

OSLO AND AKERSHUS  
UNIVERSITY COLLEGE  
OF APPLIED SCIENCES

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**Child Protection in Early Childhood:  
Professionals' Experience towards protecting  
children in Early Childhood from Abuse and  
Neglect**

**A Comparative Study of Kinondoni, Ilala and Temeke Districts in  
Dar-es-Salaam City- Tanzania**

**Thesis for the Master's Degree in International Social Welfare and Health Policy**

**Oslo and Akershus University College of Applied Sciences,**

**Faculty of Social Sciences**

**Spring 2017**

## **ABSTRACT**

Early Childhood Abuse and Neglect has been a concern across the globe. Studies have shown that children in Early Childhood (0-8 years) are more victims of abuse and neglect than older children of which the most common types of maltreatments are neglect by a rate of 71% and physical abuse by a rate of 16.1%. It further shows that the severe violations come from parents, family members, teachers, employed caretakers, law enforcement authorities and other state actors. The Tanzania Law of Child Act no 21 of 2009 explains the protective needs of all children below 18 years and that in every action, the best interest of the child should be the primary consideration. Tanzania has established structures with key professionals and stakeholders that jointly intervene and ensure that the best interest of the child is highly considered.

The purpose of this thesis is to examine how professionals experience and assess their work with children affected by or at risk of abuse and neglect, with a specific focus on children in early childhood (0-8 years). It is a comparative study on the experience of professionals i.e. the Social Welfare Officers, Police Officers in the Police Gender and Children Desk (PGCD) and the Medical practitioners who have mandatory responsibility towards the wellbeing and protection of the child in the 3 districts of Kinondoni, Ilala and Temeke in Dar es Salaam City-Tanzania. The thesis is based on in-depth interviews and document reviews as means of data collection. Theoretical perspectives informing the findings is based on street-level bureaucracy theory, organizational culture theory and ecological system theory.

The findings indicated that the working condition of these professionals have been a major hindrance in implementing their roles to protecting these children from abuse and neglect as well as early recognition of signs of abuse have been a gap. Also, some cultures/behaviors established within organizations have shown to limit the aspiration of these professionals to implement their roles and their job performance. In addition to this, family and community systems have been major risk factors in protecting children of which the driving factors expressed by the professionals were those in relation to the poverty, harmful traditional practices, culture of silence, behavioral factors like drug use and ignorance of the community. This study also highlighted that most of the interventions are responsive in nature, demanding the need to invest further on preventive interventions to ensure children are protected at the earliest to avoid further damage.

## ACKNOWLEDGMENT

First and foremost, my greatest gratitude and acknowledgment goes to the God Almighty for the mercy, grace and good health he bestowed to me. I am grateful because through prayers and faith doors of opportunities opened for me to get the resources and experience I needed for my research study. I extend my appreciation to the Norwegian Institute Lanekassen and the Oslo and Akershus University College; both the International Office and the MIS programme professors and lecturers for their great and close support during my MIS Programme.

Special appreciation goes to my supervisor; Ms Ariana Guilherme Fernandes for her keen insights and technical advices on my work which was an enriching process of the progressive improvement. I am grateful on the time she spent on my work, the long skype sessions we had and the detailed comments which shaped my research paper to the way it is.

This research paper couldn't be achieved without the engagement of the professionals i.e. the Social Welfare Officers, Police Officers in the Police Gender and Children Desk (PGCD) and the Medical practitioners from the 3 districts of Kinondoni, Ilala and Temeke in Dar es Salaam City-Tanzania. I extend my gratitude to these respondents and acknowledge the permission granted by the Government Heads for this study to be conducted which enabled me to receive full cooperation from the respondents selected for this study.

I wish to express my outmost appreciation to UNICEF Tanzania for granting me the 6 months Internship Programs under the Child Protection Section. The Section Team was very resourceful and supportive on the information needed for my study. Through this Internship, I got the opportunity to learn on the Child Protection Initiatives in place so far in Tanzania and the experience gained added up to my career path and better understanding on how to shape my research paper technically.

Lastly, I wish to extend my greatest gratitude to my mother; Mrs. Jeanne K. Ndyetabura- the retired Assistant Commissioner for Social Welfare: Head of Family and Child Welfare & Protection and Early Childhood Development Section who has been a library of information in understanding how the government operates in service provisions and recommended a lot of materials which were necessary for my study.

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## ACRONYMS

CHRAGG- Commission of Human Rights and Good Governance

CP Child Protection

CRC Convention on the Rights of Child

LCA Law of Child Act (Tanzania)

MoHCDGEC Ministry of Health, Community Development, Gender, Elderly and Children

MoHSW Ministry of Health and Social Welfare

NCPAC National Child Protection Advisory Committee

PGCD Police Gender and Children Desk

SWO Social Welfare Officer?

UNICEF United Nations Children Education Fund

WHO World Health Organization



# CHAPTER ONE

## SCOPE OF THE STUDY

### 1.0 Introduction

The theme of this present thesis is Child Protection in Early Childhood and professionals' experience towards protecting children in Early Childhood from Abuse and Neglect in Tanzania. Every day, the safety and welfare of our children globally are endangered by child abuse and neglect. Effective intervention in the lives of these children and their families is a shared community responsibility and not only a concern to any specific single agency or professional group (Goldman and Salus 2003). Tower (2003) explains that it's clear that parents have the fundamental right to nurture their children as they see appropriate. The society does believe that the best interest of the child will be considered during child rearing and that the child is secure in the hands of the caregiver. But if the parents fail to protect their children from any harm or meet their basic requirements, it's the society's responsibility to intervene and protect the health and welfare of the child (Tower 2003, 7).

The quality of parenting and child care is generally considered to have a great bearing on early childhood development and general child outcomes. The problem of abuse and neglect in Early Childhood has been a concern that many of us have come across whether through our families, neighbors, and the media or as a reported case in our service providers' offices. Many studies have shown that abuse and neglect in early childhood is a global phenomenon and home for too many children is perceived far from a safe haven, because hundreds of millions of children are exposed or victims of domestic violence, abuse and neglect (UNICEF 2006). According to UNICEF, 7.6 million children under the age of 5 worldwide die each year and more than 25 times that number-200 million children survive but do not reach their full potential due to poor health and nutrition, poverty, ethnicity and deficient care (UNICEF 2013).

In addition to this, data gathered by the U.S Department of Health and Human services (2010); showed that children in early childhood are more victims of maltreatment than older children of which the most common types of maltreatments are neglect by a rate of 71% and physical abuse by a rate of 16.1% of maltreated children (Friedman 2010). Evidences have shown that the most severe violations come from parents, family members, teachers, employed caretakers, law

enforcement authorities and other state actors (Landers 2013). Despite evidence shown from several studies, the identification of those families who are linked to abuse and neglect is still a challenge globally because these violations happen within home settings and are mostly invisible to the public eyes (Landers 2013).

In Tanzania, violence against children is also a challenge. However, Tanzania lacks empirical evidence and data on the extent of the abuse rate or the safety and security of infants and young children (0-8 years) while under the care of their parents or alternative caregivers within their households or in the childcare centers, because this phenomenon has not been well studied or documented. But the Tanzania's National Survey on Violence against Children (2009) which was the first survey in Africa to measure all forms of violence i.e. physical, emotional and sexual among girls and boys in the country, provided national estimates on the magnitude of sexual, physical and emotional abuse/violence (UNICEF 2011). The study involved a nationwide sample of girls and boys aged 13 to 24. The focus was to assess the prevalence of sexual, physical and emotional abuse/violence on these children prior to the age of 18 and the results indicated that abuse and violence was a widespread and profound problem in Tanzania. The empirical data showed the rate of physical abuse was 73.5% for girls and 71.7% for boys, sexual abuse was 27.9% for girls and 13.4% for boys and emotional abuse was 23.6% for girls and 27.5% for boys (UNICEF 2011). These data became a strong indicator that abuse/violence should be a major concern in Tanzania due to the inadequacy in the existing systems that protect children.

The challenge in assessing the actual prevalence rate on abuse in early childhood has been encountered both at the global level and in Tanzania. However, information of reported cases from community and media have shown that the degree of abuse and neglect in early childhood is high with damaging results. Therefore, there is need of immediate interventions from the family to community level that will intensively address the factors that leads to child abuse and neglect.

In Tanzania context, the Child Protection service providers such as the Social Welfare Officers, Police Officers and Medical Practitioners are the professionals with mandatory responsibilities to work together and ensure the welfare and protection of children at the community level (Department of Social Welfare 2008). Understanding their knowledge of existing policies and regulations protecting children in early childhood, coupled with the preventive and responsive

measures to address abuse and neglect will provide clarity on the interventions set to protect this age group of 0-8 years.

## **1.1 Research Aim and Research Questions**

Therefore, this study seeks to:

- Examine how professionals experience and assess their work with children affected by or at risk of abuse and neglect, with a specific focus on children in early childhood (0-8 years)
- Compare the 3 districts under study.

### **Central Research Question;**

- How do professionals experience and assess their work in their contact with children in early childhood (0-8 years) who are at risk or victims of abuse and neglect?

### **Specific Research Questions;**

- How do professionals assess the measures implemented on ground level in the districts to protect children in early childhood from abuse and neglect?
- How do professionals assess the applicability of the regulatory frameworks on the ground?
- How do professionals assess their working conditions to facilitate their roles to protect children in early childhood from abuse and neglect?
- What are the similarities and differences across the professionals and between districts?

This study intends to specifically draw views from key professional who have mandatory responsibility towards the wellbeing and protection of the child. These includes Social Welfare Officers, Police Officers in the Police Gender and Children Desk (PGCD) and Medical practitioners who are also members of the District Child Protection Team. The justification for limiting the study to these 3 professionals are discussed on page 31-32.

This study is also comparative, limited to 3 districts under study in Dar es Salaam City- Tanzania i.e. Kinondoni, Temeke and Ilala districts. These districts are compared in terms of on ground implementations, working conditions, achievements and challenges. The justification for selecting these 3 districts is presented on page 33-34.

## 1.2 Definition of Child Abuse and Neglect

The main concept of this study is child abuse and neglect and it is therefore important to define it. One approach of defining abuse and neglect emphasizes that one must consider the parenting behaviors and expectations from the range of cultures; Culture as a subjective concept is a complex whole which includes knowledge, laws, customs and beliefs in a specific community and it is a basis on how people should behave (WHO 1999). Different traditions and understandings can result in different rules on what is acceptable in parenting practices which can make it challenging to come up with a common ground on what is considered abusive and neglectful practices (WHO 1999). Example there have been different conceptions of what constitutes child abuse; Is leaving a 5-year-old or 10-year-old alone neglect? Is spanking a child considered abusive? In some cultures, these are abusive but other cultures, these are perceived to be normal parenting styles. These differences in perceptions has made researchers recognized that child abuse is culturally specific and should be addressed with consideration of the context under study (Runyan et al., 2005).

Even though culture might be one approach in defining and explaining child abuse there are other approaches as well. For instance, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) compared the definitions on abuse and neglect from 58 countries and found some common grounds on what should be considered as abusive and neglectful (WHO 1999). Referring to the definition drafted by WHO Consultation on Child Abuse Prevention which covers a broad spectrum of abuse by focusing on the actions/behaviors of the caretakers as well as considers abuse to take place where there is harm or threat of harm to the child, they define child abuse in the following way;

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (WHO 1999, 3).

Stagner and Lansing (2009) elaborates further on the meaning of neglect explaining it encompasses caregiver's inattention to a child's physical needs such as food, shelter, clothes, medical care, education or emotional needs. Moreover, in defining abuse and neglect it is also important to take

into consideration the states level definitions of abuse and neglect when aggregating and interpreting the state data (Stagner and Lansing 2009, 23).

Table 1 below gives a detailed description on the types of abuse and neglect.

Types of Abuse or Neglect	Definition
Physical Abuse	The use of physical force, such as hitting, kicking, shaking, burning or other show of force against the child
Sexual Abuse	Involves engaging a child in sexual acts; includes fondling, rape, and exposing a child to other sexual activities
Emotional Abuse	Refer to behaviours that harm a child's self-worth or emotional well-being such as name calling, shaming, and rejection, withholding love and threatening.
Neglect	The failure to meet a child's basic needs, including housing, food, clothing, education and access to medical care.

Source: Jones and Fransisco 2014: Types of Child Abuse.

### **1.3 Relevance of the Study and Prevalence of Child Abuse and its Impact**

The in-depth studies conducted on Child Abuse and Neglect have confirmed that abuse is a world-wide problem cutting across different cultures, classes, ethnicity, income level and education background. In some countries abuse and violence is socially acceptable and is normally legal and state-authorized which is in contradiction to the human rights commitments and child developmental needs (General Assembly 2006, 5).

Regarding the general data on Child Abuse and Neglect, the summary report from the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) pointed out that the studies conducted by UNICEF, the US Centre for Disease Control and Prevention (CDC) and national governments in several Eastern and Southern African countries have provided general data report on child abuse and neglect. The data showed that the rate of physical abuse was between 25-73 % for girls and 61-73% for boys, sexual abuse was between 28-33% for girls and 9-18% for boys,

and emotional abuse was between 24-30% for girls and 28-29% for boys (ISPCAN 2012). Also, the report shared by the National Child Abuse and Neglect Data System (NCANDS) under the US Department of Health and Human Services Administration on Children, Youth and Families (USDHHS) shared a 2005 statistics on child abuse and neglect in the US. This empirical data showed an estimate of 3.3 million referrals of abuse and neglect were received by public social services or Child Protection Services Agencies (U.S. Department of Health and Human Services, 2007). These statistics enlightens us on the magnitude of the problem world-wide and brings about the need to develop global intervention to address and limit the occurrence of abuse and neglect.

Most of the factors leading to abuse and neglect resides from the difficulties faced in family conditions. Research studies have shown that the causes of abuse and neglect includes elements of psychopathology and stressful social-economic conditions of the family members (Hankerson 1979, 399). Costin (1972) attributed child abuse and neglect to be a result of three situations i.e. (1) The personality structure of the abusing and neglecting parent; which could result from a deprived childhood or past experience leading to lack of lifelong caring relationship and withdraw from their children, also the health reasons, effects of unwanted pregnancies or effect of insufficient support which could be financial resources, relatives support or satisfying work, (2) Social problems; which could include the expensive health care, unequal medical services, poverty, unemployment, poor shelter, disability conditions are few to mention, and lastly (3) Environmental conditions; which involves the lack of measures/techniques to early identify signs of abuse causing the social services to deal with a more severe and fatal result as well as the lack of case accountability by the social welfare agencies leading to unsolved/incomplete services (Costin, 1972, quoted from Hankerson 1979, 399). Such conditions affecting the family members can result to abusive and neglecting environment which will eventually affect the proper health pattern and well-being of the child throughout the life-course.

Early childhood is the most rapid period in the human development. The period from conception through birth to 8 years are the most critical stages to a complete and healthy cognitive, physical and emotional growth of the child (UNICEF 2001). This is so due to 4 major reasons; Firstly; Young children are more vulnerable to the quality of care, parenting and environment they are exposed, secondly; the brain growth and brain structure development is faster at the early years than any other throughout life, third; language and cognitive functioning develops through

interactions with the family and society around and Lastly; the foundation for moral senses is built at this age period (Evans et al 2012). The United Nations Convention on the Rights of the child (CRC) defines early childhood as the period below the age of 8 years (CRC/C/GC/7/Rev.1, Para 4). The definition of Early Childhood varies in different countries, regions and local traditions. All United Nations State Parties chooses to either domesticate the CRC definition or formulate the definition based on their context, as for the Tanzania Child Development Policy (2008). Early Childhood is defined as a period below the age of 5 years (MoCDGC 2008). The care that a child receives has a great influence to their survival, growth and development. “Care” is defined as behaviors and practices shown by the primary caregiver to provide the basic needs such as food, health care, also stimulation and emotional support for the proper growth and development of the child (Engle and Lhotska 1999). Early caregiver- child relationship is a key determinant of the quality of the environment a child is provided as it has an impact on the social, psychological, cognitive development and behavioral adjustment (WHO 2004).

Evidences have shown that when young children recognize abuse in their environments, they do not have the cognitive and language skills to express their feelings or remove themselves from harmful situation like older children. The excessive exposure of the child to persistent abuse will continuously affect the health pattern and the fear of abuse will be embedded in the child’s memory for life causing the psychological, emotional and behavioral difficulties (National Scientific Council on the Developing Child 2010).

Child Abuse and Neglect have immediate and long-term detrimental outcomes for human development and population health, and it does not only affect the child as an individual but also the society in general (Stagner and Lansing 2009, 24). Child abuse, neglect and other traumatic events at early childhood can take a serious impact and contribute to health problems over a life time (Landers 2013). Some of these immediate consequences includes physical injuries, neurological damage, delayed physical growth, as well as cognitive and language deficits, and most of the time these consequences are often interrelated (Stagner and Lansing 2009, 24). The major long term outcomes of child abuse and neglect are related to adoption of behavioral risk factors such as smoking, alcohol and drug abuse, poor diet, criminal activities, lack of exercises which may result to health problems such as ischemic heart disease, cancer, lung diseases as well

as psychological damages such as depression, stress, anxiety, aggression, shame, cognitive impairment all of which limits the child from developing to his/her full potential (WHO 1999).

Scholars such as McEwen (2007) explains that scientists have managed to document the effects of abuse and neglect on the developing brain using the brain imaging techniques. These images indicate that abuse and neglect at the early stages of life damages the physical structure of the brain by impairing the cell growth, interfering with the health circuitry formation and distorting the neural structure and functioning of the young brain. He further points out that the neurobiological findings explain the psychological, emotional and behavioral difficulties because of violence, abuse and neglect in early childhood (McEwen 2007).

The available data so far helps us to understand the scope and scale of the problem of abuse and neglect in Early Childhood. The data gathered by the U.S Department of Health and Human services in 2010 showed that children in early childhood are more victims of maltreatment than older children of which the most common types of maltreatments are neglect by a rate of 71% and physical abuse by a rate of 16.1% of maltreated children (Friedman 2010). In addition, the World Health Organization shared that 20% of women and 8% of men worldwide were sexually abused when they were young (WHO 2010).

To put more emphases on the problem, we can look at the WHO world report on violence and health (WHO 1999) sharing the global estimates of child homicide which points out that infants and young children under the age of 5 are at greater risk of abuse more than double compared to children above the age of 5. The data has also related the rate of abuse to the income level of the country showing that the rate of homicide for children under 5 in high income countries is 2.2 per 100,000 for boys and 1.8 per 100,000 for girls. The rate for low and middle income countries are 2–3 times higher – 6.1 per 100 000 for boys and 5.1 per 100 000 for girls. It pointed out that the highest homicide rate for children under 5 years is found in African Regions by 17.9 per 100 000 for boys and 12.7 per 100 000 for girls and the lowest rates are seen in high-income countries in the WHO European, Eastern Mediterranean and Western Pacific Regions. These data show that there is strong relationship between economic factors and increase in the rate of abuse and neglect. This remains a problem to most countries, families and communities because people are not ready to openly confront it and are driven by the social norms and perceptions that reporting these acts might do more harm than good (Feigelson 2011).



Therefore, in an intervention to address child abuse and neglect; the community has been granted legal and moral obligation to protect children from abuse and neglect by promoting their safety, permanence and well-being through effective recognition and responding to any form of child maltreatment. At the state and local levels, there are service providers/professionals assigned with various roles and responsibilities extending from prevention, recognition and reporting any maltreatment to assessment, intervention and treatment. Generally, the central role to receiving and investigating child maltreatment is under the Child Protection Services Agencies and the law enforcements who all relies from the community members to assist in the identification and reporting of the suspected abuse and neglect cases (Goldman and Salus 2003, 12).

#### **1.4 Previous studies on Early Childhood Abuse and Protection**

One of the main challenges identified in a previous study on child protection is found in developing preventive and responsive interventions is “case finding” as the identification of those families who are linked to abuse and neglect is still a challenge since these events happen within the home settings and are mostly invisible to the public eyes (Landers 2013). The WHO world report on Violence and Health as reported by Krug et.al (2002) revealed that family structure and insufficient resources are considered as one of the major drivers of abuse and neglect. The report further explains that studies have shown that in most developing and industrial countries; poor, young, single mothers are among those at greatest risk for using violence towards their children (Krug et.al 2002). For instance, in United States and Argentina; cases of physical discipline have been reported 3 times more from single mothers compared to the mothers in two-parent families. Also, in Kenya, Colombia, Italy, Bangladesh, Sweden, Thailand and United Kingdom have also shared findings that low education and low income to meet the family needs increases the potential of physical violence while in Palestine it was seen that the economic factors are the major influence of psychological abuse to the child (Krug et.al 2002).

In relation to insufficient resources; information from other countries back up the resource challenge in place which limited job performance where; Sierra Leone has one social worker for every 71,000 children; Timor Leste has one for every 75,000 and Niger has one for every 168,000 children. In many countries, less than 1% of the total government budget is allocated for child

welfare and protection (Borg et.al 2012). In addition to this, Oswald (2012) conducted a study assessing the effect of working environment on the performance of reproductive and child health among health workers in Tarime District in Tanzania. The study showed that the working condition had a significant effect on the worker's composite performance suggesting that the organizational physical and behavioral environment influences employee's self-rated performance. In this study, focus is also on the working conditions of the identified professionals and how it may affect their work in protecting children in early childhood from abuse and neglect.

Some of the core interventions to address the challenge and ensure effective child protection system as high-lightened from several Child Protection technical documents compiled by Evans et.al (2012) was; the awareness creation to change the society's perceptions towards children to improve child-nurturing practices which are against child's rights and strengthen the male role in child-rearing in the family. Also, assessing the impact of the laws and policies on families and child's rights, and promotion of social services for parents and families including early childhood care and education for young children. Other interventions are to conduct home visitations to assess the welfare of young children, strengthen the economic well-being and social safety net and finally develop good parenting programs that are gender sensitive and culturally appropriate (Evans et.al 2012).

Evans et al (2012) further explains, one among the many core interventions mentioned above that has shown remarkable outcome to address child abuse and neglect is; the Triple P- Positive Parenting Program in Australia which is a multifaceted parenting campaign that has demonstrated substantial impact in a larger population. This program has been tested on thousands of families in the past 30 years, more than 250 published papers, international trials and studies have shown that it works across cultures, social-economic groups and in many different family structures. The Triple P is now implemented in 25 countries including England, USA, Scotland, Canada, Ireland, Wales, Australia, Belgium, Iran, Switzerland, New Zealand, Japan, Hongkong, Netherland, Singapore, Germany, Romania, Curacao, Austria and Sweden. It has also been translated into 17 languages and has been able to help more than 6 million children and their families (Evans et.al 2012).

The main goal of this intervention was to strengthen parent's ability to ensure children's health, welfare and behavioral issues are protected by focusing on 5 levels of interventions i.e.

Level 1- Provision of media messages on positive parenting, Level 2- Information resources such as advice sheets, and videos, Level 3- Short targeted interventions for specific behavioral problems, offered by primary care practitioners, Level 4- More intensive training programs for parents, and Level 5 Addressing broader family issues such as relationship conflicts, parenting depression, anger and stress (Evans et.al 2012).

Evaluations on this intervention have shown that Triple P initiative have effectively improved family management techniques, parenting confidence in child-rearing, behavioral changes, health and improvement against aggression globally. This program has been more effective in high income countries due to the high implementation costs and the results have been limiting in the low and moderate income countries due to the financial factors (Evans et.al 2012). Despite the challenge of knowing the specific prevalence of abuse and neglect in Tanzania and the presence of social norms and perceptions that promote more abuse in the community, the above interventions suggest some of the core measures that can be adopted across countries, and especially also in Tanzania to address the problem of abuse and neglect in the families.

## **1.5 Global Response on Abuse and Neglect in Early Childhood**

"Safety and security don't just happen; they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear"-

Nelson Mandela, former president of South Africa". (CRI 2015)

The right of a child to be protected from violence, abuse and exploitation is not a choice but rather an obligation under the international law (UNICEF 2005). Landers (2003) explicated that past responses towards childhood violence, abuse and neglect focused on preventing re-occurrence of violence, abuse and neglect after it has taken place, the identification of risk factors and addressing the problem. But currently more focus has been made on the prevention of violence, abuse and neglect by reinforcing protective factors and building family and social networks to strengthen the ability of parents/caregivers to care for their children (Landers 2013).

There have been several international human rights treaties which have been developed to advocate for the rights and protection of all children below age 18 of which state parties ratify these treaties and domesticate them in their state laws for enforcement. Some of these includes the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of Children (ACRWC), the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ILO Convention No. 138 and No. 182, the CRC Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography and on the Involvement of Children in Armed Conflicts (Guga et al 2009).

The General Assembly adopted the Convention on the Rights of the Child (CRC) in 1989 as a measure to recognize the need to provide specific rights for protection of children. The UN Convention on the Right of the Child is a comprehensive and legally binding document which clearly states the specific provisions on the promotion of protection, prevention and response to all forms of abuse and violence (Pineiro, 2006).

Article 19 of the CRC seeks the State parties to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical, mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in care of parents, legal guardians or any other person who has the care of the child (Landers 2013).

The article also calls for the establishment of programs that will provide support to the child and caregivers as measures to prevent and respond to cases of abuse and violence (Landers 2013).

## **1.6 Tanzania Context**

### **1.6.1 Tanzania Profile**

The United Republic of Tanzania is the largest country in Eastern Africa; bordered by Kenya and Uganda to the North, Zambia, Malawi and Mozambique to the South, Burundi, Rwanda and Democratic Republic of Congo to the West, and the Indian Ocean to the East (Lake 2013). It is a union of 2 countries; Tanganyika Mainland and Zanzibar Islands with a coverage area of 947,303 square kilometres where 66.7% of households being in rural areas and 33.2% being in Urban Areas (National Bureau of Statistics, 2014). The total population of the country is 44,928,923 people

with a total of 21,869,990 (48.7%) male and 23,058,933 (51.3%) female. Approximately 50% of the total population consists of children of the age 0-17 years of which 16.2% of the total population consists of children of age 0-4 years (National Bureau of Statistics, 2014).

According to the National Bureau of Statistics (2014) the United Republic of Tanzania has a total of 30 regions (25 regions- Tanzania Mainland and 5 regions- Zanzibar Islands). This study only focuses on 1 region- Dar es Salaam City. This is the largest region in Tanzania and economically the heart of Tanzania with the largest population of 4,364,541 people and 1,393 square kilometres. Previously, the city had 3 district i.e. Kinondoni, Ilala and Temeke (National Bureau of Statistics 2014) until 2015 after the Presidential Elections 2 additional districts were selected i.e. Ubungo and Kigamboni districts. This study will only focus on the 3 districts among the 5 districts in the City.

Figure 1 below shows position of Dar es Salaam City in Tanzania.

Dar es Salaam City is displayed in light green colour as a geographically small region at the right side of the map near Zanzibar Islands.



Source: Google Map: Map of Tanzania Regions.

Figure 2 below shows the map of the 3 districts in Dar-es-Salaam City.



Source: Doggart et.al 2002: Districts in Dar es Salaam City.

### **1.6.2 Prevalence of Early Childhood Abuse and Neglect in Tanzania**

The UN Secretary General's World Report on Violence against Children in 2006 which was the most comprehensive global study that enlightened the scale of all forms of child abuse and violence and its impacts gave a clear picture that the drivers of abuse are locally and culturally constructed. This called for member states to conduct national level surveys on the rate of violence against children to evaluate the magnitude of the problem and afterwards develop national multi-sectoral preventive and response plans on violence against children (Pinheiro 2006).

Tanzania as one of the first countries in Africa conducted a National Survey on Violence against Children (2009) which measured all forms of violence i.e. physical, emotional and sexual among girls and boys in the country, provided national estimates on the magnitude of sexual, physical and emotional abuse/violence (UNICEF 2011). The report presented general data on abuse and violence against children before the age of 18 but did not enlighten the age categories when abuse is most likely to begin, to help evaluate at what age group specifically the degree of abuse is higher and whether children in early childhood experience abuse and neglect as well (UNICEF 2011). Although the increasing number of reported cases from the community and the media indicate that the problem of abuse and neglect is growing fast.

During my research literature review I could not locate empirical evidence and data on the extent of the abuse rate or the safety and security of infants and young children (0-8 years) in Tanzania. This is because this phenomenon has not been well studied or documented. Although there are no empirical evidences on abuse and neglect in Early Childhood in Tanzania, this study relies on two sources of information: professional's experience and document reviews such as media and government records to shed lights on the protection of children in Early Childhood and existing national intervention strategies undertaken to curb the situation.

The case reported by Sylvester Domasa from "The Guardian News Paper"<sup>1</sup> have been one of the many reported cases showing that child abuse and neglect is becoming critical and hence should draw due attention in Tanzania. The case presented below was reported from Ilala District in Dar es Salaam City-Tanzania and serves as an illustration of child abuse and neglect:

A 7-year-old girl was raped by a 24-year-old man several times on her way back from school. The claim was confirmed by the medical reports which indicated that the girl had been sexually abused. The mother of the child was never aware of this until the day the girl came home late from school and after long questioning the child decided to reveal the truth. What made this case more disturbing was the fact that the man had used an 8-year-old child who is a friend of the 7-year-old abused child and goes to school together to bring her to him and keep it as a secret. The writer explains that cases of rape have recently been increasing in Dar-es-Salaam City and it is high time the relevant authorities and community took responsibilities of protecting these children and appropriate actions against perpetrators of child abuse (Sylvester Domasa).

As human beings, we are driven by the assumption that Infants and young children in their Early Childhood are always safe and secure with their parents/primary caregivers and no one can be cruel enough to hurt an infant but studies have proven otherwise. It is not easy to establish and assess whether children in early childhood (0-8 years) are abused by their caregivers and relatives in their households unless the case has been reported to the authorities or a person knowledgeable on signs of abuse and neglect has revealed it (Landers 2013). This is due to the facts that firstly; infants and very young children cannot eloquently express their negative and traumatic experiences at the hand of loved and trusted people like the older children. Secondly; societal perceptions consider privacy and individual family autonomy as a right, therefore any abusive act revealed is silently addressed within the family circles.

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<sup>1</sup> The date for when this article was published is not available.

In response to this prevailing problem and the challenge of disclosing acts of abuse and neglect, coupled with the findings of the VAC Study; Tanzania has developed a National Child Protection System. This is a system that has multi-sectoral preventive and responsive collaboration and interventions set from the national level and trickles down to the Local level, covering reformation of policies and laws to address children's protective needs and developing programs which will address the problem at the community level. Below, I present an overview of the National Child Protection System in more depth

### **1.6.3 National Responses on Child Abuse and Neglect**

Globally, childhood development and protection have received low priority in the provision of quality services especially regarding child vulnerabilities. Most of these services where availed, have often been fragmented, cross-sectional and un-coordinated. The general comments from the UN urged member states to develop right-based, coordinated multi-sectoral strategies that will ensure children's best interest are the starting point for the planning and provision of services (CRC/C/GC/7/Rev.1, Para 22).

Tanzania has assented and ratified most of the international and regional instruments which seek to protect children from any form of abuse and neglect. The Tanzania Law of the Child Act no 21 of 2009 and Child Development Policy of 2008 effectively domesticated sections of the UN Convention on the Rights of the Child. The convention clearly states that the best interest of the child should be the primary consideration in any actions taken regarding children, and that state members shall take all appropriate legislative, administrative and other measures for the implementation of the rights of the child as stipulated in the convention. Tanzania has developed regulations and guidelines to facilitate the implementation of the Law and ensure children's rights are highly protected within the country (CRI 2015).

Tanzania has demonstrated a shared concern at the global and domestic level for improving the life of children by aligning to the global standards that ensure child protection. The different surveys that assessed the magnitude of child abuse and neglect for children below 18 such as the National Survey on Violence against Children conducted in 2009 have enabled the development of different multi sectoral intervention strategies to break the silence around abuse/violence and develop a strong foundation for child protection system in the country (MoCDGC 2013). There



are developed national policies, law/ regulations, guidelines, programs and structures that guarantees the welfare and protection of children within their communities (MoCDGC 2013). These have complimented the general initiative to developing preventive and immediate therapeutic intervention to limit the occurrence and effect of abuse and neglect on children and ensure their protection at the earliest.

In response to the magnitude of child abuse and neglect, Tanzania has established structures that jointly intervene and ensure that the best interest of the child is highly considered. The 5 years Multi-Sector National Plan of Action to prevent and respond to violence against children (2013-2016) has pointed out that no single sector/profession can manage the programming for prevention, care and treatment of violence against children alone. Therefore, the most ideal intervention strategy is rooted in the development of multi-sectoral responses by establishing a Child Protection System that has the mandate, resources and capacity to respond to child protection needs (MoCDGC 2013). The sectors below as part of the Child Protection System are tasked with the role of protecting children and responding to any form of abuse and neglect through multi sectoral collaboration; coordinated by a Multi-Sectoral Task Force.

Figure 3 below shows the Tanzania Child Protection Multi-Sectoral Task Force

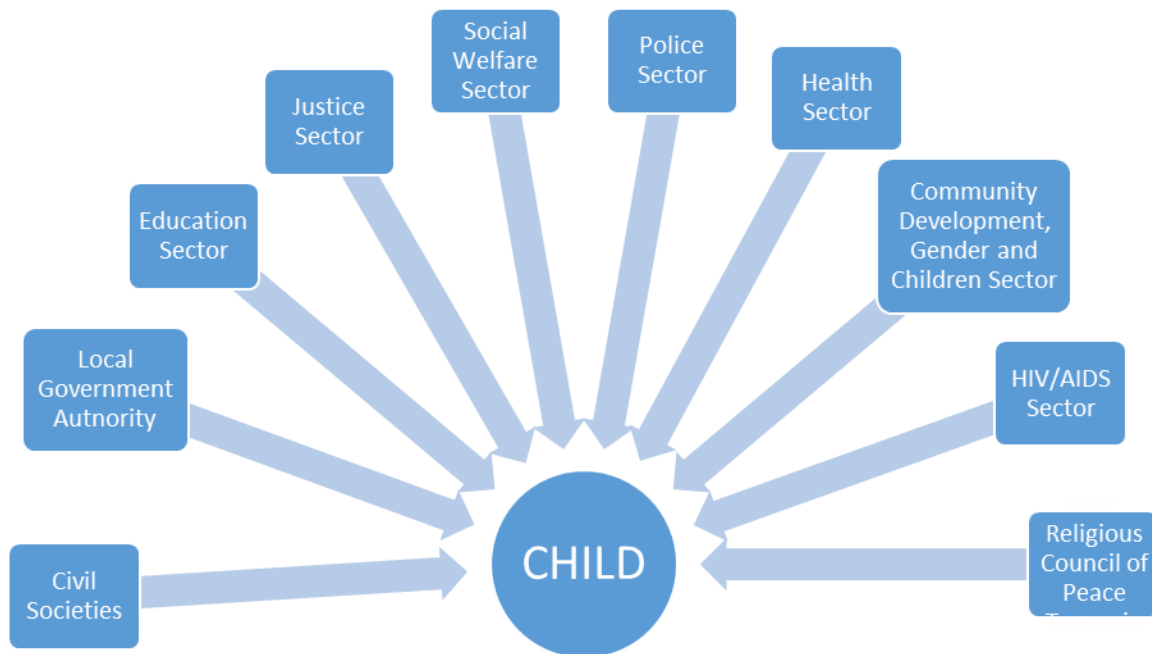


Table 2 below gives brief responsibilities of these Key Child Protection Multi-Sectoral Task Force.

<b>CHILD PROTECTION SECTORS</b>	<b>ROLES/RESPONSIBILITIES</b>
Community Development, Gender and Children Sector	Promotes awareness and address social norms for prevention of violence.
Social Welfare Sector	Sets the regulatory framework and coordinates the child protection systems.
Health Sector	Provides frontline medical responses to gender based violence and violence against children.
HIV/AIDS Sector	Addresses violence as a core strategy for prevention of the epidemic.
Justice Sector	Strengthen the access to justice for child victims of violence
Police Sector	Builds a police force with specific services and provision for women and children desk for reporting violence cases.
Education Sector	Creates safer school environments to protect children from violence.
Local Government Authority	Takes the policy commitments to actions on the ground
Civil Societies	Works with the government as part of the national response
Inter- Religious Council of Peace Tanzania.	Provides a moral authority and extensive reach in the fight against child abuse and violence.

Multi Sectoral Task Force: Ministry of Community Development, Gender and Children (MoCDGC) 2013.

The Local Government Authorities are responsible for taking the policy commitments set by the Multi-Sectoral Tasks Force as shown above to the local level. Therefore, it collaborates with the Department of Social Welfare from the National Level to establish the District Child Protection Team as part of decentralizing the National Child Protection System. The Child Protection Teams comprised of members from governmental departments and non-government partners working together to implement the Child Protection preventive and response plans at the district level and below (MoCDGC 2013).

This study selected only 3 types of government professionals from the District Child Protection Team i.e. Social Welfare Officers, Medical Practitioners and Police officers from the special Police Gender and Children Desk (PGCD). These are the professionals/ key frontline service providers with mandatory responsibilities in addressing cases of abuse and neglect and have established guidelines in their departments on the measures to address child abuse issues and handle related casework in the country (Department of Social Welfare 2008). With focus on the measures to protect children in Early Childhood from abuse and neglect, this study wanted to go further from just having existing structures developed to address the problem of child abuse and neglect. The study assessed whether there are any protective measures/interventions targeting and reaching children in their early childhood from abuse and neglect since there is fast growing number of cases of abuse and neglect affecting infants and very young children.

## **1.7 Structure of the Thesis**

This thesis is divided into 6 chapters. Chapter 1 above covered the Scope of the Study which included the introduction, research aim and questions, relevance of the study and its prevalence, Previous studies on Early Childhood Abuse and Protection, the global response on Abuse and Neglect in Early Childhood and the Tanzania Context on Child Abuse and Neglect in Early Childhood. Chapter 2 covers the theoretical perspective to the study i.e. the Street-level Bureaucracy Theory, the Organizational Culture Theory and the Ecological System Theory which provides the theoretical framework for the study. Chapter 3 covers the research method used in the study with focus on the choice of research design, choice of site and participants, methods for data collection and analysis, study limitations and ethical consideration. Whereas chapter 4 of the study covers the presentation of the findings, chapter 5 is the discussion of the findings and recommendations in light with the literatures and theories used in the study. Lastly Chapter 6 covers the conclusion and summary of recommendations.

## **CHAPTER TWO**

### **THEORETICAL PERSPECTIVE**

#### **2.0 Overview**

This chapter provides the theoretical framework for the study which includes the Street-Level Bureaucracy Theory, Organizational Culture Theory and Ecological System Theory. The rationale for choosing these theories is based on that they provide guidance toward understanding the professional's experience and work in protecting children in Early Childhood from abuse and neglect. The Street-Level Bureaucracy Theory provides a picture on what is expected of public officers when working within their communities and the challenges that may hamper their aspiration to perform as expected. On the other hand, the Organizational Culture Theory provides insights on the impact of culture such as belief, perceptions, attitudes and actions in the performance of the members of an organization. Also, the Ecological System Theory informs on the influence of the different systems surrounding an individual in determining their actions and their life circumstances, this theory is used to shed light over the circumstances the abused children find themselves in and complements the other two theories that have a more explicit focus on the professionals and their work. These theories provided guidance in the assessment of the measures the professionals have in protecting children in early childhood from abuse and neglect, and how their experience, application of regulatory frameworks, working conditions as well as environmental and cultural factors can affect their interventions towards child protection.

#### **2.1 Street-Level Bureaucracy Theory**

There are different theories which can clearly explain the roles of public officials when it comes to service provision to the community. The Street- Level Bureaucracy theory (Lipsky 2010) explains that the public officers, such as the street level bureaucrats, police men, teachers, legal services, welfare department and agencies as government representatives are key actors in the provision of social services. They have a great impact in people's lives as service workers and most of these officers willingly seek employment from the government with the commitment to serve the community. Lipsky (2010) further explains, these professionals are entitled to implement

their duties on the basis of the official policies and laws set by the legislatures and policy makers but it's usually contrary in the on-ground implementation; where the unsatisfying working environment, huge caseload with limited time, information and inadequate resources, physical and psychological threats and conflicting priorities overwhelms their aspiration as service workers. The 2 key challenges affecting the street level bureaucrats are;

a) Inadequate Resources

Resources necessary to support the functioning of the public officers may be classified as personal resources and those as organizational resources. The major salient organizational resource is the manpower/client ration; where the sufficient number of people working to serve the same clients will determine the quality of the service provided as this will reduce the work load and the degree of stress faced by the workers. Also, the personal resources are explained as those related to sufficient time to address the problem and the means of accessing information related to the clients' problem. The heavy work load and poor working conditions consumes much time to complete the case of which eventually affects the quality of service to be provided (Lipsky 1969, 5). When it comes to service delivery the limited financial and material resources tends to affect the availability, accessibility, acceptability and affordability of the services provided and this impacts the quality of service provided to the clients (Chigwamba 2008, 2).

b) Threats to Authority

The physical and psychological threats such as threats of violence are one of the major challenges that affects the performance of the street level bureaucrats within the community. The greater the degree of authority that can be imposed, the less the threats as such threats makes the authority less respected and trusted to perform their duties accordingly (Lipsky 1969, 6). The social service workers expose themselves to risk environments when it comes to dealing with clients' cases and the problem of threats from the community members could be a pull-back factor for them to perform as expected for self-protection purposes unless they create an atmosphere of which their authorities cannot be questioned.

In summary, Street-level Bureaucrats are regarded as professionals hence they are expected to make and implement policies and ensure discretion on how to exercise their power to make sound judgement on the ground. The behavior of street-level bureaucrats is molded by the nature of their work as they normally work in the environment with limited resources while the demand is higher exposing them to conflicting priorities during service provision. These challenges lead to finding a balance between what is expected of them by the policies and their coping strategy to the working environment, of which these adjustments in the work habits can lower expectations of themselves, from their clients and the potential public policy (Lipsky 2010).

## **2.2 Organizational Culture Theory**

Morrell (2012, 5) defines an organization as a group or place where different activities take place. The theory of organizational culture suggests that the individual behavior within an organization is not only controlled by the formal regulations and structures developed but also by the cultural norms, beliefs, values and assumptions which determines the behaviors and actions of these organization members (Pierce 2004).

Culture simply means a pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein 2004, 17).

Martin et.al (1997,3) explains that main goal for studying organizational culture is to reveal and interpret aspects of organization life in-order to best comprehend the perceptions, attitudes, beliefs and actions of the organization members. Organizational cultures influence professional development as the cultural elements determines the strategies, goals and modes of operation within an organization. If one joins an organization and is not aware of the professional guiding principles, then the existing cultures within the organization will shape him since human beings tend to coach and copy each other to fit into a group. Therefore, to make an organization more effective and efficient we must understand the role of culture in the organization life (Pierce 2004).

As explained by Schein (1985), organizational culture is manifested in 3 levels i.e. artefacts, values and the basic underlying assumptions. In his explanation, he pointed out that “artefacts” which includes language, technology, myths, rituals and mission are considered as the most visible

expression of culture which represent the physical construction and social environment of the organization. These are observable characteristics and they just give a glimpse of the organization culture (Pierce 2004).

The second level is the “values” which guides the members on what is appropriate and what is wrong, this is considered the deeper level of culture and they are evident in the organization strategies, goals, philosophies and statements. When considering values as an indicator of culture there is need to consider the differences between espoused values and theories-in-use. The espoused values are publicly acknowledged and supported values while the theories-in-use are underlying values which are less visible and highly govern the people’s behaviors, for example an organization may publicly state they provide equal and fair services also known as espoused value while concurrently does not give equal and fair service to all clients also known as theories-in-use. The third level is the “basic underlying assumption”, this indicator of culture is described by the continuous use of a certain problem solution which has always been successful in the past always considered as the only way to address the problem (Pierce 2004).

Schein (1985) emphasizes the significance of conducting cultural analysis explaining that through the in-depth study of the organization’s culture, one can extensively understand the current behavior and actions of people and can make sense of the silly, mysterious and irrational decisions that could be made by the organization members as well as develop a greater appreciation of “the way we do things around here” (Pierce 2004).

Figure 4 below shows the key elements of organizational culture as explained in the paragraphs above.



Source: Kaplan Financial Knowledge Bank (2012): Elements of Organizational Culture

These indicators of cultures describe the perceptions and actions of street-level bureaucrats/professionals when responding to their role of service delivery to the community. These professionals are affected by the conditions they are exposed to in their working environments such as; unsatisfying working environment, huge caseload with limited time, information and inadequate resources, physical and psychological threats and conflicting priorities which can overwhelm their aspiration to work as service workers. On the other hand, they are also influenced by the cultures established within their organization which could be based on their personal attitude/perceptions or the organizational attitude/perception towards to problem thus influences their daily behaviors and organizational performance either positively or negatively.

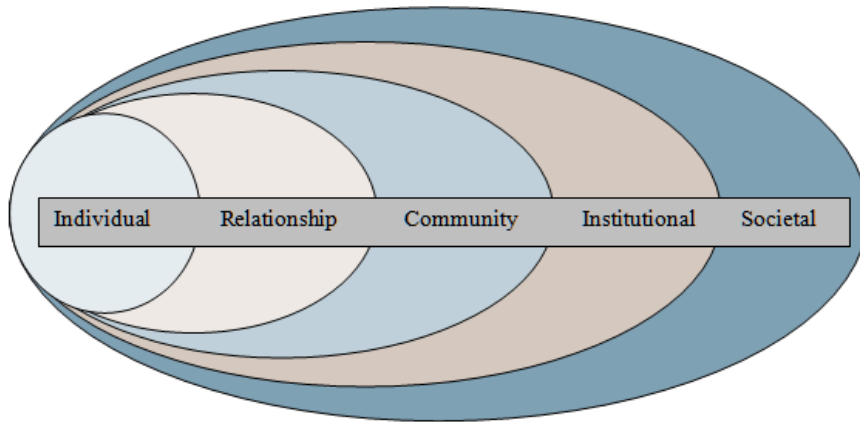
The Street-level Bureaucracy and Organizational Culture theories does compliments each other in assessing the experience and work of professionals in protecting children in Early Childhood from abuse and neglect. The working conditions and measures taken by professionals in protecting children in early childhood from abuse and neglect and the cultures practiced by the members of the specific organization can affect the implementation of the policies/laws and the measures set at the national level and the organizational performance in general.

### **2.3 Ecological System Theory**

Brofenbrenner (1994) argued that to understand human development, one must consider the entire ecological system in which growth occurs (Brofenbrenner 1994). Looking at abuse and neglect from an ecological perspective encourages one to put into consideration the holistic environment that can influence an individual (Saraw 2009). The Ecological Model, developed by Brofenbrenner (1976), is an internationally acceptable framework describing the micro, meso, exo and macro systems in which the child inhabits that is used to contextualize the risk factors that relate to abuse and neglect in Early Childhood (Brofenbrenner 1976 quoted from Evans et.al 2012). The Centre for Disease Control and Prevention (CDC) accounted for the ecological influence on the development of the child giving a simplified and detailed explanation on the characteristics of these ecological systems. It considers the complex interplay between individual, relationship, community, institutional and societal factors and helps us to understand the systems that can expose a young child to abuse and neglect. Below are the elaborated systems that have an influence in the protection of the child (Centre for Disease Control and Prevention 2015).



Figure 5 below shows the Ecological Model.



Source: The National Academies for Sciences (2007): The Ecological Model

**Individual;** The first level identifies the personal historical and biological factors that can increase the likelihood of a person being a victim or perpetrator of child abuse and neglect such as age, education level, substance use, stress level, rigid belief system or family history. Example looking at age as a factor; it places a young child as vulnerable and at high risk of abuse and neglect due to the inability to defend and protect themselves. With such factors, the preventive strategies focus on promoting changes in attitudes, beliefs and behaviors that can influence child abuse and neglect through approaches such as child abuse and neglect awareness sessions and skills training to pediatricians, child care centers staffs, elementary school teachers and likes.

**Relationship:** This level involves the close relationships that increases the risks of experiencing Child Abuse and Neglect and the risk of being the perpetrator of abuse and neglect. The closest cycle to the child such as family system tends to greatly influence the behavior and highly contributes to the experience of the child. As a preventive strategy, promotion of health parenting education will greatly limit the occurrence of child abuse and neglect and ensures the immediate setting the child is exposed to be protective environments.

**Community:** This is the third level which involves the settings such as schools, neighbors and workplaces in which social relationship occurs that will either create a risk environment for the child as well as influence the actions of a person to become a perpetrator of child abuse and neglect. In the community settings, community level strategies that limit occurrence of abuse such as

reducing social isolation, development of protective policies, improving economic and housing opportunities within the community.

**Institutions:** At this level, the focus is on the roles of different institutions in ensuring service provision and prevention of child abuse and neglect. The emphasis is on the laws, policies and resource allocations that support initiatives that protect children from abuse and neglect such as the Vatican's new policy for Catholic Churches on reporting incidences of child sexual abuse.

**Societal:** This last level looks at the broad social factors that either influences or inhibits child abuse and neglect such as the social and cultural norms. The belief systems/ideologies which inform specific culture and factors such as the economic condition, education, health and social policies provides understanding on the factors that can affect or protect the young child from abusive and neglecting environment. The use of social media and social norms campaigns helps to shift the abusive mind sets and promote positive changes in the society attitudes and beliefs.

The goal for prevention is to ensure something does not happen in the first place and the strategies for successful preventive initiatives required to understand the factors that influence the problem. Saraw (2009) explained that research findings addressing numerous factors in different levels of the ecological model have suggested that family is considered a high-risk factor in exposing children to abuse and neglect. He further elaborated that young parents have been identified to be in the group of people who are predisposed to maltreating children, as well as single parents, unemployed parents, poor parents, parents who experience stress and isolation and those who live in conflicting environment are few among many factors (Saraw 2009).

Including an ecological perspective in this study will highlight setbacks to the on-ground measures that ensure protection of children in early childhood from abuse and neglect from the community level standpoint. It is required to have a holistic consideration of the individual concerned when addressing the risk factors to abuse and neglect thus factors such as the parents' employment, financial status, support network and factors pertaining to the child should be considered (Saraw 2009).

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Overview**

This chapter commences by explaining the philosophical perspective guiding the research study. Subsequently, this is followed by the rationale pertaining to the choices of methods and research design to be used in the study. The selection of the site and participants as well as the methods of data collection and data analysis are also elaborated in the chapter. At the end, I outline the ethical considerations and the limitations faced while conducting the study.

#### **3.1 Philosophical Orientation**

When developing a research design, the researcher is always guided by philosophical worldviews which are important aspects that influence the practice of the research. Guba uses the word “worldview” to mean the “basic set of beliefs that guide actions” (Creswell 2008, 8). Creswell (2008) explains, these perspectives provides an orienting lens which shapes the forms of questions asked, inform the data collection and analyzing method and finally provides a call for action/change (Creswell 2008, 8). In this study, the worldviews that brings much contribution is the Pragmatic World View. This philosophical perspective explain that individuals seek to give meaning to the world we live and work based on the progressive actions viewed within our community. Pragmatic world view emphasizes that the only way to change existence, there should be a primary focus on actions, situations and consequences and that one needs purpose and knowledge to guide their desire for change (Goldkuhl 2012). Goldkuhl (2012) further explains that this world view emphasizes that people tend to judge progress based on the actions taken and that the essence of a society is based on the ongoing progress of actions and if there are no actions then any structure developed is meaningless (Goldkuhl 2012).

This study is conducted from a critical standpoint that goes further from assessing that there are existing structures developed to address the problem of child abuse and neglect to examining whether there are any protective measures/interventions targeting and reaching children in their early childhood from abuse and neglect. This philosophical view guided this study showing that to act in response to the increasing incidences of child abuse and neglect and bring change in the

society, the main entity is “actions”. Therefore, to protect children in early childhood from abuse and neglect, there is need to show progressive actions by the public officers/professionals through the planning, implementation and results in place and ensure these public officers abide to their responsibilities and measures set at the community level.

My professional background as a Social Worker with few years of experience on Child Protection and Parenting, has influenced my aspiration to examining further on the protecting initiatives in place specifically for children in Early Childhood. This desire is driven by the fact that through my engagement in the field, I have come across a lot of very young children (0-8 years) who have become victims of abuse mostly sexual abuse due to several reasons explained by the community such as superstitions, traditional beliefs and drug abuse are few to mention. Therefore, this research will inform me on the experience and measures the government professionals have in place in protecting the children in Early Childhood from abuse and neglect, with a long-term goal of identifying gaps and suggests better changes/improvements on the interventions to protect these children.

### **3.2 Choice of Methods**

This study is qualitative in nature as it seeks to explore and understand how different individuals describe a social/human problem under study (Creswell 2008;4). The choice for selecting a qualitative approach for this study was influenced by the research questions I wanted to ask (Seale 2012) and the theoretical perspectives I assessed as useful to shed light of the data gathered (Gray 2013). This approach facilitated interactions with the professionals in the Local Government Offices (LGAs) to understand their working experiences.

A qualitative approach enabled me to conduct semi-structured interviews which provided in-depth understanding of the perceptions and experience of the professionals working to ensure the welfare and protection of children. This was done by examining the professionals’ responses towards their working condition and the measures implemented to protect children in early childhood from abuse and neglect (Seidman 2006). Therefore, this approach was the best option for the study as it studied the phenomena in a broader perspective and enriched the researcher’s understanding on the

implementation of the on-ground measures set to protecting children in early childhood from abuse and neglect (Silverman 2011).

### **3.3 Research Design**

Given the philosophical world view and research objective, comparative design was opted which assessed and compared the professionals experience and work in protecting children in early childhood from abuse and neglect across the 3 districts in Dar es Salaam City-Tanzania. Skocpol and Sommers (1980) describes that comparative design entails studying more than one case either to view their similarities, differences or both. This comparative study aims to explore and understand the similarities and differences across the 3 districts under study.

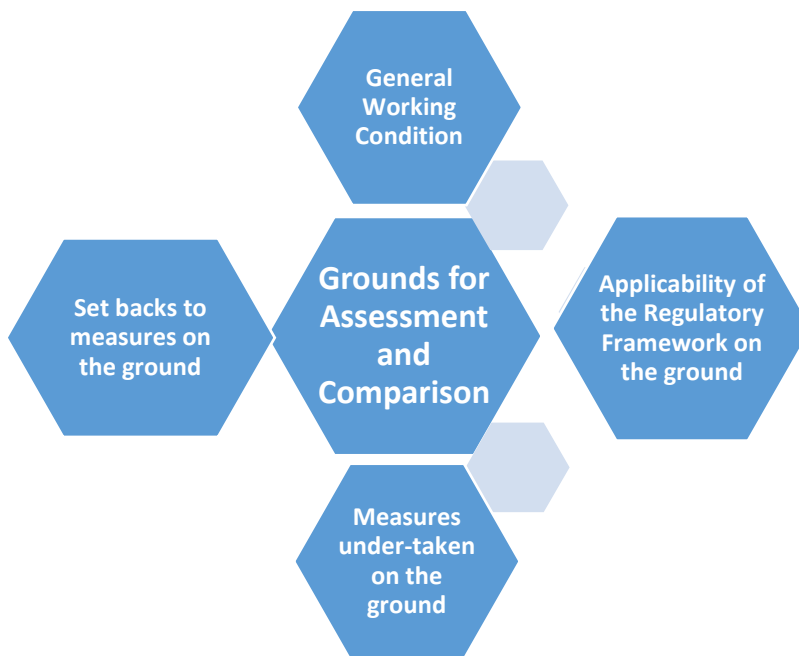
The study first assessed the experience and work of the 3 groups of professionals i.e. the Social Welfare Officers, Medical Practitioners and Police Officers from the Police Gender and Children Desk in protecting children in early childhood who are at risk or victims of abuse and neglect from the 3 districts in Dar es Salaam City i.e. Temeke, Ilala and Kinondoni districts. Thereafter, the knowledge shared between professionals and across districts were compared.

The reason behind the choice of comparative approach, as explained by Bryman (2012) was that the comparative logic of comparing two or more meaningful cases or situations helps the researcher to understand social phenomena better and that way be in a better position to establish a ground whether the theory used can be supported or not (Bryman 2012, 72-74). By studying the 3 districts in Dar-es-Salaam City-Tanzania, I got a broader view and compared the on-ground measures set by these professionals and how their working condition affect the implementation of those measures. Also, relate the findings to the 3 theories used to shed light of the findings of the i.e. the Street- Level Bureaucracy, Organizational Culture and Ecological System theories which indicates factors that can determine ineffective implementation of professional roles/responsibilities.

The commonality between these districts is the fact that they all have a well-established and strong Child Protection System in place. But when it comes to implementation of the policies and measures developed to protect children, differences in the working environment brings forward different results. That is why this study wants to assess, despite the similarities between these

districts in the structures established and guiding policies/laws, what on-ground measures do these professionals have in place in their respective districts to protect children in early childhood from abuse and neglect. The grounds for assessment and comparison for this study was looking at 4 major themes which responds to the objectives and research questions set for this study such as; the General working environment to enhance or challenge working performance, the Applicability of the regulatory framework set on the ground, the Measures taken so far on the ground and the set-backs which reflects on the measures taken on the ground.

Figure 6 below shows the grounds for assessment and comparison to be used across the 3 districts.



### 3.4 Study Site

Payne and William (2012) suggests that the study site in the qualitative research should be selected based on 2 reasons; the Convenience-implying the availability of resources and the participants, as well as Accessibility of the place under study (Payne and William 2011).

The study sites selected were the 3 districts in Dar es Salaam City in Tanzania namely Kinondoni, Ilala and Temeke Districts. Dar es Salaam is the largest city and the regionally central economic heart of Tanzania. Previously, the city had 3 district i.e. Kinondoni, Ilala and Temeke (National Bureau of Statistics 2014) until 2015 after the Presidential Elections when 2 additional districts were selected i.e. Ubungo and Kigamboni districts. The choice to conduct the study in the 3 districts and Dar es Salaam City was due to the reasons below; firstly, the choice of focusing on 3 old districts was influenced by the existence of a well-established Child Protection System in place. Therefore, conducting a comparative study of these 3 district would bring more valid results rather than including the 2 new districts which don't have a structured Child Protection System yet. Secondly, time was also a factor I considered which limited the possibility of conducting a larger comparative study therefore the researcher opted to compare the 3 districts to efficiently present the results needed as per the time scheduled.

Thirdly, the selection of Dar es Salaam City was driven by the fact that it's a region with high population in Tanzania (National Bureau of Statistics 2014) and have a successfully established a Child Protection System across all its districts. This is contrary to other regions where the coverage of Child Protection System is still limited to few districts. Therefore, selection of Dar es Salaam City enabled me to evaluate the measures professionals at the community level take to respond to the child protection needs considering the presence of a well-established CP System. Another significant reason for selecting Dar es Salaam was the cost factor. This is the city where I reside and it was cost effective conducting the study there as I incurred only transportation costs to meet the respondents which could have been contrary if the researcher conducted the study in unfamiliar city.

To gain access of the area and the participants, Creswell (2008) emphasizes on the importance of seeking approval from the gatekeepers to gain access of the research (Creswell 2008). I requested permission from the respective District Executive Directors (DEDs) who are responsible with the administrative affairs in the districts to conduct the study on the Social Welfare departments and District Hospitals. For the Police Officers from the Police Gender and Children Desk, I requested permission from the National Police Head Quarters- in the Ministry of Home Affairs. I received formal letter approval from the DEDs and National Police Headquarters to proceed with the study

(see appendix 1 and 2 below). It was fundamental to seek permission to maintain professional integrity during the research study (Merriam 2009).

### 3.5 Participant’s Profile

This study has 3 categories of participants who are all professionals working to protect children from abuse and neglect. In the respective districts, there are District Child Protection Teams comprised of members from governmental departments and non-government partners who work together to implement the Child Protection preventive and response plans at the district level and below (MoCDGC 2013). This study selected only 3 types of government professionals from the District Child Protection Team i.e. the Social Welfare Officers, the Medical Practitioner and the Police from the Police Gender and Children Desk (PGCD) who are the key frontline service providers with mandatory responsibilities in addressing cases of abuse and neglect and have well established guidelines in their departments on the measures to address child abuse issues in the country (Department of Social Welfare 2008). This study selected 9 participants who were equally divided among the 3 districts and the professionals relevant for the study. As recommended by Seidman (2013, 54) that having few participants supports the researcher to present in-depth details regarding the experience of the people to enable the readers understand on the issue reflected by the study (Seidman 2013, 54).

Table 3 below summarizes the description of the participants.

<b>Participant ID</b>	<b>Sex</b>	<b>Department</b>	<b>Position</b>	<b>District</b>
P1	Male	Social Welfare Department	Social Welfare Officer	Temeke
P2	Female	Police Gender and Children Desk	Police Officer	Temeke
P3	Female	District Hospital	Medical Practitioner (Clinic Nurse)	Temeke
P4	Male	Social Welfare Department	Social Welfare Officer	Ilala



P5	Female	Police Gender and Children Desk	Police Officer	Ilala
P6	Female	District Hospital	Medical Practitioner (Pediatrician)	Ilala
P7	Female	Social Welfare Department	Social Welfare Officer	Kinondoni
P8	Male	Police Gender and Children Desk	Police Officer	Kinondoni
P9	Female	District Hospital	Medical Practitioner (Clinic Nurse)	Kinondoni

### **Social Welfare Officers**

The first group of the professionals selected were the Social Welfare Officers who were selected based on their significant role of coordinating the Child Protection System and related initiatives at the district levels and below. The role of social welfare officers in responding to child vulnerability especially abuse and violence cannot be overemphasized. This cadre of professionals are mandated by The Law of the Child Act (2009) to handle casework related to any violation of child rights. The services provided pertaining to abuse and violence against children includes but is not limited to the following; conducting home visits and social investigation on respective cases; preparing court reports; providing trauma counselling and psychosocial support to victims and family; provide safety for the child victim who may need alternative care under fit person, family, or institution. (Law of Child Act 2009); and act on behalf of the Local Government Authority to safeguard and promote the welfare of children in need of care and protection services in respective district.

### **Police Officers**

The Police Officers from the Police Gender and Children Desk (PGCD) were another important group in the study. The PGCD is a special desk at the Police Station which is assigned to provide specific services related to gender-based violence and violence against children reported cases. They are responsible with receiving and investigating reported child abuse cases in collaboration with the Social Welfare Officer and Health Officer, therefore their role in this study is crucial. I

found this group significant for the study as they are responsible for responding to reported abuse cases therefore their views on the measures to protect children in early childhood is imperative.

### **Medical Practitioners**

Also, the Medical Practitioner from the District Hospitals were included with the recognition that the health institutions play a vital role in child care and protection based on their responsibilities. The health officers selected for the study are members of the District Child Protection Teams and are responsible with receiving child abuse cases that have been reports in the hospital for medical attention. I found this group significant for the study since they are in the position of addressing child abuse cases as well as getting in contact with children in early childhood during their clinic check-ups therefore they can easily detect signs of abuse on the child earlier.

### **3.6 Selection of Participants**

The sampling strategy used in the research depends on the nature of the research objective and the context of the research (Palys 2008). The selection of the sampling method should have the central intention of ensuring efficiency and validity of the study (Morse and Niehaus 2009). For this study, the participants' recruitment in their respective department was through the Expert Sampling Technique which is a category of Purposive Sampling Technique (Trochim 2006). This technique is a non-probability form of sampling in which the researcher does not randomly seek participants for the study but rather strategically identify information-rich cases relevant for the study that demonstrate certain experience or expertise on some areas (Patton 2002).

With this logic, the key informants who are the 9 professionals from the 3 districts were selected based on their knowledge regarding the study and their experience in Child Protection. Their competence and engagement in sharing their in-depth understanding on the subject was apparent during the discussions conducted. This method was beneficial in the data collection as it made sure that the participants selected had the ability to relate their practical experience with the guiding national policies/laws. Also, be able to reflect on how their working condition affect the implementation of their roles to protect children in Early Childhood from abuse and neglect.

I purposely selected participants from the government because the responsibilities to prevent and respond child abuse and neglect concerns are under the government jurisdiction and that all community interventions are only sustainable when coordinated through the government line. In this study, the approval letter granted to proceed with the interviews directed the researcher to the Head of Departments in the respective districts who assisted with the selection of the officers responsible with Child Protection cases. I shared the central objective of the study with the Head of Departments who selected participants that are more knowledgeable, involving and open-minded to share their perspectives and facts relating to the study.

### **3.7 Data Collection**

Data collection is the step in the research which involves setting the boundaries for the study by collecting information from targeted population with the aim of getting responses on relevant questions and evaluate the outcomes. This is through different methods such as the unstructured or semi structured interviews, document review, visual material as well as observation methods (Creswell 2008).

#### **3.7.1 Semi Structured Interviews**

In this study, I conducted, in depth semi structured interviews. The Interview method of data collection aims at collecting first hand participant's contributions on a specific topic. Through interviews I seek to understand the meaning of the phenomena from the participant's perspective. The logic behind the interviews is not the actual meaning of the context under study but the perspective of the interviewees regarding the study (Kirk and Miller 1989:44). This study used Semi-structured method which is explained by Bryman (2012) as a method used when a researcher has a list of topics in his interview guide that needs to be covered for the study (Bryman 2012, 471). In the semi-structured interview, the researcher meets the responded face to face and probe as many questions as possible to extract all the relevant information needed from the respondent (Chambliss and Russell 2013, 141). The choice to use semi-structured interview was because it provides room to prepare questions in advance and the informants have the autonomy to express their opinions on the topic in their own terms.

In the process towards data collection, an interview guide was developed (see appendix 3 below), Bryman (2012) calls it “brief list of memory” which has areas that needs to be covered and gives the researcher base for starting the discussion with the respondent. Here the researcher started with open-ended question to give the respondent chance to open then proceeded with some follow up questions which are more specific (Bryman 2012,473). The interview guide firstly comprised of the background information which required basic information to understand the respondent as a person then directly focused on the themes to be covered in the study which were the general working condition of the key informants working to protect children from abuse and neglect, the applicability of the regulatory frameworks on the ground, measures undertaken on-ground and setbacks to implementation.

In-depth interviews with these participants occurred in their respective offices within their working hours because the researcher did not want to incur extra costs of paying the government officials for participating outside their working environment and working hours. The interviews were conducted between October-December 2016 and took 1.5 hours with each respondent. All interviews were hand written since none of the participants were comfortable with the audio record due to fear of being recognized as the government official who gave certain type of information. Even though I made it clear that the study is confidential and the records will be destroyed immediately after the study. However, it is important to respect the participants’ feelings towards being recorded and avoid causing them discomfort (Chambliss and Schutt 2013, 44).

### **3.7.2 Document Review**

Apart from interviews conducted, the researcher used document review as another method of data collection. This is a method which involves reviewing existing documents aiming at gathering the information that helps the researcher to better understand the history and operation of the issue under study. These may be public documents such as newspapers, official reports or private documents such as emails, journals, diaries etc. (Creswell 2013). To ensure the validity of this study, the interview responses was backed up by other documents collected for the study such as the reported abuse cases, official reports, images as well as other literatures.

This study applied documents such as the International Child Right Conventions, government policies/laws, national guidelines which guide the implementation of child protection activities in the country and lastly the newspapers. Some sources of these hard copy materials were from the

government departments, my personal library collection and University college library. Also, there were electronic source of the information from the data bases such as JSTOR, Academic Search Premier as well as Google scholar and Google.

### **3.8 Data Analysis**

The process of data analysis helps the researcher to make sense of the data collected and pick out only the necessary information among the data collected (Bryman 2012). This study has opted to use Content Analysis as a method of data analysis. According to Morgan and Kruger (2006), Content Analysis is the technique used for making thorough and objective comprehension that identifies special features from the messages and derives coding categories from the text data (Morgan and Kruger 2006). In this study, the information received from the data collected was segregated into themes/categories to ease the process of making sense of the collected data. Silverman (2001) explains that this process should not transpire after gathering all the necessary data but through-out the data collection i.e. throughout the process of interviewing, recording, transcribing and making sense of the data. The researcher in the process should continuously review and analyze the data collected in light with the research questions guiding the study (Silverman 2001, 233).

*Data Analysis during the Interview process;* the interactive interview provided me the opportunity to summarize and interpret the respondent's perspective on the study. This way I was in the position to selectively analyze the information needed for the study and impose more questions that would directly respond to the research questions in place. Since the respondents preferred note taking method, the interview was time consuming as I had to hand record every important detail, good thing the respondents were cooperative and patient enough to let me hand record all the information needed.

*Filling participant's responses in the interview guide;* this step involved filling in the participants' responses on each question in the interview guide. The interview guide consisted of 4 themes which guided me on the areas of focus during the interviews. Since 9 interviews were conducted, the result of this process was the availability of 9 interview guides each having responses from each participant. This process enabled me to ensure that each question was responded by the

participants. Afterwards, I compiled the information from the 9 interview guides into one massive and detailed interview guide with responses comprised of responses from all participants which made it easy to compare the responses between participants on each question.

*Third step of the analysis was identification of patterns, similarities and differences among the interviews* (Kvale 1996, 190). With the guidance of the research objective, the research questions and the data collected, decision was made to identify themes and sub-themes which would enable the researcher to conduct meaning of the information collected (Silverman 2001, 169). In the process, I opted to use the themes covered in the interview guide as the basis for analysis by identifying patterns, similarities and differences across the responses provided in each theme. This enhanced understanding on the experience of these professionals in protecting children in early childhood from abuse and neglect and finally conduct a comparative study across the districts in relation to the responses provided. The themes to be represented in chapter 4 will give light to the interpretation of the professionals regarding the research study.

### **3.9 Ethical Consideration**

Ethics also considered as moral codes are to be observed throughout the research process from the stage of preparation to data reporting. While preparing for the research, I first applied for ethical review from the Norway Ethical Board (NSD) where the study was granted an approval (see appendix 4 below). This process was relevant to maintain professional integrity and credibility (National Committee for Research Ethics in Norway, 2006). Afterwards, I requested permission from the Tanzanian Local Government Authorities through the respective District Executive Directors. These directors are responsible with the administrative affairs at the district level and an approval letter was granted to conduct the study with the Social Welfare and Health Departments. For the Police Officers from the Police Gender and Children Desk, I also received formal letter approval from the National Police Head Quarters- in the Ministry of Home Affairs to proceed with the study. Creswell (2008) emphasizes on the importance of seeking approval from the gatekeepers to gain access of the research (Creswell 2008).

I also observed ethical consideration to the respondents which ensured the presence of informed consent to participate in the study, assurance of freedom, integrity and confidentiality on the information shared. Informed consent is defined as voluntary agreement to take part in the study (Chambliss and Russell 2013, 201). To ensure informed consent, I used the “request to participate in the research project form” (see appendix 5 below) which presented the title of the study, briefly highlighted the background, the purpose of the study and the central role of the participant during the study. It also explained how the information was going to be used and made more emphasis on the voluntary participation in the study. The participants were assured on the confidentiality of the collected data and eventually signed the consent forms willingly.

### **3.10 Study Limitations**

This study faced a challenge in receiving quick approval from Tanzania government office due to administrative procedures that needed to be observed which took longer than anticipated. The waiting period delayed the data collection which disrupted the whole research plan but despite the delay I was eventually granted the approval and close support from the government departments in collecting all the necessary information.

I had also planned to conduct the study in the prison facilities to get the experience of prison officers in ensuring the welfare and protection of young children who live in prisons with their mothers. But unfortunately, this was impossible due to the strict rules which doesn't allow research to be conducted in prison facilities without approval from Home Affairs of which the approval is not easily granted. Therefore, due to the time factor it was impossible to wait to interview the prison officers and instead used document review of the Prisons Inspection Reports conducted by the government to collect the information needed.

## **CHAPTER 4**

### **DATA PRESENTATION**

#### **4.0 Overview**

This chapter will present the findings shared by the respondents on their experience in protecting children in Early Childhood from abuse and neglect. Chapter 5 will discuss these findings in light with the theoretical frameworks and other scholars used for this study. During the data presentation, I will identify and present the themes and sub-themes that emerged through the interviews, the professionals' different standpoints and the similarities and differences that come out from the data collected in the 3 districts under study i.e. Kinondoni, Ilala and Temeke districts. The themes used during data collection will be our guiding themes to present the information obtained from the interviews conducted and documents reviewed in the process. To capture the experience of these professionals, I needed to cover 4 important themes in light of the research questions. The themes are; Perceptions towards the General Working Condition, Applicability of the regulatory framework on the ground and the Measures under-taken on the ground and the Set-backs to the measures set.

#### **4.1 Perceptions of the General Working Condition**

One of the key areas of this study was to analyze the perceptions of the professionals towards their working conditions and how it facilitates or challenges their work in protecting children in Early Childhood from abuse and neglect. Understanding their perceptions enabled me to answer the research question: How do professionals assess their working condition to facilitate their roles to protect children in early childhood form abuse and neglect? When respondents were sharing their experiences in their work places, a visible pattern of similarity on their perceptions was noticed across the 3 districts and across professionals from the 3 departments; i.e. from the District Hospitals, the Social Welfare Department and the Police Gender and Children Desk. The respondents pointed out that the working condition does challenge the implementation of some planned activities which limit their results. The challenges addressed were limited financial



resources, limited working personnel and reallocation of police officers who are trained on Child Protection as elaborated below;

#### **4.1.1 Limited Financial Resources**

Resources are one of the most central entities to a successful planned intervention. Resources are considered as materials, staff, money and other assets necessary for effective operation (Farlex 2017). During the interviews, all respondents, across all 3 districts, shared that the main challenge was the inadequacy of financial resources to facilitate their duties. They further explained that the departments responsible for the protection of children have well-structured interventions that are effective only if resources are available to support them. The following were concrete responses from the professionals regarding the financial challenges;

Police Officer from Police Gender and Children Desk (PGCD) from Ilala district (P5) expressed, “The working condition is very poor as we receive calls to rescue children from abusive homes or we need to do investigations on reported cases but there are limited funds to facilitate these movements therefore we have to run around to ask for transportation to make such movements”.

Social Welfare Officer (SWO) from Kinondoni District (P7) also explained, “It is challenging to conduct social investigations on abuse cases or conduct regular inspection of institutional cares with children in early childhood without incurring transportation and other running costs to facilitate the movement therefore sometimes we end up doing what can be done within our financial reach because the budgets are always limited”.

The Social Welfare Officer (SWO) from Temeke (P1) explained “I consider Tanzania as one of the country with well-established structures and frameworks but the major hindrance is the inadequacy of resources which limit us in implementing our responsibilities”.

This issue was deeply addressed by all respondents clarifying that the departments normally budget for the child welfare services; such as transportation costs for case follow ups and other developed programs like the community awareness on Child Protection and proper parenting programs. But when it comes to budget approval most of the budgeted activities are cut down because the demand is higher than the available resources. This leads to the departments struggling to implement all their planned interventions within the available resources which eventually stretches the decision on what activities among many to be prioritized. Thus, putting less investments in specific Early Childhood protection initiatives such as home visits, parenting education, community awareness

sessions on early childhood development and in-service trainings to service providers and end up covering more administrative expenditures.

The Public Expenditure Identification Survey (Muganda and Budlender 2012) conducted in Tanzania under Ministry of Finance and UNICEF aimed at identifying the budgeting allocation for Child Protection in the Government-District Medium Term Expenditure Framework (MTEF). This survey was conducted in 12 randomly selected districts and the findings showed that Tsh 3.3mil (\$1477) which is 0.002% of the total allocation for the 12 districts in 2011/2012 was allocated to support the core child protection activities related to abuse, violence, neglect, abandonment and exploitation. This is a clear evidence that budgeting for child protection activities have been quite low challenging more the prospect of budgeting for specific early childhood initiatives.

The Social Welfare Officer (SWO) from Temeke district (P1) shared that throughout the country the government receives support from several Faith Based Institutions, Non-Governmental and International Organizations on Child Protection Initiatives. But the coverage scale across the country that need support is high in comparison to the resources supported, hence the funding granted supports the government departments to implementation few of the Child Protection Initiatives. She further explained, the demand for the resources is still growing as the society is now aware of the service centers and reporting of abuse cases is growing fast. This is a result of increased SWOs awareness of their roles in case management and the availability of Law of Child Act (2009) and its regulations which define clearly the responsibilities of SWOs and Case Management processes. Therefore, the SWOs are required to conduct Social Investigations, make follow up of the cases and provide supportive services to the clients which requires resources to facilitate the process.

All respondents showed much commitment in what they are doing despite the challenges in term of resources. Example to this was the acknowledgement from respondents that sometimes they use their own resources in terms of money to address the child protection issues. This was expressed by all respondents. The following citations are concrete illustrations of using their own money yo help children in need:

The Police Officer from PGCD in Ilala district (P5) expressed satisfaction with her work, stating “I feel satisfied when I have saved the life of a child from abuse because at the end of the day the efforts are for the best interest of the child so I have no choice but use my money to make follow up on such cases”.

The Medical Practitioner from Temeke district (P3) also expressed, “sometimes the children abused and in need of medical attention are abandoned at the hospital and we are pushed to support the child with some basic needs like food from our own money during the treatment period before the child is taken to a temporary home by the SWO”.

Indeed, all the respondents reported that most of the fellow officers and colleagues use their own money to support children when cases have been reported and need quick response. Among many, this support could be to rescue the children from abusive environment and place them to temporary homes, transportations costs while conducting investigation on the cases etc since the department has limited resources to meet all the needs. They shared that there is poor following up of reported cases because of limited funds to support their day to day movements.

The Social Welfare Officer from Kinondoni (P7) quoted, “This is a challenge the other officers face as well because such cases end up in the hands of any officer on duty and our professional ethics demands us to protect the child’s best interest at hand so using our own cash is sometimes inevitable”.

Respondents shared that each district has a Child Protection System established and the community has phone numbers of the members of the Child Protection Team. The Social Welfare Officer from Kinondoni (P7) further elaborated that if there is an abuse case the community immediately contact the team members who should immediately respond to the problem. This may happen during the day but sometimes they receive calls at night on critical cases and they have no choice but to find transportation with their own money. To illustrate:

The Social Welfare Officer from Kinondoni (P7) shared, “There was a mother who used to leave her 2 children (age 6 and 3 years) in the house at night drugged in Valium while she went out to work as a prostitute until one night when the children were crying and the neighbors had to call the Police and I to break in and rescue the children”. So, we had to use our own money to incur the costs for transportation that night to the house and to the children home to drop the children there while in process to search for the mother.

Therefore, the respondents’ opinions during the interviews showed that the limited financial resources hinder them to fully do their duties especially when there are cases that need immediate attention and they are personally not financially capable to incur the costs.

#### **4.1.2 Few Personnel vs Work Load**

Few personnel vs Work Load was another challenge shared by most of the respondents in all 3 districts. They explained that reporting of abuse cases is growing due to the increased community awareness on the impact of abuse and the reporting system available. Therefore, the work load has increased drastically while the officers responsible with such cases are still limited. The concrete illustrations below inform on the challenge;

The Social Welfare Officer (P4) in Ilala shared, “currently the reporting of child abuse cases has highly increased and we try our best to provide support based on the needs but the staff is few so sometimes services are delayed.”

The Police Officer from PGCD in Temeke (P2) also expressed, “we need more staff in the gender and children desk because a lot of cases are reported and a lot of investigations needs to be done which includes attending the court sessions on the cases investigated which is too much work for the time being.”

The work load was shared to being overwhelming considering the respective departments have several responsibilities in addition with dealing with child abuse cases. For instance; the Social Welfare Department is responsible with Marriage reconciliation, psycho-social care and service provision to vulnerable groups such as children, elderly, disabled and pregnant mothers and support to children in conflict with the law are few to mention (Ministry of Health and Social Welfare 2012). The Police Gender and Children Desk works on Gender Based Violence (GBV) cases on top of Child Abuse/Violence against Children (VAC) cases (Ministry of Home Affairs 2012) and the Medical Practitioners have roles relating to medical and psycho-social support to GBV and VAC survivors and other patients needing medical support. These shared responsibilities inform on the work load these professionals have and the challenge on the limited personnel to enhance efficiency.

It was shared by a medical practitioner from Temeke district (P3) that sometimes officers who lack good working ethics and dedication are brought to work at the Social Welfare office in the hospitals which brings a challenge in addressing and making follow up on child abuse cases that are reported in the hospital. The officer explained that dealing with child abuse cases needs dedication and willingness to work beyond your working hours and beyond your pay check to ensure the welfare of the child in the hospital. But this becomes a challenge when the officer responsible for such cases is not enthusiastic with the duties.

Medical Practitioner (P3) stressed on the point with a quote, “a 4-year-old girl who was burned with fire was brought to the hospital for medical check-up and I recognized signs of abuse on the child. After linking the child with the SWO in the hospital for further investigation, the case wasn’t given much attention and the parent’s justification that the child ran towards fire by herself was easily believed”.

This situation informed her on the need to invest more on in-service training to service providers to ensure cases are not taken for granted and are intensely investigated and the services given consider the welfare of the child as young children lack the ability to speak and express themselves like older children”.

#### **4.1.3 Reallocation of Police Officers trained on Child Protection**

All Police Officers in the 3 districts pointed out that the reallocation of Police Officers trained on Child Protection to other police stations is a setback to the effective implementation on their roles. This challenge was specific for police officers only and other professionals didn’t experience it. It was elaborated, every district police station has the Police Gender and Children Desk (PGCD) with selected police officers who deal with gender violence and violence against children cases. These police officers have been trained on Child Protection and are members of the District Child Protection Teams. Their role is vital when it comes to investigation of child abuse cases and provision of evidence to the court on the reported case. Despite their significant role on child protection, the Tanzania Police Force has the procedure of reallocating police officers to different police stations from time to time for several reasons such as job promotion, security purposes which are justifiable. But this creates a gap at the PGCD since the trained personnel are reallocated causing the office to have limited officers with knowledge on how to address a reported child abuse cases awaiting to select new officers and train them once again on child protection.

There have been pending child abuse cases which need investigation but the reallocation of Police officers from the Gender and Children Desk resulted to cases taking longer to close than supposed to.

The Police Officer from Kinondoni (P8) quoted, “We do receive a lot of child abuse cases but sometimes while in the process of investigation, you receive a transfer order which requires you to handover the cases to another police officer, who is sometimes not trained on Child Protection and takes longer to catch up on the cases causing inefficiency and delay in completion the case”.

This challenge was shared at the National Level Stakeholders meeting with the Inspector General of Police (IGP) at the Police Headquarters and the summary of the briefing meeting (2013) informed that the Inspector General of Police (IGP) confirmed a circular on retaining trained police officers at the desk for not less than 3 years. And that all Police Commissioners have been consulted and agreed on this decision.

## **4.2 Applicability of the Regulatory Framework on the ground**

This part of the study aimed at assessing the understanding of the professionals on the established regulatory frameworks and the application of these frameworks on the ground. The knowledge on this aspect enabled me to relate the frameworks in place and the measures implemented on the ground focusing on protection of children in early childhood from abuse and neglect. This provided response to the research question, how do professionals assess the applicability of the regulatory frameworks on the ground? During the interviews, I received similar responses from the participants across the 3 districts who demonstrated in-depth understanding on the regulatory frameworks guiding their roles in their respective districts. Explaining how these frameworks directs protective actions to be implemented and the professional's opinions on the implementation of the frameworks to safeguard the welfare and protection of children in their early age.

### **4.2.1 Standpoints on Early Childhood Protection**

All the respondents' attitude across the 3 districts towards the availability of regulatory frameworks was positive. They explained that the government have successfully established several directives regarding the welfare and protection of all children in Tanzania. These drafts clearly state the responsibilities of different stakeholders on child protection. Most of these frameworks do not specifically focus on Early Childhood Protection Initiatives but generally have elaborated on the protection aspect to all children under the age of 18. These Child Protection frameworks provide Child Protection stakeholders options on areas of focus and the target age groups based on their organization objectives.

The Social Welfare Officers in the 3 districts were the only professionals who shared the presence of few frameworks which focus on Early Childhood Protection; under the Ministry of Health, Community Development, Gender, Elderly and Children, first being the “Parenting Framework” implemented under the Community Development Department. This framework focuses on provision of parenting education to parents of children between 0-5 years. The parenting framework has 12 sessions which should be completed by parents willing to attend the classes in a period of 3 months. The Community Development Department is responsible with sensitizing the parents in the community to attend these parenting sessions (Ministry of Community Development, Gender and Children 2015). Another framework is the Law of Child Act- Day Care Centers and Crèche’ Regulation (2012) which stipulated on the procedures to follow when owning such centers including the qualification of the care-takers, the standards of the centers and the protective environment for these young children. These few frameworks specifically focusing on child protection in early childhood in addition to the other frameworks below complement each other in ensuring the protection of children indifferent stages.

During the interviews, each department’s respondent shared the frameworks which clearly define their roles in child protection from abuse and neglect to all children below 18 years which suggest that the professionals are very aware of their obligations towards protecting children. All the Social Welfare Officers from the 3 districts shared some of the key guiding documents such as the Law of the Child Act no 21 (2009) and its regulations specifically the Child Protection Regulation (2015), the National Standardized Child Protection Manual, the Multi-Sectoral National Plan of Action to prevent and respond to Violence against Children (2013-2016) and the current National Plan of Action to End Violence against women and children (2016-2022); which clearly highlighted the general principles and standards of child protection, the responsibilities of the Social Welfare Department and other key service providers in ensuring protection of all children including strengthening collaboration and referral systems. The Social Welfare Officers explained that there have been established collaborative structures across stakeholders and there are preventive and responsive interventions developed and implemented so far to protect all children below the age of 18 from abuse and neglect (see Ministry of Health, Community Development, Gender, Elderly and Children 2016).

All the Police officers from the Police Gender and Children Desk in the 3 districts also shared the guidelines and standard operation procedures which direct their roles in protecting children from abuse and neglect. These respondents shared on the Guideline for the Establishment of the Police Gender and Children Desk-PGCD (2012) and the Standard Operation Procedures for the Prevention and Response to Gender-Base Violence and Child Abuse (2012) which clearly provides the Tanzania Police Force sufficient detailed procedures to follow when cases of Gender based Violence and Child Abuse have been reported which includes delivering of effective, sensitive and friendly services to the victims of abuse. The respondents explained the police for the PGCD are selected based on the mental disposition and personal attitudes and are well trained on their roles putting in mind their roles are complimentary to the roles played by other key service providers (Ministry of Home Affairs 2012).

Also, the Medical Practitioners from the District Hospitals in the 3 districts shared that their interventions are as well guided by some established clinical guidelines and standards. They explained on the Clinical Standards for the provision of Gender Based Violence and Violence against Children Health Services (2016) which elaborated the responsive roles of medical practitioners in provision of physical care and support to the survivors of abuse once the case have been reported. This includes provision of medical services and psychosocial support to ensure their coping mechanism and resilience is strengthened (Ministry of Health, Community Development, Gender, Elderly and Children 2016). The respondents emphasized the collaboration established with the police officers and the social welfare officers in ensuring the survivor of abuse/violence receives all appropriate services.

#### **4.2.2 Professional's view point on implementation of the frameworks**

All respondents in the 3 districts acknowledged the availability of the Child Protection System established because of these regulatory frameworks, which have been established from national to the street levels focusing on ensuring protection of children at the family, community and government levels. The Ministry of Health and Social Welfare (2013) explains that the Child Protection System established focuses on how services should be structured, planned, implemented and coordinated by all responsible statutory and non-statutory agencies to ensure the best possible outcomes for children. The Child Protection system at the National level focuses on the leadership, regulatory framework, resourcing and technical support coordinated by the National Child



Protection Advisory Committee (NCPAC) while from the district, ward and street/village level that's where most of the implementation takes place. At the implementation levels, there are Child Protection Teams comprised of members from governmental departments and non-government partners who work together to implement the Child Protection preventive and response plans from the district level and below (Ministry of Health and Social Welfare 2013).

The Police from PGCD in Temeke (P2) quoted, "I acknowledged the commitment and collaboration of the Child Protection Teams at the local level in dealing with early childhood abuse cases which has strengthened community awareness on proper parenting approaches to reduce occurrence of child abuse and neglect".

This majority respondents pointed out that the Child Protection System have been beneficial to the community as awareness has been raised and reporting of cases have drastically increased. The following was the main challenge shared by the Social Welfare Officer from Ilala (P4) as quoted,

"The established Child Protection Teams from the district, ward and street levels have people who work on a voluntary basis and have other official responsibilities on top of those regarding child protection which sometimes delays immediate response and service provision".

All respondents showed to have broad understanding on the established National Regulatory Frameworks and confirmed to have received appropriate training to guide them on their roles to protecting all children from abuse and neglect. The respondents further explained the dissemination of these frameworks from the national level to the local level have been successful ensuring appropriate guidance on the means to provide effective services. The main challenges shared by all respondents across all 3 districts which limit the implementation of these frameworks were those related to insufficient resources as explained in the previous theme such as the inadequacy finance to support implementation, the limited work force and the reallocation of the trained police officers to other duty stations despite being selected as police officers for the Police Gender and Children Desk based on the Standard Operation Procedures for the Prevention and Response to Gender-Base Violence and Child Abuse (2012).

### **4.3 Measures under-taken on the ground**

The central objective of this research was to assess the experience of the professionals in protection children in Early Childhood from abuse and neglect. Assessing the measures set on the ground tells us about the initiatives taken by these professionals in protecting children and responds to the research question; how do professionals assess the measures implemented on ground level in the districts to protect children in early childhood from abuse and neglect? The measures employed contribute to a wider ecological system pertaining to the social and environmental factors contributing to child's welfare and development. The service providers as part of the ecological system have an impact and role in ensuring the well-being and protection of the community at large hence contribute to the protection of children in early childhood (Bronfenbrenner 1994). In this study it has been established that the presence of preventive and responsive measures established by the service providers assures the community that the problem has been recognized and efforts have been made to address it. The interviews conducted across the 3 districts brought out diverse responses from the professionals on the measures taken and their assessment on the implementation of those measures on the ground, as presented in the following

#### **4.3.1 Assessment of Early Childhood Protection Status in different settings**

Young infants always depend on their parents for survival in their early life. During early childhood, caregivers plays the salient role in ensuring that children reach their regulatory capabilities (Dozier et.al 2012). Therefore, understanding the status of the primary care-giver suggests the caregiver-child attachment factors in place, the developmental capability in the child and the protective environment the child is exposed to. This part of the research informed me the measures in place set by professionals to ensure the protection of children in early childhood within different settings such as family system, institutional centers and the prison facilities.

##### *Family system;*

Tanzania's National Survey on Violence against Children (2009) suggested that the perpetrators for the violence against children were mostly identified from the family settings such as close family members or relatives of the family (UNICEF 2011). Mostly such acts are influenced by the personal behaviors of family members, behavior of parents influenced by their financial security, level of education, family relationship, availability of formal and non-formal support systems and

the prevailing beliefs and norms (Maternowska et.al 2016, 2). Information from all respondents in the 3 districts supported these driving factors elaborating that environmental factors highly influence the risk factors leading to abuse and neglect. The Social Welfare Officer from Ilala (P4) shared that the family setting should be the safest place for the child to grow and other institutional centers should be the last resort and more efforts should be made in strengthening the child's immediate environment. She quoted,

“The major focus has been to strengthen the protective systems surrounding the child such as the family system, community system and the formal systems which ensures parents are aware of factors that constitute abuse, establishment of child-caregiver relationship and the legal implication towards abusive acts”.

Majority of the respondents shared on the role of the Child Protection Teams selected as a structure to support the family systems in ensuring children are protected by addressing the harmful traditional practices in place and other driving factors to abuse and neglect mentioned above. All respondents pointed out that most abuse cases are reported to the Police Gender and Children Desk (PGCD) compared to other departments especially when the victim's family want to take legal charges. The Medical Practitioner from Kinondoni (P9) quoted,

“The PGCD have been a major supportive system in receiving and responding to the reported cases which have been a positive attribute in the whole initiative of strengthening child protection systems”.

#### *Institutional Care;*

Regarding the situation of children in the institutional cares such as the children homes, all Social Welfare Officers from the 3 districts gave more light in response to this specific question. This part was explained by only the Social Welfare Officers in the 3 districts because it is part of the responsibilities. The Social Welfare Officers shared on the status of the children homes in Dar es Salaam, and the protective aspect of the children in early childhood within these institutional cares. It was shared that there are a lot of un-registered children homes which has been a challenge in making follow up on the protection of children in these homes. Each Social Welfare Officer informed based on their districts, that there 4 children homes in Ilala, 10 in Kinondoni and 7 in Temeke making a total of 21 registered children homes among which only 1 is the government owned children home called Kurasini Children Home. The Social Welfare Officers shared that it

has been a challenge in receiving progress reports from these private children homes except the 1 government children home is the one sharing the progress reports on the well-being of the children. This is challenge that was only noted from the Social welfare officers only.

The Social Welfare Officer from Temeke (P1) quoted, “The 1 government owned children home provides progress reports to the Social Welfare Departments which have informed that there is increased abuse such as physical, sexual and emotional abuses mostly to children under 5 and disabled children due to their inability to defend themselves. Such cases identified the perpetrators being the older children in these children homes and sometimes the care-givers themselves”.

Across the 3 districts it was shared by all Social Welfare Officers (SWOs) that the caregivers in the children homes are not professionals for such field and are not trained on parenting and child protection. They shared the resource based challenge hinder them to make visits to these homes and facilitate reunification of these children with their families outside because it was noted that most of these children have families but the process of identifying their families and reunify is costly thus children remain in the homes for longer than it should be. The best that the SWOs have done so far is to distribute the Children Homes Regulation (2011) to these homes to inform them on what the law stipulates and the procedures to follows.

The Tanzania Institutional Care Assessment conducted in 2011 shared a report which informed about children in institutional care with focus on the data of children in institutional care, the number of institutional cares, the quality of care provided and the qualification of the caregivers. This assessment which was conducted across all regions in Tanzania, shared that there are 282 children homes with 11,216 children out of whom 6,089 are boys and 5,127 are girls. 69.6 percent of the children are aged between six and seventeen years. 21.6 percent of the children are under five and 9.8 percent are eighteen and above. The assessment pointed out that the degree of abuse in these homes is high due to the lack of awareness on the procedures and child protective context. The report informed on the need to conduct monitoring of the children homes to ensure services are provided as required, formulate child protection policy and procedures which will guide the children homes on how to provide protective environment to children and provide capacity building to both the staff and the management to ensure compliance (Ministry of Health and Social Welfare- Department of Social Welfare 2011).

Main gap noted from all the 3 SWOs the respondents was the unclear information on the number of children in the children homes under 5 years to help me understand the number of children at risk of abuse as well as lack of training on child protection and proper parenting to these 20 children homes. As it was noted only the government owned children homes have received such trainings and are developing care plans for each child in the children home including preparing reunification process with their families.

### *Prison Facilities;*

The International instruments stipulates that pregnant women and women with children should not be imprisoned unless necessary. Article 9 of the Convention on Rights of Child puts forward the principle that a child must not be separated by his/her parent unless necessary. The Tanzania Prison Services is the leading National Correctional Institution established under the provision of Article 147 of the Constitution of the United Republic of Tanzania of 1977. Its power, mandate, responsibilities and limitations are provided under the Prison Act, No. 34 of 1967; [Cap 58 (R.E. 2002)]. The Tanzania Child Protection Policy and Procedures for Prisons was developed with the aim to safeguard and protect the rights and the best interest of the children in the prison facilities and guide prison officers how to do so (Ministry of Home Affairs 2015). Any child in prison facilities is at risk of abuse therefore measures of protection against abuse need to be put in place and every staff must understand the situations in which a child can be abused and their responsibilities in protecting children. In addition to this, Section 144 of the Law of Child Act and Section 63(3) of Prison Act stipulates that the prison facilities should ensure that children staying with their mothers in prisons receive all necessary child care including adequate diet, nutrition, health care and immunization (Law of Child Act 2009).

The Tanzania Commission for Human Rights and Good Governance- CHRAGG (2016) have presented a final inspection report for children in detentions which informed us that a total of 27 children were living in prisons with their mothers in 13 prisons in Tanzania. Among the 13 prisons, in Dar es Salaam Region which is the study areas has only 1 prison in Segerea- in Ilala District. This prison had only 3 children present with their mothers. In their report, it was reflected that the situation of children in prisons are poor due to the insufficient nutritious food for children and pregnant/breastfeeding mothers. Through the inspection report (2016), the Prison officers who

were interviewed confirmed this with the explanation that there are not enough financial resources to facilitate the special needs of such mothers and children to the point that they have to use their personal money to buy milk and fruits for the mothers and children. The prison officers also pointed out the mothers receive extra support with proper food and money when relatives visit.

#### **4.3.2 Responsive Measures to Early Childhood Abuse and Neglect**

During the interviews, all respondents pointed out that when it comes to structure wise, within the 3 districts there have been established referral systems that ensures any reported case is received and managed effectively based on the need. These professionals shared that knowledge and skills acquired through the in-service trainings on how to deal with child cases have equipped them in ensuring appropriate service provision. Across the 3 districts, every professional clearly described the measures taken in the whole process from early recognition of the abuse case, to responding and recording once a case has been report. On the other hand, these interviews informed me that despite the well-structured system set to respond to such cases there is still some gap when it comes to the quality of the actual implementation of their roles such as poor early recognition on signs of abuse and neglect, poor tracking of progress and services provided to these child victims and poor implementation of preventive measures.

Early recognition of abuse and neglect is possible when one is knowledgeable of what constitute abuse and is equipped with some observational skills. It is very essential for the professionals to have this attribute to be able to identify the child's actual condition once in contact with the child. The Medical Practitioner from Ilala (P6) articulated that having good observation and listening skills have enabled her to assess the child's condition once the child has been reported at the health center to having a medical problem. She explained that there have been cases reported that a child's health and behavior has changed but after a friendly conversation with the child it is realized there has been traces of abuse inflicted in the child. She further quoted *"A child under 5 will always say something when he/she is abused. But the language used to communicate is mostly unfamiliar to most caregivers and hence fail to understand their actual message"*.

She gave an example of a 5-year-old child who was sexually abused by her uncle but the child said the uncle "pressed her with a nail" of which the mother couldn't understand for a long time until the Medical Practitioner interacted with the child for a long time that's when they realized it was

the “penis” she was talking about. Therefore, from this information, she noted as very important to attentively listen to details shared by young children and not take any information for granted.

The Police Officer from Temeke (P2) shared the similar experience that observational skills have played a major role in recognizing signs of abuse. She shared,

” There was 6-year-old child who was sexually abused by his uncle for a long time and he was always depressed and quite while at home but very active in school. After the Police Officer had a long conversation with him which included playing games, the child used pictures to explain what happened to him. He drew a room with bed, couches and table and was asked about the picture and explained what happens in the room he drew. And that was how the Police Officer got the information about the sexual abuse”.

All the respondents shared that the Child Protection Teams established at the districts, ward and street levels have been trained on Child Protection and have created a good working relationship with the community members to assess any signs of abuse and report immediately. Their roles have highly influenced the early recognition and reporting of cases of abuse and neglect in most communities.

To strengthen case management, majority of the respondents acknowledged that a strong referral system that ensures collaboration across service providers has been established. The national regulatory frameworks explained in the previous theme describes the roles of these professionals within their departments and clearly articulate operation procedures to be followed when managing child cases. During the interviews, I received similar responses regarding the case management process followed where all the respondents across the 3 districts explained on the working relationship developed across departments that ensures the services given are for the best interest of the child. Regarding service provision, the service provided depends on the assessment done on the reported case. For the cases that need police and medical attention there is a good referral structure to receive such cases and for those that just needs the Social Welfare Officer’s attention such as those requiring counselling, continuous family visits they can be addressed directly in the required department.

Although these professionals provide the services to all abused children as needed within their reach, a gap was noted across all the respondents in the 3 departments in the tracking of services provided for the reported child cases and the recording of the reported details. The poor tracking

of cases and poor recording of data explaining the number of abuse cases and services provided to children in early childhood makes it challenging to evaluate the magnitude of the problem. In addition, the Medical Practitioner from Temeke (P3) shared that in the district hospitals there are specific doctors assigned for child abuse cases who are in the position to track progress of the child's condition and refer the child to police and social welfare officer for further assistance. But a challenge comes when their shift ends and another doctor not knowledgeable on Child Protection Initiatives and early recognition of abuse attends the case. This results into a child receiving just medical attention and not further social welfare and legal support thus failing to track such cases.

#### **4.3.3 Preventive Measures to Early Childhood Abuse and Neglect**

Currently, the focus of protection initiatives against violence, abuse and neglect is shifting from interventions after child maltreatment towards primary prevention initiatives and targeting services to children and their families in need of support before the abuse occurs (Evans et.al 2012). The interviews conducted informed more on the responsive interventions towards child abuse and neglect rather than the preventive measures in place. It was explained by most the respondents that the preventive interventions such as community awareness on child protection is mostly implemented by the Child Protection Teams at the district level. These teams have been in the frontline in working with the local government offices to hold special community meetings and events which have been used as platforms to create awareness to the community on Child Protection. Through these meetings the community can understand what constitutes abuse, the effects of abuse to the child especially a child in early childhood and the referral system once abuse have been recognized. They also shared on the use of the radio and televisions as other means to reach the vast community.

The Social Welfare Officer from Kinondoni (P7) quoted, “The major challenge with the community awareness initiative is the coverage and the frequency on the awareness sessions as it seldom happens and not in all communities within the districts due to the workload in place faced by the responsible department has resulted to poor quality of the preventive measure.”

Regarding the Parenting component of the preventive initiatives, the Social Welfare Officers across the 3 districts shared a gap when it comes to conducting the actual parenting sessions with parents. It was explained that the Ministry of Health, Community Development, Gender, Elderly and Children have a parenting framework coordinated by the Community Development



Department which focus on provision of parenting education focusing on 0-5 years. The parenting framework has 12 sessions which should be completed by parents willing to attend the classes in a period of 3 months (Ministry of Community Development, Gender and Children 2015). The Community Development Department is responsible with sensitizing the parents in the community to attend these parenting sessions.

The Social Welfare Officer from Ilala (P4) quoted “the main challenge with the parenting initiative is the poor consistency of the parenting sessions conducted as the community development officers rarely conduct these sessions as required and the coverage in the community is still poor”.

Therefore, the evidences that abuse and neglect is high in family settings made it explicit that the parenting and community initiatives need more attention and investments to ensure effectiveness preventive measures.

#### **4.4 Set-backs to Implementations**

To reach a goal, solid measures should be implemented. Knowledge on the set-backs inform the service providers on the areas needing further improvement. This part of the study responds to the professional’s perceptions on the measures set on the ground and gives light to the gaps identified and responds to the research question “How do professionals assess the measures implemented to protect children in early childhood from abuse and neglect?” The professionals had the opportunity to share several challenges limiting their responsibilities as child protection agents; some related to government and others are influenced by the communities.

##### **4.4.1 Hindrance to Early Recognition of Child Abuse and Neglect**

Few of the respondents across the 3 districts shared some challenges when it comes to recognition of abuse and neglect in early childhood. These respondents explained abuse and neglect happen within family setting and it is difficult for the service providers to recognize them unless they have been reported.

The Social Welfare Officer from Ilala (P7) shared quoted “there is still a culture of silence when such acts happen in some communities as some prefer to sort out the problems at the family level which could involve apologies, payment of compensation (in form of money)

once a child has been abused or some prefer not to report due to the fear of embarrassment towards their family".

Poor parenting has been a main cause of child abuse and neglect as most parents are occupied with their jobs that they fail to recognize abuse at the earliest. Sometimes the abused children are either threatened or softened with gifts which makes it difficult to be aware of it unless there is good relationship between the child and the parent/guardian. The Medical Practitioner from Kinondoni (P9) also shared a challenge that most of the time guardians bring their children who are abused to the hospital specifically for medical attention and are not willing to pursue legal charges on the cases therefore the medical practitioner should be firm on what the law articulates and communicate with the Social Welfare Officer and Police Officer to further follow up on the case. It was also shared by few of the respondents on the engagement of clinical nurses and pediatricians in ensuring early recognition of abuse. The following was the concrete quotation from the Medical Practitioner from Temeke (P3)

“Most of the clinical nurses and pediatricians are more in contact with these young children when they are brought to the hospital for medical check-ups or normal clinical visits. Therefore, they are in the position to assess any signs of abuse on the child while at the hospital even though the child was brought for other reasons. Most of these medical professionals are not trained on child protection, early recognition and responding to abuse which becomes a hindrance to early recognition of abuse making abuse recognized very late when the effects have worsen”.

Therefore, these respondents informed that further efforts have to been made in provision of education to different service providers to improve their inquisition when in contact with a child as well as awareness creation at the family levels so as to improve reporting of such cases to the service providers and limit occurrence of abuse and neglect within the family system.

#### **4.4.2 Resource based challenges**

When it comes to prevention and response initiatives, the challenges related to resources are both observed at the community level as well as the government level. As explained at the beginning of this chapter regarding the resources challenges from the government level point of view, the other picture is from the community level spectrum. Looking at the community level point of view, poverty features to be the central factor towards child abuse and neglect. Poverty in relation to the economic well-being of the people have resulted into families living in a child threatening environment which exposes them to abuse and neglect. All respondents across the 3 districts shared

that most parents they have come across focus on providing for the families financially that they become unaware of the need to develop a close relationship with the children and follow up on their well-being. This was evidenced by the case shared by the Social Welfare Officer from Kinondoni (P7) quoting,

“There was a mother who used to leave her 2 children (age 6 and 3 years) in the house at night drugged in Valium while she went out to work as a prostitute until one night when the children were crying and the neighbors had to call the police to break in. This woman explained that she didn’t have any other source of income and the night job provided little money to sustain her children which is a clear evidence that economic well-being is partly a pushing factor to abusive and neglectful environment. The SWO conducted counselling sessions with the mother and linked her with an NGO providing tailoring skills where she attended the trainings while the children were temporarily taken to a Children home”.

Also, another Social Welfare Officer from Temeke (P3) expressed, “there are two major challenges which reflects the actual living condition of most of the communities, she quoted,

“Some families live in the same room because they are poor causing children to witness their parents copulate at night putting them in the position to want to practice the same thing outside and some families because they can only afford one room they take their children to sleep at their neighbor’s houses where they are exposed to the risk of being abused especially sexually”.

#### **4.4.3 Harmful Cultural Practises**

All respondents across the 3 districts identified the harmful cultural practices as an obstacle to appropriate preventive and responsive services. The Medical Practitioner from Kinondoni (P9) exemplified, “*Child Abuse and Neglect is influenced by the personal interests of the family/community and when it comes to these practices most decisions are made not for the best interest of the child*”. Despite the initiatives to create awareness to the community on children rights and proper parenting there is still obstacles within the community when it comes to prevention of abuse as well as information sharing. Culture defined as the way of life has much influence on the behaviors and perceptions of people towards what is considered as abusive and neglectful (Bailey and Peoples 2010). During the interviews, different challenges relating to culture was shared by all the respondents across the districts 3 districts showing that some communities are illiterate on the impact of harmful cultural practices that they are drawn into

practicing them just because the practice stands as their identity. One of the challenges was related to early marriage and early pregnancy;

The Medical Practitioner from Kinondoni (P3) quoted that “early marriage and early pregnancy has been a problem as it is applied by some cultures and some Islamic religions if the parents adhere to the marriage and the girl is above 15 years-old even if the girl herself doesn’t want to”.

In relation to this, the Tanzania Law of Marriage Act (2002) which is currently under amendment allowed a girl to marry at the age of 14 with the consent of the court and 15 years with the consent of their parents (Law of Marriage Act 2002, Section 13,17). At Present, 37% of girls in Tanzania are married before the age of 18 years of which its persistence increases the vulnerable group in the society (Girls Not Bribes 2017). This results into a child who is not matured enough and knowledgeable on proper parenting to give birth to a child who ends up getting exposed to abusive and neglectful environments due to inability of the young mother to give proper attention to the child.

Few of the respondents across the 3 districts shared that most of the residences in Dar es Salaam City practices the Coastal Region Culture which involves outside events with traditional dances that are erotic. These practices which the respondents portrayed as morally destructive are still highly practiced in most communities with the justification it’s a dance that identifies their cultures.

The Medical Practitioner from Ilala (P6) expressed that, “some of the parents neglect their children at home to go attend the dances and some take the children to the dances which exposes them to seeing things beyond their capacity that paints a destructive mental image that makes them eager to practice”.

In addition to the challenges in preventing child abuse; witch crafts/superstition was also shared by 3 of the respondents as one of the factor resulting to early childhood abuse.

The Social Welfare Officer from Ilala (P4) quoted “most of the cases reported on sexual abuse to young children below 5 years have been related to superstitious reasons as most of the perpetrators claimed that the witch doctors told them if they want richness they should rape a young child.”

This issues has been addressed in the community social events to educate the society that hard work brings success and abusing children destroys their positive future. Lastly, it was shared by the Medical Practitioner from Ilala (P6) on another challenge that hinders the preventive interventions which is not directly related to cultural practices is the drug abuse by most men in the society. This habit tends to stimulate desires to conduct different acts which some are considered destructive. She quoted, *“some of drug addicts are usually addicted to sex as well and since they can’t afford buying prostitutes they sexually abuse young children especially babies as they cannot defend themselves and such sexual abuse cases have been reported at the hospital”*.

As reflected above from the interviews, it has been noted that harmful cultural practices and human behavioral factors puts young children in risk environments. Putting into consideration that early childhood is the critical period where the child captures behaviors and learn from the outside world therefore interventions should be holistic in nature focusing on all causal factors that may affect the child’s welfare. Conclusively, as it was previously high lightened that knowledge on the obstacles informs the service providers to identify the areas for improvement and ensure effective measures are in place to safeguard protection of children in early childhood from abuse and neglect. The challenges shared above have highly enlighten the conditions surrounding children in early childhood which result into abusive and neglectful environment.

## **CHAPTER 5**

### **DISCUSSION OF FINDINGS AND RECOMMENDATIONS**

#### **5.0 Overview**

This chapter will discuss the findings pertaining to the experience of professionals in protecting children in early childhood from abuse and neglect with the backdrops from the theories reviewed in Chapter 2. Many scholars have presented diverse perspective to elucidate the issues presented by the participants relating to the working environment facilitating professional's roles, the drivers of abuse and neglect in early childhood as well as recommended better initiatives to take for addressing the ineffectiveness in the measures established and improve child protective results. At the outset of this chapter, it is wise to justify that the experiences shared by the research respondents represents a wider spectrum of professionals in the field of child protection in Tanzania. However, this study has intended to bring to light the selected professional's points of view on the issue of Abuse and Neglect in Early Childhood.

#### **5.1 Working Condition: A Hindrance Factor**

Employee's working condition is an essential aspect to customer satisfaction and organizational performance. According to Greenslade and Paddock (2007, 13) working condition encompasses a range of issues from the work load, scheduling, to professionals' identity and scope of practice. On other terms these are facilities which support the employees at work to ensure convenience and comfort on their job performances (Eluka and Okafor 2015). As Heartfield (2012) explained to create a satisfactory working condition for employees that can aid performance in the workplace, it is vital to note the key factors affecting employee's satisfaction. One of the important areas of this research was to analyze the perceptions of the professionals towards their working conditions and how it facilitates or challenges their work in protecting children in Early Childhood from abuse and neglect. Relate a connection of the theories with the findings in chapter 4. Find interesting information in the findings and back it up with the theories.

Reflecting on the similar challenges shared by professionals regarding the working condition across the 3 districts in the previous chapter; the respondents shared their challenge regarding limited resources related to finance and few work personnel showing that the government budget allocation for Child Protection is still low. The interviews shared that the budget plans on Child Protection initiatives are usually not fully approved due to the inadequacy of resources and conflicting priorities in the respective departments. The respondents showed that these challenges hinder them to fully do their duties especially when there are cases that need immediate attention such as rescuing an abused child of which eventually demands them to use their own money for support services to the victim although sometimes are not financially capable to incur the costs. This is noted from the professionals quotes below;

The Police Officer from PGCD in Ilala district (P5) expressed satisfaction with her work, stating “I feel satisfied when I have saved the life of a child from abuse because at the end of the day the efforts are for the best interest of the child so I have no choice but use my money to make follow up on such cases”.

The Social Welfare Officer from Kinondoni (P7) quoted, “This is a challenge the other officers face as well because such cases end up in the hands of any officer on duty and our professional ethics demands us to protect the child’s best interest at hand so using our own cash is sometimes inevitable”.

In addition to this, the challenges identified in the integration of Child Protection System in most developing countries is the one related to budget allocations. Tracing back to the report shared from the Public Expenditure Identification Survey (2012) conducted in Tanzania under Ministry of Finance and UNICEF; the findings showed that Tsh 3.3mil (\$1477) which is 0.002% of the total budget allocation for the 12 districts in 2011/2012 which were under survey was allocated to support the core child protection activities related to abuse, violence, neglect, abandonment and exploitation (Muganda and Budlender 2012). This is quite a limited amount of funds considering the intensity of the problem.

In relation to working personnel; information from the professionals interviewed suggested it being a gap as well where the Social Welfare Officer (P4) in Ilala shared, “*currently the reporting of child abuse cases has highly increased and we try our best to provide support based on the needs but the staff is few so sometimes services are delayed.*” In addition to this, the information from other countries backs up the resource challenge in place where; Sierra Leone has one social worker for every 71,000 children; Timor Leste has one for every 75,000 and Niger has one for

every 168,000 children. In many countries, less than 1% of the total government budget is allocated for child welfare and protection (Borg et.al 2012). This results into having more efforts into responsive tailored services towards children who have already being abused and less preventive measures.

These professionals' challenges, in this study, can be related to the challenges addressed in the Street-Level Bureaucracy and Organizational Culture theories that guides this study. The Street-Level Bureaucracy Theory (Lipsky 2010) elaborates on the influence of working conditions to the quality performance of public officer. He explains despite the fact that the public officers, such as the street level bureaucrats, police men, teachers, legal services, welfare department and agencies as government representatives are entitled to implement their duties on the basis of the official policies and laws set by the legislatives and policy makers., The unsatisfying working environment, huge caseload with limited time, information and inadequate resources, physical and psychological threats and conflicting priorities overwhelms their aspiration as service workers. Chigwamba (2008, 2) further explains that when it comes to service delivery the limited financial and material resources tends to affect the availability, accessibility, acceptability and affordability of the services provided and this impacts the quality of service provided to the clients. In relation to the above explanations, the behavior of street-level bureaucrats is molded by the nature of their work as they normally work in the environment with limited resources while the demand is higher exposing them to conflicting priorities during service provision which was evident also in the case for all respondents in this study.

Analyzing phenomenon from the street-level bureaucracy standpoint has not only enhance understanding of what is expected of professionals as street level bureaucrats in protecting children in early childhood from abuse and neglect within their communities but also described how the work structure and environment on the ground could favor or challenge the implementation of their measures to detect, prevent and report abusive and neglecting acts within the community at the earliest. One conclusion that can be drawn from this is that if there is monetary support to cover specific early childhood interventions and transportation available for case follow ups it can increase effectiveness of the Child Protection Teams in protecting children in early childhood from abuse and neglect.



On the other hand, in relation to the Organizational Culture Theory; the poor working condition tends to create a culture of implementing only what is possible within the available resources and limit the aspiration for enhancing creativity and measures to improve service provision. As Pierce (2004) elaborates further on the Organizational Culture, he suggests that individual behavior within an organization is not only controlled by the formal regulations and structures developed but also by the cultural norms, values and assumptions which determines the behaviors and actions of these organization members. This can be noted from the Social Welfare Officer (SWO) from Kinondoni District (P7) response explaining,

“It is challenging to conduct social investigations on abuse cases or conduct regular inspection of institutional cares with children in early childhood without incurring transportation and other running costs to facilitate the movement therefore sometimes we end up doing what can be done within our financial reach because the budgets are always limited”.

Schein (1985) emphasizes the significance of conducting cultural analysis explaining that through the in-depth study of the organization’s culture, one can extensively understand the current behavior and actions of people. Therefore, one will be able to make sense of the decisions that could be made by the organization members as the cultural elements determines the strategies, goals and modes of operation within an organization (Pierce 2004).

The Early Childhood preventive programs and responsive services to violence, abuse and neglect such as home visiting programs, parenting education programs, clinic based programs, media messages, community awareness based programs and the whole case management process have a high demand for resources (Evans 2012,4). A study conducted by Oswald (2012) to assess the effect of working environment on performance among health workers in Tarime District in Tanzania suggested that the working condition has a significant effect on the worker’s composite performance suggesting that the organizational physical and behavioral environment influences employee’s self-rated performance. The problem of public officers to have limited aspiration to work effectively and develop the culture of relaxation and unproductiveness that compete against their main roles and ethics is much influenced by the inadequacy of the resources that could facilitate their job performance. This was evident in this study as some of the respondents shared that the preventive measures such as those which requires outside activities example parenting sessions, community awareness sessions highly require material resources. Also, other responsive

activities such as social investigations on abuse cases and inspections of institutional cares and reunification of children in these centers with their families requires financial resources as well which is a great challenge. Therefore, based on these challenges, the respondents expressed often they have no choice but to do activities within their financial reach which sometime is mostly indoor activities such as counselling sessions which could make it seem that the early childhood initiatives are unproductive.

The results obtained in this study suggests that there is significant relationship between the working condition and job performance of the professionals responsible with protecting children in early child hood from abuse and neglect. This implies that authorities must provide conducive working environment with facilities, motivation and equipment to improve performance. Also, there is need of policy makers to emphasize on progressive trainings and performance measurements as most workers tend to think that experience increases performance which is sometimes contrary as some workers gets old and bored with the job over years and create a culture of relaxation (Oswald 2012).

## **5.2 Drivers of Early Childhood Abuse and Neglect**

Drivers are referred to as factors at the institutional or structural level that create the condition in which abuse or neglect is likely to happen. The risk factors and protective factors reflects the possibility of the occurrence of abuse due to the characteristics measured at the individual, family or community level. For example, the behavior of parents are influenced by their financial security, level of education, family relationship, availability of formal and non-formal support systems and prevailing beliefs and norms (Maternowska et.al 2016, 2). Munro (2008) points out that to some degree all parents are imperfect, so items of abusive behavior will be found from time to time in most families but it is the intensity and chronicity of the behavior that causes harm (Munro 2008). According to Munro (Department of Health 1995 quoted from Munro 2008), statistics suggests that majority of families reported as in need of child protection services due to abuse and neglect are poor and this is on the fact that bringing a child in an environment with limited material resources and constant financial worries is harder and more challenging than doing it in an affluent secure environment.

This is highly supported by Brofenbrenner (1994) ecological system theory which reflects the influence of holistic environment to an individual's welfare and protection. The model describes the micro, meso, exo and macro systems in which the child inhabits that is used to contextualize the risk factors that relate to abuse and neglect in Early Childhood (Brofenbrenner 1976 quoted from Evans et.al 2012). As intensively discussed in chapter 2, the complex interplay between individual, relationships, community, institutional and societal factors help us to understand the systems that can expose a young child to abuse and neglect. Through the interviews conducted, I was able to draw out risk factors that directly affect children in early childhood. Also, understand the setbacks faced by these professionals in implementing their on-ground measures that ensure protection of children in early childhood from abuse and neglect from the community level standpoint. The risk factors expressed by the professionals as per the interviews conducted were those in relation to the poverty, harmful traditional practices, culture of silence, behavioral factors like drug use and ignorance of which have been addressed by several scholars across several countries such as Munro (2008) and Evance et.al (2012). The few citations below from the professionals interviewed gives more light on the ecological influence on the protection of these children;

“There is still a culture of silence when such acts happen in some communities as some prefer to sort out the problems at the family level which could involve apologies, payment of compensation (in form of money) once a child has been abused or some prefer not to report due to the fear of embarrassment towards their family”.

“Some families live in the same room because they are poor causing children to witness their parents copulate at night putting them in the position to want to practice the same thing outside and some families because they can only afford one room they take their children to sleep at their neighbor's houses where they are exposed to the risk of being abused especially sexually”.

“Some of the parents neglect their children at home to go attend the dances and some take the children to the dances which exposes them to seeing things beyond their capacity that paints a destructive mental image that makes them eager to practice”.

“Most of the cases reported on sexual abuse to young children below 5 years have been related to superstitious reasons as most of the perpetrators claimed that the witch doctors told them if they want richness they should rape a young child.”

The WHO world report on Violence and Health as reported by Krug et.al (2002) have revealed that family structure and insufficient resources are considered as one of the major drivers of abuse and neglect. Studies have shown that in most developing and industrial countries; poor, young, single mothers are among those at greatest risk for using violence towards their children. For instance, in United States and Argentina; cases of physical discipline have been reported 3 times more from single mothers compared to the mothers in two-parent families. Also, in Kenya, Colombia, Italy, Bangladesh, Sweden, Thailand and United Kingdom have also shared findings that low education and low income to meet the family needs increases the potential of physical violence while in Palestine it was seen that the economic factors are the major influence of psychological abuse to the child (Krug et.al 2002).

As it was noted from the professionals interviewed, that poverty featured as a factor towards child abuse and neglect. They shared that parents tends to focus in providing for the children's basic needs that they become unaware of the protective needs of the child. This was evidenced by the case of the mother who used to leave her 2 children (age 6 and 3 years) in the house at night drugged in Valium while she went out to work as a prostitute until one night when the children were crying and the neighbors had to call the police to break in. This woman explained that she didn't have any other source of income and the night job provided little money to sustain her children which is a clear evidence that economic well-being is partly a pushing factor to abusive and neglectful environment. Respondents from the interviews also shared other community based issues that puts at risk the welfare of children in Early Childhood. The issues shared relating to the harmful cultural practices such as the erotic Coastal region Traditional dances, early marriages and pregnancy, the drug-abuse, culture of silence and superstitions were seen to have highly exposed children in early childhood to abusive and neglectful environment which can interfere with affect the constructive development of the child's mind.

Identifying these risk factors in relation to levels of the ecological framework (Bronfenbrenner 1994) guiding this study enables us to clearly show that efforts towards protecting children from abuse and neglect should put more emphasis on the family and community situations that can expose children to risks. As stated earlier that abuse and neglect in early childhood mostly occur hidden within family settings therefore strengthening the family systems will assure the protection of children within their households. On the other hand, it enlightens policy makers and

implementers on better ways to provide protective environment to children in early childhood and reduce the risk of becomes victims and future perpetrators of abuse.

### **5.3 Road to a better Change**

This part of the research aimed at finding solution from the professionals on the challenges shared regarding the measures and applicability of the regulatory frameworks in protecting children in early childhood from abuse and neglect. The respondents had the opportunity to share their views on the areas needing attentions in order to bring the desirable changes. These interviews brought forward the state and community level interventions that if considered will ensure abuse and neglect in early childhood remains a history and community's focus will be to ensure every child is well protection. With support from the theories supporting this study and other scholars' recommendations, the 2 better interventions were; Effective and Sustainable Preventive Interventions and In-Service Trainings to Key Professionals on Early Childhood Protection.

#### **5.3.1 Development of Effective and Sustainable Preventive Interventions**

The ultimate goal for prevention is to ensure something does not happen in the first place and the strategies for successful preventive initiatives required to understand the factors that influence the problem. As noted from the professional's assessment on the Child Protection Interventions in this study, the interventions set are more responsive in nature there has been a gap in the preventive measures in place. The preventive interventions are clearly articulated in regulatory frameworks in place explained in chapter 4 but the actual implementation of the required is quite ineffective.

##### *Parenting Education Initiatives;*

Parents/ caregivers and the family system as part of the ecological system are the closest cycle to the child who tends to greatly influence the behavior and highly contributes to the experiences of the child (Bronfenbrenner 1994). Parenting psychology provides an ecological understanding of the causes of child maltreatment as parents maltreat their children for a multiple and complex reasons whether its parents' individual developmental history or personal psychological resources (Centre for the Study of Social Policy 2001). One of the important gap pointed out by the professionals

interviewed from their experience with parents they have been in contact with, is the poor parenting strategies which suggested a great investment in ensuring effectiveness of the Parenting programs.

Looking back at the Tanzania regulatory frameworks in place, it points out that the Community Development Department in the Ministry of Health, Social Welfare, Gender, Elderly and Children has developed a parenting guideline which is implemented by the Community Development Officers. The Community Development Officers in the 3 districts have been trained on the facilitation manual and are responsible with training of other facilitators who will assist in the parenting sessions. This team of facilitators are responsible in the formation of the parenting groups in the community and conduct parenting sessions with the parents under the technical support of the Community Development Officers. The focus of these programs is not only to ensure participation of parents to learn on proper parenting methods and effects of abuse and neglect but to be able to assess behavioral change in the parenting styles used and safeguard general protective environments for children in early childhood.

This informs us that structure wise there are convenient frameworks developed but the main gap is setting effective measures in line with the frameworks in place. This is noted from the information shared by the professionals interviewed where the Social Welfare Officer from Ilala (P4) quoted *“the main challenge with the parenting initiative is the poor consistency of the parenting sessions conducted as the community development officers rarely conduct these sessions as required and the coverage in the community is still poor”*. There is need to strengthen implementation of the parenting programs in place as it is insignificant to have guidelines set while the actual implementation is lagging with the first step of strengthening the role of the local authority at the street level is vital to identify parenting needs and families that need special attention.

Evans et al (2012) shared one among the many core preventive interventions with remarkable outcome to address child abuse and neglect known as the Triple P- Positive Parenting Program. This program has been implemented for 30 years and have been able to improve the lives of more than 6 million children and their families of 25 countries in the world. The main goal of this program is strengthening parent’s ability to ensure children’s health, welfare and behavioral issues are protected. This program has effectively improved family management techniques, parenting

confidence in child-rearing, behavioral changes, health and improvement against aggression globally (Evans et.al 2012). This program focused on 5 levels of interventions i.e.

Level 1- Provision of media messages on positive parenting, Level 2- Information resources such as advice sheets, and videos, Level 3- Short targeted interventions for specific behavioral problems, offered by primary care practitioners, Level 4- More intensive training programs for parents, and Level 5 Addressing broader family issues such as relationship conflicts, parenting depression, anger and stress (Evans et.al 2012).

The Triple P initiative enlighten us on the necessity to improve the current Tanzania parenting program from the limited parenting sessions and media sessions conducted to instigating other measures such as the special sessions on behavioral changes and addressing family issues which is more of a long-term process as suggested in the Triple P- 5 levels of interventions. The main challenge with this initiative is it demands adequate resources to ensure effective implementation and extensive coverage. There is need for the government to prioritize this intervention and collaborate with several organizations so as to ensure collective efforts in improving the parenting styles and the society's perception towards appropriate child rearing method.

#### *Community and Media Based Programme on Early Childhood Protection*

The community that a child grows up can profoundly affect the adult they become. Children grow up in diverse conditions which can either be supportive environment or abusive environment. The exposure of children to negative events can affect how they feel, think and act. Early childhood is the most rapid period in the human development. The period from conception through birth to 8 years are the most critical stages to a complete and healthy cognitive, physical and emotional growth of the child (UNICEF 2001) where a child captures and learns from everything surrounding them. The ecological and developmental perspective of child abuse and neglect emphasizes the need of preventive interventions to influence the broader network of relationships and processes surrounding the child due to the influence of community system in exposing children to abuse and neglect (Cox 1998, 2). Strong theoretical evidences have suggested that to ensure stable behavioral changes, efforts in changing the distal social context surrounding the family should be adhered (Dijken et.al. 2015) which is also the concept supported by Bronfenbrenner (1994) on the ecological influence of community system on the protection of children in early childhood.

Information from the respondents informed me that these preventive measures such as the community awareness and use of mass media have been productive to some of the communities as members have taken up the role of assessing child abuse in their surroundings and report to the authorities once such acts have been detected. Although, it was shared that this initiative is not much effective in a larger society where;

The Social Welfare Officer from Kinondoni (P7) quoted, “The major challenge with the community awareness initiative is the coverage and the frequency on the awareness sessions as it seldom happens and not in all communities within the districts due to the workload in place faced by the responsible department has resulted to poor quality of the preventive measure.”

Therefore, further investments should focus on increasing coverage and on strengthening the parenting education and behavioral change initiatives to ensure solid protective environment within the family settings.

These preventive interventions should focus on engaging the community in addressing these challenges to improve society’s perceptions towards societal actions and create a protective environment for children in early childhood. Evans et.al. (2012) explains, the community education programs and mass media programs ensures wider coverage and alert parents, children and community at large on the risk factors and strategies to avoid the risks. Although these programs are challenging to evaluate their direct impact but they have the intended merit of raising public awareness (Evans et.al. 2012). Such education programs should be used to address the neighborhood driving factors shared by the respondents interviewed such as the harmful traditional practices, illiteracy of abusive acts, culture of silence among community members, superstitions and the drug use which have created risk environment for children in early childhood. As well as use the platform to inform the community on the legal implications against such abusive acts regarding the legal and regulatory frameworks developed and shared in chapter 4 which clearly stipulated the protective needs of children.



### **5.3.2 In-Service Trainings to Key Professionals on Early Childhood Protection**

Professionals with a direct access to the child have the ability of ensuring child's well-being and assist parents to raise a health and well-adjusted child. They are in the position of preventing child maltreatment by identifying family strengths, recognize risk factors earlier, provide helpful guidance to families and refer families to family strengthening programs (Flaherty et.al 2010). This study was able to identify settings with professionals who have direct contact with the children in early childhood such as the institutional care centers, prison facilities, hospitals, police stations and social welfare officers. These institutions as explained by Bronfenbrenner (1976) are part of the ecological system with great influence on the protection of children in early childhood due to their role in ensuring service provision and prevention of child abuse and neglect. Strengthening the protective environment for children in early childhood would mean strengthening these supportive formal systems in ensuring tracking and follow ups of the child's well-being.

Looking at one setting; Clinics are the most important settings to provide an effective national framework for prevention, identification and responding to abuse and neglect to children in early childhood. The clinic centers supporting pregnant mother and provide monitoring for maternal and child's health after birth are in the position of reaching parents with parenting education, aspects of child development and are in the position of recognizing signs of abuse to the child as soon as possible (Evans et.al. 2012). The interviews conducted informed on the gap shared by medical practitioners concerning most of the clinical nurses and pediatricians. Below is a concrete quotation from the Medical Practitioner from Temeke (P3) to put more emphasis;

“Most of the clinical nurses and pediatricians are more in contact with these young children when they are brought to the hospital for medical check-ups or normal clinical visits. Therefore, they are in the position to assess any signs of abuse on the child while at the hospital even though the child was brought for other reasons. Most of these medical professionals are not trained on child protection, early recognition and responding to abuse which becomes a hindrance to early recognition of abuse making abuse recognized very late when the effects have worsen”.

In addition to these, the child care providers in the institutional cares and prison facilities also have regular contact with children which provides them the position to recognize suspected child maltreatment (Karageorge and Kendall 2008). Main issues shared by the respondents from the interviews was; in Dar es salaam, the care providers from the 1 government institutional care have had the opportunity to be trained on child protection and early recognition of abuse but it hasn't been the same in the remaining 20 private institutional cares. They pointed out the need to set grounds across these centers on the trainings the care providers should attend to qualify to work in these children centers.

These interviews informed me on the necessity to invest more on in-service trainings on Child Protection in Early Childhood to all key service providers such as those from the hospitals, police, institutional centers, social welfare office and prison centers. This is to improve their basic observational skills and inquisition when in contact with a child to ensure early realization of any abusive acts and appropriate response services to be provided in accordance to the need. It is very essential for these professionals to have this attribute to be able to identify the child's actual condition once in contact with the child.

## CHAPTER 6

### CONCLUSION

#### 6.0 Overview

This comparative study has systematically enumerated the diverse experiences of professionals in protecting children in Early Childhood from Abuse and Neglect (0-8 years). These professionals being the Social Welfare Officers, Police Officers from the Police Gender and Children Desk and the Medical Practitioners from the 3 districts of Kinondoni, Ilala and Temeke in Dar es Salaam City. The study mapped the professional's experiences in 3 areas which are the working conditions facilitating their roles, the applicability of the regulatory frameworks on the ground and the measures implemented on the ground to protect children in Early Childhood from Abuse and Neglect. The results of the study have informed on the perceptions of the professionals, the achievements so far, the gaps hindering the measures set and better interventions to be considered to improve protective services to children in early childhood. The theoretical perspectives informing the findings such as the street-level bureaucracy theory, organizational culture theory and ecological system theory and other scholarly articles have provided the study findings concrete back-up information and justifications to explain the experience shared by the professionals in protecting children in Early Childhood from Abuse and Neglect.

The findings indicate that the working condition of these professionals have been a major hindrance in implementing their roles to protecting these children from abuse and neglect as well as poor early recognition of signs of abuse have been a gap. Also, some cultures/behaviors established within organizations have shown to limit the aspiration of these professionals to implement their roles and their job performance. In addition to this, family and community systems have been major risk factors in protecting children of which the driving factors expressed by the professionals were those in relation to the poverty, harmful traditional practices, culture of silence, behavioral factors like drug use and ignorance of the community. This study also highlighted that most of the interventions are responsive in nature, demanding the need to invest further on preventive interventions to ensure children are protected at the earliest to avoid further damage.

As the study was comparative in nature, the experiences presented in the findings were very similar across the professionals and across the districts and only few issues arose to be specific to some professionals, of which are explained in details in the Findings Chapter. Moreover, this research informs that efforts in developing legal and policy frameworks guiding the implementation have been effective to some extent, although major gap is in the actual implementation of the planned interventions. It came to my attention that early childhood protection initiatives should strongly be invested first in the systems with constant interaction with these young children such as the family systems, the institutional cares, prison facilities, the clinic centers and the surrounding community. These preventive efforts will involve strengthening their capacity in knowledge on what constitute abuse and neglect in early childhood, early recognition on signs of abuse and neglect as well as how to create a protective environment for young children to grow and develop to their full potential. The findings show that the efforts mentioned above have been enforced although to a limited degree, therefore improvement in the interventions in place and coverage should be taken into consideration.

The gaps observed from the findings on the protection of children in Early Childhood are from the Dar es Salaam's context which is a fast-growing city economically, politically, have a well-structured Child Protection System and have deep multi-cultural interactions which provides greater chances of people to learn good practices from each other. There is still a great need to conduct further research addressing the situation and the safety of children in early childhood in the remaining remote villages in other regions where they are lagging behind more economically compared to Dar es Salaam.

These findings enlightened that any sustainable efforts should be directed to strengthening the family and community systems. I therefore further see the need of conducting more research to examine the protective environment of children in early childhood from the family and community level perspectives. There is also an acute need to conduct that aims to map the prevalence and the magnitude of the Abuse and Neglect in Early Childhood across regions. This will inform us further on the experience of family and community in protecting children in early childhood from abuse and neglect as well as give us statistics on the prevalence of abuse and neglect in Early Childhood, which will eventually guide the professionals to develop evidence-based interventions based on specific settings.

## 6.1 Summary of the Recommendations

It is congruous to this thesis that protective environment for children in early Childhood can be improved. This would mean meeting the protective needs for children and improve the systems surrounding the child. The following is the summary of recommendation explained in details in Chapter 5 which targets the various systems interacting with the child.

- I. Provision of conducive working environment to improve professional's job performances.
- II. Strong emphasis on worker's performance measurements to ensure professionals increases creativity using cost effective means to deliver to their roles.
- III. Development of effective and sustainable preventive interventions.
  - Parenting Education Initiatives with the guidance of Triple P- Positive Parenting Program.
  - Improving the Community Awareness and Media Based Program to ensure wider coverage of knowledge on Early Childhood Protection, Driving factors to abuse and neglect and Legal Implications against abusive acts.
- IV. Provision of In-Serving progressive training to specific professionals in contact with a child such as the Clinic Officers, Paediatricians, caregivers at the Institutional Care Centres, Police Officers and Social Welfare Officers. This is to learn on the specific early childhood needs and improve their basic observational skills and inquisition when in contact with a child to ensure early realization of any abusive acts and appropriate response services to be provided in accordance to the need.

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APPENDIX 1: MUNICIPAL DIRECTOR APPROVAL LETTER

TEMEKE MUNICIPAL COUNCIL

[All letters should be addressed to the Municipal Director]

Tell: +255 22-2851054  
Fax: +255 22-2850640  
E- mail: temekemanispaa@tmc.go.tz  
website: www.tmc.go.tz



P.O.Box: 46343,  
Mandela Road  
DAR ES SALAAM,  
TANZANIA.

Ref. No. TMC/MD/ U.21/30

Date: 17/8/2016

*WIAWI wa*  
*JAMU & MOTOH*

RE: RESEARCH PERMIT *ESTHER NDYETABURA*

Please refer to the heading above

This is to inform you that, permission is granted to the above mentioned student/Researcher from *OSLO AND AKERSHUS UNIVERSITY*..... to conduct research on *Profession's experience in protecting children from abuse and neglect* case study of *Temeke district*..... This permit will effect from the date of this letter.

Please give with necessary assistance.

*H. Weli*  
For: MUNICIPAL DIRECTOR  
TEMEKE

Copy to: - Student/Researcher *ESTHER NDYETABURA*

From *OSLO AND AKERSHUS UNIVERSITY COLLEGE, OSLO - N*

## **APPENDIX 2: POLICE HEADQUARTERS APPROVAL LETTER**

[Letter redacted]

## APPENDIX 3: INTERVIEW GUIDE

### Background information:

- Tell me about yourself? .....
- Age .....
- Gender .....
- Department .....
- Position.....
- Years of work experience.....
- Average salary level for your profession .....
- Describe your assignments at work.....

### A. General Working Condition.

- 1) How do you perceive your working condition?
- 2) Does the working condition facilitate you to implement your work? Please explain.....
- 3) Could you describe situations when you are satisfied with your work?
- 4) Could you describe situations that you feel are challenging in your work?
- 5) What restraints do you face in your work?

### B. Applicability of the regulatory frameworks on the ground.

- 6) What are the existing policies that protect children from abuse and neglect in their early childhood?
- 7) What are the existing laws and regulations that protect children from abuse and neglect in their early childhood?
- 8) What are the existing guidelines that protect children from abuse and neglect in their early childhood?
  - What do these existing legal frameworks speak about protecting children in early childhood from abuse and neglect?
  - How do you view the implementation of the existing legal frameworks that protect children in early childhood from abuse and neglect?
- 9) What are the existing systems used for detecting abuse, neglect and violence against children during their early childhood?
  - How do these systems detect abuse, neglect and violence within household settings?
  - What are the benefit of these systems?
  - What are the challenged faced with these systems?

### C. Measures under-taken on the ground

- 10) How do you recognize that a child (0-8 years of age) is a victim or at risk of abuse and neglect?
- 11) What on-ground preventive measures do you have in place to protect children from abuse and neglect during their early childhood?

- 12) What on-ground responsive measures do you have in place to protect children from abuse and neglect during their early childhood?
- 13) What actions and/or measures do you take when you recognize signs of abuse and neglect in a child?
- 14) What actions/ measures do you implement when you receive reports on signs of abuse and neglect?
- 15) Do you have programs that sensitize/educate caregivers/community on actions that are considered abusive or neglectful?
- 16) In your opinion, how do you view the implementation of the measures you have in place for protecting children from abuse and neglect during early childhood?
- 17) How is your collaboration with other child protection workers in addressing abuse cases after recognition?
- 18) What are the success stories resulting from the measures taken by your department to protect children from abuse and neglect during early childhood?

#### **D. Set-backs to implementation**

- 19) Does the community face any obstacles when it comes to reporting abuse and neglect cases to the authority?
- 20) What are the challenges encountered in recognizing abuse and neglect of children at the implementation level?
- 21) What are the challenges encountered in reporting abuse and neglect of children at the implementation level?
- 22) What are the challenges encountered in responding to and preventing abuse and neglect of children at the implementation levels?
  - Are there resource based challenges?
  - Are there political based challenges?
  - Are there cultural based challenges?
- 23) What systems do you have in place for securing reported cases?
- 24) What is your opinion on the number of reported cases and its reflection?
  - ***If the reported cases are limited***; what are the causes for having limited reported cases on abuse and neglect for children in Early Childhood?
  - ***If the reported cases are many***; what are the reasons for having many reported cases on abuse and neglect for children in Early Childhood?

## APPENDIX 4: NORWAY ETHICAL BOARD (NSD) APPROVAL LETTER

Ariana Guilherme Fernandes  
Institutt for sosialfag Høgskolen i Oslo og Akershus  
Postboks 4 St. Olavs plass  
0130 OSLO



Vår dato: 05.08.2016

Vår ref: 49080 / 3 / BGH

Deres dato:

Deres ref:

### TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 28.06.2016. Meldingen gjelder prosjektet:

49080	<i>Child Protection in Early childhood: Professionals' experience towards protecting children from abuse and neglect</i>
Behandlingsansvarlig	<i>Høgskolen i Oslo og Akershus, ved institusjonens øverste leder</i>
Daglig ansvarlig	<i>Ariana Guilherme Fernandes</i>
Student	<i>Esther Ndyetabura</i>

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 01.05.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Belinda Gloppen Helle

Kontaktperson: Belinda Gloppen Helle tlf: 55 58 28 74

Vedlegg: Prosjektvurdering

Kopi: Esther Ndyetabura s300709@stud.hioa.no



# Personvernombudet for forskning

## Prosjektvurdering - Kommentar

---

Prosjektnr: 49080

### INFORMATION AND CONSENT

The sample will receive written information about the project, and give their consent to participate. The letter of information is well formulated.

### GATHERING OF PERSONAL DATA

According to the notification form personal data will be gathered through personal interviews, blogs, social media and/or the internet and records/documents. The student is informed (cf. email correspondence 04.08.16) that all participants, that the students gathers personal information about, whether it's from blogs, social media, internet or records, has to be informed and give their consent to participate. The participants can be informed verbally or in writing.

The Data Protection Official presupposes that the records are publically known, and does not contain personal information about third persons (as the children or their families). Furthermore we presuppose that the duty of confidentiality is not broken by giving the student access to the documents.

### DUTY OF CONFIDENTIALITY

The informants in the project are bound by their duty of confidentiality. Therefore it is important that the interviews are conducted in such a way that confidential information about the patients is not gathered. Please note that it's not just names, but also background information such as age, gender, time, diagnosis and specific events that can identify a person. We presuppose that no personal information is gathered about the patients, without their informed consent.

### INFORMATION SECURITY

The Data Protection Official presupposes that the researcher follows internal routines of Høgskolen i Oslo og Akershus regarding data security. If personal data is to be stored on portable storage devices, the information should be adequately encrypted.

### PUBLICATION

It is stated that personally identifiable information will be published. The Data Protection Official presupposes that the participants give their explicit consent to this. Further, we recommend that



participants are given the opportunity to read through their own information and give their approval before publication.

#### THE END OF THE PROJECT

Estimated end date of the project is 01.05.2017. According to the notification form all collected data will be made anonymous by this date.

Making the data anonymous entails processing it in such a way that no individuals can be recognised.

This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)
- deleting/rewriting indirectly identifiable data (i.e. an identifying combination of background variables, such as residence/work place, age and gender) - deleting digital audio and video files

## **APPENDIX 5: INVITATION LETTER TO PROFESSIONALS**

### **Request for participation in research project with title;**

Child Protection in Early childhood: Professionals' experience towards protecting children in Early Childhood from Abuse and Neglect. A Comparative study of Ilala, Kinondoni and Temeke Districts in Dar es Salaam City- Tanzania.

### **Background and Purpose**

My name is Esther K. Ndyetabura. I am a Tanzanian studying at Oslo and Akershus University College of Applied Sciences in Oslo, Norway. As part of my master's degree programme in International Social Welfare and Healthy Policy, this project provides the basis for my thesis (*Under the guidance of the UN Convention on the Right of the Child: Protecting children from all forms of abuse and violence*). This Master's thesis is supervised by Ariana Guilherme Fernandes from HIOA.

Child abuse and neglect is a wide world problem which in long run affects the human development and population health in general. Studies have shown that children in early childhood (0-8 years) are more victims of maltreatment than older children. It is against this background that this research aims to examine how the professionals working with children at risk or victims of abuse and neglect experiences and assess their work and roles in their contact with these children so as to ensure protection for these children, with a specific focus on children in early childhood (0-8 years).

Using the 3 districts in Dar es Salaam i.e. Kinondoni, Ilala and Temeke District, the study seeks to assess the General working environment to enhance or challenge your working performance, the Applicability of the regulatory framework set on the ground, the Measures taken so far on the ground and the set-backs reflecting on the measures taken on the ground. Thereafter, provide suggestions on better interventions at the policy, on-ground implementation and community/Household levels so as to ensure collaborative strategy to protect children in early childhood from abuse and neglect.

As part of the data collection, the study aims to interview 9 professionals who have mandatory responsibility towards the wellbeing and protection of the child. I therefore request for your participation in this project since your knowledge and experience will add much value to understanding the measures in place and intervention progress.

### **What does participation in the project imply?**

The data collection process requires your active participation during the interviews which will take approximately 1.5 hour. I will write down notes from the discussion in the interview and if permitted will use a tape recorder during the interview to track the information missed during the note taking. Information gathered will not be used for any other reason than the one explained in this study and I commit to observe full confidentiality about the participants and their statement ensuring anonymity of the respondents and the districts under study by doing a general analysis of the data.

### **What will happen to the information about you?**

All personal data will be treated confidentially. I as a researcher and the project supervisor will be the only people with access to the personal data. Participants will not be recognizable in any publications done from the study.

The project is scheduled to be completed by 30 May 2017. The list of names and contact details of the participants and the recordings will be destroyed and erased before the end date of the project.

### **Voluntary participation**

It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason. If you decide to withdraw, all your personal data, sound files from recordings, pictures etc will be deleted.

If you would like to participate or if you have any questions concerning the project, please contact me at [esndy@yahoo.com](mailto:esndy@yahoo.com) or my supervisor at [ariana.fernandes@hioa.no](mailto:ariana.fernandes@hioa.no). The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data.

### **Consent for participation in the study**

I have received information about the project and am willing to participate

-----  
(Signed by participant, date)