

Chapter 10

Community Dialogues as a Strategy for Identifying and Addressing Child Protection Needs in Shinyanga, Tanzania



Amina Abubakar, Sadaf Shallwani, Stanley Wechuli Wanjala,
Patrick Nzivo Mwangala, and Moses Kachama Nyongesa

Introduction

Millions of children worldwide experience conditions that compromise their well-being and development (Grantham-McGregor et al. 2007). Most of these children live in low- and middle-income countries (LMICs), where exposure to violence, neglect, and abuse compromises their well-being. Protection of children from all forms of exploitation, abuse, violence, and neglect is a fundamental right guaranteed by the Convention on the Rights of the Child (Cohen 1989). Yet, mistreatment remains an all too real part of life for children globally (Fang et al. 2015). In 2015, the United Nations General Assembly committed to 17 ambitious Sustainable Development Goals (SDGs) as part of the 2030 Global Development Agenda (United Nations 2015). Targets under multiple SDGs (refer to Appendix A) are directly relevant to child protection issues. For example, under SDG Goal 4, education facilities are intended to be safe, inclusive, and effective learning environments for children, including girls and children with disabilities. SDG Goal 5 aims to eradicate violence and other forms of harm against girls and women, including child marriage and sexual abuse. SDG Goal 11 aims to provide access to safe and inclusive community spaces for all, including children, girls, and children with

A. Abubakar (✉) · S. W. Wanjala
Pwani University, Kilifi, Kenya
e-mail: A.AbubakarAli@uvt.nl

S. Shallwani
Firelight Foundation, Santa Cruz, CA, USA
e-mail: sadaf@firelightfoundation.org

P. N. Mwangala · M. K. Nyongesa
KEMRI/Wellcome Trust Research Programme, Nairobi, Kenya
e-mail: pmwangala@kemri-wellcome.org; mkachama@kemri-wellcome.org

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disabilities. Other relevant SDG goals include Goal 8 (e.g., eliminate harmful child labor) and Goal 16 (e.g., end abuse and violence against children).

In recent decades, developmental science has both been concerned with and accumulated a wealth of evidence around factors that support and harm child development – many of which overlap substantially with the SDGs, placing developmental scientists in an apt position to contribute to the realization of these goals and targets. However, traditional research methodologies from the field of developmental science need to be complemented by participatory, reflective, and applied approaches that have evolved in the international development sector, particularly in the Global South, in order to generate knowledge that is grounded, valid, nuanced, and meaningful. Similarly, community-based interventions, developed and led by local grassroots institutions and informed by contextually grounded knowledge, are more likely to be responsive, impactful, and sustainable than top-down initiatives developed by people with limited understanding of local contexts. These participatory approaches are particularly crucial for interventions intending to protect and support children, whose voices have traditionally been ignored – even in research and programming directly about or for them.

In this chapter, we offer community dialogues as a participatory research and program development strategy through which developmental scientists and local community partners can collaboratively surface, discuss, address, and evaluate child well-being issues in their communities. The chapter is structured as follows. In this introduction section, we outline our conceptual frameworks, introduce community-based organizations, describe community engagement strategies more broadly, and present our case study from Shinyanga, Tanzania. The following methodology section provides details on the sample, data collection methods, and analytic approach in our case study. In the following section, we share key findings around the factors that harm and support children's well-being in different community spaces in Shinyanga. Finally, we reflect on strengths, limitations, findings, and implications for our case study in particular as well as for the community dialogues methodology more broadly.

Conceptual Frameworks

This work is primarily based on two conceptual approaches: (1) the bioecological model of human development (Bronfenbrenner 2005) and (2) the bottom-up approach in health promotion program development (Laverack and Labonte 2000).

Bioecological Model of Human Development Bronfenbrenner's bioecological model of human development (Bronfenbrenner 2005) focuses on how an individual's development is influenced by both biological factors and environmental or ecological factors. The model emphasizes that human development and functioning result from one's interactions and experiences with the people, factors, and influences within the multiple ecological spaces in which they live and operate. These

ecological spaces overlap and are often nested within each other, with some being more proximal (e.g., the home and school), while others are more distal (e.g., the socioeconomic context).

Our work uses Bronfenbrenner's framework in examining the different community spaces in which children live and operate and in exploring how children perceive, interact with, and are affected by different aspects of those spaces.

Bottom-Up Approach It has been argued that the best approach to program development and effective interventions is the bottom-up approach (Laverack and Labonte 2000). Indeed, formal services traditionally offered by national child protection systems in LMICs have often not been widely utilized, particularly in rural and remote communities. One criticism of these systems is their tendency to be top-down, and thus not always accepted, owned, and used at the community level. Indeed, in community development, broadly, and in programming for children, in particular, it is considered good practice to hear the voices of communities and incorporate these perspectives in program design and delivery. A community-driven, bottom-up approach is more likely to enable nonformal collaboration and alignment, increase use of formal services, and drive internal social change as well as high levels of community ownership (Wessells 2015).

Our work takes a bottom-up approach in centering the voices of the community, particularly the voices of the primary beneficiaries of any child protection intervention – i.e., children themselves. Deliberate effort was made to include child-friendly participatory methodologies, to increase the likelihood of children being able to articulate their perspectives and contribute effectively to the dialogues. The perspectives and priorities identified by community members directly informed and shaped the development of child protection interventions in the communities.

Community-Based Organizations

Community-based organizations (CBOs) can be particularly effective in identifying child protection needs and developing protective environments for the children in their communities. Having been initiated and led by the community, they have deep insights into the needs, assets, and dynamics of their community. Moreover, CBOs operate within the multiple spaces where children spend time and coordinate with various stakeholders (Lentfer and Yachkaschi 2012), enabling them to be effective players in addressing the complexities of issues affecting child protection. Indeed, earlier research has confirmed that CBOs play vital roles in safeguarding children's rights and well-being (Daro and Dodge 2009; Munthali et al. 2014; United Nations Children's Fund [UNICEF] 2008).

While CBOs tend to be very rooted in their communities, it can sometimes be difficult for them to engage in ongoing dialogue, collaborative action, and reflection with a wide range of community members, particularly when trying to meet grant

timelines under limited budgets. In addition, CBO staff often lack the skills and resources to engage effectively in participatory processes such as facilitating inclusive dialogue, transcribing accurately, and analyzing rigorously, all while recognizing and trying to limit the influence of one's own bias in research process. Developmental scientists can play an important role in supporting CBOs to develop, refine, implement, and reflect upon participatory research methods to identify and address child protection and well-being needs.

Engagement and Dialogue with Community Members

One key element of a participatory approach to developing community programs is the process of dialogue with community members. This often involves trained facilitators working with community members to collectively identify local strengths and challenges and creatively brainstorm potential strategies for solving local problems by building on existing community-based structures (Campbell et al. 2013).

Community dialogues, particularly when using child-friendly methodologies and providing safe spaces in which children can speak, can effectively bring forward the voices of children and center them in the process of understanding the issues and developing solutions. This is consistent with the fourth principle of the UN Convention on the Rights of the Child (CRC; United Nations General Assembly 1989) which indicates that there is a need to respect the views of the child. This principle assumes that to know what is in the interest of the child, it is logical to listen to him or her.

Community Dialogues Methodologies The most commonly used methods to foster conversation with community members include focus group discussions and in-depth interviews with a variety of stakeholders such as village leaders, religious leaders, school leaders, social workers, healthcare providers, youth leaders and children. Other methodologies use tangible activities to foster discussion and assist participants to identify issues, processes, and assets. These include community mapping, timelines, body mapping, and H assessments, which will be further discussed in the methodology section of this chapter.

Community Dialogues for Child Protection Community engagement and dialogue have been widely used to address a range of child protection issues including reducing teenage pregnancy in Sierra Leone (Stark et al. 2014); reducing multiple concurrent partnerships in Lesotho (Phaswana-Mafuya et al. 2012); exploring the functioning of existing community-based child protection mechanisms in two districts in Aceh, Indonesia (Stark et al. 2012); and campaigning on the harmful effects of traditions abusing child rights and dignity in Tarime, Tanzania (Pesambili 2013).

While methodologies to engage community discussion have been used widely and in many different contexts, those cases that are discussed in the peer-reviewed academic literature tend to come mainly from high-income countries. However,

there are emerging reports from LMICs that these methodologies can play important roles in developing child protection interventions and systems that are responsive, impactful, and sustainable. For instance, in Sierra Leone, preliminary results indicated positive outcomes related to child protection, community processes, and system strengthening (Stark et al. 2014).

Community Dialogues for Child Protection in Shinyanga, Tanzania: A Case Study

Shinyanga context The Shinyanga region of Tanzania has some of the highest rates of poverty (multidimensional poverty index of up to 75%) and HIV (estimated adult prevalence of 6.5%) in the country (ESRF 2015). These factors have detrimental effects on family structure and stability, financial security, and opportunities for education, which in turn make children vulnerable by threatening their safety, well-being, and development (Subbarao and Coury 2004).

Indeed, according to the 2010 Demographic and Health Survey in Tanzania, more than 30% of children in Shinyanga did not attend school at any time during that school year (Terway et al. 2012), and a recent report by Uwezo found that only 30% of Shinyanga children aged 9–13 years passed basic literacy and mathematics tests (Uwezo Initiative -Tanzania 2013). As well, while Tanzania overall has a high prevalence of early marriage for girls (UNICEF 2011), Shinyanga has been reported to have one of the highest rates of child marriage in the country, with 59% of girls married before the age of 18 (Tanzania Media Women’s Association 2017). These statistics exemplify the level of vulnerability and risk experienced by children in Shinyanga, making a compelling case for working with CBOs and communities to identify and address core child protection issues.

Objectives Given the unique and opportune positioning and grounding of CBOs in their communities, and the need for participatory community engagement in developing responsive, impactful, and sustainable programming, Firelight Foundation wanted to support its grantee-partner CBOs to regularly and meaningfully engage with their communities, to identify and address child protection needs in the Shinyanga region of Tanzania. Thus, in 2015, as they started developing programs, CBO partners were supported by Firelight to conduct initial community dialogues, fostering reflection and discussion among adults and children about the status of child protection well-being in their community and underlying factors that promote or compromise children’s well-being in different community spaces and contexts. Community dialogues were conducted again in 2016 and 2017 to provide an opportunity for community members to continue dialogue, reflection, and action and to share feedback on progress on child protection matters in their community. This report focuses on the methodology and findings of the community dialogues held in Shinyanga in 2016.

Research Questions Firelight and CBO partners aimed to understand community perceptions of child well-being, identify facilitators and barriers to child protection and well-being, and identify perceived action points from community members. Specific research questions included:

1. What are the spaces in which children spend time daily?
2. What factors in each of these spaces, and in the community overall, support and harm children's health, safety, and well-being?
3. What factors specifically harm girls and children with disabilities?

Community Dialogues Methodology

Study Site and Participants

The community dialogues were carried out by four CBOs that are partnering with Firelight to improve child protection systems in Shinyanga. These CBOs have a broad set of aims, including empowering communities to challenge human rights violations, mobilizing communities to respond to children's needs, empowering children to advocate for their rights, and promoting sustainable economic development and the well-being of farming communities. The CBOs receive funding and support from Firelight to develop and implement a range of child protection interventions and to strengthen their own organizational capacity.

Each CBO conducted community dialogues in several of the villages in which they work. Participants included 150 primary school children (68 girls), 165 secondary school children (85 girls), and 273 adults (169 women), from 16 rural villages in Shinyanga.

Procedure

The community dialogues include multiple methodologies that can be chosen for use with different groups of participants. Separate activities and discussions are conducted with younger children (primary school aged), older children (secondary school aged), and adults. In our study, CBO facilitators tended to use community mapping and focus group discussions with adults, H assessments and discussions with secondary school children, and body mapping and discussions with primary school children. Table 10.1 details the methodologies used by facilitators during the community dialogues.

Prior to conducting the community dialogues, CBO facilitators were trained by a research consultant (the first author on this paper) with experience working with

Table 10.1 Community dialogue methodologies used by facilitators to engage adults and children from the community

Methodologies used with children	Methodologies used with adults
<i>H assessment</i> (Save the Children 2009): This methodology involves drawing a large H on a flip chart. In the middle, above the horizontal line, children name a space where they spend time. To the left of the left vertical line, children discuss and list factors that support their safety and well-being. To the right of the right vertical line, children discuss and list factors that harm their safety and well-being. In the middle, below the horizontal line, children discuss and list suggestions for improvement – ways in which that space could be improved to better support their safety and well-being	<i>Community mapping</i> (Amsden and van Wynsberghe 2005): Adults are asked to collaboratively develop a map of their community, specifically identifying the spaces in which children spend time. They discuss each of these spaces for how they support or harm children’s safety and well-being
<i>Body mapping</i> (de Jager et al. 2016): The children make a “body map” by drawing around the shape of a child on large flipchart paper. A vertical line is drawn down the middle of the body map, so that one side represents a happy child: -), showing things that support them, and the other side represents a sad child: -(, showing things that don’t support them. The children are encouraged to use the body map to talk about aspects of their communities that affect them	<i>Focus group discussions</i> : Adults are asked to discuss four or five main spaces in which children spend time. For each of these spaces, participants identify characteristics that make the space safe/healthy for children or unsafe/unhealthy for children. Facilitators probe for factors relating to the physical, social, and emotional environment in each space and ask about things/characteristics they would want to see for it to be an environment that supports children’s safety and well-being ^a

^aNote: While community members did engage in action planning during the community dialogues activity, the outcomes of that particular aspect of the process are not discussed in this chapter due to length limitations

children and communities in East Africa. The research consultant also observed initial data collection procedures and provided technical support to CBO facilitators. During the dialogues, facilitators took detailed notes in Kiswahili in provided templates, which they shared with the research consultant for analysis.

Analysis

The research consultant reviewed the qualitative notes and prepared them for analysis. NVIVO software (version 11) was used to assist in data management, coding, and thematic analysis in an iterative process. A research assistant’s independent coding served to validate and refine the coding scheme and analysis framework. Analysis was framed by the research questions described above.

Ecological Realities of Children's Daily Life Spaces

The home and school were mentioned in every village and by each participating group as the most important spaces where children spend time. The playground, religious places, and water points were other important spaces for children. Other mentioned spaces included minefields, grazing areas, farms, and market places.

Factors in the Home Environment that Support and Harm Children's Well-Being

The home was considered to be the most important space for children and was identified as a salient space for children's well-being by all the participants. Table 10.2 presents the key supportive and harmful factors in the home environment described by primary and secondary school children and adults.

Overall, having basic needs met was most consistently noted as critical for children's well-being. In addition, participants highlighted the importance of optimal and nurturing parenting practices, the expression of love and affection, being involved in daily living activities, and having time for sports and leisure. In contrast, different forms of abuse and family conflict were consistently reported as home factors harmful for children's well-being. In addition, not having basic needs and rights fulfilled and excessive household work were described as harmful to children.

Some factors seemed to be raised by some of the groups and not others. For instance, primary school children in 14 communities identified parental domestic violence (fighting between parents) as detrimental to child's well-being; however, this was not mentioned by adults and secondary school children. Another example is the upholding of children's rights, which was mentioned by some groups of primary and secondary school children as important to child well-being, but not mentioned by adults.

Factors in the Home Specifically Harming Girls Secondary school children and adults were asked about factors in the home environment that are particularly harmful for girls. The most frequently mentioned source of harm for the girl child was being overworked. For example, a secondary school student noted that girls get harmed by "getting piled up with lots of housework." Similar sentiments were expressed by adults, who noted that girls were more likely than boys to be given responsibility for household chores: "girls lack the time to rest due to being assigned a lot of household chores." This contributed to other negative outcomes such as poor educational achievement since the girls did not get time to do their school work later in the day. The second most frequently noted source of harm for girls was early and or forced marriages. For example, one secondary school girl noted that "villagers or even family members tell you to leave school and get married." In a community mapping exercise, adults noted that girls are harmed by "negative cultural practices

Table 10.2 Factors in the home environment described as supportive or harmful to children's well-being

Factors mentioned by at least one stakeholder group in two or more communities ^a	Number of communities in which each stakeholder group mentioned this factor		
	Primary school children	Secondary school children	Adults
Factors in the home environment which support children's well-being			
Basic needs met	16	13	10
Optimal parenting practices such as monitoring child movements	10	12	0
Affection, love, and belonging	13	6	8
Being involved in daily living activities	11	6	5
Sports, games, and leisure	16	0	6
Having time for schoolwork	0	9	0
Opportunity to interact with others in a positive manner	5	4	0
Positive experiences	6	1	0
Upholding children's rights	3	2	0
Safety and security	0	3	0
Factors in the home environment which harm children's well-being			
Parental domestic violence	14	0	0
Basic needs/rights not fulfilled	12	1	4
Suboptimal parenting practices such as being very harsh, not monitoring child development	1	0	12
Verbal abuse	11	2	4
Physical abuse	10	0	5
Excessive household work	3	4	10
Family problems (e.g., ill health, orphan, conflict)	6	2	8
Negative experiences (e.g., being chased from home, negative influence from siblings)	11	5	0
Psychological problems	7	0	0
Limited time for socialization, leisure, rest	0	8	0
Discrimination	7	6	2
Drug and alcohol use	0	0	7
Sexual abuse, exposure to pornography, early sexual activity	2	1	2

^aNote: The factors included in the first column are those mentioned by one or more stakeholder groups in two or more communities or villages. In the last three columns on the right are the number of communities in which a stakeholder group mentioned each factor

such as being forced to get married early.” These examples were contextualized as part of broader gender inequity within the home environment.

Factors in the Home Specifically Harming Children with Disabilities Secondary school children and adults were asked about factors in the home environment that

are particularly harmful for children with disabilities. Home factors that were highlighted as particularly harmful to children with disabilities included the denial of basic needs, discrimination and stigmatization, and poor access to education. These factors seem to indicate dysfunctional interactions between children with disabilities and environments that are largely not supportive of and sometimes even abusive toward them.

Factors in the School Environment that Support and Harm Children's Well-Being

The school was identified as the second most important space for children and was highlighted as a salient space for children's well-being by both children and adults. Table 10.3 presents the key supportive and harmful factors in the school environment described by primary school children, secondary school children, and adults.

Overall, almost all the groups described different kinds of positive educational experiences as being important in supporting children's well-being at school. Positive educational experiences included the experiences of doing well in class, receiving good grades, and being rewarded for good performance. Opportunities to engage in games and sports were also reported as supporting children's well-being. In addition, expressions of love and affection, basic needs being met, and positive teacher-student relationships were all reported as supportive factors for children's well-being. In contrast, physical punishment was consistently highlighted as a significantly harmful factor for children's well-being at school. In addition, respondents reported negative educational experiences, inadequate resources and basic needs not being met, verbal abuse, and poor teaching practices as harmful factors in the school environment.

Factors in the School Specifically Harming Girls Secondary school children and adults were asked about factors in the school environment that are particularly harmful for girls. In almost all discussions, the most frequently identified harmful factor to girls at school was sexual harassment and exploitation by teachers. Participants noted male teachers would seduce and sometimes coerce the girls into having affairs and sexual relationships with them. Other forms of sexual abuse as well as early pregnancy were also identified as particularly harmful factors for girls. Additional reported harmful factors to girls included physical punishment, early and forced marriages, negative educational experiences, and other gender-based discrimination. These are demonstrated by the notes from a discussion with secondary school students in one community:

Interviewer: "What can harm the girl child when they are in school?"

Respondent 9: "A student being seduced by a teacher."

Respondent 3: "A student being caned on her bottoms."

Table 10.3 Factors in the school environment identified as supportive or harmful to children's well-being

Factors mentioned by at least one stakeholder group in two or more communities ^a	Number of communities in which each stakeholder group mentioned this factor		
	Primary school children	Secondary school children	Adults
Factors in the school environment which support children's well-being			
Positive educational experiences (e.g., doing well in class, receiving good grades)	14	12	14
Sports, exercise, and leisure	9	9	12
Love, affection, and belonging	13	1	1
Basic needs met	10	4	6
Dedicated and nurturing teachers and positive teacher-student relationships	10	4	0
Availability of resources and facilities	0	2	5
Life skills	0	5	0
Upholding children's rights	0	5	0
Factors in the school environment which harm children's well-being			
Physical punishment	12	10	10
Negative education experiences	14	8	2
Inadequate resources and basic needs not being met	4	7	8
Verbal abuse	7	4	0
Poor teaching practices	0	6	8
Too much work	3	8	2
Negative peer influences	5	6	3
Sexual exploitation (early sexual debut, student-teacher affairs, and forced/early marriages)	9	6	2
Negative peer influence	5	6	3
Unhygienic environment and practices	2	1	4

^aNote: The factors included in the first column are those mentioned by one or more stakeholder groups in two or more communities. In the last three columns on the right are the numbers of communities in which a stakeholder group mentioned each factor

A number of related factors were also named in different communities, such as lack of appropriate toilet facilities for girls and exposure to sexually transmitted infections.

Factors in the School Specifically Harming Children with Disabilities Secondary school children and adults were asked about factors in the school environment that are particularly harmful for children with disabilities. These included discrimination, stigmatization, bullying, and maltreatment by peers. Other frequently identified harmful factors in the school setting for children with disabilities included the lack of adequate and appropriate infrastructure, physical punishment and abuse, and not being loved. Again, these three factors seem to reflect dysfunctional interactions

between children with disabilities and environments that are not supportive and often harmful toward them.

Factors in the Playground Environment that Support and Harm Children's Well-Being

The playground was mentioned as an important space for children by community members, particularly by primary school children, in different communities. Table 10.4 presents the key supportive and harmful factors at playgrounds described by stakeholders in multiple communities.

When describing supportive factors at playgrounds, respondents highlighted the value of children's involvement in games, sports, and leisure activities. Other supportive factors at playgrounds included positive social interactions, health promotion, and the development and nurturing of skills. In contrast, participants – particularly secondary school children and adults – indicated that violence and antisocial behavior were harmful to children at playgrounds. Other harmful factors included the risk of injuries, the lack of essential facilities, negative peer influences, drugs and other substance abuse, and early sexual activity. The lack of facilities, drug and substance abuse, and early sexual activity were emphasized by adults but hardly mentioned by primary and secondary school children.

Factors at the Playground Specifically Harming Girls Secondary school children and adults were asked about factors in the playground environment that are particularly harmful for girls. Many of the factors listed above – such as negative peer influences and lack of adequate facilities – were highlighted as being particularly harmful to girls. Gender-based discrimination was also highlighted, such as girls not being allowed to take part in sports.

Other important harmful factors included physical abuse (e.g., being beaten) and sexual abuse (e.g., being assaulted in the dark). These factors were voiced by both secondary school children and adults in the different villages. For example, in one community, the following conversation with secondary school children was noted:

Interviewer: "What are some harmful factors that girls face at the playground?"

Respondent 1: "Being raped."

Respondent 4: "Having sex when it gets dark."

Respondent 6: "Being seduced."

Factors at the Playground Specifically Harming Children with Disabilities Secondary school children and adults were asked about factors in the playground environment that are particularly harmful for children with disabilities. The most consistently mentioned harmful factors were discrimination and negative experiences such as being ridiculed by peers. Other factors included fights and violence which made them particularly vulnerable to injuries.

Table 10.4 Factors in the playground environment identified as supportive or harmful to children's well-being

Factors mentioned by at least one stakeholder group in two or more communities ^a	Number of communities in which each stakeholder group mentioned this factor		
	Primary school children	Secondary school children	Adults
Factors at playgrounds which support children's well-being			
Involvement in games and leisure activities	13	9	10
Positive interpersonal interactions and relationships	2	6	6
Health promotion	0	9	5
Positive experiences	5	4	0
Acquire skills, nurture talents	0	2	5
Factors at playgrounds which harm children's well-being			
Violence and antisocial behavior	0	6	7
Injuries	7	4	4
Lack of essential facilities	0	0	8
Negative peer influences	0	2	0
Drugs and substance abuse	0	1	5
Early sexual debut	0	0	4
Physical abuse	2	0	0

^aNote: The factors included in the list in the leftmost column are those mentioned by one or more stakeholder groups in two or more communities. In the remaining three columns are the numbers of communities in which a stakeholder group mentioned each factor

Effective Use of Community Dialogues as a Strategy for Sustainable Child Protection

Through the community dialogues process, the organizations working in these Shinyanga communities set out to learn community members' perspectives on children's well-being in a context in which they face a myriad of risk factors and vulnerabilities.

In this section, we review strengths and limitations of our work, discuss the overall findings, consider implications of the findings, and conclude with a review of the community dialogues process as a strategy for child protection.

Strengths and Limitations

This study was based on a particular geographic, socioeconomic, and cultural context. In addition, CBO facilitators, although trained and supported in the process of data collection, were nevertheless not skilled researchers. Their subjective perspectives may have influenced the methods they used, the discussions they facilitated,

and the points they documented. Thus, we are cautious in generalizing the findings. However, it is important to note that many of our findings are consistent with previous research in similar settings, suggesting that there is a great degree of validity in these research methodologies, despite their limitations.

This work involved an important dialogue process between CBOs and community members and among community members themselves, with feedback also being shared and incorporated into the strategy and plans of the funding agency. Children of different ages participated in this study and were empowered to express themselves through the use of safe spaces and child-friendly methodologies.

Indeed, a key strength of the community dialogues is that community facilitators were provided with a “menu” set of measures from which they could choose those strategies that would work for their needs and in line with the characteristics of the participants. This maximized the comfort and participation of both community facilitators and participants. However, it also introduced a bias in which certain methodologies elicited more or less information or discussion (e.g., the body mapping and community mapping methodologies seemed to produce the most information), or slightly different types of feedback, from participants – thus skewing the data that came back from a particular community or group of participants. For this and for other reasons, we were careful to not engage in any comparative analysis between communities.

Discussion of Findings

Spaces Where Children Spend Time The most commonly identified and emphasized spaces were the home, the school, and the playground. This finding is consistent with the day-to-day realities of many children, in many communities, all over the world. While this finding may seem obvious, we feel it important to state nonetheless, as we endeavored to enter the dialogue process with an open mind and not make any assumptions about which spaces are most salient in children’s lives in a particular community.

Some of the other spaces identified as places where children spend time are indicative of their day-to-day experiences living in poverty. For example, children described spending time at water points, minefields, grazing areas, farms, and market places, as part of their contribution to daily living and/or economic activities for their family. Poverty and its co-occurring risk factors remain one of the most salient threats to child well-being in resource poor settings such as Shinyanga. This study’s findings are consistent with earlier studies, indicating that household and community poverty negatively impacts child development (Kostelny et al. 2013) and increases children’s vulnerability to other harms (Meinck et al. 2015). For instance, the lack of safe and clean water in the community is in itself harmful to children’s health and well-being and also drives children to the well late in the evening which in turn may increase their risk of being sexually or physically abused.

Factors that Support Children's Well-Being Across different spaces, the key factors identified as protective to child well-being could be categorized into four major domains: (a) economic, e.g., access to basic needs, adequate resources, and facilities; (b) positive socio-emotional climate; (c) sense of belonging, receiving affection, and having supportive and nurturing adults; and (d) activities for physical exercise and relaxation.

This categorization of the needs of the child is a good fit with internationally accepted and recommended protective factors for child well-being. For instance, recent recommendations on integrated interventions indicate the need for both economic empowerment and social protection such as cash transfer programs combined with positive socio-emotional environment or what has been referred to as nurturing care (Britto et al. 2017). Moreover, most of the identified child protection needs mirror what has been targeted in the various SDGs.

Factors that Harm Children's Well-Being Across different spaces, similar factors were identified as harmful to children's safety and well-being. For example, sexual, physical, and verbal abuse was noted as harmful to children at home, school, and other community areas. This underscores the need for child abuse prevention and intervention strategies to target the multiple settings and people with whom children interact on a daily basis.

The factors identified in this study as harmful to children were consistent with what has been previously reported elsewhere in other LMICs. For instance, an ethnographic study from Kilifi, Kenya, surfaced similar issues, such as early pregnancies, sexual abuse, and corporal punishment (Kostelny et al. 2014).

Factors Harming Girls Girls in these communities seemed to experience harm from two key things: gender-based discrimination and sexual exploitation. Gender-based discrimination (treating girls in a disadvantageous way compared to boys) manifests itself in many ways, but one key way it emerged in our findings was in girls being assigned more responsibility than boys for household chores. In many African contexts, participating in developmentally appropriate tasks within the home environment is considered beneficial for child development and socialization (Mbale et al. 2017). However, when household work is excessive and inequitably distributed, it may potentially harm girls, particularly by reducing the amount of time they have available for school work.

Sexual exploitation of girls was described as widespread in these communities, and it came in many forms, including sexual abuse, transactional sex, early marriage, sexual harassment, and early sexual debut. This sexual exploitation seemed often to be initiated by people in positions of "trust," in spaces that are intended to be safe. For example, in school, teachers are supposed to promote school well-being and a learning environment without harassment (Løhre et al. 2010). However, in our study, the sexual relationships between girls and teachers were seen to be the most important barrier to the well-being of girls in the school context. These results are consistent with results from other parts of Africa. For instance, a study from South

Africa noted that in their setting, “the greatest concern is the teachers’ abuse of their power over the school girls to gain sexual access to them. The teachers’ conspiracy to support each other is an indication of its pervasiveness. These experiences diminish the educational chances of girls. Failure to address this problem conveys the message to teachers and male students that their behaviour is condoned” (Abrahams et al. 2006, p. 754). There is a need to prioritize and address these concerns. Failure to do so will hinder the achievement of SDG 5, which aims at ensuring gender equality and empowerment of all women and girls.

Factors Harming Children with Disabilities For children living with disabilities, discrimination and stigmatization stood out as the most harmful issues they experience on a day-to-day basis in the different spaces where they spend time. The reality that children living with disabilities cannot access important facilities within their settings requires an urgent response. The United Nations Convention on the Rights of Persons with Disabilities advocates for universal design of products, environments, programs, and services to the extent that they are usable by all people (WHO, 2001). In our study, the playground was noted to be especially unfriendly for those with disabilities. The lack of access to important community spaces such as playgrounds indicates that children with disabilities miss opportunities to fully participate in sports and other activities. This situation further contributes to their segregation and exclusion.

Implications and Recommendations

Based on these findings, we offer five broad recommendations for consideration in the development of programs for child protection in Shinyanga.

First, while many other ecological contexts are important for child well-being, the home and school remain the two most important contexts. This is in line with ecological models that indicate that proximal settings (e.g., factors within the home and school environment) are likely to be more impactful than distal factors. Priority should be given to strategies focusing on making the school environment safe, strengthening parenting, and improving household environments. Critically, poverty and lack of access to basic needs remain an important barrier to child well-being. Economic empowerment programs need to be integrated as part of child protection strategies. These recommendations align well with several of the SDG targets, e.g., Targets 4.1 which aims to build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, nonviolent, inclusive, and effective learning environments for all.

Second, the central role of a positive socio-emotional climate needs to be reemphasized as a key target of child well-being strategies. Community members, families, and the school community need to be made more aware of how they can meet these needs, which generally require no extra resources. Developing programs based on some of the basic principles of nurturing care (Britto et al. 2017) can contribute to positive childhood outcomes in this context.

Third, sports and leisure activities play a prominent role for children in these settings. In both the international development discourse and in the development science literature, these activities often do not get the same attention as education or healthcare, and yet physical activity and leisure are important contributors to multiple dimensions of child health, development, and well-being. Programs which foster opportunities for children to engage in sports and leisure activities should be an integral part of strategies to improve child well-being.

Fourth, awareness-raising, education, and normative change are urgently needed around sexual and reproductive health matters, given the reality that early sexual activity and unwanted pregnancies were identified as key factors harming girls.

Fifth, there is a need for community dialogue and processes to make community spaces accessible and welcoming to children with different abilities, so as not to impede their participation in the community.

Community Dialogues as a Strategy for Research and Program Development

In this chapter, we have shared our experience using community dialogues in Shinyanga, Tanzania, to gather community perspectives and inform program development. We have found the process to be meaningful, informative, and generative in many ways.

Issues relating to child protection (e.g., sexual abuse) are often sensitive and difficult to discuss. The range of methodologies available in the community dialogue approach allows facilitators to select methods that will work well in particular settings and with particular participants. Moreover, the tangible activities (e.g., community mapping or body mapping) facilitate discussion of more sensitive topics. Indeed, we found that both adults and children became more open and willing to share freely over the course of the discussions.

Overall, we see community dialogues as a critical part of developing community-based child protection strategies for four key reasons:

1. Community dialogues can generate deep and grounded knowledge about the ways children are harmed and protected within their daily living, working, studying, and playing spaces.
2. Community dialogues can advise CBOs and other local leaders and institutions of the priorities within their communities and particularly the needs and priorities of their children.
3. Community dialogues can raise awareness among community members of the different ways in which children may be harmed and supported in different settings.
4. Community dialogues can build community ownership and participation in collaboratively developed child protection strategies.

To conclude, based on our experiences in Shinyanga, we recommend community dialogues as an effective approach through which developmental scientists and local community partners can collaborate to gather community perspectives, including the perspectives of children, to inform and guide the development of community-based child protection strategies.

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Amina Abubakar is a developmental psychologist whose main interests are in developing culturally appropriate and contextually relevant approaches for identifying, monitoring, and rehabilitating at-risk children.

Sadaf Shallwani, PhD, Director of Learning and Evaluation at Firelight Foundation, is an international early childhood researcher and professional, focusing on the diverse contexts within which children live and grow. She has training and experience in child development, social work,

and early education and has worked in various majority world contexts. Sadaf's interests and expertise lie at the intersections of early childhood development and well-being, contextually grounded and socially conscious research, and community-driven learning and action.

Stanley Wechuli Wanjala is a tutorial fellow (Sociology) at the Department of Social Sciences at Pwani University. His research interests are centered on child protection issues, HIV stigma and disclosure practices among adolescents, impairment and disability, maternal health and policy formulation, and implementation in the provision of better healthcare services. He has previous publications in the area of maternal healthcare and impairment and disability.

Patrick Nzivo Mwangala is currently pursuing a MSc degree in Global Mental Health at Kings College London in the UK. He has keen interest in mental health outcomes among vulnerable populations in sub-saharan Africa. His special interest is to address the knowledge gaps on the burden and determinants for poor mental health outcomes and ultimately plan for ways of intervening.

Moses Kachama Nyongesa, MSc. Global Mental Health, is based at the Centre for Geographic Medicine Research (Coast), Kilifi, Kenya. His major research interest is studying mental problems comorbid with HIV infection in young people and evaluating potential intervention strategies targeting to reduce symptoms of mental problems among affected youths and improve their quality of life and scholastic achievements.