IRAQW MALE RESPONDENTS' VIEWS PER STRATEGY STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENT-AGE OF RESPOND-ENTS SUPPORT-ING 'EXPECTED' RESPONSE
1	17	5	0	2	92
4	21	1	1	1	92
6	21	1	1	1	92
9	18	2	1	3	83
10	20	2	1	1	92
12	20	3	0	1	96
13	21	3	0	0	100
18	23	0	1	0	96
28	20	2	1	1	92
36	22	1	1	0	96
40	21	0	1	2	88

The average percentage of Iraqw male respondents supporting the 'expected' responses related to strategy statements is 92.6% and the SD of these percentage responses is 4.3. The variability is 88.3% to 96.9%; item 9 (83%) and item 40 (88%) fall below this range while item 13 falls above it.

7.3.8 Iraqw female respondents' views relating to statements about child vulnerability

Iraqw female respondents' views as shown in tables 7.17 to 7.20 demonstrate a high level of support for the statements of the questionnaire. Modal values are shown in red; 39 of the 40 items have a modal value in the 'strongly agree with 'expected' response' category. The highest level of agreement for Iraqw females is 24 out of 24 respondents (100%), which occurred for 15 of the 40 items.

TABLE 7.17: IRAQW FEMALE RESPONDENTS' VIEWS PER ANTECEDENT STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
3	5	1	7	11	25
15	16	5	2	1	88
17	23	1	0	0	100
19	16	3	1	4	79
21	21	1	1	1	92
24	23	0	1	0	96
29	20	2	1	1	92
30	20	4	0	0	100
37	23	0	1	0	96
38	24	0	0	0	100
39	24	0	0	0	100

An analysis of Iraqw female responses to antecedent statements suggests an average percentage of support for an 'expected' response of 88% and a SD for these items is 20.9. Variability is 67.1% to 108.9%; item 3 falls below this range at 25%. If item 3 is excluded the average support for the 'expected' response is 94.3% and the SD is 6.5, giving a variability of 87.8% to 100.8%. In that case, item 19 falls outside this range at 79%.

TABLE 7.18: IRAQW FEMALE RESPONDENTS' VIEWS PER DEFINING ATTRIBUTE STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
2	20	4	0	0	100
8	18	6	0	0	100
16	18	5	1	0	96
22	19	2	1	2	88
25	14	3	6	1	71
27	20	3	0	1	96
31	22	2	0	0	100
32	23	0	0	1	96
33	18	5	0	1	96
34	22	1	0	1	96

The average percentage of Iraqw female respondents supporting the 'expected' response in relation to defining attributes is 93.9%, with a SD of 8.3. This produces a variability of 85.6% to 102.2%; item 25 falls outside this range at 71%.

TABLE 7.19: IRAQW FEMALE RESPONDENTS' VIEWS PER CONSEQUENCE STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
5	18	5	1	0	96
7	22	1	1	0	96
11	24	0	0	0	100
14	20	4	0	0	100
20	24	0	0	0	100
23	22	2	0	0	100
26	20	2	1	1	92
35	21	1	0	2	92

The average percentage of Iraqw female respondents supporting the 'expected' response in relation to items in the questionnaire concerned with consequences is 97%, with a SD of 3.3. This produces a variability of 93.7% to 100.3%; items 26 and 35 fall outside this range at 92%.

TABLE 7.20: IRAQW FEMALE RESPONDENTS' VIEWS PER STRATEGY STATEMENT ITEM (N = 24)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
1	22	2	0	0	100
4	22	2	0	0	100
6	17	2	0	5	79
9	22	1	0	1	96
10	22	1	0	1	96
12	22	1	0	1	96
13	21	2	0	1	96
18	23	0	0	1	96
28	21	1	1	1	92
36	23	1	0	0	100
40	21	3	0	0	100

The average percentage of Iraqw female respondents supporting the 'expected' response in relation to questionnaire items concerned with strategies is 95.5%, with a SD of 5.8. The variability is 89.7% to 101.3%; item 6 falls outside this range at 79%.

7.3.9 Datoga male respondents' views relating to statements about child vulnerability

Datoga male respondents' views as shown in tables 7.21 to 7.24, demonstrate a high level of support for the statements of the questionnaire. Modal values are shown in red; 39 of the 40 items have a modal value in the 'strongly agree with 'expected' response values. There is 100% support of 23 of the 40 items in the questionnaire which relate to antecedents (in 4 cases), defining attributes (in 7 cases), consequences (in 7 cases) and strategies (in 5 cases). The lowest level of agreement was for statement number 3;

5 of the 16 respondents (31%) agreed with the statement. This issue is discussed in section 7.3.2. All other levels of agreement are above 80%.

TABLE 7.21: DATOGA MALE RESPONDENTS' VIEWS PER ANTECEDENT STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
3	3	2	11	0	31
15	15	0	0	1	94
17	14	2	0	0	100
19	14	0	2	0	88
21	14	2	0	0	100
24	14	2	0	0	100
29	14	0	0	2	88
30	16	0	0	0	100
37	15	0	0	1	94
38	14	1	0	1	94
39	15	0	0	1	94

An analysis of Datoga male respondents' level of support for 'expected' responses in relation to antecedent statements in this study suggests an average of 89.3 % and a SD of 18.9. This results in a variability range of 70.4% to 108.2%; item 3 falls outside this range at 31%. If item 3 is excluded the average is 95.2% and the SD is 4.5; variability is 90.7% to 99.7%. In this case items 19 and 29 fall outside this range at 88%.

TABLE 7.22: DATOGA MALE RESPONDENTS' VIEWS PER DEFINING ATTRIBUTE STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
2	15	1	0	0	100
8	12	4	0	0	100
16	16	0	0	0	100
22	15	0	0	1	94
25	13	3	0	0	100
27	15	1	0	0	100
31	15	0	1	0	94
32	16	0	0	0	100
33	14	2	0	0	100
34	15	1	0	0	100

The average percentage support from Datoga male respondents for 'expected' responses in relation to defining attributes in the questionnaire is 98.8 % and the SD is 2.4. This produces a variability of 96.4% to 101.2%; items 22 and 31 fall below this range at 94%.

TABLE 7.23: DATOGA MALE RESPONDENTS' VIEWS PER CONSEQUENCE STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
5	13	1	2	0	88
7	15	1	0	0	100
11	16	0	0	0	100
14	15	1	0	0	100
20	16	0	0	0	100
23	14	2	0	0	100
26	15	1	0	0	100
35	14	2	0	0	100

The average percentage support from Datoga male respondents for ‘expected’ responses in relation to consequence statements in the questionnaire is 98.5% and the SD is 4. The variability is 94.5% to 102.5%; item 5 falls below this range at 88%.

TABLE 7.24: DATOGA MALE RESPONDENTS’ VIEWS PER STRATEGY STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE ‘EXPECTED’ RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE ‘EXPECTED’ RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE ‘EXPECTED’ RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE ‘EXPECTED’ RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING ‘EXPECTED’ RESPONSE
1	14	2	0	0	100
4	16	0	0	0	100
6	14	1	0	1	94
9	12	1	3	0	81
10	16	0	0	0	100
12	14	0	1	1	88
13	15	1	0	0	100
18	16	0	0	0	100
28	14	1	1	0	94
36	14	1	0	1	94
40	15	0	0	1	94

The average percentage of Datoga male respondents supporting the items relating to strategies is 95% and the SD is 5.8. Variability is 89.2% to 100.8%; item 9 (81%) and item 12 (88%) fall outside this range.

7.3.10 Datoga female respondents’ views relating to statements about child vulnerability

Datoga female respondents’ views as shown in tables 7.25 to 7.28 demonstrate a high level of support for the statements of the questionnaire. Modal values are shown in red; all of the 40 items have a modal value in the ‘strongly agree with the ‘expected’ response’ category. The highest level of agreement was all of the respondents (100%) responding as expected for 7 of the items of the questionnaire. These items relate to antecedents (2 items), defining attributes (1 item) and strategies (4 items). The lowest levels of agreement did not involve item number 3, unlike the other population groups; item 3 had 13 of the 16 respondents (81%) agreeing with it. This suggests that Datoga

females' perception of large families is not a positive one compared to the other population groups. As discussed in section 7.3.2, this appears to imply that for this population group, the protection that a large family offers is more than counterbalanced by the economic hardship that results from dividing limited resources between many family members. The lowest levels of agreement involved items 25 and 26; in these items 12 of the 16 respondents (75%) agreed with the item in the way expected.

TABLE 7.25: DATOGA FEMALE RESPONDENTS' VIEWS PER ANTECEDENT STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
3	8	5	1	2	81
15	12	2	2	2	88
17	14	1	1	0	94
19	13	1	0	2	88
21	14	1	1	0	94
24	14	1	1	0	94
29	9	6	1	0	94
30	14	1	1	0	94
37	12	2	2	0	88
38	14	2	0	0	100
39	15	1	0	0	100

Datoga female respondents' average level of support for 'expected' responses relating to antecedents in the questionnaire is 92.3% and the SD is 5.4. Variability is 86.9% to 97.7%; item 3 is below this range at 81% and items 38 and 39 are above it. If item 3 is excluded the average is 93.4%, and the SD is 4.2; in this case variability is 89.2% to 97.6% and items 15, 19 and 37 fall below this range at 88% and items 38 and 39 fall above this range.

TABLE 7.26: DATOGA FEMALE RESPONDENTS' VIEWS PER DEFINING ATTRIBUTE STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
2	13	2	1	0	94
8	12	4	0	0	100
16	14	1	1	0	94
22	11	4	0	1	94
25	10	2	2	2	75
27	13	1	1	1	88
31	13	2	1	0	94
32	14	0	1	1	88
33	11	3	2	0	88
34	13	2	0	1	94

Datoga female respondents' average level of support for 'expected' responses relating to defining attribute statements in the questionnaire is 90.9% and the SD is 6.4. The variability in this data ranges from 84.5% to 97.3%; item 25 falls below this range at 75% and item 8 falls above it.

TABLE 7.27: DATOGA FEMALE RESPONDENTS' VIEWS PER CONSEQUENCE STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
5	11	3	2	0	88
7	13	2	0	1	94
11	12	2	1	1	88
14	11	3	2	0	88
20	13	1	1	1	88
23	13	2	1	0	94
26	9	3	1	3	75
35	11	2	2	1	81

Average percentage 'expected' responses from Datoga female respondents in relation to consequence statements is 87% and the SD is 5.9. The variability range is 81.1% to 92.9%; items 26 (75%) and 35 (81%) fall below this range and items 7 and 23 fall above it.

TABLE 7.28: DATOGA FEMALE RESPONDENTS' VIEWS PER STRATEGY STATEMENT ITEM (N = 16)

QUESTION-NAIRE ITEM NUMBER	NUMBER OF RESPOND-ENTS STRONGLY AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	NUMBER OF RESPOND-ENTS STRONGLY DIS-AGREEING WITH THE 'EXPECTED' RESPONSE	PERCENTAGE OF RESPOND-ENTS SUPPORTING 'EXPECTED' RESPONSE
1	16	0	0	0	100
4	12	4	0	0	100
6	11	3	0	2	88
9	14	0	0	2	88
10	15	0	1	0	94
12	14	1	1	0	94
13	14	0	1	1	88
18	15	0	0	1	94
28	16	0	0	0	100
36	11	3	2	0	88
40	13	3	0	0	100

Average percentage 'expected' responses from Datoga female respondents in relation to questionnaire items on strategies is 94% and the SD is 5.1. The range of variability is 88.9% to 99.1%; items 6, 8, 13 and 36 are marginally outside this range at 88%, and items 1, 4, 28 and 40 are above the range.

7.4 ANALYSIS OF DIFFERENCES BETWEEN THE POPULATION GROUPS

A comparison of the average percentage of respondents supporting the 'expected' response in relation to categories of data items across the population groups is shown in table 7.29. This suggests that when item 3 is excluded, there is overall homogeneity when considering population groups and also when considering categories of items represented in the questionnaire. The range of average results including item 3 is from 86.2% to 98.8% and excluding item 3 is 87% to 98.8%. The SD figures are affected

markedly by the inclusion of item 3. Without item 3 the range of SD is 2.4 to 8.3, but when item 3 is included the range of SD is 2.4 to 20.9.

TABLE 7.29: AVERAGE PERCENTAGE OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE IN RELATION TO CATEGORIES OF DATA ITEMS PER POPULATION GROUP (STANDARD DEVIATIONS IN BRACKETS)

ITEMS / GROUP	ANTE-CEDENTS	ANTE-CEDENTS EXCLUDING ITEM 3	DEFINING ATTRIBUTES	CONS-EQUENCES	STRATEGIES
IRAQW MALE	86.2 (10.5)	90.1 (5.7)	91.5 (5.4)	87.1 (6.9)	92.6 (4.3)
IRAQW FEMALE	88 (20.9)	94.3 (6.5)	93.9 (8.3)	97 (3.3)	95.5 (5.8)
DATOGA MALE	89.3 (18.9)	95.2 (4.5)	98.8 (2.4)	98.5 (4)	95 (5.8)
DATOGA FEMALE	92.3 (5.4)	93.4 (4.2)	90.9 (6.4)	87 (5.9)	94 (5.1)

The values shown in table 7.3 were analysed using the 'Epi-info' programme, version 6, to identify whether there was any significant difference between the population groups. The results of this analysis are shown in table 7.30.

TABLE 7.30: ANALYSIS OF DIFFERENCES IN RESPONSE BETWEEN POPULATION GROUPS

RESPONDENT GROUP	CHI-SQUARE VALUE	P-VALUE	SIGNIFICANT DIFFERENCE BETWEEN 2 POPULATION GROUPS
IRAQW MALE: IRAQW FEMALE	9.42	0.002	Yes
DATOGA MALE: DATOGA FEMALE	8.08	0.005	Yes
MALE: FEMALE	0.61	0.435	No
IRAQW: DATOGA	3.06	0.080	No

This analysis suggests a significant difference at the level of p = 0.005 between the percentages of agreement / disagreement responses between Iraqw male and females and Datoga males and females, but no significant difference between the sexes and ethnic groups as a whole. The underlying reasons for these results may be worth investigating. The lack of significant difference between the ethnic groups supports the

suggestion that considerable mixing and interaction between the ethnic groups has occurred (as discussed in section 2.2), although it does not necessarily imply homogeneous views on issues other than child vulnerability.

7.5 SUMMARY

The items on the questionnaire represent the views of the informants as analysed qualitatively; the majority of sampled items presented on the questionnaire appear to be validated by the respondents, in spite of differences in the informant and respondent samples. Exceptions occurred in the case of item 3 relating to family size (only validated by Datoga females) and item 25 relating to illegitimate children (validated by all the population groups except for Iraqw females). These two items require further exploration and clarification; they can be considered to be ‘outliers’; outliers occur as the result of inherent variability, measurement error, execution error or error in identifying the variables (Burns & Grove 2001:507-508). Item 19 should be reworded to avoid the possible conceptual confusion in the original wording.

The model and definition proposed in section 6.7.7 are supported by the views of the respondents. Assuming that the data relating to items 3 and 25 may suggest error in identifying the variables, two of the summary statements in sections 6.7.1 to 6.7.5 can be reviewed as follows:

From section 6.7.1: Large families may be antecedent to child vulnerability, especially in their lack of ability to educate their children, *but are perceived to provide some protection against vulnerability by some Haydom residents.*

From section 6.7.2: Orphans, illegitimate children and disabled children are at risk of discrimination, *although some Haydom residents consider that illegitimate children are recognised within the community.*

CHAPTER 8

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

> *"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."* (UNICEF 1989:2)

8.1 INTRODUCTION

This study has aimed to investigate the concept of child vulnerability to clarify its antecedents, defining attributes and consequences, as well as strategies that help vulnerable children. The first stage of this study used a literature search, and the second stage of this study involved interviews with Haydom residents, followed by thematic analysis. The third stage of the study was quantitative and aimed to test the validity of the data from the second stage of the study with young adult respondents resident in Haydom village.

Chapter eight provides a discussion of the findings of this research into child vulnerability in Haydom village. A research discussion involves considering the meaning and significance of the findings, and how the findings can be used to guide practice (Polit & Beck 2006:74). The overall research question for this study was "What is understood by the concept of child vulnerability in the Iraqw and Datoga of Haydom village, northern Tanzania, and what culturally congruent strategies could be implemented to help vulnerable children?" as stated in section 1.4.

Findings from different sections of this study (background, anthropological data, literature review about vulnerable children and strategies to help them, qualitative and quantitative data) are utilised when considering the meaning of these findings and in making recommendations. Similarities and differences were noted between findings from the literature in the first stage of this study (non-empirical findings), and findings in the subsequent stages of the study based in Haydom village (empirical findings); these are pointed out throughout chapter 6. Views of the respondents generally validated those of the informants in this study, and are discussed in chapter 7. Chapter 8 considers the significance of the data, and makes recommendations based on the findings of the literature review (chapter 4), the qualitative phase (chapter 6) and quantitative phase (chapter 7).

As noted in chapter 3 of this study, informants are the research participants in the qualitative second stage of this study, and respondents are the research participants in the quantitative third stage of the study. When ‘the questionnaire’ is referred to in this chapter, this relates to the questionnaire used with respondents in the third stage of the study.

A discussion of the overall findings and general recommendations are presented. Issues identified as antecedents, defining attributes, consequences and strategies in this study are considered, and recommendations relating to these aspects of child vulnerability are proposed.

8.2 OVERALL FINDINGS: DISCUSSION AND RECOMMENDATIONS

Issues that apply to all aspects of this study are considered in this section.

8.2.1 Overall findings: discussion

Child vulnerability is a real-life issue that is impacting many children in Haydom village. It may not be much discussed in Haydom, indeed it appears that residents may not have ‘organised their thoughts’ about it, but all have experienced or observed it (as noted in section 3.2.2.8).

Children’s rights, as outlined in the Convention on the Rights of the Child, are not all being respected in the Haydom community. In this setting, efforts are needed to ensure that all children

- are treated without any discrimination
- experience protection of their best interests by state authorities
- have the possibility of survival and development
- have their identity preserved
- can express their views
- are protected from injury and abuse
- receive appropriate alternative care by state authorities if deprived of family support
- have the possibility of an acceptable standard of health and access to primary health care, nutritious food and clean drinking water
- have a standard of living adequate for their physical, mental, moral, social

and spiritual development

- have education that develops the child's personality, talents and physical and mental abilities
- have rest and leisure
- have protection from exploitation (UNICEF 1989:2-14).

The failure of adults to protect children's rights in Haydom relates to many factors in the socio-economic and cultural context (as noted in figure 6.11). These factors include poverty with accompanying poor infrastructure and services, a general acceptance of the 'status quo', the low status of children and societal ignorance of the rights of children.

8.2.2 Overall findings: recommendations

A broad scale recommendation that applies to many aspects of child vulnerability relates to the need for community, district, regional and national development to improve infrastructure, water, sanitation, education and health services and combat the poverty that affects the lives of many Tanzanians. As Helman points out, "[e]xtreme poverty is the greatest killer and cause of ill health and suffering across the globe. Together with economic and social inequality, it is responsible for more physical and mental ill health than any other cause" (2007:426).

Another recommendation which is applicable to all sections of this chapter is that of sensitising the community to the issue of children's rights. Community justice facilitation programmes, such as the one discussed in section 5.4.9.2, are needed to educate about children's rights and promote strategies that protect and help vulnerable children. All strategies to help vulnerable children in Haydom need to take into consideration the cultural context, age-related needs of the children concerned and evidence based practice. Village leaders need to be empowered and motivated to advocate for children's rights, such as the right to food, education, health care, recognition, birth registration and inheritance. It is recommended that the ELCT project which identifies and helps vulnerable children in Haydom and the *'Maseawjanda'* project that provides school fees for economically deprived children (both described in section 1.2.8) should be strengthened and expanded, and/or additional programmes such as vocational training be introduced.

A further recommendation which applies to strategies as a whole is the need to actively identify vulnerable children, for example, it cannot be assumed that all children will be sent to school or brought to clinics for vaccination. Economically disadvantaged children may be kept at home because they do not have school uniforms, and a fostered orphan may be sent to herd cattle rather than go to school; parents who are alcoholic or who have a disabled child may not bring their child to a health facility. A survey, registration and follow up system is needed, which might be feasible using the existing ten-cell system of village organisation.

While identifying antecedent factors, defining attributes or consequences in a specific context may be valuable to guide efforts to counteract child vulnerability, community workers need to be aware of the risks attached to 'labelling' children (as discussed in sections 1.1 and 5.1.2), and also that an identified criterion (such as orphanhood) may not represent a homogeneous group (as discussed in section 5.1.2).

8.3 FINDINGS RELATING TO ANTECEDENTS OF CHILD VULNERABILITY

Informants suggested that antecedents to vulnerability are a lack of 'strength' or resources, which corresponds with the Swahili translation for 'vulnerable child' of *'mtoto asiyejiweza'*, literally meaning 'a child who is not able to manage to independently get what he or she needs for himself or herself' (as discussed in section 4.7.1). This suggests that vulnerable children need additional 'strength and resources' in order to manage their lives; appropriate ways of providing these additional resources need to be identified.

Identification of antecedents of child vulnerability should ideally provide an opportunity for primary prevention, such as measures to reduce teenage pregnancies and appropriate management of adults with HIV infection to lengthen life expectancy.

Informants in this study identified antecedents of child vulnerability as child handicaps, former wealth as a risk factor for lack of coping skills, single parenthood, parental conditions, large family size and family poverty as discussed in section 6.2. Recurring antecedent factors in the literature include poverty, orphanhood, family structure, parental illness and misuse of alcohol, child mistreatment and child disability, discussed in sections 4.7.3.1 to 4.7.3.6. Table 4.7 also shows that other antecedents to child vulnerability exist, depending on the context, such as involvement in trafficking, war

(such as being a girl soldier) and exposure to hazardous work. These differences relate to different socio-political situations, and justify continuing study of child vulnerability in different contexts.

8.3.1 Lack of internal resources

Lack of internal resources relates to child handicaps and lack of coping skills.

8.3.1.1 Child handicaps: discussion

Physically and mentally handicapped children have traditionally been stigmatised in the Haydom locality (as discussed in section 2.14), are reported to be vulnerable in the literature (in section 4.7.3.6) and by informants (in section 6.2.1.2). Item 17 of the questionnaire states that "a handicapped child is likely to be a vulnerable child"; 96% of respondents agreed with this statement. These findings suggest that handicapped children are likely to be vulnerable.

8.3.1.2 Child handicaps: recommendations

Since child handicap is significantly associated with child vulnerability, it is appropriate to identify handicapped children. Registering handicapped children in health facilities at birth or at health check visits may have some value, but would probably not identify all handicapped children, since many babies are not delivered in health facilities, and not all children are brought for routine check-ups. It is recommended that a periodic survey be undertaken to identify these children and their specific needs. Referral to schools for the deaf and blind may be possible for some of these children; others might benefit from home based care and community support groups although these are currently not available.

Community sensitisation of the needs of handicapped children, and the causes of their problems would seem appropriate. Any community based measures that allow handicapped children to be well cared for and avoid institutional care could be considered. Supported home care is the best option or where not possible, the development of small group homes. If orphanage care proves to be the only option, this would need to be supervised carefully to avoid the problems identified in the literature such as the risk of emotional neglect.

8.3.1.3 Former wealth as a risk factor for lack of coping skills: discussion

Informants spoke of former wealth as a risk factor for lack of coping skills (discussed in section 6.2.1.3) which suggests the need to consider child vulnerability not only in children affected by chronic poverty but also those whose families have recently experienced economic decline. The findings remind community workers that psycho-social needs of families depend not only on their current 'status', but are affected by their previous life experiences. This issue was not identified in the literature, but the contradictory view that poverty is a risk factor for producing psychological immaturity in children is suggested (Barbarin1999:1348,1356).

8.3.1.4 Former wealth as a risk factor for lack of coping skills: recommendations

Since this issue was not identified in the literature it deserves further research investigation. Recently impoverished families need to be identified, as well as those who have been economically deprived in the long term. Individualised assessment of children is recommended; it cannot be assumed their needs and resources such as coping skills, are homogeneous. There is a need to identify which coping skills a child has, and to develop strategies that build on these as well as developing coping skills that are found to be lacking. Life skills such as entrepreneurship are recommended to be part of the national primary school curriculum.

8.3.2 Lack of external resources

Factors involved in lack of external resources identified by informants include single parent families, parental conditions, large family size and poverty.

8.3.2.1 Single parenthood

The anthropological literature and informants report clearly differentiated parental roles in the Haydom area, and the importance of having two parents who can support each other in this resource poor situation (as discussed in sections 2.5.1 and 6.2.2.1). The implications of this are that single parent families may not manage to provide for children effectively and that role socialisation such as the learning of gender related skills may be difficult in single parent families. There is a need to identify single parent families who are not well supported by the extended family or wider community, and to ensure that these families' needs are met.

8.3.2.1.1 Parental death: discussion

Parental death appears to be an important factor in producing child vulnerability, and there are estimated to be more than 2 600 000 orphans currently in Tanzania (as discussed in sections 4.7.3.2 and 6.2.2.1.1). Item 38 of the questionnaire stated that “an orphan is likely to be a vulnerable child”; 98% of respondents agreed with this statement. Orphanhood appears to be significantly related to the perception of child vulnerability.

8.3.2.1.2 Parental death: recommendations

Measures to prevent orphanhood by reducing adult mortality could include improving health care services and access to family planning services, preventing transmission of HIV (Subbarao & Coury 2004:48), improving water, sanitation, occupational health, road safety, health care and food availability. Ways of helping orphans could include identification and village registration followed by planned supervision of their care including ensuring that their rights to education and inheritance are respected. Their emotional and psychological needs deserve consideration (as discussed in section 8.6.1). Issues related to care modalities are discussed in section 8.7.3.5.

8.3.2.1.3 Parental abandonment: discussion

Abandonment by one or both parents is identified in this study as antecedent to child vulnerability (as discussed in sections 4.7.3 and 6.2.2.1.2), and respondents supported this view; 94% of them responded positively to the statement that “children who have been abandoned by their parents are vulnerable children”. Families abandoned by one parent are likely to lack social, psychological and economic support.

8.3.2.1.4 Parental abandonment: recommendations

Efforts to trace children abandoned by both parents are socially and legally important. Effective community mechanisms to help families where one parent has abandoned the rest of the family are needed. This might involve tracing and obtaining some financial support from the abandoning parent, or providing free schooling or other benefits to the affected children.

8.3.2.1.5 The child born out of wedlock: discussion

Unmarried mothers were traditionally stigmatized and severe social sanctions were meted out in the area around Haydom village (as discussed in section 2.13). Informants

reported that single parent families may face hardship and the illegitimate child risks lacking inheritance and recognition, although the literature appears to give relatively little attention to illegitimacy as an antecedent to vulnerability compared to other factors such as parental loss (as discussed in section 6.2.2.1.3). The overall respondent agreement with the questionnaire item 15 which stated that “children born outside wedlock are likely to become vulnerable children” was 85%. Iraqw males had a lower level of agreement to this item (79%) compared to Iraqw females and Datoga females (both 88%) and Datoga males (94%) (presented in section 7.3.2). The difference between the population groups may suggest different perceptions related to socio-cultural factors; the relatively low level of agreement from Iraqw males may indicate a growing acceptance of illegitimate children compared to the traditionally reported views. Overall, respondents’ views suggest continuing failure to recognise illegitimate children, and even if they are becoming recognised by the community, they are often living in single-parent households, which face a variety of problems (as mentioned in section 8.3.2.1). Item 25 of the questionnaire also related to children born out of wedlock, and is discussed in terms of a defining attribute in section 8.5.2.

8.3.2.1.6 The child born out of wedlock: recommendations

The varied levels of support by respondent population groups regarding whether children born out of wedlock are recognised by the community may warrant further investigation. There is a need to prevent illegitimate births (at least because they are not fully socially sanctioned, as described in section 6.2.2.1.3), to advocate for the rights of illegitimate children and to provide social and economic support for single parent families according to their particular needs.

8.3.2.2 Parental conditions

Parental conditions identified in this study as contributing to child vulnerability include chronic illness and alcoholism.

8.3.2.2.1 Chronic illness: discussion

Informants reported that chronic illness is an antecedent to child vulnerability (as reported in section 6.2.2.2.1), and the literature particularly speaks of the effect of parental infection with HIV as creating child vulnerability (as reported in section 4.7.3.4). Item 21 in the questionnaire which states that “children of chronically ill parents are vulnerable children” was supported by 93% of respondents. A family in Haydom that is

affected by chronic illness has to cope with the loss of work potential as well as the costs of treatment; except for provision of antiretroviral drugs to those infected with HIV and antituberculous drugs for those with tuberculosis there is currently no subsidised health service provision for chronic illness sufferers. There are no community nursing services, so chronically ill parents may rely on their children to care for them. Children caring for ill parents may miss out on educational opportunities, and the family may effectively become a child-headed household (discussed in sections 8.6.1.7 and 8.6.1.8).

8.3.2.2.2 Chronic illness: recommendations

There is a need for identification and registration of poor parents with chronic illness and the development of a system to help them have access to reduced cost or free services. This would require local, regional or national policy formulation and funding. There is a need to ensure that children of parents who are chronically ill are obtaining access to their basic needs, and those that are effectively in child-headed households need appropriate support.

8.3.2.2.3 Alcoholism: discussion

The literature identifies parental alcoholism as an antecedent for child vulnerability, as discussed in section 4.7.3.4. Informants reported that parental alcohol abuse is a major problem in Haydom (as noted in section 1.2.5 and reported in section 6.2.2.2.2) and explained how alcoholic parents misuse family resources and neglect their children, who lack food, clothes and other basic necessities. Item 30 of the questionnaire states that “children of alcoholic parents are likely to be vulnerable”, and was supported by 96% of the respondents.

A small minority of alcoholics use the services of the alcohol treatment unit at HLH (as mentioned in section 1.2.6). Informants suggested that frustration with poverty was one reason for alcoholism in Haydom. As well as endangering their own health and neglecting that of their children, alcoholics pose a serious challenge for those who wish to help their children, as they are reported to use any resources on alcohol.

8.3.2.2.4 Alcoholism: recommendations

Alcoholism is a serious social problem which deserves to be researched in detail. Identification of local ‘causes’ or risk factors could guide efforts to prevent and treat

alcoholism. Programmes to manage alcoholism need to be expanded and strengthened, and children affected by parental alcoholism need to be identified and helped. Strategies recommended by informants, such as paying children's school fees direct to school authorities as discussed in sections 8.7.3.7 and 8.7.3.8 deserve serious consideration.

8.3.2.3 Large family size: discussion

The literature and the informants identified children in large families as being vulnerable because of the need to share limited resources amongst a large number of people. Respondents' responses to questionnaire item 3 did not validate this view, and proportions of 'expected' responses varied widely across the population groups (as discussed in section 7.3.2). Subsequent discussions with Iraqw and Datoga people suggest that large families are perceived as a cultural norm; this is congruent with the prevailing and continuing high fertility rate of the area, as discussed in sections 1.2.2 and 4.7.3.3. Some respondents may have had little experience of small families. Underlying reasons for preference of large family size suggested include the status accorded to a father of many children, high child mortality rates and the perceived protective function of a large family in a society in which labour for survival activities such as subsistence farming is an important asset. Social support is considered essential especially for the elderly, in view of the lack of social welfare provision (as discussed in section 1.2.3).

8.3.2.4 Large family size: recommendations

The Haydom respondents' views about family size and the underlying factors that maintain those views are socio-cultural factors that need to be clarified by further research in view of the serious results of fast population growth (Helman 2007:427-432). While availability of family planning services may have some impact, research suggests that reducing child mortality, provision of pensions, education and social services are linked to acceptance of reduced family size in a population (Christiansen et al 2005:16,30). Introducing pensions and increased access to other social service benefits are recommended but would require massive input of funding and major national policy changes. The considerable differences in agreement levels in the four population groups of respondents may arguably point to the need to continue considering the views of different societal groups in some issues in spite of considerable social contact and mixing.

8.3.2.5 Family poverty: discussion

Poverty was considered to be an antecedent of child vulnerability in the literature and by informants, as discussed in sections 4.7.3.1 and 6.2.2.4. Informants provided many examples of problems relating to poverty and some of the effects of poverty were clearly seen by the researchers. Item 19 of the questionnaire states that “rich parents’ children are likely to be vulnerable children” which was given the ‘expected’ negative response by 83% of the respondents. Poverty appears to be a highly significant factor affecting the quality of life of many people in Haydom (as discussed in section 1.2.4) and to be a major factor in child vulnerability. Family poverty is closely related to challenging local, regional, national and international factors.

8.3.2.6 Family poverty: recommendations

Clear identification of the poorest members of society and development of strategies to help them (as discussed in section 8.7.3.9) are recommended. Destitute people are known to ten cell leaders and the village authorities, and appear to be exempted from paying tax. It is recommended that the poorest families are identified and issued with an identification card so that they can be sure of obtaining education and health services free of charge.

8.4 FINDINGS RELATING TO CONTRIBUTING ANTECEDENTS OF CHILD VULNERABILITY

Contributing antecedents identified in this study include intentional neglect, exploitation, physical abuse and social ostracism.

8.4.1 Intentional neglect: discussion

Some of the literature refers to the possibility of discrimination of fostered orphans, handicapped children, illegitimate children and foster children, and intentional neglect of the right to education in some children as discussed in sections 4.7.3.5 and 4.7.4.1. The informants in this study also stressed these concerns in section 6.3, and although they note that lack of a ‘blood’ relationship appears to underlie some mistreatment, even related orphans and handicapped children are not immune to mistreatment. Item 37 of the questionnaire states that “all orphans are brought up by their extended families without any discrimination”; this statement ‘expected’ a negative response which was provided by 93% of respondents. Intentional neglect of education is addressed in questionnaire item 33, which states that “vulnerable children are those whose parents

deprive them of educational opportunities", which 'expected' a positive response and was supported by 93% of respondents.

Informants' views of ethnic discrimination, which can be considered to be societal intentional neglect, vary markedly with the ethnic affiliation of the informant, as discussed in section 6.3.1.6. The national politically correct view is to consider all ethnic groups as equal; this view ignores the history of some ethnic groups who have been marginalised and deprived of their rights (as discussed in section 2.3.2).

It appears that while intentional neglect of any child is a possibility, some groups of children, such as foster children, handicapped children and those in minority ethnic groups may be at greater risk than others in the community.

8.4.2 Intentional neglect: recommendations

These data support the overall chapter recommendation to sensitise community members about children's rights (as discussed in section 8.2.2). It is recommended that intentional neglect of children should be a priority issue to be addressed in Haydom. The challenge of identifying handicapped or illegitimate children and orphans, who may not be easily 'visible' within a community (for example when used as domestic workers as discussed in section 4.7.4.3), should be addressed by local surveying. Once identified, these children need to be monitored to ensure that their needs are met.

In view of the risk of ethnicity being a socially divisive criterion to apply, it might be appropriate to use other criteria to help identify vulnerable children, such as orphanhood, poverty level, malnutrition, or school exclusion.

8.4.3 Exploitation of orphans: discussion

Informants suggested that some orphans are exploited when cared for by foster parents, whether of their extended family or not (as discussed in section 6.3.2). The reported exploitation in Haydom was for domestic and agricultural labour. A wider variety of child exploitation is reported in the literature (as noted in section 4.7.3.5.3), including trafficking, 'debt bondage' and use of children in armed conflicts.

Items 37 and 39 of the questionnaire are closely related to the issue of exploitation. Item 37 states that "All orphans are brought up by their extended families without any

discrimination" (discussed in section 8.4.1) and item 39 states that "Orphans get their expected inheritance" (discussed in sections 8.5.2 and 8.5.3). These items were supported by 93% and 98% of respondents respectively. These findings suggest that exploitation of orphans is a pertinent issue in child vulnerability in Haydom.

8.4.4 Exploitation of orphans: recommendations

The differences in reported types of exploitation between the literature and this study reflect the contextual nature of child vulnerability, and support the recommendation for continuing local studies.

The possibility of exploitation of orphans supports the recommendation in section 8.3.2.1.2 of some form of local identification and monitoring of these children, as well as the need to sensitise communities about the rights of children (as discussed in section 8.2.2). Concepts such as 'exploitation' and 'child labour' are culturally defined, and require clarification and consensus at community level, so that identification can be attempted through local mechanisms such as the ten-cell system of village government. Cases of child exploitation need to be addressed; long-term monitoring is needed to check that foster parents rectify the situation and ensure that children's rights such as to attend school are respected. Alternative child care arrangements may be needed if foster parents do not comply with recommended measures.

8.4.5 Physical abuse: discussion

The literature reports on different types of abuse affecting children and physical abuse is identified as a problem in schools in Tanzania (as discussed in section 4.7.3.5.2). Informants referred to 'beating' of children (in section 6.3.3), which suggests that physical abuse occurs in Haydom. Informants did not refer to psychological or sexual abuse; this may reflect the 'hidden nature' of these forms of abuse, or reticence to discuss these issues.

8.4.6 Physical abuse: recommendations

There is a need to sensitise the community about different forms of abuse, in order to prevent them, or failing that, to identify and manage them early. Locally agreed parameters of what constitutes reasonable disciplinary measures and what constitutes physical abuse need to be agreed by local people and reviewed periodically. The situation could then be monitored by educational inspectors, village leaders, parents'

organisations and children's groups. When abused children are identified, strategies such as family counselling and support can be implemented or alternative child care arrangements such as voluntary fostering can be put in place when a child is in danger.

8.4.7 Social ostracism: discussion

Social ostracism can be considered as an aspect of intentional mistreatment of children identified by informants in this study (as discussed in section 6.3.4), although it could also be considered to be a consequence of culturally unacceptable behaviour such as stealing (as discussed in sections 6.5.1.2.1, 8.6.1.3 and 8.6.1.4). Rejection of children by society when society is the only available support network creates a dangerous situation for these vulnerable children.

8.4.8 Social ostracism: recommendations

Appropriate strategies to prevent antisocial behaviour, and early detection and rehabilitation of those behaving in unacceptable ways are needed. The phenomenon of 'mob justice' which is reported to arise in ostracised children needs to be addressed at community level with involvement of the staff of the recently opened police station in Haydom.

8.5 FINDINGS RELATING TO DEFINING ATTRIBUTES OF CHILD VULNERABILITY

Defining attributes of child vulnerability were found to relate to deprivations in a young individual. The characteristics of the concepts 'child' and 'vulnerability' contribute to the understanding of 'child vulnerability'.

8.5.1 The child

The literature identified the 'child' in terms of an immature individual; specific views of the nature of childhood vary between cultures (as discussed in section 4.5).

8.5.1.1 The child's identity: discussion

Informants viewed the identity of the child in terms of 'my offspring' or 'any young individual', as discussed in section 6.4.1.1. The individual's view of the identity of the child may affect the willingness of community members to help vulnerable children.

8.5.1.2 The child's identity: recommendations

It would seem appropriate to encourage the leaders and community members of Haydom to see all children as their responsibility, and to promote adults' involvement in strategies to help vulnerable children.

8.5.1.3 The child's nature

Informants reported that children are a blessing, and are dependent.

8.5.1.3.1 The child as a blessing: discussion

Informants reported that children are valued (as discussed in section 6.4.1.2.1), which corresponds with the anthropological literature relating to Datoga and Iraqw ethnic groups (discussed in section 2.14). The value of children appears to relate, at least in part, to their perceived purpose as a resource; this may account for the reports of intentional neglect of handicapped children.

8.5.1.3.2 The child as a blessing: recommendations

The sensitisation of the community to children's rights might help to promote respect of children for their inherent worth as human individuals, and is a step towards ensuring that their needs are met.

8.5.1.3.3 The child as dependent and therefore inherently vulnerable: discussion

Informants suggested that children are dependent individuals, as discussed in section 6.4.1.2.2; this implies that adults have a responsibility to care for them and provide for their needs. The dependent nature of the child is reflected in item 2 of the questionnaire which states: "the condition of a vulnerable child is able to improve without any assistance", which 'expected' a negative response, and was supported by 99% of respondents. Informants expressed the view that children are inherently good which suggests that there is a moral imperative to do good to them. Needs that were repeatedly identified include food, clothing and education.

Emotional needs of children were not emphasised by informants, although mentioned as a possible problem for children looked after by a step father. This may have been because the commonly used Swahili translation of the English word 'need' is '*haja*' which appears to relate largely to physical needs and may have affected informants' responses (as discussed in section 6.4.1.2.2). It was however suggested that the loss of

a mother would give a child more emotional deprivation than the loss of a father, which may mean that in general fathers pay less attention to children's emotional needs than mothers.

The broad spectrum of the needs of children identified in the Convention on the Rights of the Child (as discussed in section 4.5.4) was not fully represented by the informants interviewed. For example, the child's right to express his views and his right to appropriate alternative care by state authorities if deprived of family support were not mentioned. Informants' responses suggest there is local awareness of *'haki elimu'*, that is, the child's right to education. This right is not fully implemented, judging by statistics relating to school attendance discussed in section 1.2.7, and by informants' reports of children not in school. This suggests a continuing lack of awareness of some children's rights and lack of implementation of other children's rights.

8.5.1.3.4 The child as dependent and therefore inherently vulnerable: recommendations

Basic needs for food, clothing and education should be considered when planning strategies. It should be possible to assess which children lack food (by physical examination including height, weight and arm circumference), clothes (by observation) or education (by history and school records) and to provide appropriate assistance through village authorities, voluntary or governmental organisations. Such assessments should not rely on child visits to health facilities; in some single parent families visited by the researchers, the mothers reported being busy searching for food most of the time, so they would be unlikely to have time to bring children to clinics for routine check-ups. Home visiting, perhaps guided by ten-cell leaders, would probably be an effective way of identifying children whose basic needs are not met.

Further study into the emotional needs of vulnerable children in Haydom might help to clarify the situation. If emotional neglect of vulnerable children is a problem in Haydom, strategies involving sensitisation of village leaders, health workers, teachers, parents and foster parents might be appropriate.

Community sensitisation about the broad spectrum of children's needs and rights is required, as discussed in section 8.2.2.

8.5.1.4 The child's purpose: discussion

The literature expresses the view that children do not have work responsibilities and are expected to play, while informants reported that a child is a 'resource' who enhances the status of adults and is expected to provide for his parents later (discussed in sections 4.5.1 and 6.4.1.3 and shown in figures 9.21 to 9.25). 'Children as a resource' suggests that they are being depended on; this may appear to contradict the notion of children as dependent, but both are realities of Haydom social life. While dependence implies inherent vulnerability, 'children as a resource' implies the possibility of misuse of this resource; this raises questions about what constitutes child exploitation (as discussed in sections 4.5.1 and 4.7.3.5.3).

8.5.1.5 The child's purpose: recommendation

An ongoing dialogue between children's advocates and community members to clarify parental and children's rights is recommended. The dialogue needs to consider a culturally acceptable stand that takes into consideration societal needs as well as 'the best interests of the child' (UNICEF 1989:2).

8.5.1.6 The child's age: discussion

A variety of views about the age limits of childhood are expressed in the literature and by different informants; gaining independence was considered by some as the turning point to adulthood (discussed in sections 4.5.3 and 6.4.1.4). This would suggest that it is culturally acceptable to assist young individuals until they are able to be independent, even if this is beyond the age of 18 years.

8.5.1.7 The child's age: recommendations

Recommendations arising from this finding include implementing strategies to help vulnerable children of all age groups. This should include supporting them in secondary education (many secondary school students are over 18 years of age), vocational training or tertiary education.

8.5.2 Vulnerability as deprivation: discussion

Vulnerability is described in various ways in the literature and by informants, as discussed in sections 4.6 and 6.4.2; deprivation is an underlying theme in these descriptions. A difference between the literature and informants' reports is that the literature discusses psycho-social deprivation but very few informants mention this

issue. Informants described deprivation of food and clothes, shelter, inheritance and recognition, education and health care. They were describing deprivations that they were aware of from observed or personal lived experience. The seven questionnaire items shown in table 8.1 relate to deprivations and show support for the views of informants. The questionnaire item 25 states that “children who are born outside wedlock are recognised by the community”. This item had a varied ‘expected’ response rate across the population groups, from only 71% of female Iraqw respondents to 100% of Datoga males, which suggests some continuing differences in the population groups in spite of much social interaction.

TABLE 8.1: ANALYSIS OF RESPONDENTS’ VIEWS PER STATEMENT ABOUT DEPRIVATIONS IN CHILD VULNERABILITY (N=80)

ITEM NUMBER	STATEMENT	‘EXPECTED’ RESPONSE	% OF RESPONDENTS SUPPORTING ‘EXPECTED’ RESPONSE
22	Vulnerable children are able to claim their rights	Negative	90
25	Children who are born outside wedlock are recognised by the community	Negative	81
27	Vulnerable children are fed like other children in the community	Negative	94
31	Vulnerable children get adequate education	Negative	94
32	A vulnerable child dresses the same as other children in the community	Negative	93
34	Vulnerable children have equal access to health services	Positive	96
39	Orphans get their expected inheritance	Negative	98

The deprivations described in the literature and by informants represent much human suffering; they imply that basic needs are not met and rights are neglected.

8.5.3 Vulnerability as deprivation: recommendations

Lack of birth registration can be identified and could become more available by implementing different schemes such as allowing midwives to register births that occurred at home in reproductive and child health clinics and when they do ‘outreach clinics’ to rural areas. Deprivation of inheritance can be identified, and requires community sensitisation, advocacy and the establishment of systems in the village

government system to counter it. Deprivation of recognition of children born outside wedlock may require sensitive enquiry, and deserves attention as an illegitimate child may lack an inheritance. Vagrancy is observable and vagrant children's needs for family reunification or other services can be provided.

School exclusion can be determined, and underlying problems such as lack of school uniforms can be rectified. Physical parameters such as stunting, underweight and reduced arm circumference can be objectively assessed, and programmes to ensure adequate nutrition must be put in place. Evidence of deprivation of access to health services requires investigation of anecdotal reports and identifying where the health care system needs rectifying to allow the very poor to get treatment when they need it. Periodic home visits by community health workers could help to identify health problems including psycho-social deprivation and difficulty accessing health services.

The heterogeneity in the responses of the population groups to item 25 of the questionnaire may warrant further research enquiry.

8.5.4 Child vulnerability

Child vulnerability combines the concepts 'child' and 'vulnerability' as well as having additional characteristics as a compound concept.

8.5.4.1 Child vulnerability as static or dynamic: discussion

The literature speaks of child vulnerability in terms of potential for deterioration as discussed in section 4.7.2.4; while informants referred to this view they also note that the condition of a vulnerable child may be static or may improve, as discussed in section 6.4.3.2, particularly if assistance is provided. Item 2 of the questionnaire states that "the condition of a vulnerable child is able to improve without any assistance", and 'expected' a negative response; this was given by 99% of respondents.

8.5.4.2 Child vulnerability as static or dynamic: recommendations

While there is a need to be aware of the potential for deterioration, community members and others involved in helping vulnerable children should be encouraged that many children are able to make progress and even recover from some of the effects of deprivation when appropriate help is provided. This is exemplified by histories of some children from very poor families who were assisted and are now professionals

supporting others. This would suggest that village authorities, health and community workers and community members should be proactive in identifying vulnerable children on a regular basis. Community workers need to be creative in planning and determined in implementing strategies, and should consider that all children have the right to help. Community workers should take heart that the majority of children have the potential to develop and become responsible and productive members of the community.

8.5.4.3 Child vulnerability involves 'risk': discussion

Child vulnerability was reported to be associated with 'risk' in the literature (as discussed in section 4.6.1) and by informants (as discussed in section 6.4.3.3). 'Risk' implies that harm has not yet occurred and that prevention of actual harm may be attempted, although many children in Haydom are already experiencing harm.

8.5.4.4 Child vulnerability involves 'risk': recommendations

Identification of 'risk' factors and 'high risk' groups would allow for primary prevention measures. In the Haydom setting, measures that are recommended for consideration include abolishing school fees and uniform requirements to prevent school exclusion, improving agricultural diversity to reduce malnutrition, family life education and increased access to family planning services to reduce the incidence of illegitimate pregnancies, and implementation of strategies related to HIV infection to help reduce parental deaths. Community development measures might impact on many aspects of child vulnerability, such as economic deprivation. If informant reports that alcohol is used as an escape from the frustrations of economic insecurity have an element of truth, community development projects might even have an impact on the prevalence of alcohol abuse. While primary prevention strategies may target those not yet affected, those already experiencing problems such as school exclusion, nutritional deprivation and parental infection with HIV may also benefit from these strategies.

8.5.4.5 Child vulnerability as continuous interaction of factors: discussion

Child vulnerability was noted to involve a continuous 'web-like' interaction of antecedents, defining attributes and consequences (as discussed in sections 4.1.2 and 6.4.3.4 and as illustrated in figures 6.6 and 6.7). While the many complex and interacting needs may be daunting for those who are willing to help vulnerable children, it appears that conversely an appropriate strategy to help one issue may have an 'upward spiral' effect, as illustrated in figure 6.7. For example, providing a child with

school uniforms allows him to attend school where he will not only get some education but also two meals in the course of the day. In addition, the anxiety and depression that are likely to accompany the social isolation and relative deprivation of education are relieved by being able to attend school.

8.5.4.6 Child vulnerability as continuous interaction of factors: recommendations

It is recommended that the complexity, and indeed the extent, of interacting factors that affect vulnerable children should not be used as a reason for delaying to intervene. It is heartening to hear the report of the field coordinator of the ELCT project to help vulnerable children in Haydom who reports that "[e]specially those who we give milk to, and uniforms, right now, they are in good shape … they see themselves as being like their friends, they feel great, it's really good {to see the changes}" (as shown in data display 3.3.1.3). Scaling up the ELCT and *'Maseawjanda'* projects currently running is recommended. Small and large scale strategies should be attempted.

8.5.4.7 Child vulnerability as a relative phenomenon: discussion

Child vulnerability as a relative phenomenon relates to issues that include age-related and context related factors. The importance of age-related needs was noted by informants in section 6.4.1.2.2 and the literature reports that child vulnerability is a variable phenomenon depending on age, as discussed in section 4.7.2.1. Item 14 of the questionnaire states that "vulnerable children risk different consequences depending on their age", which 'expects' a positive response. The proportion of respondents agreeing to this statement was 96%. Context-related factors such as social role expectations are referred to in sections 4.7.2.2 and 6.4.3.5. The implication of this finding is that the presentation of child vulnerability varies depending on factors such as age and cultural context.

8.5.4.8 Child vulnerability as a relative phenomenon: recommendations

Community members should be educated about age-related needs of children, and community workers should be sensitised about age-related needs, risks and appropriate strategies.

Context-related factors need to be considered when strategies are planned; the local reality and expectations about quality of life must be taken into consideration. In the

case of Haydom, the low standard of living experienced by many residents means that low cost plans can have a positive impact, and underlines the importance of continuing and scaling up the currently running ELCT and *'Maseawjanda'* projects. Also, cultural role expectations need to be considered when addressing issues such as child exploitation.

8.5.4.9 Child vulnerability as a locally identifiable phenomenon: discussion

The literature reports that vulnerable children can be identified locally; this concurs with informants' views that local residents and ten cell leaders can reliably identify such children (discussed in sections 4.7.2.3 and 6.4.3.6). Questionnaire item 8 states that "vulnerable children can be identified by their communities", and 'expected' a positive response; 100% of respondents agreed with the statement. Local identification of vulnerable children is clearly appropriate.

8.5.4.10 Child vulnerability as a locally identifiable phenomenon: recommendations

If child vulnerability can be identified locally, it is practical to attempt to identify vulnerable children in Haydom by using subjective criteria or some sort of assessment tool. An assessment tool for Haydom village could be made using table 6.1 as a basis, and modified according to additional issues identified in the literature, such as child headed households. Local 'experts' such as ten cell leaders can help to validate such a tool.

8.6 FINDINGS RELATING TO CONSEQUENCES OF CHILD VULNERABILITY

Consequences of child vulnerability involve outcomes of deprivation which can be viewed as 'losses' suffered. These consequences are preventable by early implementation of appropriate strategies; reversing consequences that have already arisen may meet with variable degrees of success. Consequences of child vulnerability involve changes in the quality of life of a child, and include behaviour changes. Item 26 of the questionnaire states that "vulnerable children can be recognised by observing their behaviour", which 'expected' a positive response; 90% of respondents agreed with this statement.

8.6.1 Psycho-social effects

Psycho-social effects of child vulnerability identified by informants include anxiety and depression, culturally unacceptable behaviour, consequences of educational deprivation and inappropriate levels of autonomy for the developmental stage of the child.

8.6.1.1 Anxiety and depression: discussion

The literature reports on psychological consequences of child vulnerability, as discussed in section 4.7.5.2, which correspond to informants' views, as expressed in section 6.5.1.1. Respondents supported the view that vulnerable children can be affected psychologically; item 5 of the questionnaire states that "vulnerable children play happily as children should", which 'expected' a negative response, and item 35 states that "vulnerable children appear to be sad", which 'expected' a positive response. These items were supported by 93% and 88% of respondents respectively. The feelings of anxiety, depression, hopelessness and helplessness reduce the quality of life of a vulnerable child.

8.6.1.2 Anxiety and depression: recommendations

It is recommended that holistic strategies that address not only physical and educational problems but also the psychological effects of the traumatic lived experience of vulnerability should be considered in Haydom, such as the psycho-social support programmes discussed in sections 5.4.1 and 5.4.10.2. These might involve home visits, providing opportunities to listen and talk, counselling and mediation.

8.6.1.3 Culturally unacceptable behaviour: discussion

The literature relating to vulnerable children makes mention of the behaviour patterns of use of habit-forming substances (such as marijuana) and premature sexual activity (discussed in section 4.7.5.5). Evidence from informants (discussed in sections 6.5.1.2 and 6.5.1.4) suggests that stealing and use of marijuana are culturally unacceptable; condemnation of premature sexual activity was not universally verbalised by informants, and thus premature sexual activity was classified with begging, vagrancy and child-headed households under the heading of "inappropriate level of autonomy for the developmental stage of the child". Item 7 of the questionnaire states that "vulnerable children are likely to use marijuana" which 'expects' a positive response and was supported by 94% of respondents. Item 11 of the questionnaire states that "a vulnerable child is likely to become a thief", which 'expects' a positive response and was supported

by 91% of respondents. Participants in this study suggested that use of habit-forming substances and stealing are unacceptable behaviour that is seen in a proportion of vulnerable children.

8.6.1.4 Culturally unacceptable behaviour: recommendations

Children need to develop appropriate life skills so that they can engage in culturally acceptable activities to cope with their problems. Children already engaging in unacceptable behaviour need identifying and the underlying problems need to be clarified so that they can be helped appropriately. The current management of stealing, including 'mob justice' (mentioned in section 6.3.3 and 6.3.4) might be addressed effectively by community forums, in view of the apparent understanding that stealing is a 'last resort' measure taken by children struggling to survive (as discussed in section 6.5.1.2.1).

8.6.1.5 Consequences of educational deprivation: discussion

The literature and informants reported congruent views relating to the consequences of educational deprivation in terms of poor educational outcomes, difficulty obtaining employment and continuing poverty, as discussed in sections 4.7.5.4 and 6.5.1.3. These are long-term effects that can prevent the vulnerable individual from improving their life situation.

8.6.1.6 Consequences of educational deprivation: recommendations

The negative consequences of educational deprivation points to the need to ensure that children's right to education is protected with appropriate strategies, such as abolition of school fees and provision of school uniforms. Adolescents who have missed out on education need to be provided with opportunities for gaining literacy, numeracy, business and life skills as part of vocational training programmes that are orientated to the current employment market.

8.6.1.7 Inappropriate levels of autonomy for the developmental stage of the child: discussion

The literature and the informants spoke of inappropriate levels of autonomy for the developmental stage of the child in vulnerable children, discussed in sections 4.7.5.3 and 6.5.1.4. Informants reported on the presence of child-headed households, begging, premature sexual activity and stealing as indicating inappropriate levels of autonomy.

When informants were asked about child-headed households they judged that this arrangement is inappropriate (as discussed in section 6.5.1.4.3). While there appear to be no child-headed households currently in Haydom, some children are acting as household heads (as discussed in section 1.2.8). With the rising prevalence of HIV infection in Tanzania (as discussed in section 1.2.4), child-headed households and households headed by elderly adults are likely to become a more recognised problem in Haydom.

Item 20 of the questionnaire states that "vulnerable children are likely to become prostitutes", 'expecting' a positive response. This item was supported by 94% of respondents. Premature sexual activity is discussed in the literature, such as UNICEF 2007. Questionnaire item 23 states that "vulnerable children have a habit of begging", 'expecting' a positive response. This item was supported by 93% of respondents. Begging is little mentioned in the literature; perhaps this is 'taken for granted' behaviour in some societies; it appears to be one of a limited range of options available to some vulnerable children.

Inappropriate levels of autonomy for children result in their being 'deprived of their childhood'; this may involve educational deprivation as well as the stress of carrying responsibilities that they are not developmentally suited to.

8.6.1.8 Inappropriate levels of autonomy for the developmental stage of the child: recommendations

The local HIV treatment centre at HLH is one unit that could help to monitor the occurrence of child-headed households. Vigilance is needed since child-headed households need support, as discussed in sections 4.7.3.3 and 5.2. Households where an adult is present but a child is acting as a household head need to be recognised as a child-headed household. Child-headed households in Haydom might be adequately supported by individuals, groups and organisations, particularly if they become a culturally acceptable option. If child-headed households are not acceptable to the community, alternative arrangements might need to be negotiated, such as fostering within the extended family or with volunteers outside the extended family, or care in small group homes.

Secondary prevention strategies relating to premature sexual activity recommended in the literature include setting up community monitoring and referral systems, and ensuring that legal protection and justice measures are in place. Local functioning legal and social service systems need to be developed. Primary prevention strategies which prevent children from entering into sexual activity, such as ensuring that the most vulnerable families have basic needs met and combating disinheritance among orphans, are mentioned throughout this chapter. Adolescents should be able to continue their education or undertake vocational training to reduce the likelihood of entering into commercial sexual activities.

Children who are begging are easy to identify; they need to be followed up, their underlying problems identified and strategies implemented accordingly.

8.6.2 Physical effects: discussion

Physical effects of child vulnerability identified in this study are hunger and malnutrition and above average risk of infectious disease. The literature and informants reported on these problems as discussed in sections 4.7.5.1 and 6.5.2.1. Physical effects are identifiable and should be prevented or detected and managed early because they may cause irreversible damage, and may even cause mortality.

8.6.3 Physical effects: recommendations

Strategies to ensure an adequate food supply are essential in Haydom with its recurrent droughts and food shortages. Free health treatment for all children, or at least under five year olds, and introduction of school health and home visiting programmes could help to reduce morbidity and mortality. Primary health care measures such as provision of insecticide treated mosquito nets for all children in Haydom (since it is a malarial area) are recommended; the current Government sponsored scheme (*'Hati punguzo')* which provides low cost mosquito nets to mothers attending antenatal clinics is an example of an appropriate strategy. Community health education about conditions such as childhood pneumonia and gastro-enteritis need to be continued. Efforts to maintain and increase vaccination levels need to be encouraged. Improved water, sanitation and environmental hygiene are needed in Haydom village and surrounding areas. Continued efforts to sensitise the community about all aspects of HIV infection and encouragement of voluntary testing and counselling for HIV should be continued.

8.7 FINDINGS RELATING TO STRATEGIES TO COUNTERACT CHILD VULNERABILITY

Participants in this study agreed that there are vulnerable children in Haydom and that they have unmet needs. The researchers observed many children whose needs were not being met during their visits to residents' homes. This suggests that vulnerable children represent a significant local problem; while there are some community resources available (as discussed in section 1.2.8) these resources are not fully meeting the needs of all the vulnerable children. This study recommends that strategies to help vulnerable children in Haydom be given serious and early consideration.

The literature deals with a wide range of strategies to help vulnerable children and gives considerable attention to volunteer programmes; informants suggested a limited range of strategies, including institutional care, with little stress on volunteer programmes. Informants did provide some suggestions for helping children of alcoholic parents, which do not appear to be mentioned in the literature.

8.7.1 Child initiated strategies: discussion

The literature discusses resilience which can be considered to be a child initiated strategy. Resilience is a broad concept which encompasses interpersonal skills, beliefs and attitudes and external resources; this is discussed in section 4.4. Informants referred to the concepts 'perseverance' and 'working hard' as survival strategies employed by vulnerable children in Haydom, discussed in sections 6.6.1.1 and 6.6.1.2. Nyerere's socialist doctrines emphasised the need to work hard and to be as self-reliant as possible (Halimosa 1980:18-21; Kijanga 1978:6-10; Nyerere 1974:19-24), and the Iraqw have been characterised as people who accept situations, are not proactive and do not expect change (as discussed in section 2.10). Questionnaire items 9 and 12 addressed the issue of child initiated strategies; item 9 states that "persevering in a bad situation can help a vulnerable child to survive" and 'expects' a positive response; item 12 states that "being lazy can help a vulnerable child to survive" and 'expects' a negative response. These items were supported by 88% and 94% of respondents respectively.

Informants' views reflect the limited resources available to the people of Haydom. When social services are not available and the extended family 'safety net' may not always

function perfectly, the child may have few response options remaining, even in a situation where he is being exploited.

8.7.2 Child initiated strategies: recommendations

While the strategies of working hard and persevering are valuable life skills in the long run, they should be applied in an age-appropriate manner, to avoid the consequence of inappropriate autonomy for developmental stage (as discussed in section 8.2.4.1.4). In the absence of other strategies, they may have some practical merit, but it appears that part of the reason for the existence of these strategies is that children's rights are not fully respected, for example child exploitation appears to be little reported, investigated or countered in Haydom. It is recommended that the current government efforts to sensitise Tanzanians about children's rights be strengthened, and steps be taken to facilitate advocacy for children (as discussed in section 8.2.2).

8.7.3 Adult initiated strategies

Adult initiated strategies suggested by informants include providing advice, strategies to help handicapped children and orphans, strategies to help families with a member who abuses alcohol and poverty alleviation strategies.

8.7.3.1 Advice on developing coping skills: discussion

The literature refers to developing coping skills in the context of psycho-social support programmes, as discussed in section 5.4.1. Section 6.6.2.1 discusses the willingness of adults to advise vulnerable children; informants suggested that this informal strategy is used in Haydom, although there is no structured psycho-social support scheme in place. Item 36 of the questionnaire states that "adults can help vulnerable children by giving advice"; this item 'expects' a positive response, and is supported by 95% of the respondents. It is hard to judge the extent and effectiveness of this informal strategy as currently used in Haydom; moreover, if children are being advised to persevere and work hard, it will not address the underlying problem of obtaining rights. Its value may relate to being a point of contact between children and adults.

8.7.3.2 Advice on developing coping skills: recommendation

This informal strategy could be developed into a more effective and organised strategy, such as a planned psycho-social support programme with trained volunteers, like the

"Mama Mkubwa" scheme described in section 5.4.10.2, which provides home visits, practical help and counselling.

8.7.3.3 Strategies to help handicapped children: discussion

The literature refers to institutional care for handicapped children, but recommends supported home care (as mentioned in sections 5.3.2.1 and 5.4.10.2). Informants' views are discussed in section 6.6.2.2.1; some spoke of home care for disabled children, while many of them suggested the need for institutional care for handicapped children. This view was expressed in item 28 of the questionnaire which states "if handicapped children are not looked after by their families, they should be brought up in a special institution". This item 'expects' a positive response; 94% of respondents agreed to the statement. This view appears to be influenced by the fear of handicaps and the inability of handicapped children to provide for their parents later (as discussed in section 6.2.1.2). Issues relating to institutional care for vulnerable children are presented in section 5.3, which concludes that although well run children's homes may be needed in some communities; orphanages run the risk of psycho-social deprivation. There is a difference between the views expressed in the literature and those expressed by most of the participants of this study.

8.7.3.4 Strategies to help handicapped children: recommendations

Participants' views relating to care of handicapped children suggest the need for community education and advocacy for the rights of handicapped children, as well as surveys to identify neglected handicapped children. When planning strategies for handicapped children, it is recommended that local views be given consideration. However, community sensitisation about the risks of institutional care should be undertaken, and culturally congruent solutions reached that serve the best interests of vulnerable children. This might be the use of fostering or group homes where family care is not possible.

8.7.3.5 Strategies to help orphans

The literature reports a wide variety of strategies to help orphans, as outlined throughout chapter 5, such as institutional care, psycho-social support programmes, living with a surviving parent, fostering and adoption, protection of legal rights and voluntary activities to support vulnerable children (as discussed in sections 5.3, 5.4.1, 5.4.7, 5.4.8, 5.4.9 and 5.4.10).

8.7.3.5.1 Extended family: discussion

Informants spoke of the extended family as being primarily responsible for orphans (as discussed in section 6.6.2.3.1), which is congruent with views expressed in the literature. Item 6 on the questionnaire states that “the vulnerable child’s extended family are responsible for helping him/her”, and ‘expects’ a positive response; 88% of respondents agreed with the statement. The extended family appears to be acceptable and important in care of vulnerable children in Haydom.

8.7.3.5.2 Extended family: recommendations

It is recommended that care of orphans within the extended family should be supported. When orphans are living with economically disadvantaged members of the extended family (such as an elderly grandparent), material support may be needed, for example in terms of food or school fees. If orphans are registered and followed up at village level (as discussed in section 8.3.2.1.2) hardship could be identified early.

8.7.3.5.3 Fostering: discussion

The literature supports unrelated fostering and adoption for orphans; informants agreed that unrelated fostering is possible, but currently unusual, and did not mention adoption (discussed in section 6.6.2.3.2). Item 40 on the respondents’ questionnaire states: “a volunteer mother who is not related to an orphan can bring him/her up”; this was supported by 95% of the respondents. This suggests that fostering outside the extended family may be a strategy that could be expanded in Haydom.

8.7.3.5.4 Fostering: recommendations

If children are cared for outside the extended family, for example by fostering, there would need to be careful supervision to ensure that care was effective and discrimination was not tolerated. Reduction of discrimination against fostered orphans may help to overcome remaining scepticism in the community, particularly in relation to exploitation of unrelated foster children (as discussed in section 6.3.2). Adoption is a strategy that should also be considered in Haydom, but would require considerable community education to be acceptable as it is currently little known. Fostering and adoption need local mechanisms to allow for screening of potential parents and methods of formalising such arrangements.

8.7.3.5.5 Institutional care: discussion

Some informants mentioned institutional care as an option for orphans (as discussed in section 6.6.2.3.3), but the literature considers orphanages to be a 'last resort' measure, although well run children's homes appear to avoid the disadvantage of psycho-social deprivation. Local acceptance of institutional care runs counter to views expressed in the literature (as discussed in section 8.7.3.3).

8.7.3.5.6 Institutional care: recommendations

Education about the risks of orphanage care should be provided if this strategy is considered in Haydom; the monitoring and supervision of the crisis nursery at HLH as an example of institutional care should be continued.

8.7.3.5.7 Protecting orphans' rights: discussion

The literature stresses the need to protect children's rights, and suggests measures such as birth registration, encouraging terminally ill parents to make written wills, succession planning and advocacy to protect inheritance rights (as discussed in section 5.4.9). Although informants reported problems faced by orphans such as exploitation and loss of inheritance, they made little mention of protecting children's rights; this may reflect the lack of community understanding of children's rights.

8.7.3.5.8 Protecting orphans' rights: recommendations

It is recommended to put in place a range of measures to protect children's rights, as outlined in the literature, and suggested in section 8.5.3. Registration and home visiting of orphans would be challenging, but there is a need to ensure that rights such as the right to education are being protected. Currently available pre-school nurseries in Haydom which are all fee-paying could have free places for young orphans who lack psycho-social support.

8.7.3.5.9 Volunteer programmes: discussion

Informants' views about the use of voluntary workers in various capacities, particularly for providing psycho-social support for vulnerable children are outlined in section 6.6.2.3.4. Informants noted that volunteer activities are unusual in Haydom, although there is evidence of the value of voluntary programmes in the literature (as discussed in section 5.4.10). It was suggested by some informants that it is difficult to continue to help a needy relative such as a widow, over a prolonged period of time. It was observed

that some widows' houses needed simple repairs that neighbours or relatives could have managed without any cost. This apparent lack of proactive measures to help needy people in society may perhaps be related to many Haydom residents' preoccupation with survival and their own immediate family and problems, for example many informants spoke of the difficulty of getting enough money to send all of their children to school. An alternative explanation for the apparent lack of proactive measures might relate to a fatalistic approach to life (as discussed in section 2.10), but does not appear to be related to lack of organisational or fundraising skills, which are in evidence in community gatherings such as weddings and funerals. Although a daily paid worker may earn less than $2 a day, special church events and weddings raise funds of more than $1,000 from the local population, while providing a sack of maize for a destitute family would cost about $50. Several informants suggested that other people in society might be 'Good Samaritans' and help to look after vulnerable children, but none of the informants suggested that they would personally be willing and able to volunteer to do more than they are currently doing. Some were already involved in looking after children not their own, but from their extended family.

8.7.3.6.10 Volunteer programmes: recommendations

There is a need to explore the potential for increasing volunteer work to help vulnerable children. Inducements reported in the literature such as uniforms and travel allowances might help to attract volunteers. Otherwise, a small stipend might be provided, which might attract suitable persons in view of the very limited employment possibilities available in Haydom.

8.7.3.7 Strategies to help children in families with a member who abuses alcohol: discussion

The literature refers to parents who abuse alcohol as an antecedent factor for child vulnerability, but does not appear to discuss strategies to help children affected by alcoholic parents in developing countries. Section 6.6.2.4 discusses informants' views; they refer to the difficulty of helping such children, and suggest that paying donated school fees direct to the school authorities and providing school uniforms are ways to avoid parental misuse of resources, as well as to ensure that children have access to education. When only the father of a household is alcoholic, informants advised that the mother be entrusted with financial support. Table 8.2 shows the results of an analysis of respondents' views per statement about strategies to help children in families with a

member who abuses alcohol; some of these strategies also apply to other vulnerable children such as orphans.

TABLE 8.2: ANALYSIS OF RESPONDENTS' VIEWS PER STATEMENT ABOUT STRATEGIES TO HELP CHILDREN IN FAMILIES WITH A MEMBER WHO ABUSES ALCOHOL (N=80)

ITEM NUMBER	STATEMENT	'EXPECTED' RESPONSE	% OF RESPONDENTS SUPPORTING 'EXPECTED' RESPONSE
1	Financial assistance intended for a vulnerable child is more reliably channelled through the mother than the father	Positive	98
4	Donated school fees should be paid directly to school authorities	Positive	98
10	If alcoholic parents are given financial help, their vulnerable children are likely to benefit	Negative	95
13	Giving a vulnerable child school uniforms will help him/her	Positive	96

It appears that care and ingenuity are needed to help children whose parents are alcoholic.

8.7.3.8 Strategies to help children in families with a member who abuses alcohol: recommendations

The informants' recommendations about financial assistance, school fees and school uniforms are 'damage limiting' recommendations that appear to be appropriate and acceptable and should be implemented. Evidence based strategies to tackle the growing alcohol problem and its underlying causes in Haydom need to be developed and implemented. This could include community development projects and increased use of the alcohol treatment unit at HLH.

8.7.3.9 Strategies to reduce poverty

The literature describes a variety of strategies to reduce poverty, including income generating activities, loans and targeted financial support (discussed in sections 5.4.4 and 5.4.5). Strategies to increase access to education would also benefit the economically disadvantaged (discussed in section 5.4.6). Informants noted the need for

individual needs' assessments, rectifying problems underlying poverty, competent project management, and projects such as provision of food, clothes, financial support, school fees, income generating projects and training (discussed in sections 6.6.2.5.1 to 6.6.2.5.5).

8.7.3.9.1 Principles of poverty reduction strategies: discussion

Informants advised that vulnerable children should receive help according to their individual identified needs (as discussed in section 6.6.2.5.1). The literature suggests that local residents may identify vulnerable children according to a variety of criteria; large scale programmes may target families or communities according to specified criteria and national policies may benefit a large group, such as the Tanzanian Government policy of free health services for under five year olds (as discussed in section 1.2.6). The aims and scope of a programme determine targeting principles.

Informants reported that poverty is compounded by other factors such as lack of employment opportunities, lack of land, food shortage and unpredictable weather conditions. Assets that are considered particularly important by many informants are livestock, particularly cattle, which reflects the agro-pastoralist and pastoralist history of the Iraqw and Datoga respectively (as discussed in sections 2.3.1 and 2.3.2). Informants noted the need to address underlying problems such as land shortage which relates to contextual assessment of material and human resources (as mentioned in sections 5.1.1 and 6.6.2.5.1).

Informants suggested that any donor support would need to be provided in a well controlled way to reduce the risk of intermediaries misusing donated resources; preference was expressed for help from organisations outside Haydom with expertise, objective criteria and transparent accounting systems, which is congruent with principles identified in the literature (discussed in sections 5.1 and 6.6.2.5.1).

These findings suggest that Haydom residents have some clear ideas about poverty reduction strategies that are congruent with the literature, and deserve attention when strategies are planned.

8.7.3.9.2 Principles of poverty reduction strategies: recommendations

In Haydom, identifying families according to criteria identified in this study, with cooperation from community leaders such as ten cell leaders would appear to be appropriate. Increasing employment opportunities involves community development projects (as recommended in section 8.1). Land shortages require political decisions about land allocation and possibly resettlement. Increased crop diversification may help Haydom residents to cope with the unpredictable weather conditions. Informants' views about donor support (such as the need for transparent accounting mechanisms) may be directly translated into recommendations.

8.7.3.9.3 Providing food and clothes: discussion

Informants noted the need for aid for vulnerable children in terms of food and clothes (as discussed in section 6.6.2.5.2). Malnutrition was amongst the 'top ten' reasons for admission to HLH in 2008 for under five year old children (as shown in table 1.1). Food aid is needed in Haydom when there is widespread crop failure (as mentioned in section 1.2.5), and different areas may not grow enough crops even when neighbouring areas have had a good harvest. Individual families may need help even when there has been a generally good harvest, for example one informant was pregnant at the time of planting and her alcoholic husband had not planted any crops; she therefore had no food reserve. The literature notes that feeding schemes are used in some locations (as discussed in section 5.4.2).

8.7.3.9.4 Providing food and clothes: recommendations

There is a need to ensure that children's basic survival needs are met; continuing screening for child malnutrition in health centres needs to be complemented by home visits and provision of aid to those who need it. Fair land allocation, food aid targeted to individuals and schools, improved agricultural methods and crop diversification might be valuable. As noted in table 8.2, provision of school uniforms is considered to be useful for vulnerable children, and is a recommended strategy for Haydom; if school uniforms are no longer compulsory, some children would require clothes that they could wear for school. Children with uniforms are able to attend school and then automatically receive some food when at school. Feeding schemes might be an alternative for children under school age.

8.7.3.9.5 Financial support: discussion

The literature describes targeted financial support and loans, as discussed in section 5.4.5. Informants supported the idea that financial support is needed by families with vulnerable children, but cautioned against alcoholic parents and fathers being entrusted with money (discussed in section 6.6.2.5.3). The Haydom community appears to consider financial support as a reasonable option for poverty reduction.

8.7.3.9.6 Financial support: recommendations

It is recommended that financial support be channelled direct to school authorities whenever possible, so that children become eligible for education and some meals in school. Financial help to families should be channelled through mothers rather than fathers. Targeted financial support in terms of exemption from payment of health services would also be appropriate. Commercial loans may be difficult to obtain for people with little capital or assets. Providing financial support carries risks including creating dependence and 'donor fatigue' (as discussed in section 5.4.5.2); income generating projects would appear to be a preferable option when feasible.

8.7.3.9.7 Provision of school fees: discussion

Section 5.4.6 describes strategies to increase access to education found in the literature; these include abolishing school fees and uniforms, and introducing feeding schemes at school. Informants did not suggest any of these alternatives, but advised that donated school fees be channelled via the mother, or direct to school authorities, especially in the case of children with alcoholic parents (discussed in section 6.6.2.5.4). These views appear to imply a lack of trust in the male heads of households. Informants' views also suggest an unquestioning acceptance of the 'status quo' in relation to regulations about school fees and uniforms.

8.7.3.9.8 Provision of school fees: recommendations

It is recommended that the current local policy in Haydom of excluding children without school fees, uniforms, 'acceptable' school shoes or food contributions as reported by informants (discussed in section 6.4.2.3), should be reviewed. Active identification of donor support for children's school fees could be an alternative or additional strategy to increase access to education. When efforts are made to increase the access to education, the quality of education may also need review, particularly in respect to its appropriateness to the cultural context and labour market. The expectation that

education will bring prosperity to all and the subsequent frustration of the many young people who ‘fail’ to acquire employable skills within the current system needs to be addressed.

8.7.3.9.9 Income generating projects and training: discussion

The literature reports on life and vocational skills training and income generating projects and loans (as discussed in sections 5.4.3 and 5.4.4). Informants suggested that income generating projects such as keeping livestock, crop storage and increased land allocation to allow for adequate crop production would help them, as well as training opportunities (as discussed in section 6.6.2.5.5). Item 18 of the questionnaire states that “community income generating projects can help vulnerable children”, which ‘expects’ a positive response; 96% of respondents agreed with this statement.

Haydom has limited infrastructure, economic turnover and unpredictable weather conditions (as discussed in sections 1.2.3 and 1.2.5); setting up successful income generating programmes in this situation is challenging. However, informants were able to suggest a variety of possible projects that they would be willing to try.

8.7.3.9.10 Income generating projects and training: recommendations

It is recommended that experts do a careful situation analysis and provide training and long-term support so that income generating programmes can be effective. Programmes might be agricultural or small business orientated. Vocational training programmes also require great care in planning, so that those who complete training are able to obtain employment or become self-employed.

8.8 CHALLENGES FACED BY THE RESEARCHER

This study provided the researcher with many challenges. One of these was the linguistic challenge of using Swahili for interviewing, data analysis and questionnaire construction. It became apparent that some words in English do not have an exact equivalent in Swahili, for example the usual term for ‘vulnerable’ in Swahili does not carry the meaning of risk, but only the meaning of being unable to manage. In spite of this, participants’ understanding of child vulnerability corresponded well with the literature. Participants’ view of ‘needs’ appeared to be largely limited to physical needs, which may have related to linguistic and perhaps also cultural factors. When further work is carried out, for example, making an assessment tool for identifying vulnerable

children, it will be necessary to translate such a tool with care and sensitivity, for example specifying emotional needs.

A challenge arose in respect to sampling informants; it was not possible to use a multi-stage sampling method as planned (described in section 3.2.2.11.1).

Another challenge was the difficulty of interviewing people some of whom were not used to interacting with expatriates, had limited knowledge of Swahili, and were reticent to answer questions. Many informants had the expectation of financial assistance and following the interview some informants found out where the researcher lived and then went to her home to ask for financial help.

Another challenge faced by the researcher was the psychological trauma of visiting people suffering from many problems including lack of food and school exclusion. However, these people were well known to the ten cell leaders and therefore the village authorities, who have the responsibility of assisting the destitute. The ELCT project to help vulnerable children in Haydom (as described in section 1.2.8) began after the researcher had started to conduct qualitative interviews and is unconnected to this study, but the researcher was able to refer needy families to this project for their assessment and possible assistance.

8.9 SUMMARY

Although children are valued, there are many identifiable vulnerable children whose needs are currently not being met in Haydom. These children need to be identified and helped. These include children who live in very poor families, orphans, those with chronically ill parents, and handicapped children. The following definition of child vulnerability appears to be congruent with the views of Iraqw and Datoga living in Haydom, northern Tanzania:

Child vulnerability is the dynamic, relative and locally identifiable human condition and experience of deprivation of needs as a result of lack of 'nguvu' and 'uwezo', worsened by intentional mistreatment. Consequences are physical and psycho-social 'losses'. It is affected by continuous interaction with its antecedents, defining attributes and consequences, the socio-economic and cultural context, as well as by strategies that are attempted.

It is recommended that children's rights be strongly advocated for, and that Haydom village leaders give consideration to evidence based but culturally acceptable strategies that might help to provide for the needs of the vulnerable children. It appears that there are major obstacles to improved respect for children's rights in Haydom which include poverty and widespread misuse of alcohol. Further research into the issue of family size and illegitimacy may help to clarify the local significance of these factors in child vulnerability. Community development programmes are needed to help improve the standard of living of Haydom residents.

CHAPTER 9
PICTURES TAKEN IN HAYDOM LOCALITY

> *"Everyone must fulfil their obligations to children. Many possibilities exist for participation in activities that benefit children: all that is required is the willingness to get involved and stay engaged" (United Nations Children's Fund (UNICEF) 2005:87).*

The pictures in this chapter are referred to in the text of this study; they were taken by the researcher and other people whose permission has been obtained to reproduce them in this study.

Savage 2006a

Figure 9.1 Woman cooking inside traditional home close to Haydom village

Savage 2008a

Figure 9.2 ‘Haydom Mountain’ with local cattle of similar contour

Savage 2006b

Figure 9.3 The main road in Haydom village, with Mount Hanang in the distance

Savage 2006c

Figure 9.4 The front entrance to Haydom Lutheran Hospital

Savage 2008b

Figure 9.5 Subsistence farming close to Haydom village

Bjorlo 2008a

Figure 9.6 Well dressed children in Haydom by brick house

Savage 2008c

Figure 9.7 Traditional mud and thatch house close to Haydom village

Moyner 2007a

Figure 9.8 Iraqw ladies and baby by traditional *'tembe'* house

Savage 2006d

Figure 9.9 A stall on Haydom market

Savage 2006e

Figure 9.10 Street vendors near the Haydom hospital entrance

Bellet 2009a

Figure 9.11 Drinking locally brewed beer at a Haydom ‘club’

Bellet 2009b

Figure 9.12 Brewing local beer at a Haydom 'club'

Savage 2006f

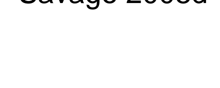
Figure 9.13 A road near Haydom in the rainy season

Savage 2006g

Figure 9.14 The water collection point in the centre of Haydom village

Savage 2009a

Figure 9.15 Bicycles as the main mode of transport in the locality



Savage 2008d

Figure 9.16 Common local transport in Haydom

Bellet 2009c

Figure 9.17 Transporting a wife in Haydom

Savage 2008e

Figure 9.18 Local bus about to unload live chickens

Bellet 2009d

Figure 9.19 Haydom's Primary School

Bellet 2009e

Figure 9.20 Haydom's Dr Olsen Secondary School

Savage 2009b

Figure 9.21 Children ploughing near to Haydom village

Bjorlo 2008b

Figure 9.22 Children herding near Haydom village

Bjorlo 2008c

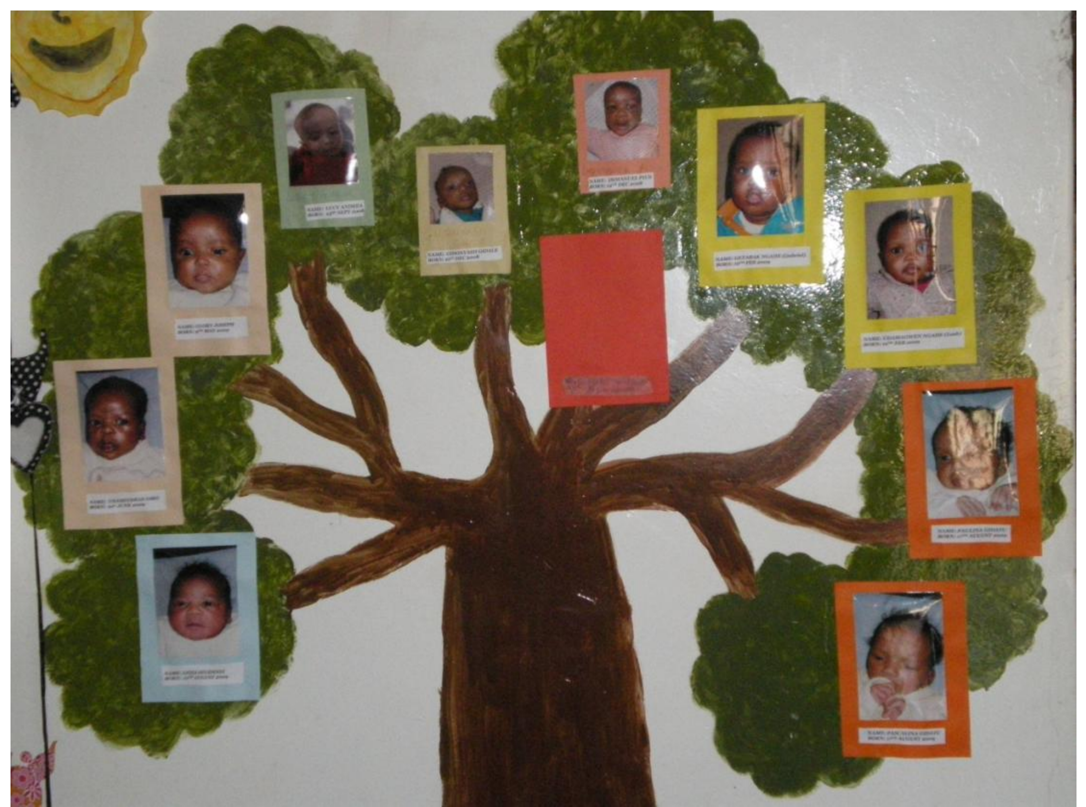
Figure 9.23 Young girl shopping in Haydom

Bellet 2009f

Figure 9.24 Child carrying load in Haydom village

Bellet 2009g

Figure 9.25 Street in Haydom, with child carrying sibling, water carrier and bicycles



Bellet 2009h

Figure 9.26 Orphans being cared for in the Haydom Lutheran Hospital 'Child Care Centre' in September 2009

Baardson 2005a

Figure 9.27 Iraqw women in Haydom

Baardson 2005b

Figure 9.28 Datoga women in Haydom

Baardson 2005c

Figure 9.29 Iraqw woman carrying load

Savage 2006h

Figure 9.30 Iraqw woman carrying firewood

Baardson 2005d

Figure 9.31 Iraqw woman cooking

Krull 2007a

Figure 9.32 Datoga boys and Iraqw men at the market held every two weeks in Haydom

Moyner 2007b

Figure 9.33 Stall selling 'Maasai blankets' worn by Datoga and Iraqw men and some ladies

Krull 2007b

Figure 9.34 Iraqw ladies

Moyner 2007c

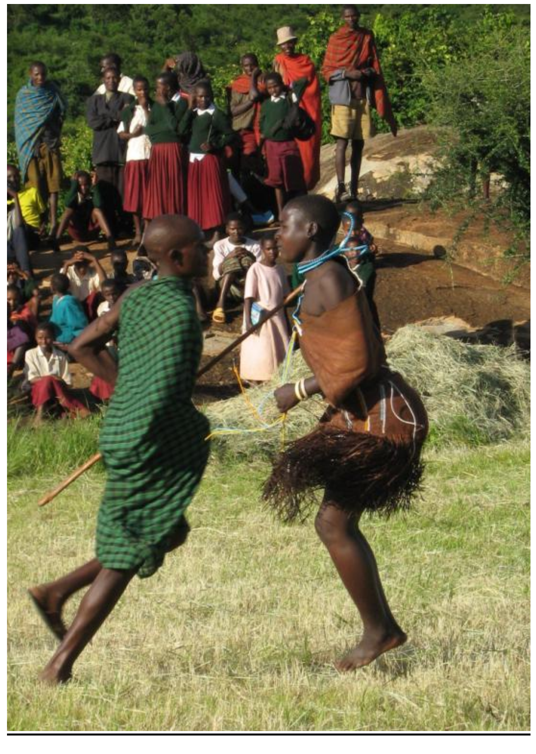
Figure 9.35 Datoga young men dancing

Baardson 2005e

Figure 9.36 Datoga man wearing traditional blanket

Baardson 2005f

Figure 9.37 Datoga men with blankets and sticks



Krull 2007c

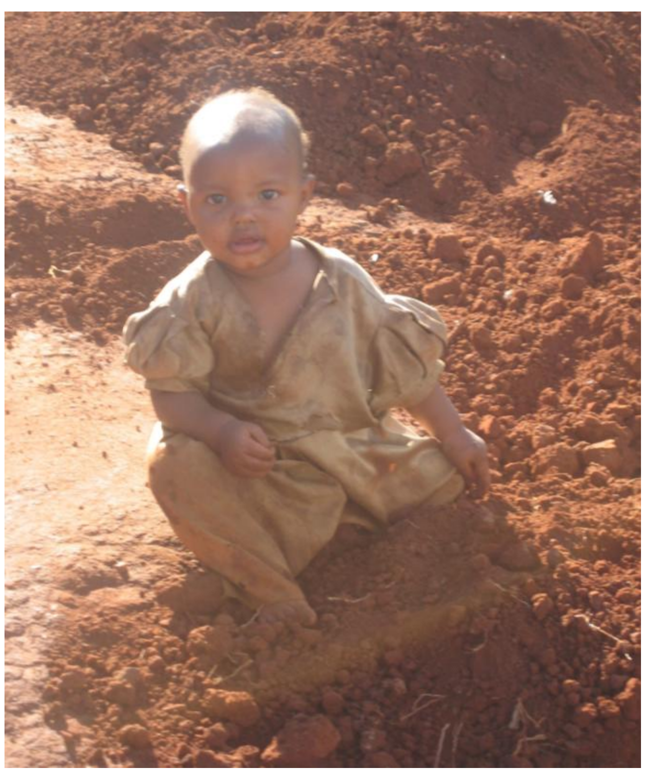
Figure 9.38 Young Datoga dancers

Moyner 2007d

Figure 9.39 Datoga women in fields

Bellet 2009i

Figure 9.40 Haydom Lutheran Church



Bjorlo 2008d

Figure 9.41 Child playing unattended in street in Haydom

Bjorlo 2008e

Figure 9.42 Group of children in Haydom

Savage 2006i

Figure 9.43 A Haydom wedding

CHAPTER 10
LIST OF SOURCES

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ANNEXURES

ANNEXURE A
Grand tour questions

1.Please tell me about child vulnerability.
2.What experiences do you have with vulnerable children?
Possible probing questions:
What factors make children become vulnerable?
How do you recognise vulnerable children?
What are the consequences of a child becoming vulnerable?
How can vulnerable children be helped?

ANNEXURE B
Revised questions for the 2nd stage of study

1. *"Mtoto" ana maana gani kwako?*
   What do you mean when you use the word 'child'?
2. *Hapa Haydom, kuna "watoto wasiojiweza"?*
   Here in Haydom, are there any vulnerable children?
3. *"Watoto wasiojiweza" wana maana gani kwako?*
   When you hear of vulnerable children, what do you understand by the word 'vulnerable'?
4. *Unawezaje kutambua kwamba mtoto ni "mtoto asiyejiweza"?*
   How can you recognise a vulnerable child?
5. *Kati ya watoto wasiojiweza, aina gani ya mtoto anastahili kusaidiwa zaidi kuliko wengine?*
   If you were planning to help vulnerable children in Haydom, which children would you pick out as being most vulnerable?
6. *Unadhani kwamba hali ya mtoto asiyejiweza inabaki kama ilivyo, au inaweza kubadilika?*
   Do you think a child who is vulnerable will always remain vulnerable? / Is vulnerability something unchanging, or may it change over time?
7. *Hapa Haydom, nini inasabibisha mtoto kuwa "mtoto asiyejiweza" au hali yake kuwa mbaya zaidi?*
   What factors may make a child vulnerable or make their vulnerability worse?
8. *Hapa Haydom, baada ya kuwa "mtoto asiyejiweza" mtoto anaweza kupata madhara yapi zaidi?*
   Here in Haydom, after a child has become vulnerable, what other consequences may follow?
9. *Hapa Haydom tutawezaje kutibu shida ya "watoto wasiyejiweza"?*
   Here in Haydom, what factors may reduce a child's vulnerability?
10. *Watoto wengine wanaweza kuvumilia katika shida za maisha vizuri zaidi kuliko wengine. Nini inawawezesha kuvumilia katika shida viizuri zaidi kuliko wengine?*
    Some children appear to be more able to cope with hardships than others. What do you think makes some children better able to cope with difficulties than others?
11. *Umeishashiriki katika kusaidia au kulea mtoto asiyjiweza? Ikiwa ndiyo, naomba utuelezee zaidi.*
    Have you ever been involved in looking after a vulnerable child? If so, please can you tell me about this.
12. *Umeishapata uzuefu ya binafsi kama mtoto asiyejiweza? Ikiwa ndiyo, naomba utuelezee zaidi. Mf, ulisikiaje?*
    Do you have any personal experience as a vulnerable child? If so, please can you tell me about this. Eg how did you feel?

ANNEXURE C
Vignettes prepared for 2nd stage of study

1. Elisha ni mtoto wa miaka nane, ambaye anaishi Haydom. Baba yake ni mlevi, ambaye anauza mavuno kupata pombe. Mama yake anauza mboga kupata hela ya kulisha Elisha na kumnunulia nguo zake. Jirani zao hawawasiliani sana na familia hii, kwa sababu wanaomba masaada mara nyingi na wao jirani hawana uwezo sana. Elisha ameisha anza shule ya msingi mwaka huu, lakini hali yake ya lishe siyo nzuri, na mara nyingi ana alama ya pigo kutoka kwa baba yake. Anafanya vizuri shuleni, lakini walimu wake wameona kwamba anaogopa kuuliza maswali.
Elisha is an 8 year old child living in Haydom. His father is alcoholic, and sells his crops to buy alcohol. His mother sells vegetables to get enough money to feed Elisha and to buy his clothes. Their neighbours do not like to socialise much with the family, as they often need help, and the neighbours are not well off themselves. Elisha has started primary school this year, but he is not well nourished and often has bruises from his father beating him. He is doing well at school, but his teachers note that he is afraid to ask questions.

2. Anna ni mtoto wa miaka kumi ambaye amefiwa na wazazi wake wote. Analelewa na shangazi yake, na analishwa na anapata mavazi kutoka shangazi. Analishwa vizuri, na pia ankwenda shuleni. Akifika nyumbani, anatarajiwa kufanya kazi za nyumba nyingi sana, na anashindwa kupata mudha wa kutosha kufanya mazoezi ya shule. Mara nyingine, anapewa adabu baada ya kulala darasani. Lakini anataka sana kufanya vizuri, na anaamini kwamba anaweza kushinda na kuwa mwalimu baadaye.
Anna is a 10 year old girl whose parents have died. She is cared for by an aunt who feeds and clothes her. She is well nourished, and goes to school. At home, she is expected to do most of the housework, and has difficulty finishing her homework. She sometimes gets punished at school for falling asleep in lessons. She is determined to do well, and wants to be a teacher when she finishes school.

Maswali kuhusu hizo historia: Questions relating to this vignette.
1. Unaona kwamba E / A ni mtoto asiyjiweza?
Do you think that Elisha / Anna is a vulnerable child?

Ikiwa NDIYO: If YES:
2. Nini imesabibisha E / A kuwa mtoto asiyejiweza?
What factors might have contributed to making Elisha / Anna vulnerable?
3. Nini inaonyesha kwamba ni mtoto asiyejiweza sasa?
What suggests that he / she might now be a vulnerable child?
4. Je, ana matatizo gani sasa hivi?
What are the problems that Elisha / Anna faces now?
5. Anaweza kupata matatizo mengine zaidi baadaye?
What problems do you think Elisha / Anna may face as time goes by?
6. Unadhani E / A anasikiaje kuhusu maisha yake?
How do you think Elisha / Anna feels about life?
7. Watoto wasiojiweza wanakabiliwa na shida nyingine zaidi?
What other problems do vulnerable children in Haydom face?
8. Watoto kama E / A anawezaje kusaidiwa?
What might be ways of helping a child like Elisha / Anna in Haydom?

Ikiwa HAPANA: If NO:
9. Nini ingalilinda E / A asiwe mtoto asiyejiweza?
What factors might have protected Elisha / Anna from being vulnerable?
10. Nini inaonyesha kwamba E / A siyo mtoto asiyejiweza kwa sasa hivi?
What suggests that he / she is not a vulnerable child at this point in time?
11. Unadhani E / A anasikiaje kuhusu maisha yake?
How do you think Elisha / Anna feels about life?
12. Unatarajia matokeo yapi ya utoto wa E / A?
What do you expect to be the outcome of Elisha's / Anna's childhood?

ANNEXURE D
Consent for interview in English

Mrs Angela Savage, c/o HLH, P O Mbulu, Manyara Region, Tanzania.
Tel: 0787744414

Dear informant,
I am trying to understand Haydom residents' views of child vulnerability.
This will help us to identify vulnerable children and plan appropriate care for them.
I should be grateful if you would answer some questions about child vulnerability as part of a doctoral thesis.
Permission to conduct this study has been obtained from the National Institute for Medical Research of Tanzania and from the Tanzania Commission for Science and Technology.
You are not obliged to answer every question, but every answer you give will help in this study.
The answers you give will remain confidential: your name will not appear on any document.
We would like to tape record your answers, but will make written notes if you do not wish to be recorded.
We may possibly return to you for a brief interview if we need to clarify anything from the first interview.
The interview will take less than one hour.
You are free to terminate the interview at any time.
There is no payment for information given.
You are welcome to read a summary of the study in the Haydom Hospital library on completion by July 2009.
Likely short term benefits include raising awareness of child vulnerability, and for the researcher, to enable her to complete a course of study.
In the long term, the findings from this study could be used to plan effective programmes to benefit some of the most vulnerable members of society.
Anticipated risks include loss of time and possible psychological discomfort.
I should be grateful if you could sign below to indicate that you are willing to participate in this research, under the conditions mentioned here.

Informant name: Signature:
____
Researcher name: Signature:
____

Date:

ANNEXURE E
Consent for interview in Swahili

Mrs Angela Savage, c/o HLH, P O Mbulu, Manyara Region, Tanzania.
Tel: 0787744414

Mpendwa mtoa maelezo,
Ninajaribu kuelewa mitazamo ya wenyeji wa Haydom kuhusu watoto wasiojiweza.
Hii itatusaidia kutambua hawa watoto na kupanga mikakati ya kuwatunza.
Nitakushukuru ikiwa utanijibu maswali yanayo husu hawa watoto kama sehemu ya masomo yangu ya chuo kikuu (udaktari).
Utafiti huu umekubalika na Mamlaka yanayo husika na utafiti hapa Tanzania.
Si lazima kujibu kila swali, lakini kila jibu litasaidia kutekeleza utafiti huu.
Majibu utakayotoa yatakuwa ya siri: jina lako halitaonekana katika taarifa ya utafiti huu.
Tutapenda kurekodi majibu yako, au sisi kuandika katika maandishi mazungumzo yako.
Pengine tutaomba kurudi kwako ikiwa tunahitaji ufafanuzi wa maelezo yako ya awali.
Maelezo au mahojiano kati ya mimi na wewe haitachukua saa moja.
Unaweza kukatisha maelezo yako wakati wo wote ikiwa hutaki kueleza zaidi.
Hakutakuwa na malipo kwa maelezo utakayotoa.
Unakaribishwa sana kusoma muhtasari wa utafiti katika maktaba ya Hospitali ya Haydom baada ya mwezi wa Julai 2009.
Faida za utafiti huu itajumuisha kupanua uelewa wangu na kwa jamii nzima kuhusu watoto wasiojiweza. Pia, utafiti utanisaidia kumaliza mafunzo yangu.
Matokeo ya utifiti wangu yatasaidia kupanga mikakati endelevu katika kusaidia watoto wasiojiweza.
Hasara itakayojitokeza katika utafiti huu ni kutumia muda wako, na pengine kujisikia vibaya kimawazo.
Nitafurahi na kukushukuru endapo utakubali kushiriki kutoa maelezo katika utafiti huu.

Mtoa maelezo: Sahihi:

Mtafiti: Sahihi:

Tarehe:

ANNEXURE F
Questionnaire with Likert scale 'scoring' guide: English version

	QUESTIONS Identifying number________ Ethnic group________________ Age______ Sex_____ Date ___________ Danger of abuse from parents ______________ Signature of interviewer ___________________	Strongly agree	Agree	Disagree	Strongly disagree
Indicate the extent to which the following represents or relates to child vulnerability in Haydom					
1.	Financial assistance intended for a vulnerable child is more reliably channelled through the mother than the father				
2	The condition of a vulnerable child is able to improve without any assistance				
3	A small family is more likely to have vulnerable children than a large family				
4	Donated school fees should be paid directly to school authorities				
5	Vulnerable children play happily as children should				
6	The vulnerable child's extended family are responsible for helping him/her				
7	Vulnerable children are likely to use marijuana				
8	Vulnerable children can be identified by their communities				
9	Persevering in a bad situation can help a vulnerable child to survive				
10	If alcoholic parents are given financial help, their vulnerable children are likely to benefit				
11	A vulnerable child is likely to become a thief				
12	Being lazy can help a vulnerable child to survive				
13	Giving a vulnerable child school uniforms will help him/her				
14	Vulnerable children risk different consequences depending on their age				
15	Children born outside wedlock are likely to become vulnerable children				
16	A vulnerable child has limited strength or resources available to him/her				
17	A handicapped child is likely to be a vulnerable child				
18	Community income generating projects can help vulnerable children				
19	Rich parents' children are likely to be vulnerable children				
20	Vulnerable children are likely to become prostitutes				
21	Children of chronically ill parent(s) are vulnerable children				
22	Vulnerable children are able to claim their rights				
23	Vulnerable children have a habit of begging				
24	Children who have been abandoned by their parents are vulnerable children				

25	Children who are born outside wedlock are recognised by the community				
26	Vulnerable children can be recognised by observing their behaviour				
27	Vulnerable children are fed like other children in the community				
28	If handicapped children are not looked after by their families, they should be brought up in a special institution				
29	Vulnerable children are more likely to be physically abused than other children				
30	Children of alcoholic parents are likely to be vulnerable				
31	Vulnerable children get adequate education				
32	A vulnerable child dresses the same as other children in the community				
33	Vulnerable children are those whose parents deprive them of educational opportunities				
34	Vulnerable children have equal access to health services				
35	Vulnerable children appear to be sad				
36	Adults can help vulnerable children by giving advice				
37	All orphans are brought up by their extended families without any discrimination				
38	An orphan is likely to be a vulnerable child				
39	Orphans get their expected inheritance				
40	A volunteer mother who is not related to an orphan can bring him/her up				
	Totals				

ANNEXURE G

Questionnaire with Likert scale 'scoring' guide in Swahili

	MASWALI Namba________ Kabila___________________ Umri______ Jinsia_____ Tarehe __________ Hatari ya kupigwa na wazazi_____________ Sahihi ya muuliza swali__________________	Nakubali kabisa	Nakubali kiasi	Sikubali kiasi	Sikubali kabisa
Sema unavyoona vipengele vifuatavyo vinasema ukweli juu ya watoto wasiojiweza hapa Haydom.					
1.	Mfadhili anaweza kumtegemea mama akitoa msaada kwa mtoto asiyejiweza kuliko baba				
2	Bila msaada hali ya mtoto asiyejiweza inaweza kuwa nzuri.				
3	Familia ndogo huenda ikawa na watoto wasiojiweza kuliko familia kubwa.				
4	Ikiwa ada za shule zinatolewa zinapaswa kulipwa moja kwa moja kwa mamlaka husika ya shule.				
5	Watoto wasiojiweza hucheza kwa raha kama wengine.				
6	Jamaa ya mtoto asiyejiweza ina jukumu ya kusaidia watoto wasiojiweza.				
7	Watoto wasiojiweza huenda wakawa wavuta bangi.				
8	Jamii zao wanaweza kutambulisha watoto wasiojiweza				
9	Kuvumilia katika hali mbaya kunaweza kumsaidia mtoto asiyejiweza kuendelea kuishi.				
10	Kama wazazi walevi wanapewa hela watoto wao wasiojiweza huenda wanafaidika.				
11	Mtoto asiojiweza huenda akawa mwizi.				
12	Kuwa mvivu inaweza kumsaidia mtoto asiyejiweza kuendelea kuishi.				
13	Kumpa mtoto asiyejiweza sare za shule itamsaidia.				
14	Madhara yanayowapata watoto wasiojiweza yanategemeana na umri wao.				
15	Watoto waliozaliwa nje ya ndoa huenda wakawa watoto wasiojiweza.				
16	Mtoto asiyejiweza ni yule ambaye hana nguvu au uwezo.				
17	Mtoto mlemavu huenda akawa mtoto asiyejiweza.				
18	Miradi ya jamii ya kuzalisha hela inaweza kusaidia watoto wasiojiweza.				

19	Mtoto wa wazazi watajiri huenda akawa mtoto asiyejiweza.				
20	Watoto wasiojiweza huenda wakawa malaya.				
21	Mzazi ambaye ni mgonjwa wa muda mrefu huenda akawa na watoto wasiojiweza.				
22	Ni rahisi kwa watoto wasiojiweza kupata haki zao.				
23	Ni tabia ya watoto wasiojiweza kuomba omba.				
24	Watoto waliotelekezwa na wazazi huenda wakawa watoto wasiojiweza.				
25	Watoto waliozaliwa nje ya ndoa wanatambuliwa.				
26	Watoto wasiojiweza wanaweza kutambuliwa kwa kuangalia mwenendo wao.				
27	Watoto wasiojiweza hupata chakula vizuri.				
28	Ikiwa watoto walemavu hawatunzwi na ndugu/jamaa wanapaswa kulelewa na taasisi maalum.				
29	Watoto wasiojiweza huenda wakawa wanapigwa vibaya kuliko watoto wengine.				
30	Mtoto wa wazazi walevi huenda akawa mtoto asiyejiweza.				
31	Watoto wasiojiweza wanapata elimu.				
32	Mtoto asiojiweza huvalishwa vizuri				
33	Watoto wasiojiweza ni wale ambao wananyimwa shule na wazazi wao.				
34	Watoto wasiojiweza wanapata huduma za afya kwa urahisi				
35	Watoto wasiojiweza wanaweza kutambulishwa kwa kuonyesha huzuni.				
36	Watu wazima wanaweza kusaidia watoto wasiojiweza kwa kutoa ushauri.				
37	Yatima wote wanalelewa na jamaa bila ubaguzi.				
38	Mtoto yatima huenda akawa mtoto asiyejiweza.				
39	Yatima wote wanapata urithi wao.				
40	Mama anayejitolea ambaye siyo ndugu yake na yatima anaweza kumlea.				
	Jumla				

ANNEXURE H
Test-retest calculation, to measure stability

Formula =

$$r = \frac{N\sum XY - (\sum X)(\sum Y)}{\sqrt{(N\sum X^2 - (\sum X)^2)(N\sum Y^2 - (\sum Y)^2)}}$$

(Burns & Grove 2001:529; Walsh & Ollenburger 2001:219-222)

Where:
N = the number of items
X = the score at the first date
Y = the score at the second date
∑ = the sum of
√ = the square root of

	VALUES REQUIRED BY FORMULA				
Case	**X**	**Y**	**X^2**	**Y^2**	**XY**
A	96	107	9 216	11 449	10 379
B	79	79	6 241	6 241	6 241
C	101	93	10 201	8 649	9 393
D	92	93	8 464	8 649	8 556
E	93	106	8 649	11 236	9 858
∑ of values	461	478	42 771	46 224	44 427

Substituting values into the formula:

$$\frac{(5 \times 44\,427) - (461 \times 478)}{\sqrt{(5 \times 42\,771 - (461)^2\,(5 \times 46\,224) - (478)^2}}$$

$$= \frac{222\,135 - 220\,358}{\sqrt{(213\,855 - 212\,521)(231\,120 - 228\,484)}}$$

$$= \frac{1\,777}{\sqrt{(1\,334)(2\,636)}}$$

$$= \frac{1\,777}{\sqrt{3\,516\,424}}$$

$$= \frac{1\,777}{1\,875.2}$$

$$= 0.9477$$

Computed reliability coefficients of stability and equivalence are considered acceptable if r is > 0.7, although a level of >0.85 is preferred (Polit et al 2001:305-308).
A correlation coefficient (r) for stability of 0.95 was obtained. This value was found to be significant at the .02 level (Burns & Grove 2001:530-531,763).

ANNEXURE I
Inter-rater reliability calculation, to measure equivalence

Formula =

$$r = \frac{N\sum XY - (\sum X)(\sum Y)}{\sqrt{(N\sum X^2 - (\sum X)^2)(N\sum Y^2 - (\sum Y)^2)}}$$

(Burns & Grove 2001:529; Walsh & Ollenburger 2001:219-222)

Where:
N = the number of items
X = the score obtained by 1st research assistant
Y = the score obtained by 2nd research assistant
∑ = the sum of
√ = the square root of

	VALUES REQUIRED BY FORMULA				
Case	**X**	**Y**	**X^2**	**Y^2**	**XY**
A	94	94	8 836	8 836	8 836
B	104	104	10 816	10 816	10 816
C	114	114	12 996	12 996	12 996
D	100	98	10 000	9 604	9 800
E	107	107	11 449	11 449	11 449
∑ of values	519	517	54 097	53 701	53 897

Substituting values into the formula:

$$\frac{(5 \times 53\,897) - (519 \times 517)}{\sqrt{(5 \times 54\,097 - (519)^2\ (5 \times 53\,701) - (517)^2}}$$

$$= \frac{269\,485 - 268\,323}{\sqrt{(270\,485 - 269\,361)(268\,505 - 267\,289)}}$$

$$= \frac{1\,162}{\sqrt{(1\,124)(1\,216)}}$$

$$= \frac{1\,162}{\sqrt{1\,366\,784}}$$

$$= \frac{1\,162}{1\,169.095}$$

$$= 0.994$$

A correlation coefficient (r) of 0.99 was obtained for interrater reliability in this study. This value was found to be significant at the .01 level (Burns & Grove 2001:530-531,763).

ANNEXURE J
Tanzania Commission for Science and Technology (COSTECH) research permit

TANZANIA COMMISSION FOR SCIENCE AND TECHNOLOGY
(COSTECH)

Telegrams: COSTECH
Telephones: (255 - 22) 2700745-6
Director General: (255 -22) 2700750 &
Fax: (255 - 22) 2775313
E-M: Rclearance@costech.or.tz

Ali Hassan Mwinyi Road
P.O. Box 4302
Dar es Salaam
Tanzania

RESEARCH PERMIT

No. 2008 –298-NA–2007-175 Date 15th October 2008

1. Name : **Angela Ruth Savage**

2 Nationality : **British**

3 Title : **Child Vulnerability in the Iraqw and Datoga of Haydom Village, Northern Tanzania**

4 Research shall be confined to the following region(s): **Manyara and Arusha**

5 Permit validity **15th October 2008 to 14th October 2009.**

6. Local Contact/collaborator: **Dr. Sokoine, NIMR, P.O. Box 9653, Dar es Salaam**

7. Researcher is required to submit progress report on quarterly basis and submit all Publications made after research.

M. Mushi
for: DIRECTOR GENERAL

ANNEXURE K
National Institute for Medical Research (NIMR) clearance certificate for conducting medical research in Tanzania

THE UNITED REPUBLIC OF
TANZANIA

National Institute for Medical Research
P.O. Box 9653
Dar es Salaam
Tel: 255 22 2121400/390
Fax: 255 22 2121380/2121360
E-mail: headquarters@nimr.or.tz

Ministry of Health
P.O. Box 9083
Dar es Salaam
Tel: 255 22 2120262-7
Fax: 255 22 2110986

NIMR/HQ/R.8a/Vol. IX/565

25th May 2007

Mrs Ruth Angela Savage
Haydom Lutheran Hospital
Private Bag, Mbulu
Manyara

CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: Child vulnerability in the Iraqw and Datoga of Haydom village, northern Tanzania, *(Savage A R et al*), whose Principal Investigator is Mrs Angela Ruth Savage u, has been granted ethics clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is made available to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine.

Name: Dr Andrew Y Kitua

Signature

CHAIRMAN
MEDICAL RESEARCH
COORDINATING COMMITTEE

Name: Dr Deo Mtasiwa

Signature

CHIEF MEDICA L OFFICER
MINISTRY OF HEALTH, SOCIAL
WELFARE

CC: RMO
DMO

ANNEXURE L
University of South Africa (UNISA) Health Studies Research and Ethics Committee (HSREC) College of Human Sciences clearance certificate

UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee (HSREC)
College of Human Sciences

CLEARANCE CERTIFICATE

Date of meeting: 25 July 2007 Project No: 07693400

Project Title: *Health beliefs and practices relating to childbearing in the Datoga tribe living in Haydom village, Tanzania*

Researcher: Mrs Ar Savage

Supervisor/Promoter: **Dr DM van der Wal**

Joint Supervisor/Joint Promoter: Mrs JE Tjallinks

Department: Health Studies

Degree: D Lit et Phil

DECISION OF COMMITTEE

Approved √ **Conditionally Approved** ☐

Date: 25 July 2007

Prof L de Villiers
RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES

Prof SM Mogotlane
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES