

FROM EXCLUSION TO INCLUSION

- Young people's trajectories from home to street
to reintegration in the Kagera region, Tanzania

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To Debora Brycke

(1936-2008)

ABSTRACT

Title: From exclusion to inclusion – Young people’s trajectories from home to street to reintegration in the Kagera region, Tanzania

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This thesis examines what causes children and young people to leave their homes, how they experience their situation on the streets and as domestic workers, and what facilitates them to reintegrate into their local community.

A mixed methods approach was used, combining both qualitative and quantitative methodologies. Three sub-studies were conducted comprising of focus group discussions, individual interviews and a cross-sectional survey with children and young people in the Kagera region of Tanzania, who had left their homes for a life on the streets or domestic work and had reintegrated into their local community after receiving support from a local organisation. The theoretical framework consists of life course perspective, agency, resilience and social capital.

The findings revealed that orphanhood and mistreatment were the main reasons for leaving home, that few children had lived with their parents before they left home and that leaving home was a complex process, often lasting several years. The children were subjected to more emotional violence compared to the average child in Tanzania. They also had low quality of life and self-rated health.

Life on the streets was very violent and the children experienced severe discrimination with no opportunity to access their basic needs and rights. The situation of those employed as domestic workers depended on whom they worked for, but they generally faced long working hours, demanding tasks and were denied schooling.

The reintegration trajectory can be described as a move from a position of social exclusion to inclusion. The results show a step-wise process initially characterized by ambivalence and setbacks. The development of self-reliance, agency, resilience, individual and collective capital constitutes a part of this process. Young people who have lived on the streets can successfully reintegrate into their local community when given adequate support.

Their quality of life and self-rated health were significantly better after reintegration compared to before they left their homes and the level of violence in their life was also significantly lower. The young people developed social capital in terms of membership of social groups, making friends and having reciprocal relations where they had people both to turn to and who turned to them for assistance. However, structural issues such as poverty and violence continued to play a role in their overall quality of life.

The results highlight the importance of early interventions and the vital role of social welfare organisations in assisting young people during the transition from the streets to reintegrating into the community. However, the strategies need to be individualised and adapted before the young people finally settle into the community.

The community plays a crucial role in reintegration. Social welfare services and community based work should complement each other and not function as parallel systems. The factor most strongly associated with good quality of life was having others who turned to them for assistance, highlighting the importance of reciprocal relations and making use of the young people's skills and competencies.

LIST OF PAPERS

- I. Olsson, J., Höjer, S., Nyström, L. & Emmelin, M. (2016). Orphanhood and mistreatment drive children to leave home – A study from early AIDS-affected Kagera region, Tanzania. *International Social Work*, doi: 10.1177/0020872816641751
- II. Olsson, J. (2016). Violence against children who have left home, lived on the street and been domestic workers — A study of reintegrated children in Kagera region, Tanzania. *Children and Youth Services Review*, 69, 233-240.
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- IV. Olsson, J., Höjer, S. & Emmelin, M. (2017) From exclusion to inclusion – a stepwise process. A study of the reintegration process of young people earlier living on streets in Kagera region, Tanzania. *Global Social Welfare* (manuscript accepted for publication)

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I first came to Bukoba, Tanzania, in 1991 for an internship during my social work education. That is where I first met Debora Brycke, an extraordinary woman. When I arrived in the region the HIV/AIDS epidemic was rampant and many children had become orphans. Debora had started a project for orphans and vulnerable children, and later she also started a project for children working and living on the street. She was very dedicated and listened to each child in a way that made them feel respected and valued. She also had a very good ability to design child-centred community based programmes that ensured sustainability. Even though she passed away in 2008, she remains an inspiration for me and I am deeply grateful to her.

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The core of this research is the children and young people who had previously left their homes for a life on the streets or domestic work and later reintegrated into the local communities. I am very grateful that they took the time to participate and so generously shared their stories and experiences in both the quantitative and qualitative studies. I have the deepest admiration for each and every one of them and hope that I have been able to do justice to their contributions in this thesis.

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1. INTRODUCTION

Children living and working on the streets are found in both developing and developed countries, an issue that is globally recognised as important to address (Aptekar & Stoecklin, 2013; Benitez, 2011). In a recent article the number of children living on the streets was estimated to be between 10-15 million globally (Naterer & Lavrič, 2016). Although most children living on the streets are found in developing countries, many children in the developed world also leave their homes (Aptekar & Stoecklin, 2013; Högdin & Sjöblom, 2012).

Children living on the streets remain a great concern in many countries, and regions that have experienced severe AIDS epidemics, where orphans are moving to the streets in sizeable numbers (Goodman et al., 2016). An earlier estimate suggested that five million children were living on the streets in Africa (World Bank, 2006). These children often experience a range of emotional, physical and reproductive health problems. They lack basic rights such as food, shelter, education and health care, they experience high levels of violence and exploitation, and often face discrimination (Benitez, 2011; Evans, 2002; Kaime-Atterhög, 2012; Ray et al., 2011; Walakira et al., 2014).

To assist these children and help them to reintegrate into the community, it is important to know the reasons why they left home, preferably from their own perspective. A combination of direct and indirect factors often contributes to the children's decision to leave home, including push factors, such as various forms of mistreatment and poverty related issues, and pull factors such as wanting to find work or freedom (Benitez, 2007; Evans, 2004; Henley et al., 2010 a; Lugalla & Mbwambo, 1999). While in most countries, the majority of children on the streets are boys (Aptekar & Stoecklin, 2013), most child domestic workers are girls (ILO, 2013 a,b). Children who leave their homes can spend periods living on the streets interspersed with periods as domestic workers or have other types of work where they can live with their employer. Most children entering domestic labour are deprived of opportunities for education (Blagbrough, 2007). They often work long hours with demanding

tasks and receive a very low salary, if any (Hesketh et al., 2012; Patrick, 2013).

Several assistance and rehabilitation models for children on the streets have been tried in the past. However, the last decade has witnessed a policy shift from only providing assistance to the children while they remain on the street, or in long-term centre-based rehabilitation, to the development of methods for family and community reintegration. Policy documents and recommendations have been developed, mainly based on the experience of organisations working with reintegration (Inter-agency working group on children's reintegration, 2016; Corocan & Wakia, 2016; James-Wilson, 2007; Feeny, 2005). These recommendations are similar and emphasise the need to involve the child and family in the planning process, have thorough preparation before reintegration, involve other actors, ensure education, and conduct follow-ups. Several reviews have been conducted to assess which interventions lead to a good result for children living on the streets and the outcome of reintegration. All reviews highlight the scarcity of knowledge and the need for further research (Hosseini & Coren, 2015; Coren et al., 2013; Wedge, 2013; Ager et al., 2012; Berckmans et al., 2012; Dybicz, 2005). The research on the outcome of reintegration efforts is mainly limited to interviewing children who are still living in centres or only covers the first months after reintegration (Crombach et al., 2014; Harris et al., 2011; Salokangas, 2010; Karabanow, 2004). These reviews also show that few studies have documented young people's own experiences from leaving home to reintegration. Consequently, the long-term outcomes for children who have reintegrated into their local communities remain largely unknown.

Earlier research from sub-Saharan Africa has revealed that being an orphan can be associated with a higher risk of being subjected to violence (Morantz et al., 2013, Nichols et al., 2014). Violence, including emotional violence, can drive children out of their homes and force them on to the streets or into other settings, which may be equally violent (Benitez, 2007). Children who have left home and live on the streets or become domestic workers are particularly vulnerable to violence.

The UN Convention on the Rights of the Child, ratified by nearly every country in the world, obliges governments to protect children from all types of

violence: physical, mental and sexual (United Nations, 1989). Legislation pertaining to such rights has also been enacted in almost all countries including Tanzania, which passed the Law of Child Act in 2009 (United Republic of Tanzania, 2009). Despite such legislation, violence against children is still widespread. A nationwide study from Tanzania showed that almost three-quarters of both females and males had experienced physical violence, and one-quarter had experienced emotional violence by an adult during childhood (UNICEF et al., 2011).

Children living on the streets constitute one of the most vulnerable groups in society, making this an important area for social work. The international organisation for social workers has also defined one of the aims of social work as “to challenge social conditions that contribute to social exclusion, stigmatisation or subjugation, and to work towards an inclusive society” (IFSW, 2012, p. 3).

Theoretical concepts that have been previously used and proven useful for understanding the complexity of children in adverse situations, especially children living on the streets, include the concept of agency from the sociology of childhood, theories of resilience and social capital (Davies, 2008; Mizen and Ofofu-Kusi, 2010; Amoah and Edusei, 2014). For example, studies have shown that children on the streets have strong agency and competence and develop close relationships with peers (Davies, 2008; Mizen & Ofofu-Kusi, 2010). Access to social capital has been demonstrated as important for having a more favourable situation on the street (Amoah & Jørgensen, 2014; Ferguson, 2004; Nicholas, 2011; Stephenson, 2011), and lack of social capital has been seen as one reason for children migrating to the streets (Volpi, 2003). In Tanzania, the role of social capital for orphans and vulnerable children has been studied and found to be important for their resilience, empowerment and ability to claim their land (Evans, 2012; Evans, 2011). There is a lack of research on the role of social capital in the reintegration of children who have lived on the streets.

These three concepts and theories were also useful for this research and have been applied in the various sub-studies. A more process-oriented theory was necessary in order to analyse the full trajectories of these children by combining all results together, hence the life course perspective, developed

by Elder (1994; 1998), has been used. Since the life course perspective can be linked to the concepts of agency, resilience and social capital these will also contribute to the overall analysis and discussion.

The research in this thesis was conducted in the Kagera region, Tanzania, one of the first regions in the world to experience a high HIV prevalence rate as early as the late 1980s (Kwesigabo, 2001). The epidemic has had a major impact on society, resulting in a significant increase in the number of orphans in the region in the 1990s (Ksoll, 2007). It is estimated that in 2010 one in eight children in the region was an orphan (National Bureau of Statistics, 2013). Similar to other countries in Africa, orphans were to a large extent cared for by members of their extended family (National Bureau of Statistics, 2011). Such traditional safety nets in Kagera, as in many other settings, have been unable to cater to all the orphaned children. Thus, some have left home to live on the streets (Foster, 2000), and a decade ago an increase in the number of children living on the streets of the regional capital Bukoba was noted (Olsson, 2004). Therefore, a study on orphans and vulnerable children was possible in this setting, which can provide valuable insights for other sub-Saharan countries where the AIDS epidemic peaked later.

In the Kagera region a project was started in 2003 with the aim of assisting the increasing number of children living on the streets or being domestic workers in Bukoba town. During its first ten years, the project assisted over 750 children to reintegrate into their local community. Most of these children were boys, which is similar to the pattern found in most parts of the world (Aptekar & Stoecklin, 2013). The project framework corresponds to the recommended pillars of reintegration work set out in the published guidelines (Inter-agency working group on children's reintegration, 2016). The project has records with basic information about the individuals who received support from the project, which makes it possible to trace them. This provided an opportunity to research the long-term outcomes of children reintegrating back into the community after receiving assistance from an organisation. This thesis will study children's own perspectives and the full trajectory from leaving home to reintegration.

Given the context of a large number of children living on the street requiring reintegration into the community and lack of research on the process and

long-term outcome of reintegration for children earlier living on the street, there is a research gap, pointed out by many authors (Hosseini & Coren, 2015; Coren et al., 2013; Wedge, 2013; Ager et al, 2012; Berckmans et al., 2012). This thesis will fill a gap in the current knowledge base regarding the trajectories of children leaving their homes for a life on the streets, its potential link to the HIV/AIDS epidemic, and the barriers to and possibilities for the reintegration process, all of which can provide a basis for future policy and programmatic approaches. This thesis covers the trajectories of children from the time they left their homes, their situation on the street and as domestic workers, to the process of reintegration into their local community.

The overall aim of this thesis is to examine what causes children and young people to leave their homes, how they experience their situation on the streets and as domestic workers, and what facilitates them to reintegrate into their local community.

The specific aims are

- 1) To describe and analyse the socio-demographic situation, reasons for leaving home, occurrence of violence, perceived health and quality of life of children and young people before, during and after residing on the street and/or being domestic workers.
- 2) To describe and analyse the outcome of reintegration measured by quality of life and self-rated health in relation to social factors.
- 3) Explore the reintegration process through the views and experiences of young people who lived on the street and later reintegrated into their local community.

This thesis is based on a mixed methods approach, using both qualitative and quantitative methodologies to answer the research questions. Focus group discussions, individual interviews and a cross-sectional survey were conducted.

The thesis has seven chapters. The next chapter covers various aspects on *children in vulnerable situations* in an international context and with specific focus on Tanzania. Areas covered are children living and working on the

street, child domestic workers, violence against children, orphans and vulnerable children, and global frameworks for child protection. The third chapter provides an overview of the socio-economic situation, family life, migration and HIV/AIDS in *Tanzania and the Kagera region*. It also provides an overview of the work of the organisation where the young people received assistance. The fourth chapter covers the *theoretical framework*, which includes an overview of life course perspective, agency, resilience and social capital, and how these concepts have previously been used in research on children in vulnerable situations. The fifth chapter outlines the *research design and method* employed in each sub-study, methodological challenges and ethical considerations. The sixth chapter is a *summary of results* from the four papers. The final chapter contains an *overall analysis, discussion and conclusions*.

2. CHILDREN IN VULNERABLE SITUATIONS

This chapter provides a global and local overview of children who live and work on the streets, child domestic workers, violence against children, orphans and vulnerable children, based on earlier research and global frameworks.

Children who live and work on the streets

Children and young people working and living on the streets can be found in cities and towns around the world, a situation that is globally recognised as important to address (Aptekar & Stoecklin, 2013; Benitez, 2011). The term ‘street children’ has been contested as it is increasingly recognized by sociologists and anthropologists to be a socially constructed category that in reality does not represent a clearly defined, homogeneous population or phenomenon (Benitez, 2007). Kaime-Atterhög (2012) presents three broad categorizations of street children; the first accepts the UNICEF definitions of children on the street (staying there mainly during daytime) and children of the street (who constantly live there) (UNICEF, 1986). The second categorization uses the term “street children” or has adopted alternative terms such as “child migrants”, “children in street situations”, “homeless youth” and “children at risk”. The third categorization rejects the designation of young people on the streets as a social problem and instead problematizes how society classifies and thereby stigmatizes them (Kaime-Atterhög, 2012). The Committee on the Rights of the Child has adopted the term “children in street situations”, recognizing that children engage in numerous activities on the street and that if there is a “problem” it is not the children, but rather the situations in which they find themselves (United Nations, 1989).

The terminology has continued to evolve to recognize children as social actors whose lives are not only defined and circumscribed by the street. The Human Rights Council resolution 16/12 refers to children working and/or living on the street (United Nations, 2011). In this thesis the term “children

living on the streets” is used, defined as children living and sleeping outside on the street or in abandoned buildings without their parents or other guardians.

Making an accurate estimation of the number of children living on the street has proven very difficult and is dependent on the definition used. There are many more children on the streets when considering the ones who either return to their families in the evening or those who live on the streets together with their families. Several countrywide analyses in countries as diverse as Romania, Mexico, Zimbabwe, Egypt, Georgia, Turkey and the U.S. demonstrated the complexity of making reliable estimates of the number of children on the streets (United Nations Human Rights Office of the High Commissioner, 2011; Gomes, 2011). In a recent article, all available data on the number of children living on the streets and relevant social indicators for 184 countries were gathered and statistically processed to produce a more reliable estimate. The results showed that there are about 10 to 15 million children in the world living full-time on the streets without their parents (Naterer & Lavrič, 2016). This would indicate that the proportion of children living on the street is 0.4-0.7% of all children. Among boys aged 5-17 years the proportion would be approximately one percent¹. It is estimated that approximately five million children are living on the streets in Africa (World Bank, 2006). This would indicate that the proportion of children living on the streets in Africa compared with all children in Africa is 0.9%. Among boys aged 5-17 years the proportion would be approximately two percent.

In Tanzania’s largest cities a series of surveys have been undertaken by NGOs in collaboration with the Government to determine the number of children living on the streets. During 2009 the Government in collaboration with the Consortium for Street Children conducted a survey in seven major towns and cities in Tanzania. The survey found approximately 2,300 children, a quarter of whom were female. Railway Children, a local NGO based in Mwanza, conducted a survey on street children in Mwanza in 2008, which revealed that

¹ Numbers compared with data from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

there were 443 full time street children in the city of whom only eight percent were girls. Another survey was conducted by Mkombozi Street Children's Centre in Arusha in 2006, which indicated that there were 457 children on the streets (United Republic of Tanzania, 2012b). The proportion of children living on the streets compared with the data from the latest census (National Bureau of Statistics, 2013), range from 0.1-0.2% of all children, and among boys aged 5-17 years the proportion would be approximately 0.2-0.5%. The vast majority (77-92%) of the children in these surveys were boys. Estimating the number of children living on the streets is difficult since they do not remain in a specific place, but instead move around and sleep in different places. In addition, there is no common methodology for conducting these surveys, which means that each organisation may have used different methodologies.

The characteristics of children who live on the streets are very diverse and differ between countries and regions. Homelessness and resorting to the street is common in both developed and developing countries (Aptekar & Stoecklin, 2013). Although there are differences between various settings, there are also many similarities between the situation of children on the streets around the world. In Sweden there are also young people who have run away to escape difficult situations at home, or been thrown out of their homes (Högdin & Sjöblom, 2012). Although most of them stay with friends or other acquaintances, some resort to sleeping outside from time to time. An effect of global migration also means that children and young people from one continent end up in another. An example is that in recent years a new group of young people has been living on the streets in Sweden. The members of this group are nearly all male from north African countries who have migrated through Europe and come to Sweden. This emphasises the importance of deepening the understanding of the trajectories of children who leave their homes and are later able to reintegrate into their communities, and also the necessity of using knowledge from various settings to better facilitate the implementation of efficient social work programmes.

In most parts of the world the majority of children on the streets are boys (Aptekar & Stoecklin, 2013). A recent literature review of research studies

from 16 African countries (Cumber & Tsoka-Gwegweni, 2016) shows that during adolescence approximately 70% of all children on the streets are boys.

Factors associated with children resorting to the streets

A combination of direct and indirect factors often contributes to children's decisions to leave home. The main reasons are family conflicts, parental neglect, step family relationship, poverty, unemployment, abuse and ill treatment, no access to education, social marginalization and orphanhood (Benitez, 2007; Evans, 2004; Henley et al., 2010 b; Lugalla & Mbwambo, 1999; Hyde, 2005, Mthombeni, 2010; Ray et al., 2011). A study from Egypt (UNICEF, 2001) found the following indirect causes: low family income and educational level, family breakdown, dropping out of school, family size, unplanned rural-urban migration and the declining role of extended families. Direct causes of the children leaving home were child abuse, neglect, peer pressure, sensation seeking, and siblings already being on the street.

According to a recently published systematic review from 24 countries (Embleton et al., 2016), the most common reason for children leaving their homes for the street was poverty (39%), followed by family conflicts (32%), abuse (26%), and delinquency (10%). Street children's own accounts suggest that chronic poverty and the accompanying social marginalization has a major influence on their decision to leave home (Evans, 2004). There are also factors that pull the children to the street, such as finding work or wanting to experience the excitement of the city (Kaime-Atterhög, 2012). In his article about children on the streets in Rio de Janeiro, Butler (2009) concludes that "if the institutions of family, community, school and state and the informal support networks that should offer children the possibility of living well, of being respected, of being free, are unable to do so, children and adolescents will look elsewhere for that sense of freedom and for the fulfilment of their needs" (p. 27).

Children's decision to leave their homes for the street is rarely due to one event, but to a process of increasing vulnerability. In many parts of the world moving to the street is a gradual process whereby the child or adolescent

begins to frequent the street during the day but returns home at night, before eventually spending a night on the street (Butler, 2009). Families who are living in poverty near the margins of survival do not have the resilience to cope with additional shocks, such as the death of a parent or the loss of a job. Such crises may cause children to drop out of school and go to work to help support the family, and parents to reduce the level of care and supervision they provide. The arrival of a child on the street may represent an active decision on the part of the child, often in response to situations of serious violation of rights at home, and in other instances children are chased away from their homes (Ray et al., 2011). The experience of violence is also one reason for children to move to the streets and determines why some children but not others separate from their families and end up on the streets (Benitez, 2007). If children's rights are seriously violated at home, separation and living on the street constitutes a rational act, though one that is not necessarily in their long-term interests (Ray et al., 2011).

Children orphaned by AIDS are vulnerable to rejection by relatives, thus migrating to urban areas to seek a living in the informal sector represents a survival strategy adopted by some children and young people orphaned by AIDS when their families and communities are unable or unwilling to support them (Evans, 2005). A study from Kenya (Goodman et al., 2016) showed that children living in HIV affected households were more likely to leave their homes and migrate to the streets. A study from Sudan (Plummer et al., 2007) revealed that children on the streets were more likely to be orphans compared with working children and that the conditions "pushing" girls to street life were often harsher than was the case for boys.

Research from Tanzania

Lugalla and Mbwambo (1999) describe how urbanization has increased the number of street children in the major cities in the country. They interviewed 200 children in Dar es Salaam in the period 1994-1995 and found that the main reasons for leaving home were poverty, lack of food, need to earn money, parental problems and bad relationships within the family.

A study from Northern Tanzania showed that young people who dropped out of school had nearly an eight times higher risk of moving to the streets than

those who attended school daily, indicating that school attendance is a protective factor (Henley et al., 2010 b).

Evans (2004) stated that parents' and guardians' inability to provide for the children financially and emotionally had a major influence on the children's decision to leave home. Street-based children's experiences of "home" suggest that chronic poverty and the accompanying social marginalization play a big part in their decision to leave home. Children orphaned by AIDS were vulnerable to rejection by relatives (Evans, 2002). She suggested that migrating to urban areas to seek a living in the informal sector, e.g. domestic work, represents a survival strategy adopted by some children and young people orphaned by AIDS when their families and communities are unable or unwilling to support them due to poverty or other reasons (Evans, 2005).

Vulnerability of children living and working on the streets

It is known that children living and working on the streets experience a range of emotional, physical and reproductive health problems, lack of access to food, education, shelter and high levels of violence and exploitation. They are denied the opportunity to contribute to and participate in their societies and have difficulties accessing the services they need (Evans, 2002; Benitez, 2007; Kaime-Atterhög, 2012; Ray et al., 2011). Evans (2002) demonstrated that young people living on the streets are particularly vulnerable to HIV/AIDS. She suggests that poverty, HIV/AIDS, gender inequalities and barriers to education are interlinked.

A multi-country study by Cumber and Tsoka-Gwegweni (2016) revealed that children on the streets in sixteen African countries are vulnerable to poor health due to factors such as homelessness, risky sexual behaviour, substance abuse and violence. Among the health problems identified are growth and nutritional disorders, physical injuries, violence, sexual abuse, communicable diseases including diarrhoeal diseases, malaria, respiratory diseases, neglected tropical diseases, mental health issues, substance abuse, reproductive health disorders, mortality, sexually transmitted diseases and HIV/AIDS.

A study from 21 towns in Uganda showed that violence against street children is endemic, perpetuated by both street children against each other and adults. Both male and female children suffer outright abuse from police, strangers and each other. Boys were more frequently physically abused, while girls were more often abused emotionally and sexually (Walakira et al., 2014).

A literature review of street children and substance use in resource-constrained settings showed that an overall pooled-prevalence estimate of life-time substance use was 60%. The prevalence in African countries was around 47% which was the region with the lowest prevalence. Inhalants (e.g., glue, solvents) were the predominant substances used, followed by tobacco, alcohol and marijuana (Embleton et al., 2016). When children were asked to describe the types of problems they faced, the list included violence, community disapproval, police arrests, robberies, health problems, inability to cope and lack of attention (UNICEF, 2001).

Research from Tanzania

A study from Dar es Salaam found that the children often slept on the pavements, had difficulties finding food and the quality of the food was often poor. It was not easy for them to access places to wash themselves and their clothes or use the toilet. They were vulnerable to being sexually abused and depended on their peer group for security. They lived and worked in groups, which made their lives on the streets viable and manageable (Lugalla & Mbwambo, 1999).

A study from Arusha and Kilimanjaro found that children living full-time on the streets report significantly more abuse at home than the children living part-time on the streets and those who are not street children (Henley et al., 2010 a).

Another study (Chalya et al., 2016) has shown that violence against children living on the streets in Tanzania is an emerging but neglected epidemic, with assault being the most frequent cause of injury. Children on the streets in Tanzania often face non-contact sexual abuse (including threatened sexual violence, exhibitionism and verbal sexual harassment), mainly from other children living on the streets (Gwanyemba et al., 2016).

Interventions for children living on the streets

Traditionally the majority of interventions for children living on the streets have involved providing aid to them while they are on the street, or offering them long-term institutional care. When designing interventions it is important to consider the complexity of the lives and situation of the children living on the streets and the factors that maintained or ruptured family links (Benitez, 2011; Feeney, 2005). Building relationships and trust, creating family-like environments and providing educational opportunities are important factors for successful interventions (Kaime-Atterhög, 2012; Berckmans et al., 2012). It is also essential to build strong partnerships between various service providers and to work towards the inclusion of street children in society (Berckmans et al., 2012). The interventions should be coordinated between health care providers, social services and schools (Goodman et al., 2016). It should include community-based prevention, street-based health and safety interventions, as well as counselling and re-integration programmes (Plummer et al., 2007).

The last decade has witnessed a policy shift from only providing assistance to the children while they remain on the street, or in long-term centre-based rehabilitation, towards development of methods for family and community reintegration (Corocan & Wakia, 2016; James-Wilson, 2007; Feeny, 2005). Leading aid and development agencies have recently launched guidelines for reintegration of children. These advocate greater investment in reintegration and for reintegration to be pursued as the primary response before other permanent care options are considered (Inter-agency working group for children's reintegration, 2016). The guidelines emphasise the need to involve the child and family in the planning, have thorough preparation before reintegration, involve other actors, ensure education and provide the necessary follow-up.

Several literature reviews have been conducted to assess the efficacy of interventions for children living on the street and the outcome of reintegration. All reviews indicate a scarcity of knowledge and highlight the need for further research (Hosseini & Coren, 2015; Coren et al., 2013; Wedge, 2013; Ager et al., 2012; Berckmans et al., 2012; Dybicz, 2005).

Research from Tanzania

There is sparse research from Tanzania regarding interventions for children living on the street. A study of NGOs working with children on the street in Dar es Salaam found that the various interventions implemented involved conducting interviews, bringing children from the streets to drop-in centres, conducting medical check-up to establish the children's health status, and providing counselling, family tracing and reunification, reintegration and follow-up programmes (Niboye, 2013).

Reintegration into the local community

Coren et al. (2013) conducted a Cochrane systematic review of interventions for promoting reintegration and reducing harmful behaviour among street-connected children. Only eleven studies evaluating 12 interventions from high-income countries fitted the systematic review criteria. The results of the review provided no evidence that some programmes were more efficient than others. The conclusion was that more research and evaluation of interventions, especially in low- and middle-income countries is needed. In a new article (Hossain and Coren, 2015) the authors revisited the studies included in the above-mentioned review to search for some evidence of what works, but found nothing.

In another global literature review (James-Wilson, 2007) five key components of best practice for working with children on the streets were identified. The first component was to analyse the situation of children in the specific community, the second was to target them, while the third component was to focus on community and family reintegration. The fourth component was to recognise the importance of collaboration between government actors, service providers and staff, while the fifth component was to closely follow-up the results in both the intermediate and long-term.

Feeny (2005) discussed the need to assess the family situation and what factors led to the child leaving the home before deciding on reunification. He cautioned that the current emphasis on family reunification needs to be tempered by the recognition that family reunification can be a complex,

labour-intensive activity that is not always successful nor necessarily appropriate for all populations of children on the streets.

A study from Canada (Karabanow, 2004) explored the processes of young people's street exits and also aimed to identify the strategies and challenges involved in the reintegration process. The findings suggest that there are several interrelated dimensions in the exiting process, including contemplation, motivation to change, securing help, transitioning from the street, changing daily routines and redefining one's sense of self. The study also describes how socially excluded young people are when on the streets. One boy said: "who wants to give me a job – I look like a homeless kid". Karabanow (2004) states that re-entering mainstream culture proved the most difficult dimension, as young people had to transition from "identities of exclusion" to one of "fitting in" to mainstream lifestyles. He also found that street youth services acted as surrogate families. The process of reintegration is very important. Both the child and the family need to be prepared and progress must be followed after the child is placed with a family. This is time consuming, requires specialist skills and in practice is often not well managed on the ground (Ray et al., 2011; James-Wilson, 2007).

A qualitative study from Mexico (Schrader-McMillan & Herrera, 2016) showed the need to carefully prepare the child and the families before reunification and resolve underlying problems followed by a "phased" reintegration. Follow-up work is essential. A study from an organisation working with children living on the streets (Corcoran & Wakia, 2016) demonstrated that a child well-being assessment tool can be useful for following-up reintegrated children and concluded that more organisations should use such a tool.

In a comparative study conducted in Nairobi, Los Angeles and Mumbai interventions for children living on the streets were evaluated (Ferguson et al., 2008), highlighting the need to contextualise the interventions as no single "recipe" fits all.

A study from Mozambique explored the challenges and successes encountered by centres working with children living on the streets when reintegrating and educating the children. The study showed that the children can be

successfully reintegrated into the educational system. However, these children were still living at the centre and not reintegrated into the local community (Salokangas, 2010).

Another study assessed the impact of programmes for street-connected children in Peru and Brazil on successful reintegration (Harris et al., 2011). The result showed that around half of the children were successfully reintegrated into the community at the time they left the programmes. Predictors of success were source of referral to the programme, length of stay and prior formal education. The analysis was based on data recorded by programme staff prior to the study. However, as there was no follow-up nor data from the children themselves, evidence of the sustainability of such programmes is lacking.

In a study from Burundi (Crombach et al., 2014) former street-based children and other vulnerable children were compared with children living on the streets or with families. The former street-based children reported less exposure to violence although PTSD symptoms were still common. Therefore, it is important to control for earlier exposure to violence and address mental ill health as part of reintegration.

No research on the reunification and reintegration of children living on the streets in Tanzania could be found.

Child domestic workers

Child domestic workers carry out paid or unpaid work in households other than their own. Their usual tasks are cleaning, ironing, cooking, gardening, fetching water, as well as looking after children and the elderly. It is estimated that 17.2 million children (5-17 years) are involved in domestic work globally, two thirds are under the age of 15 and two thirds are girls (ILO, 2013a). Two thirds of them are in unacceptable situations, either because they are below minimum working age, or are working under hazardous or slavery-like conditions. Many of these children cannot access education and work seven days a week, for up to 15 hours per day for a very low salary (ILO, 2013b). They are often not allowed to leave the house (UNICEF, 1999).

The ILO has developed a new standard concerning decent work conditions for domestic workers (ILO, 2012) and emphasizes the importance of children only working from their legal working age and their work not interfering with accessing a basic education or vocational training. It is also recommended that the state should provide special protection for young workers who are entitled to work, by strictly limiting working hours and excessively demanding work, banning night work, and carefully monitoring working and living conditions.

Poverty is the main reason why children work as domestics and most of them come from poor families. Other reasons are gender and ethnic discrimination, social exclusion, lack of educational opportunity, domestic violence, rural-urban migration and loss of close family members. The HIV/AIDS epidemic that made many children orphans has also been a contributing factor to children becoming domestic workers in some regions in the world, especially sub-Saharan Africa (ILO, 2013b). The breakdown of traditional family systems due to changing social structures can increase the possibility of children becoming domestic workers (UNICEF, 1999).

The situation of “live-in” child domestic workers is particularly vulnerable because of seclusion and dependency, and they often face discrimination and violence (ILO, 2013b). A study from India that investigated 513 child domestic workers in West Bengal revealed that abuse was very common; 70% were physically abused, 86% were emotionally abused and 21% had been raped (Ray & Iyer, 2006). An exploratory qualitative study from Zambia showed that domestic workers can only access education to a limited degree and those still attending school perform less well with many dropping out (Chanda, 2014). The study also found that the children are unhappy about the low wages despite their huge tasks/workload, in addition to the lack of access to education and close contact with family and friends. The only positive aspect was that domestic work enables them to earn money to sustain their livelihood (Chanda, 2013).

Studies have also shown that working conditions influence well-being. A study from India and the Philippines presented significant correlates of low

psychosocial scores with non-attendance at school, long working hours, physical punishment, limited support networks and poor health (Hesketh et al., 2012).

In 2004 Anti-Slavery International and its local partners consulted with over 400 current and former child domestic workers in over 20 locations in Africa, Asia and Latin America (Blagbrough, 2007). The results show that most of them are deprived of an education and many are working in the worst form of child labour situations. The majority live with their employers, are isolated from their families and have no opportunity to meet friends. The reasons for children becoming domestic workers were often poverty or mistreatment at home. The children wanted access to education, health care and other basic rights, not to be discriminated against within the household and isolated from family and friends, and to have someone to turn to in times of crisis (Blagbrough, 2007).

Common findings from earlier research include the need to move away from a view that the child is “one of the family” and instead see her/him as an employee who has a right to proper working conditions. Access to education is of paramount importance (Klocker, 2011; ILO, 2012).

Child domestic workers in Tanzania

In Tanzania approximately 21% of children are working (UNICEF, n.d.), some of whom work in other people’s homes carrying out domestic chores. A study of former and current child domestic workers showed that in Tanzania a quarter of them were forced to become a domestic worker after being orphaned due to HIV/AIDS (Blagbrough, 2007).

A participatory youth-led qualitative study was conducted in Tanzania with female child domestic workers, their employers and local leaders (Klocker, 2011). The children who participated in the study stated that the reasons for becoming domestic workers were poverty, lack of career opportunities, peer pressure, active recruitment by employers and informal trafficking. However, they did not give a uniform picture. Some benefits mentioned included good working and living conditions, being cared for, earning an income, provision of basic needs and future opportunities. The problems raised were physical,

emotional and sexual abuse, isolation, pay-related problems, being over-worked, insufficient food, bad living conditions, no access to health care and education. According to the employers, the main reason for hiring a domestic worker was that they needed help with domestic chores and child-care, and they opted to hire a child because children are submissive and trustworthy, receive low salaries and that it was an opportunity to help poor children. The main problems stated by the employers were being robbed by their domestic worker, that the worker/child could leave without prior notice, and poor work performance. The study concluded that child domestic workers often have unclear employment status and there is a need to formalize their employment status and working conditions (Klocker, 2011). The former child domestic workers in the above-mentioned study reported far higher rates of dissatisfaction with the work compared with those still employed. The paper concludes that sensitive issues may benefit from research of both the past and the present (Klocker, 2012).

Violence against children

Violence against children is widespread around the world. Millions of children experience violence in every country and in almost all settings: home, school, workplace, the community, on the street, in residential care and even in refugee camps (Pinheiro, 2006; UNICEF et al., 2011; 2014 a). Previous research from sub-Saharan Africa has shown that being an orphan can be associated with a higher risk of being subjected to violence (Morantz et al., 2013, Nichols et al., 2014).

The Convention on the Rights of the Child, ratified by nearly every country in the world, obliges governments to protect children from all type of violence: physical, mental and sexual (United Nations, 1989). Violence leads to many short- and long-term negative effects. Consequences for the individuals involved are poorer physical and mental health, difficulties with psychosocial adjustment, behavioural problems and lower school achievement (Pinheiro, 2006). Early, prolonged and severe violence is associated with longer-lasting and more serious negative outcomes (WHO, 2002; Meinck et al., 2015). The UN study on violence against children concluded that “no violence against

children is justifiable; all violence against children is preventable” (Pinheiro, 2006).

The level of violence and abuse differs in various settings and situations. Earlier research concludes that there is a lack of comparable data on violence against children (Covell & Becker, 2011). Based on this fact, nationwide studies have been undertaken using the same methodology in eight countries: Tanzania, Kenya, Zimbabwe, Nigeria, Swaziland, Haiti, Cambodia and Malawi, with the prevalence of physical violence ranging from 22% to 76%, and emotional violence ranging from 19% to 38% (CDC, 2015).

Street-based children experience violence from an early age and in a range of environments, thus understanding the children’s exposure and responses to violence is the key to developing integrated preventive and protective policies and services that nurture children’s resilience (Benitez, 2007). Violence, including emotional violence, can drive children out of their homes and force them onto the street or into other settings, which may be equally violent (Benitez, 2007). Children who have left home and live on the streets or become domestic workers are particularly vulnerable to violence. Children living and working on the streets experience a range of emotional, physical and reproductive health problems, lack of access to food, shelter, education and health care, as well as high levels of violence and exploitation (Ray et al., 2011; Evans, 2002; Benitez, 2007; Kaime-Atterhög, 2012; Walakira et al., 2014).

It is known that child domestic workers are vulnerable to violence and mistreatment, but there are very few studies regarding the prevalence of violence against domestic workers (ILO, 2013 b).

Violence against children in Tanzania

The nationwide study on Violence against Children in Tanzania (VAC) showed that almost three-quarters of both females and males had experienced physical violence, and one-quarter had experienced emotional violence by an adult during childhood (UNICEF et al., 2011). Physical violence was defined as being slapped, pushed, hit with a fist, kicked, whipped, or threatened by a weapon. Emotional violence was defined as being called bad names, being

made to feel unwanted, or being threatened with abandonment. One in twenty girls and one in fifty boys had experienced forced sex and children who experienced sexual violence also tended to report experiences of physical and emotional violence (UNICEF et al., 2011).

A study from Tanzania found that children living full-time on the streets reported having been significantly more violated and abused at home than children living part-time on the streets and children who are not street-based (Henley et al., 2010 b).

Orphans and vulnerable children

In most countries in Sub-Saharan Africa, the HIV/AIDS epidemic is generalized (>1 % HIV in the adult population) and has led to an increase in the number of orphans. An estimated 140 million children in the world are orphans, i.e., children 0–17 years of age who have lost one or both parents. More than 33% of these children live in sub-Saharan Africa, and of these, 29% have been orphaned due to AIDS (UNICEF, 2014 b).

Most orphans in Africa are still being cared for by members of their extended family. The traditional safety net for orphans in Africa used to be their aunts and uncles. The alternate safety net of grandparents or more distant relatives is becoming prevalent as a result of the weakening of the extended family and increasing orphan numbers. Increasing numbers of children are slipping through the extended family safety net, leading to child-headed households, street-based children and child labour; such children have an increased likelihood of physical, social, economic and psychological morbidity and vulnerability to HIV infection. It is essential to understand extended family safety net mechanisms so that proposed orphan initiatives support rather than undermine traditional orphan care (Foster, 2000). Orphanhood as well as HIV infection increase the vulnerability of children. When orphaned by AIDS, children face dual vulnerability. Migrating to urban areas to seek a living in the informal sector represented a survival strategy adopted by some children and young people orphaned by AIDS when their families and communities were unable or unwilling to support them (Evans, 2005).

Orphans and vulnerable children in Tanzania and the Kagera region

Among adults aged 15-49 years in Tanzania the leading cause of death is HIV/AIDS (38%) followed by tuberculosis (4.4%), diarrheal diseases (4.3%), lower respiratory infections (3.6%) and malaria (3.2%) (Institute for Health Metrics and Evaluation, 2017).

One effect of the HIV/AIDS epidemic was an increase in the number of orphans. It is estimated that 29% are orphaned due to AIDS (UNICEF, 2016). With the lowered AIDS prevalence and the increased availability of treatment fewer children are now being orphaned as a result of AIDS (it was previously estimated that 42% were orphaned due to AIDS (UNICEF, 2014 b). In some countries, there is quite a large difference in school attendance between orphans and non-orphans. However, this is not the case in Tanzania, where the difference in school attendance between orphans and non-orphans in the period 2010-2015 was a ratio of 0.95 (UNICEF, 2016).

According to Ksoll (2007), the ratio of orphans in the Kagera region peaked around 1995 for maternal and paternal orphans and three years later for double orphans. In 2011-2012 13% of children in Kagera had lost one or both parents. Most of these children were cared for by the extended family (National Bureau of Statistics, 2011). In his study on orphans in Kagera Ksoll (2007) showed that caretakers are selected from among the extended family network with respect to their characteristics. Economic factors such as household landholdings and whether the household owns business assets are positively correlated with caretaking. Moreover, the biological relationship between the network member and the orphan is important.

Several projects have been started to provide care for the orphans and vulnerable children in the region. In Kagera, and especially in Bukoba town, an increase in the number of children and young people living and working on the streets was observed in the early 2000s (Olsson, 2004).

Global frameworks for protecting children in vulnerable situations

There are several global conventions, resolutions and frameworks in place to protect children. Below is a summary of the most important ones pertaining to children living and working on the streets.

Convention on the Rights of the Child

In 1989 many UN member countries signed the Convention on the Rights of the Child (CRC). The Convention is the first legally binding instrument to take a holistic approach on the rights of the child. It covers a whole range of rights – civil, political, economic, social and cultural; establishes a framework of duties for different actors; recognizes children as rights holders; and reaffirms the general principles of best interests of the child, non-discrimination, participation, survival and development. The vast majority of the countries in the world have now ratified the CRC (United Nations, 1989).

Governments that ratify the Convention on the Rights of the Child must report to the Committee on the Rights of the Child within two years of ratification and every five years thereafter. The Committee has adopted guidelines detailing which information countries are expected to give in their implementation reports for the Convention. In reviewing these reports, the Committee looks at how well governments are setting and meeting the standards for the realization and protection of children's rights as outlined in the Convention (United Nations, 1989).

The framework for the protection, care and support of orphans and vulnerable children

When the AIDS epidemic increased the number of orphans in countries with the highest prevalence, the large UN agencies and international NGOs agreed on a common framework for the protection, care and support of orphans and vulnerable children (OVC) living in a world with HIV/AIDS (Gulaid, 2004). The framework's key strategies are: a) strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives

of parents and providing economic, psychosocial and other support; b) mobilize and support community-based responses; c) ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others; d) ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities; and e) raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS (Gulaid, 2004). Children living on the streets are considered to be vulnerable children and this framework applies to them. The framework is a tool for the countries and organisations working with OVC and its implementation is not monitored in a structured way.

Guidelines for the Alternative Care of Children

In 2010 the General Assembly adopted a resolution on Guidelines for the Alternative Care of Children, which are intended to enhance the implementation of the Convention on the Rights of the Child and other international instruments pertaining to the protection and well-being of children deprived of parental care. They provide guidance on policies and practices for the alternative care of children (United Nations, 2010). The guidelines emphasise that children should not be in alternative care unnecessarily; and that the type and quality of out-of-home care delivered addresses the rights, specific needs and best interests of the child concerned.

The guideline is a tool for the countries and organisations working with children in alternative care, and its implementation is not monitored in a structured way. However, various organisations monitor the implementation and in 2014 a document regarding the implementation of the guidelines was published by the lead organisations (Cantwell et al. 2014).

Human Rights Council Resolution regarding children working and/or living on the street

Furthermore, in 2011 the United Nations General Assembly adopted a Human Rights Council resolution with a holistic approach to the protection and promotion of the rights of children working and/or living on the streets.

The resolution calls on states to give priority to the prevention of the phenomenon of children working and/or living on the streets by addressing its diverse causes through economic, social, educational and empowerment strategies (United Nations, 2011). The Office of the United Nations High Commissioner for Human Rights (OHCHR) concludes that children living and/or working on the streets cannot be considered as a social problem but as human beings with the full potential to contribute to society and as positive agents for change. They must be able to participate in matters affecting them and be empowered to speak up for the fulfilment of their rights (United Nations Human Rights Office of the High Commissioner, 2011). In June 2014, the UNCRC Committee committed to developing a General Comment on Children in Street Situations, which will guide the implementation of the declaration and the role of the states and other stakeholders.

The implementation of child protection frameworks in Tanzania

Tanzania ratified the UN Convention on the Rights of the Child (CRC) in 1991 and a decade later, in 2003, ratified the African Charter on the Rights and Welfare of Children (African Union, 1999). In 2009 Tanzania passed the Law of the Child Act (United Republic of Tanzania, 2009). The Act includes fundamental rights for children and lays the foundation for a child protection system that will oblige a range of bodies to prevent and respond to violence, abuse and exploitation of children. It includes many of the rights in the CRC, such as non-discrimination, the right to a name and nationality, the rights and duties of parents, the right to opinion and the right to protection from torture and degrading treatment, as well as setting out a system for ensuring justice for children who encountered the legal system as offenders, witnesses or victims. The Act also contains provisions relating to custody, guardianship, access and maintenance, foster care and adoption, children and health services, and children in residential establishments to ensure protection for children without families.

The National Costed Action Plan phase II of 2013–2017 provides for protection responses such as alternative care for victims, particularly when abuse occurs in the family home (NCAP II) (United Republic of Tanzania, 2012 a). In 2011, Tanzania became the first African country to undertake a nationwide

comprehensive study of all forms of violence (sexual, physical, and emotional) against both female and male children (UNICEF, 2011). As a response to the findings in the report a national plan was drafted and implemented: 2013–2016 National Plan of Action for Prevention and Response to Violence Against Children (United Republic of Tanzania, 2013). According to UNICEF (n.d.), many children are still vulnerable to violence, exploitation, neglect and abuse and institutions and individuals supposed to protect children, e.g., teachers, police and relatives, are frequently cited as the perpetrators of the violence or abuse.

The latest report from the Government of Tanzania to the CRC committee covers the various aspects of protection for vulnerable children. Regarding orphans and vulnerable children, the CRC committee has previously recommended that Tanzania should undertake the necessary measures to fully implement the National Guidelines for the Care and Protection of Orphans and Vulnerable Children. The response in the report is that the country strives to improve safety nets and social protection for the poor and vulnerable groups. There are also programmes in place to support the most vulnerable children but according to the report, only 160,000 out of the estimated one million of these children receive some form of support (United Republic of Tanzania, 2012b).

Regarding violence against children, the report describes the steps that have been taken (see above), and also that Children's/Gender Desks have been established at police stations to consult with children and communities regarding violence against children (United Republic of Tanzania, 2012 b).

Regarding children on the street the CRC committee previously urged the Government of Tanzania to: (a) develop a comprehensive strategy to address the high number of street children in order to reduce and prevent this situation; (b) ensure that street children are provided with adequate nutrition and shelter, as well as with health care and educational opportunities, in order to support their full development; (c) raise awareness of the issue of street children in order to change negative public attitudes about them, particularly among law-enforcement officers; and (d) ensure that these children are provided with recovery and reintegration services, including psychosocial assistance for physical, sexual and substance abuse, and where possible and when

in the best interests of the child, services for reconciliation with a view to reintegration with their families.

The response by the Government has been to conduct surveys in nine big cities to establish the number of children on the street (see above). The Government had also developed a Community Based Strategic Plan regarding children living on the streets, which is due to be submitted to the Inter-Ministerial Technical Committee for approval (United Republic of Tanzania, 2012b)².

² When the author (JO) further researched what had happened to this draft plan nothing could be found to indicate that the plan had been implemented.

3. TANZANIA AND THE KAGERA REGION

This chapter includes a brief overview of the socio-economic situation, family life and migration in Tanzania and the Kagera region, including the poverty situation, the AIDS epidemic and their consequences for orphans and vulnerable children. The chapter concludes with a description of the organisation that provided assistance to the study participants.

Socio-economic situation

Tanzania is located in Eastern Africa and according to the most recent census in 2012 had a population of 44.9 million (National Bureau of Statistics, 2013), with 47% under the age of 15 years and rapid population growth. It was estimated that the population in 2016 was 50 million (UNICEF, 2016).

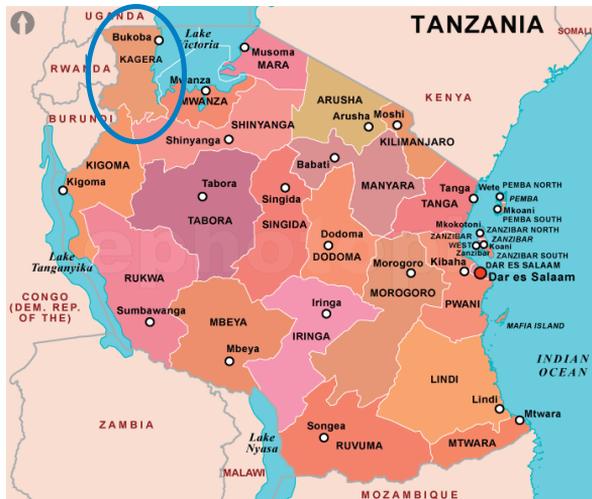


Figure 1. Map of Tanzania and the Kagera Region

Life expectancy has risen from 51 years 2002 to 61 years in 2012 (UNDP, 2015). Infant mortality has declined substantially, but undernourishment is still a major problem and estimated to be the underlying cause of a third of deaths in under-five-year-olds. Another reason for the longer life expectancy is fewer deaths due to diseases, especially since the introduction of ART treatment for AIDS (WHO, 2017).

In the last decade Tanzania has had an impressive annual GDP growth rate of seven percent, but for several years it did not result in poverty reduction (UNDP, 2015). Although there has been an annual decrease in poverty in recent years, Tanzania remains one of the world's poorest countries. However, the difference between the richest and poorest quintile is lower than that in neighbouring countries (World Bank, 2015). Tanzania also has a low ranking on the Human Development Index (151 out of 182 countries). The level of extreme poverty in Tanzania was denoted by an income of TZS 26,000 per adult per month in 2012, and in mainland Tanzania 9.7% of adults lived under the extreme poverty line in 2011/2012. Extreme poverty was defined as being unable to meet basic needs, e.g. food. If the global poverty line of 1.25 USD per day was used over 40% of the population would be under the poverty line (World Bank, 2015).

Agriculture remains the most common source of income, involving a majority of the population. However, the formal employment rate is increasing and between 2013 and 2014 it grew by 25% from 11 to 14 million. Two thirds were employed in the private sector. Manufacturing accounts for 20%, the educational sector for 17%, with public administration and defence accounting for 15%. One third of all formally employed people were based in Dar es Salaam (National Bureau of Statistics, 2016). The World Bank estimated that the unemployment rate was 4.1 % in 2014. In the same year the unemployment rate among young people (15-24 years) was estimated to be 4.4% for males and 6.7% for females (World Bank, 2017).

Table 1. Key indicators for Tanzania and the Kagera region

Key indicators	Tanzania	Kagera region	Ref.
Population (2012)	44.9 million	2.5 million	*
Population growth	2.7%	3.2%	*
Monthly mean earnings	TZS 85,000	TZS 59,000	*
Wealth quintile			
Lowest	19%	15%	**
Highest	18%	7%	**
Women working as farmers	68%	84%	**
Men working as farmers	62%	64%	**
Proportion of adult population literate	72%	68%	**
Average household size	4.8	4.7	*
Children living with both parents	59%	58%	**
Children not living with either parent	16%	15%	**
Children orphaned (single or double)	10%	13%	**
Women whose husband has more than one wife	21%	13%	**
Men with more than one wife	10%	4%	**
Proportion of children with low birth weight	7%	4%	**
HIV prevalence	5.1%	4.8%	**

* *Tanzania 2012 Population and Housing Census*

** *Tanzania Demographic and Health Survey, 2010*

The Kagera region is located in north-western Tanzania, bordering Uganda, Rwanda and Burundi. In 2012 it had a population of 2.5 million, which is nearly twice that of 1988 when the population was 1.3 million. The main reason for the rapid increase is continued high fertility rates, while child mortality and mortality due to diseases such as HIV/AIDS have decreased. The region consists of eight districts and Bukoba is the regional capital city with an estimated population of 129,000 (National Bureau of Statistics, 2013). The population is ethnically diverse with the Haya and Nyambo tribes dominating in the north and the Subi, Sukuma, Zinza and Hangaza in the

south (de Weerd, 2010). The major source of income is small-scale agriculture. Three-quarters of household heads classify their main occupation as self-employment in agriculture. Households in the north primarily grow bananas and coffee, while in the south rain-fed annual crops (maize, sorghum and tobacco) dominate (de Weerd, 2010). The mean income in the Kagera region is approximately 70% of the mean income in Tanzania, but there are fewer in the lowest and highest quintile, implying that there might be fewer very poor people compared with other regions. This can be one explanation for other indicators, such as birth weight, being better in the Kagera region compared with Tanzania in general, see Table 1.

Poverty in the Kagera region

de Weerd (2010) argues that there are two paths out of poverty in Kagera. For those with sufficient endowments of land and human capital there is agriculture. The more successful people are those who diversified their farming activities, growing food crops for their own consumption, cash crops for sale and keeping livestock. Those not so successful kept solely to the more traditional agricultural products, bananas and coffee. The alternatives to agriculture as a route out of poverty are business and trade. It has been found that trade is not necessarily reserved for the wealthy. Instead, the degree of connectedness to the place of residence and the initial conditions were important. People with unfavourable initial conditions in remote villages had little prospect of moving out of poverty, while those with similarly bad initial conditions, but living in well-connected villages had more opportunities. Business and trade in their villages provided income-generating opportunities from which even the poor could benefit. Good health and extensive trust networks were important, while illness and agricultural shocks had major negative effects on all but the very rich (de Weerd, 2010).

Some major financial crises have occurred in the Kagera region in recent decades; for example, the coffee price collapse in 2000-2003 and the high inflation rate in the last decade, which has made it more difficult for the people to cope. According to de Weerd (2010), poor people did not suffer more from the crises than the non-poor. De Weerd (2010) also states that illness and hunger were the most important problems in the villages. The HIV

epidemic has been a reason for serious illness and death. This has impacted the poor to a larger extent than the non-poor, because the poor were unable to pay for treatment and employ others to care for themselves and their farm.

Family life

In Tanzania and the Kagera region it is quite common for children not to live with their parents. Six out of ten children live with both parents, one in six do not live with any biological parent and the rest live with only one of their parents, see Table 1. It is three times more common to live with only a mother than only a father. One in ten children in Tanzania is an orphan and in Kagera the rate is higher (13%). Nearly one third (31%) of households in Tanzania had children living in the household who were not biological children (National Bureau of Statistics, 2011). These children could be either relatives or have no biological link with the household.

In a recent study from Tanzania the results show that of children born into two-parent households, 25% experience maternal absence and 40% paternal absence by the age of 10 years (Gaydosh, 2015).

One fourth of households are headed by a woman. A study from Tanzania concludes that female-headed households appear particularly vulnerable to impoverishment and insecurity, with negative consequences for the children within the household. Children whose parents remarried often faced hardships since step-fathers are not expected to provide for older children from their wife's first marriage. Step-mothers often subjected boys to harassment, neglect and abuse and exploited their labour (Evans, 2004).

In Tanzania, one in ten men have more than one wife and a fifth of all women live with men who have more than one wife. However, this is less common in Kagera (see Table 1). Evans (2004) showed in her study that some men, particularly those involved in polygynous relationships, often emphasised or de-emphasised particular relationships, resulting in rejection, impoverishment and marginalisation of women and their children. Children's experiences of polygynous household structures revealed the economic pressure, but also suggested that large polygynous families could be a source of support and company.

Inheritance in the Kagera region

Land in the Kagera region typically belongs to the clan and traditional law essentially aims to ensure that it remains in clan hands. These traditional laws run parallel to national law; and when a man dies his wife often faces insecurity about where she will end up. If the widow has a male child the clan often decides to give the land to him. It will then be at the discretion of the son to let his mother use the land. Many women become involved in disputes with their in-laws and lose their inheritance rights, which often happens during a divorce or when a polygamist dies, leaving several wives to fight over the land (de Weerd, 2010). Orphans also often have a problem with relatives grabbing their property after the death of their parents. Although this is illegal, due to customary practices it still occurs. Many NGOs and other stakeholders are working to increase awareness of legal rights and assist children and widows by providing legal assistance (de Weerd, 2010).

Migration

Migration can be categorized into two distinct types: circular and permanent (Collinson et al., 2006). Circular migration is most common in sub-Saharan Africa, associated with temporary periods spent away earning money and sending remittances, with a subsequent return to the home community. Much of the migration in Tanzania is internal rural-rural migration or rural-urban migration associated with urbanization (Gaydos, 2015). Urbanisation is fairly rapid and currently 30% of the population live in urban areas (World Bank, 2015). In Kagera half of the population has internally migrated during the last two decades (Hirvonen & de Weerd, 2013). Migration is positively associated with increased consumption. Migrants improve not only their own welfare but also that of their former households through remittances in the form of cash and in-kind transfers (World Bank, 2015).

Epidemic of HIV and AIDS

Kagera was the first region in Tanzania where AIDS cases were detected in 1983. The epidemic spread rapidly and Kagera became one of the regions in

the world with a high HIV prevalence at an early stage. The epidemic peaked in the late 1980s (Kwesigabo, 2001). Repeated cross-sectional studies from an urban area situated in the highest prevalence zone showed a decline from 24% in 1987 to 8.2 % in 2004 (Frumence et al., 2010). From having been the hardest hit region of the country it now has a slightly lower prevalence than the rest of Tanzania, which may be explained by extensive prevention and treatment efforts in recent decades. The HIV prevalence in the Kagera region 2012 was estimated to be 4.8% (women 5.5% and men 4.1%). The HIV prevalence in mainland Tanzania was slightly higher at 5.1% (TACAIDS, 2013).

The local organisation assisting children who work or live on the streets

The Tumaini Children's Center (TCC) has been involved in rehabilitating and reintegrating street and working children in Bukoba and the Kagera region since 2003. The project has approximately 20 staff and is implemented by ELCT (Evangelical Lutheran Church of Tanzania, North Western Diocese). The funding for the project comes from various donors as well as the local community. The project started on a small scale but grew to reach over 100 children annually. At the time of the study the organisation had assisted approximately 750 children to reintegrate into their local community. The project has four components: a) Outreach work to target children and young people in Bukoba, b) Rehabilitation at the transition home at Kyakairabwa, c) Reunification and follow-up work and d) Community-based prevention work.

The target group is street and working children aged 8-18 years and their families. The objective is to ensure that street and working children can play an active, equal and productive role in society, enjoy a standard of living that is adequate for their health and well-being and prevent more children in the region becoming street or working children. The preventive work targets the whole region and is mainly conducted through meetings and seminars with local leaders, key stakeholders and the general population. Outreach work is conducted by field assistants and counsellors who also conduct seminars on life skills and child rights for children living on the street.

Their work is to a large extent in line with the components set out in the guidelines for reintegration (Inter-agency working group on children's reintegration, 2016). The project reaches out to children who require support through outreach workers and a counselling centre in Bukoba. The children who cannot reintegrate immediately are offered the opportunity of living in the project's transition home for a period ranging from a few weeks to several years until a long-term solution can be found for them. Family tracing is carried out. The children often visit family or relatives during the holidays to start the reintegration process. Seven out of ten children stay in the transition home and during this time they also re-enter the school system and collaborate on the development of a long-term plan. With its strong emphasis on access to education, the project aims to assist the children to make an organised transfer to a local school. Most of the children then reintegrate into the local community and can move to homes of relatives, parents, other guardians, their own house, or to boarding school. The project staff members meet with local leaders, teachers and other important stakeholders together with the child before the child moves from the centre. The project staff members also visit the children after reintegration until the situation becomes stable. After reintegration the level of assistance varies, depending on the children's need and the situation of the organisation. For children whose family cannot afford to pay for education, the organisation assists by covering some school-related costs. The project also has capacity to provide counselling for the children and the families.

4. THEORETICAL FRAMEWORK

This thesis covers the trajectories of children from the time they left their homes, their situation on the streets and as domestic workers, to their process of reintegrating into their local community, with each paper covering different aspects of these trajectories. Paper I focuses on the process of leaving home and the situation on the street and as domestic workers, paper II on the prevalence of and factors associated with violence during various periods, paper III on quality of life and self-rated health and its influence on the reintegration process and their current situation, while paper IV reports the lived experiences of the reintegration process after a life on the streets. In the various papers different concepts and theories, such as the concept of agency from the sociology of childhood, and theories of resilience and social capital have been used to analyse and explain the results. In this section they will be described in more detail than was possible in the papers. The choice of these concepts and theories was based on their proven usefulness in previous research for understanding the complexity of children in adverse situations (Davies, 2008; Mizen & Oforu-Kusi, 2010; Amoah & Edusei, 2014).

A more process-oriented theory was needed to analyse the full trajectories of these children by combining the results of the four papers. Two theories were considered; the exit theory by Ebaugh (1988) and the life course perspective developed by Elder (1994; 1998). However, the exit theory mainly focuses on the process of deciding to exit from one situation or role and enter a new one, e.g. an addict who stops using drugs. As this thesis explores a longer process lasting from the time that the children leave home to work or live on the streets until their reintegration into their local community, a life course perspective was deemed more useful than the exit theory for discussing the overall results. As a life course perspective can also be linked to the concepts of agency, resilience and social capital, they will all contribute to the final analysis and discussion.

Life course perspective

The life course perspective focuses on the interaction between individual lives and social change. It is a way of conceptualizing lives within the contexts of families, society and historical time (Kok, 2007). It is a meta-theory framework for understanding how social forces shape human development (White & Wu, 2014). The life course theory or life course perspective is an interdisciplinary theory that seeks to understand the multiple factors that shape people's lives. It looks at how age, relationships, life transitions and events, social change and agency are connected to subsequent health and well-being (Hutchinson, 2014).

The sociologist Glen Elder Jr. was one of the early authors and has continued to play a central role in the development of the theory (Elder, 1974; 1994; 1998; Elder & Giele, 2009). Elder (1994) viewed the life course as "a multi-level phenomenon, ranging from structured pathways through social institutions and organizations to the social trajectories of individuals and their development pathways" (p. 5), and defined it as "a sequence of socially defined events and roles that the individual enacts over time" (Giele & Elder 1998, p. 22).

Other researchers have added important perspectives, for example by introducing a life course perspective in relation to social work, which can potentially assist social workers to bridge their micro and macro worlds (Hutchinson, 2005).

Child welfare research is often complex with links between child maltreatment, social disadvantage, programme and policy effects, individual development and population conditions that interact and change over time. New theories and conceptual models that account for this complexity are needed. The main point is that the life course perspective is a useful paradigm for developing and organizing theories, concepts and hypotheses in child welfare research (White and Wu, 2014).

The key concepts used in the theory are described below based on Hutchison's outline (2005; 2010).

- A *cohort* is a group of persons who were born in the same historical time and experience the same social changes within the same culture.
- *Transitions* refer to changes in a person's life when one phase ends and another begins, for example moving from home, marriage, becoming a parent, etc.
- *Trajectories* involve long-term patterns of stability and changes in a person's life and include several transitions.
- A *life event* is a significant occurrence involving a relatively abrupt change that may produce serious and long-lasting effects.
- A *turning point* is when major change occurs in the life course trajectory. It may involve a transformation in how people view themselves in relation to the world, or a transformation in how they respond to risk and opportunity.

Central themes

Glen Elder (1994) first identified four interrelated themes in the life course theory: lives and historical times; timing of lives; linked lives; agency. He later added diversity in life course trajectories (Elder, 1998) and development risk and protection (Elder & Giele, 2009).

Lives and historical times

Each cohort faces different situations, which has a lasting impact on them. Especially in rapidly changing societies, differences in birth year expose individuals to different worlds, with their constraints and options. Elder (1974) examined the effects on children of the Great Depression and found that children who were young at the time were more seriously affected than adolescents. Later Mitchell (2003) found that an individual's developmental path is embedded in and transformed by conditions and events occurring in the historical period and geographical location in which the person lives, for example geopolitical events, economic cycles, social and cultural ideologies.

Timing of lives

Timing of lives refers to the age at which specific life events and transitions occur and whether or not they happen at the culturally expected time. The personal impact of change depends on where people are in their lives at the time of change. Progress along trajectories is age-graded so that some transitions can be viewed as age appropriate, while others violate normative social timetables by occurring too early or too late. An off-age transition might be leaving home at a very young age or becoming a teenage parent (Mitchell, 2003).

Linked lives

The notion of interdependent lives is the central theme in the life course theory. Human lives are embedded in social relationships across the life span (Elder, 1994). The life course perspective emphasizes the interdependence of human lives and the ways in which relationships both support and control an individual's behaviour. This theme has similarities with the theory of social capital (see below).

Human agency in making choices

According to the life course perspective, individuals are active agents who not only mediate the effect of social structure but also make decisions and set goals that shape social structure (Mitchell, 2003). Within the constraints of their world, people plan and make choices between the options that construct their life course (Elder, 1994). Individuals' choices are constrained by structural and cultural arrangements of a given historical era. Unequal opportunities also provide some members of society with more options than others.

Life course theory acknowledges that people determine, within given constraints and opportunities, their own life course. In other words, we cannot fully understand behaviour without considering the scope, effectiveness and direction of individual life plans. Thus, when considering agency, we need to distinguish between long-range life plans, short-term tactical considerations and the kind of decision-making geared at sheer survival (Kok, 2007). The agency concept is used in a similar way as in childhood sociology (see below).

Heterogeneity in life course trajectories

The early research emphasized differences between cohorts, but it is also clear that there is variability within the cohorts, for example in relation to gender, class, ethnicity and religion (Elder, 1998).

Developmental risk and protection

The life course theory has increasingly emphasized the links between life events, transitions and subsequent effect on health and well-being (Elder & Giele, 2009). It also identifies the important role of risk as well as protective factors for the future outcome. Resilience is also considered. (For more details on resilience, see below).

Use of a life course perspective in research on children in vulnerable situations

Evans (2006) has used the concept of life course trajectories to analyse the diverse ways that children and young people negotiate their social identities and construct their life course trajectories on the street, based on ethnographic research with street children in Tanzania. Evans (2011) has also employed it to explore how young people express their agency and negotiate complex life course transitions according to gender, age and inter- and intra-generational norms in sibling-headed households affected by AIDS in Tanzania and Uganda. Her research illustrates the relational nature of young people's life transitions over time and space. Although young people take on “adult” responsibilities and demonstrate their competencies in “managing their own lives”, this does not necessarily translate into more equal power relations with adults in the community. Evans (2011) argues that even if young people adopt a range of strategies to resist marginalisation and harassment, the constraints of poverty, inequality in gender and generational relations, the emotional impacts of sibling-care, stigmatisation and exclusion can undermine their ability to exert agency and control over their lives.

The concept of agency in childhood sociology

Two decades ago sociologists Allison James and Alan Prout (1997) introduced the concept of children having their own agency, showing that their competencies can influence the social world and allow them to take an active part in it. This brought about a major and valuable shift in childhood research, which previously often tended to view children as passive subjects. The term agency refers to the ability of individuals to act independently and to make their own decisions and choices. Human beings are faced with diverse forms of adversity tied to the social, economic, environmental and political structures of their vicinity as well as their individual life trajectories. With regard to children, it is argued that their agency is generally exercised in the domains of everyday and personal situations and that they are less likely to use their agency strategically or politically (Amoah & Edusei, 2014).

Recognising children's agency does not mean that society and adults close to the child can abdicate their responsibility to provide the required support. Children are less capable of taking care of all aspects of their lives compared with adults. Instead, it implies that children should participate in the decision-making process pertaining to their lives (Sanders & Mace, 2006).

Use of the agency concept in research regarding children in vulnerable situations

Several studies on children living on the streets, orphans and vulnerable children have shown that they have a high degree of agency and the researchers often link their agency to their resilience (Nicholas, 2011). Children living on the streets must be considered active in creating their social life and not merely vulnerable victims. The move towards acknowledging children and young people as subjects who speak in their own right and have their own agency to form and influence their life course has also been reflected in a report from the United Nations. The conclusion is that children living and/or working on the streets cannot be considered a social problem but, instead, as human beings with full potential to contribute to society and as positive agents for change (United Nations, 2011). These children are often vulnerable

due to the situation they face and the lack of support they receive, but also actively cope with their situation and have their own agency.

Some children living on the streets are weaker than others and therefore in need of additional care and support. A critique against the agency concept is that it has not transformed into real political change for children on the streets. Children are to a large degree still denied political influence and their decision-making power is low (Bordanaro, 2012).

Resilience

The concept of resilience is used in many areas and therefore has multiple definitions. Mandleco (2000) defined resilience as “the tendency to spring back, rebound, or recoil and involves the capacity to respond and endure, or develop and master in spite of life stressors or adversity. Resilient individuals successfully adapt and rapidly adjust to major life events or to chronic stressors” (Mandleco, 2000, p. 99).

Studies have identified huge individual variation in outcomes of risk experiences (Rutter, 2000). This knowledge has led to the concept of “resilience,” meaning that some individuals have a relatively good outcome despite suffering risk experiences that would be expected to bring about serious consequences. In other words, it implies relative resistance to environmental risk experiences, or overcoming stress or adversity (Rutter, 2007).

Resilience represents how individuals, families and communities cope, adapt and take advantage of their available resources when facing significant acute or chronic stress, or the compounding effect of both together (Ungar, 2012). People may be resilient in relation to some kinds of environmental hazard but not to others. Equally, they may be resilient with respect to some but not all outcomes (Rutter, 2007). Rutter further argues that there are three other aspects that should be taken into account; (1) overcoming adversity depends on the experiences post exposure, (2) resilience cannot be reduced to individual psychological traits, and (3) the mediating mechanisms giving rise to resilience might be personal agency and coping strategies - what individuals do in order to deal with the challenges they face.

The ability to deal with adverse situations is a dynamic process that varies throughout a person's life and in relation to the different situations that she/he encounters. Consequently, a child who is resilient in one situation may not be resilient in another (McAdam-Crisp et al., 2005). Moreover, cross-cultural research and international studies have revealed that the meaning of risk and even adversity are culturally and contextually dependent. Understanding how people adjust and adapt to risk and adversity should be considered within the social and cultural context (Bottrell, 2009).

Factors that promote resilience are grouped into assets and resources. Assets refer to individual internal psychological and biological factors, competencies, coping skills and self-efficacy. Resources are external factors reflected in the nature and quality of relationships, including parental and family support and community organisations (Fergus & Zimmerman, 2005). The influence and importance of each factor may vary in individual situations. However, none of the assets or resources will ensure resilience in all situations.

Some of the assets mentioned above can also be seen as “protective factors”. These are characteristics of people with resilience such as a sense of self-esteem or self-confidence; a sense of self-efficacy (a belief in their capacity to make a difference); easy temperament; planning skills; and a repertoire of social problem-solving approaches (Rutter, 2007). Owing to their personal attributes such as age, gender, nature and physique, some children are able to endure painful and difficult situations constructively, which give them experiences that help them to survive (Mandleco, 2000). Resilience is also identified as a trait of determination. Resilient people, irrespective of challenges, also persevere to achieve life goals. For instance, resilient children tend to be generally positive and put their abilities to good use whilst acknowledging their limitations. Another trait that has repeatedly emerged in studies of resilient children is good cognitive functioning (Luthar, 2006). Resilient children also show mental preparedness for adversity. They have a sense of having overcome one situation, hence have a possibility of mastering other situations and ultimately develop effective coping mechanisms (Dyer & McGuinness, 1996).

Resilience can be applied at both individual and community level. Brennan (2008) has written about the need for research that contributes to both community and youth resilience, arguing that the two are interlinked. Social support from family, friends and others is essential for youth development and resilience. Availability of social support assists the development of self-esteem, self-efficacy and psychological well-being among young people. Positive and accessible social support networks have been identified as offering secondary protection for children at risk. Research has also shown that young people's participation in their communities provides protection by increasing their social competence and sense of purpose. Brennan (2008) further concludes that there has been a growing emphasis on social capital and community agency in promoting child and adolescent well-being, and that community support through social networks can act as a form of collective agency. This shows how interlinked agency, resilience and social capital are.

Use of the resilience concept in research on children in vulnerable situations

Several studies have illustrated that children and young people living on the streets exhibit considerable resilience in terms of meeting their survival needs, developing social networks and living independently with their peers (Amoah & Edusei, 2014). This has led to a shift in thinking about childhood from emphasizing vulnerability to stressing resilience. Considering a child's subjective experience within her/his social and cultural context makes it possible to gain a better understanding of the intersection between risk and resilience factors associated with street life (McAdam-Crisp et al., 2005).

Children living on the streets are often viewed as more resilient than their stay-at-home counterparts (Aptekar & Stocklin, 1997). Some studies have revealed that children on the streets have better living conditions, and face less abuse than children who remain at home. Leaving home and fending for themselves on the street is seen as an indicator of resilience (McAdam-Crisp et al., 2005). Amoah and Edusei (2014) argue that children living on the streets have both agency and resilience, which should be considered when designing programmes for health-related well-being for this group. Even

though children on the streets do better than their siblings in some ways, there is a need for research to explore the levels of resilience among siblings who stay at home in order to deepen the understanding of the factors behind leaving home (Ali, 2011).

Social capital

Social capital refers to social relationships and participation, collective action and co-operation for mutual benefit in informal and formal networks (Story, 2013). Common indicators of social capital are social networks and social support, involvement in associations and politics, and measures of trust between individuals (Åslund et al., 2010).

The concept of social capital was originally introduced by two sociologists, James Coleman (1988) and Pierre Bourdieu (1986), and later developed by the political scientist Robert Putnam (1995). The above-mentioned contributed various theoretical dimensions to the conceptualization of social capital, but all of them emphasized three elements. Firstly, social capital consists of social networks, people's participation in organizations, trust and reciprocity. Secondly, it is a resource acquired by individuals as a result of relationships they build with others in society. Thirdly, it consists of shared norms and values, which guide and facilitate the functioning of the social networks and organizations (Coleman, 1988; Bourdieu, 1986; Putnam, 1995).

Bourdieu developed the idea of social capital in the context of how social inequalities reproduce themselves in society. He made a distinction between two elements of social capital; the social relationships within the network that the individual can draw upon to access resources, and the amount and type of resources an individual has in the network (Bourdieu, 1986). For Bourdieu (1986) social capital manifests in social networks consisting of group contact and membership, provision of support, access to resources and obligations. Like any other investment, community members need to invest in social capital by adopting various strategies such as participation in groups or associations. Bourdieu (1986) focused on how individuals gain access to resources, the advantages and privileges they may gain because of their

connection to certain groups. These are in turn situated in a larger system of social relationships and networks that influence the group's benefits.

Coleman (1988) saw social capital as both an individual and collective asset. He emphasised the trustworthiness of the social environment, stating that: "Social capital is defined by its function. It is not a single entity, but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors" (p. 98). In his study on school drop-outs he showed the connection between social capital in the family and school dropouts, and how lack of attention reduces social capital among individual children (Coleman, 1988).

Putnam (1995) suggested that when individuals develop connections with one another, these relationships facilitate positive behaviours and attitudes that benefit society. These positive collective attributes include interpersonal trust, civic engagement and norms of reciprocity. Putnam defines social capital as "features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit" (1995, p 67). In Putnam's research about the political and economic situation in Italy he showed that the way society organized itself into different social structures strongly contributed to differing levels of achievement. The presence of a high level of trust and enforceable norms also increased the level of civic participation (Putnam, 1995).

Different approaches and forms of social capital

To better understand the differences between various conceptualisations of social capital, efforts have been made to categorise social capital based on whether it is considered an individual or a collective attribute (Portes, 2000); whether it is measured through structural or cognitive components (Harpham et al., 2002), or whether it is separated into bonding, bridging or linking social ties (Szreter & Woolcock, 2004).

Social capital can be seen both as a collective feature that characterises communities (Putnam, 2000) and as a resource available to individuals (Portes, 1998) through their involvement in different social networks. Within

the so-called “social cohesion approach”, social capital is viewed as a collective asset, characterizing and benefitting a whole community by levels of social participation, reciprocity norms and trust. Individual social capital can be divided into structural social capital, which focuses on what people “do”, and cognitive social capital, which focuses on what people “feel”. Structural social capital describes networking ability and is further divided into bonding (networking within a similar social group, e.g., family and friends), bridging (networking with people who are not alike in terms of social identity), and linking (networking with people with power and authority) (Sztreter & Woolcock, 2004).

Negative elements of social capital

While Putnam largely focuses on the beneficial effect of social capital, several other researchers recognise its negative sides. Portes and Landolt (1996) described four significant problems that could be associated with strong social capital: social exclusion (strong ties that enable members of a group to exclude outsiders; the us versus them mentality), restrictions on individual freedom (members need to conform to existing norms), downward levelling pressures (even with high sociability it does not lead anywhere due to lack of resources) and anti-social groups (e.g. organised crime networks that have strong bonds, but are negative for society as a whole). At the individual level participation in networks with strict norms may have a negative impact on the mental health of members who cannot adhere to them (Kawashi & Berkman, 2001). Eriksson (2010) and Portes (2014) have observed that inward looking communities could be closely tied, but excluding of other communities.

Social capital and health

The concept of social capital has been increasingly used in research on health, e.g. health outcome, health promotion, public health and HIV prevention. The link between social capital and self-rated health has been established with stronger associations between individual social capital and positive health outcome than collective social capital (Story, 2013; Eriksson, 2010). Within individual social capital, cognitive social capital is more important for health

than structural (Story, 2013). Vyncke et al. (2013) have shown that neighbourhood social capital may aid in buffering health inequities amongst children and adolescents and that lack of social capital can impair health. Research on adolescents in Sweden showed that low social capital and low social trust are associated with higher rates of psychosomatic symptoms, musculoskeletal pain and depression (Åslund et al., 2010). Ferguson (2006) conducted a systematic review of the research exploring the impact of social capital on the well-being of children. In her final analysis she concluded that after poverty, social capital is the best predictor of children's welfare.

Use of the social capital concept in research on children in vulnerable situations

A study from Romania showed how social capital enabled street children to meet the needs and challenges of street life (Nicholas, 2011). In this study the author moved away from the common conceptualization of social capital as embedded in families and parents' ability to invest in their children's well-being or future and instead focused on children as actors who create social capital. The study explored the agency of children in the creation and use of social capital by describing how children on the streets accessed and used resources embedded in social networks and how they maintained social capital as a collective resource. Some young people formed and lived in groups, leading to strong bonding social capital, affording those within the group access to a range of benefits. Furthermore, some young people were able to create robust networks within their formal and informal environments (bridging social capital). Contrary to the notion that street children are incapable of making social connections, the children demonstrated a highly pro-social attitude by building and maintaining social relationships, which proved beneficial to their health-related well-being (Nicholas, 2011).

In her thesis Nicholas (2011) concluded that "a reconceptualization of social capital that views children as having agency and considers the socio-cultural context from which street children emerge could facilitate the identification of factors and processes that lead to their survival... Supporting children's agency requires an acknowledgement that they have valid insights into their

well-being, valid solutions to their problems and a valid role in implementing those solutions” (p. 69-70).

Several researchers have shown that complex systems of social relations between children on the streets, which connect them to resources necessary for survival, and that access to social capital is essential for a more favourable situation on the streets (Amoah & Jørgensen, 2014; Nicholas, 2011; Stephenson, 2001; Ferguson, 2004). Others have revealed that weakened social capital is an important reason for an increase in the number of children migrating to the streets (Volpi, 2003).

Studies on orphans and vulnerable children in Tanzania have shown that access to social capital is important for resilience, empowerment and their ability to claim their land (Evans, 2011; Evans, 2012). In studies from the Kagera region the positive role of collective social capital for HIV prevention has also been established, especially through the social groups formed to facilitate the transfer of important norms and knowledge for HIV-prevention (Frumence, 2011; Frumence et al., 2014).

So far no research has explored the role of social capital in relation to the reintegration of children who lived on the streets. However, one study from Sierra Leone demonstrates a positive impact of social capital on the reintegration of child soldiers into the community (Leff, 2008).

5. RESEARCH DESIGN AND METHODS

This thesis is based on a mixed methods approach, using both qualitative and quantitative methodologies to answer the specific research questions. Data collection was carried out in the Kagera region of Tanzania from September 2012 to April 2015. An overview of the overall and specific aims, design, data sources and analytical approaches is presented in Table 2.

Mixed methods research has increasingly been recognised as valuable, because it draws upon the respective strengths of quantitative and qualitative approaches (Östlund et al., 2011). By using a mixed method approach it is possible to capture several aspects of a phenomenon in a comprehensive manner. Mixed methods can provide not only a broad and in-depth understanding of the research area but can also be used to triangulate the findings (Dahlgren et al., 2004). In a true mixed method study both qualitative and quantitative data are collected in *the same study* and *integrated* at some stage of the research process (Andrew & Halcomb, 2009). Östlund et al. (2011) emphasise that the use of mixed methods should be evident from the research questions and that the integration should preferably take place in the analytical phase but at the least in the final interpretation and in the discussion of the results.

The purpose of a mixed-methods approach may differ. At the start of a project a qualitative approach may be employed for exploration of the phenomena under study or to develop a research instrument for measuring prevalence, distribution or associations with other factors. When the two approaches focus on the same phenomenon they can be used to validate or confirm the findings. They can also complement each other by focussing on different aspects of the problem, for expanding the scope of the study or to obtain a more in-depth understanding of specific findings. This means that data are collected either sequentially or concurrently in accordance with the aims.

In this thesis mixed methods in its "true form" (within the same study) was only used in Paper I. Here the aim was to capture both the distribution of

different trajectories of leaving home and experiences among children and young people who lived on the streets or were domestic workers. Focus group discussions formed the basis of an explorative phase aimed at understanding the phenomenon of leaving home for the streets but also for guiding the development of the questionnaire for measuring and quantifying certain aspects of the process from leaving home to being reintegrated into the community. The analyses in Paper I were performed separately with focus on describing the trajectories and their distribution in the study population, complemented by a qualitative content analysis of informants' own narratives. The interpretation of the results was then integrated to present and discuss complementary aspects of the different types of data.

Papers II and III relied solely on a quantitative analysis of the cross-sectional survey data focusing on specific aspects of the problem, such as changes in experiences of violence, self-rated health and quality of life over time, from leaving home to being reintegrated into the community. Paper IV was based on individual interviews that enabled a more in-depth exploration of the reintegration process per se from the perspectives of the informants.

However, the thesis project as a whole can be considered to have used a mixed methods approach where the results from all studies were integrated in the final interpretation of the results and in the discussion. The different components complemented each other; the quantitative part provided an understanding of the prevalence of various outcomes as well as their distribution and associations with other factors, whereas the qualitative components were used both for explorative and explanatory purposes, contributing an increased understanding of how the young people experienced their situation.

Table 2. The overall and specific aims, with details of the different studies

Overall aim of thesis						
The overall aim of this thesis is to examine what causes children and young people to leave their homes, how they experience their situation on the streets and as domestic workers, and what facilitates them to reintegrate into their local community.						
Overall study design						
A mixed methods approach using both qualitative and quantitative methodologies						
Specific aims	Study design	Study sample	Data sources	Analytical approach	Study period	Paper
1. To describe and analyse the socio-demographic situation, reasons for leaving home, occurrence of violence, perceived health and quality of life of children and young people before, during and after residing on the street and/or being employed as domestic workers	Qualitative; Focus group discussion	49 young people, currently or previously living on the streets and/or being employed as domestic workers	Transcripts and field notes of 7 focus group discussions	Qualitative content analysis	Sept 2012	I
	Quantitative; cross-sectional survey	214 young people, 13-24 years, who left home for the streets or other places, reintegrated for at least one year	Questionnaire data	Descriptive and analytical (uni-, bi- and multivariate logistic regression)	Oct 2013 - March 2014	I,II,III
2. To describe and analyse the outcome of reintegration measured by quality of life and self-rated health in relation to social factors	Quantitative: cross-sectional survey	154 young people, 13-24 years, who left home for the streets, reintegrated for at least one year	Questionnaire data	Descriptive (uni-, and bivariate analysis)	Oct 2013 - March 2014	III
3. To explore the reintegration process through the views and experiences of young people who lived on the streets and later reintegrated into their local community	Qualitative; Interviews	11 young males who reintegrated into the community	11 Semi-structured interview transcripts and field notes	Qualitative content analysis	March-April 2015	IV

Focus group discussions (Paper I)

Focus group discussion is a qualitative research method involving an interactive discussion led by a moderator. The main purpose is to explore the participants' view on a limited number of issues and gain an understanding of the issues from the perspective of the participants themselves. The role of the moderator is to facilitate the discussion to gain breadth and depth on the research topic. Participants are selected purposively and have shared experiences. A comfortable, non-threatening environment is important for providing the participants with a safe place where they can openly share their views (Hennink, 2013).

Focus group discussions (FGDs) were chosen as they provide a good opportunity to gather direct evidence about similarities and differences in the participants' opinions and experiences, contribute a large amount of data in a limited time and are suitable for explorative research in areas which are not well researched (Morgan, 1996).

Sampling

The sampling for the FGDs was purposive and aimed at capturing maximum variation in the children's views and experiences of leaving home, life on the streets and as domestic workers. The selection process ensured that the children and young people had left home at least once, had previous or current experience of living and working on the streets and had returned to their community after receiving help, although some had returned to the streets after unsuccessful reintegration. Furthermore, the sample was also chosen in order to capture experiences from both boys and girls of various ages.

Instrument

An interview guide was developed, covering the following topics: reasons for leaving home, life on the streets and as a domestic worker, view of the project, life back in the community, and how to prevent children leaving their homes.

Recruitment

As the local project (TCC) had contact information for the people it supported, its field workers were asked to assist in recruiting participants for the various groups. Seven FGDs were conducted with 49 children and young people aged 10–24 years, see Table 1.

Table 3. Participants in the Focus Group Discussions

Group no	No of part.	Current situation	Gender
1	8	Currently living on the streets	Boys
2	9	Currently living on the streets	Boys
3	3	Staying at the project's transition home	Boys
4	5	Staying at the project's transition home	Boys
5	7	Staying at the project's transition home	Girls
6	10	Reintegrated and living in their local community	Mixed
7	7	Reintegrated and living in their local community	Mixed

Data collection

The FGDs were conducted in September 2012 in the cities of Bukoba and Muleba and at the project's transition home. These cities have the highest number of children living on the streets in the Kagera region and many of the children who received assistance from the project came from these two cities. The author (JO) conducted the interviews together with an experienced local interviewer³, who acted both as a moderator and translator. The interviews were conducted in rented facilities in the cities or at the project site. The rented room in Bukoba was at a youth centre, where the participants felt comfortable. The room and table were slightly too big for the size of the group.

³ George Musikula has long experience of interviewing people in the Kagera region, where he comes from. He has worked for an organization that conducted several household surveys in the Kagera region. He had previously worked with other independent researchers and has excellent knowledge about the region, tracing and interview techniques. For this study and the individual interviews he acted as translator. For the cross-sectional survey he acted as the field coordinator for the research team.

In Muleba the room, the size of which was ideal for the number of participants in the group, was located in a community centre. The interviews lasted between 45–90 minutes. Some of the groups were more talkative than others. The most talkative groups were those made up of only one gender. In the mixed groups the girls tended to be less talkative than the boys, although they spoke when encouraged by the moderator.

In all groups the participants started with a short narrative about their own background and situation. The level of interaction between the participants was lower than optimal and the moderator had to actively encourage interactive discussion between them. Nevertheless, a broad range of views and opinions were shared, thus the assessment was that the participants felt free to share their experiences and views.

Analysis

The interviews were recorded, transcribed verbatim and translated from Swahili into English. The transcripts were imported into NVivo software, which was used to facilitate the analysis process. As most of the participants provided a short narrative that could stretch over many years of their lives when asked for the reasons they had left home, it was important to conduct the analysis in a way that did not lose the context during coding (Flick, 2013). This meant that the coding was mainly made paragraph by paragraph and not line by line. Nvivo software facilitated an easy overview of the full narratives as well as the coding of various themes. Common narratives were found and grouped into main trajectories. The analysis process followed content analysis on a manifest level as described by Graneheim and Lundman (2004). This implies that meaning units were coded and abstracted to categories, while still keeping close to what the informants expressed. Quotations were then identified to illustrate how the interpretations are grounded in the data.

Methodological challenges and study limitations

The FGDs provided more narratives rather than discussions between the participants. However, this was useful when analysing the data and the main trajectories of leaving home could be identified.

As the author of the thesis is not from Tanzania and does not speak the local languages, she had to rely on collaboration with the interpreter (moderator) during the FGDs. The simultaneous translation somewhat interfered with the flow of the discussion.

To ensure that important information was not lost in translation, everything that was recorded, both in the local languages (mainly Swahili, but also the regional language Kihaya) and English, was transcribed verbatim. The translated parts were compared with the parts in English to ensure that all information was included in the analysis.

Another aspect is that the author is from Sweden, a country in the north, but conducted the research in Tanzania, a country in the south. Possible implications of this are the north-south power relation, both in terms of earlier colonialism and the fact that Tanzania still receives foreign aid, while Sweden is a donor country. This means that potential trust issues and lack of openness cannot be excluded. However, the author has spent time in the Kagera region on and off over the last two decades and is familiar with the region and the people, which probably made interaction easier. In all focus group discussions the presence of the co-moderator and interpreter (GM), who was born in the region and has extensive experience of interviews, increased the level of confidence among the participants as well as the level of cultural understanding among the moderators. Having two moderators; one internal and one external, one man and one woman, enabled the framing of questions to provide a broader perspective than would have been the case with only one moderator.

Cross-sectional survey (Papers I, II, III)

A cross-sectional study is a quantitative research method where data from several cases are collected at a single point in time. A common data collection method in cross-sectional studies is the use of surveys (Walliman, 2006). The questions are predetermined and the analysis is conducted by means of statistical analysis to establish the prevalence of various variables and make a comparison of the differences among the subjects (Creswell, 2003). The advantages of cross-sectional surveys are that one can reach many cases at

the same time and compare data from various variables. In this study retrospective questions were also included, but a possible disadvantage of this is the risk of recall bias. A longitudinal study is often preferable for investigating experiences during different periods, but was not feasible due to the limited time for this thesis and also the need for results in this area where there is a current research gap.

Sampling

The inclusion criteria were 13- to 24-year-old individuals who had returned to their local community setting at least 12 months prior to the study. The age span allowed the use of the same questionnaire for all participants. If younger participants had been included an adjusted questionnaire based on their cognitive development level would have been necessary. A similar age span has also been used in other surveys such as Violence against Children in Tanzania (UNICEF et al., 2011). All individuals meeting the inclusion criteria in four districts of Kagera were included (Muleba, Bukoba rural, Bukoba municipal and Missenyé). These districts were chosen because the majority (85%) of the children who had received assistance from the project came from one of them. This also made interviews manageable in terms of distance.

The organisation's (TCC) records were used to identify the children and young people who met these criteria. The total number of individual records of children who received assistance from the project between 2003 and 2013 was 756. Out of these children seven had died. The number of children from the four selected districts was 637, of whom 391 met the inclusion criteria.

After tracing the 391 children, 254 children were found and only three of them (less than 2%) declined to be interviewed. Thus, the total number of interviews conducted was 251. After the interviews it was reassessed whether the inclusion criteria had been met. It was noted that 37 children had not left their home before the age of 18 years, so they were excluded from further analysis. This meant that 214 children met the inclusion criteria (38 girls and 176 boys). Out of these, 154 children had lived on the streets (10 girls and 144 boys), some of whom had also been domestic workers at some point (n=65). Some children had left home to be domestic workers, but never lived on the streets (16 girls and 13 boys), and some had moved to relatives, friends,

employers or similar (12 girls and 19 boys). The sampling and selection process is presented in Figure 2.

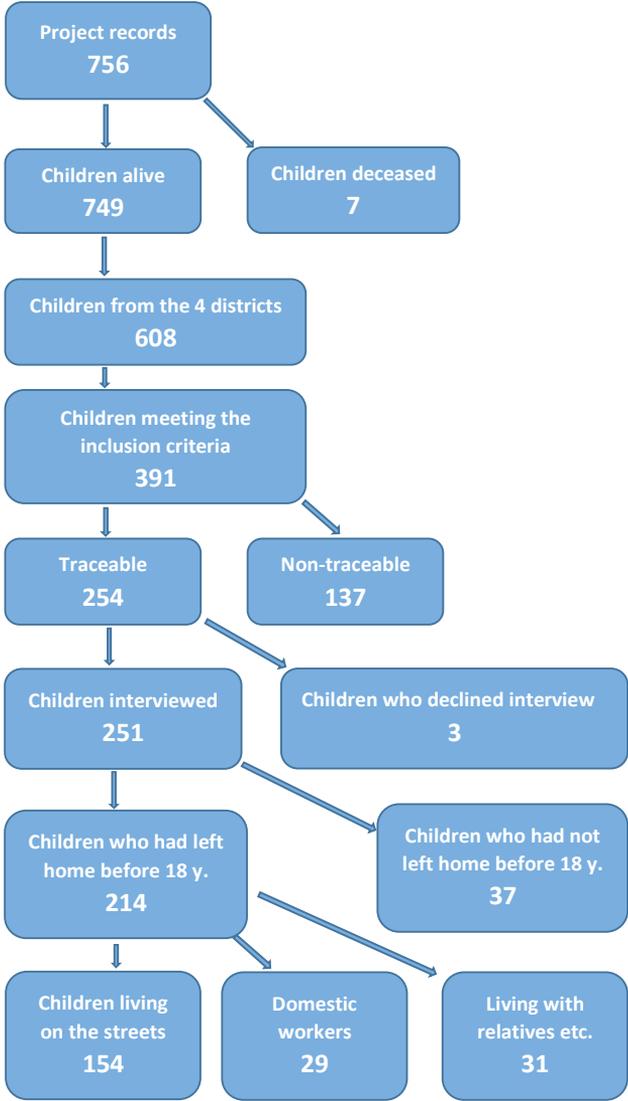


Figure 2. The sampling process for the cross-sectional survey

Instrument

A questionnaire was developed comprising of 130 questions that covered the following areas; socio-demographic characteristics, quality of life, social capital, experience of violence and abuse during various periods, their situation before leaving home, while on the street and as domestic workers, the assistance received from the organisation, the reintegration process and current situation. The questionnaire was informed by the findings from the focus group discussions and instruments used in previous research.

The majority of the 130 questions were closed but a few were open-ended. Many had response alternatives based on a four or five point Likert scale. To ensure validity, consistency, simplicity and feasibility the questionnaire was back translated into Swahili (from English) and pre-tested with young people of similar characteristics (who had left their homes) but from another area.

Socio-demographic questions

Background questions regarding sex, age, where they were born, if and how long they had lived with their parents and if their parents are still alive, number of siblings and the family religion were included. Questions about their current situation were also posed, such as where and with whom they were currently living, if they were married, had children of their own and their current work or school activities. These were closed questions with pre-determined response alternatives, but included an “other” response with an open-ended option for clarification.

Six questions regarding current activities, earnings and number of meals per day were identical to those in the latest Tanzania Demographic and Health Survey (National Bureau of Statistics, 2011) to facilitate comparison.

Quality of life questions

Indicators for measuring the outcome of integration or other interventions have been an area of research in recent years. During the last decade, self-rated quality of life has increasingly been used to describe the situation of a population group as well as to measure the outcome of interventions (Hawthorne et al, 2006). Quality of life is defined as “an individual’s perception of

their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHOQOL Group, 1994, p. 43).

Self-rated quality of life and well-being instruments have been used in other studies of children on the streets and vulnerable children (Salifu Yendork & Somhlaba, 2016; Hubley et al., 2014; Mannert et al., 2014; Van Damme-Ostapowicz et al., 2007). Many instruments have been developed, but the one proven to be the most culturally sensitive and has worked best in developing countries is the WHO Quality of Life instrument (WHOQOL-BREF) (van Rensburg, 2009; Bowden & Fox-Rushby, 2003). The instrument has been shown to have good psychometric properties and internationally it demonstrates good validity, internal consistency and reliability (Hawthorne et al., 2005). It has also been validated for children from the age of ten years (Agnihotri et al., 2010). Its use in research in East Africa (Lund et al., 2013; Howitt et al., 2011) facilitates comparison.

The WHOQOL-BREF is a 26-item instrument that measures quality of life in six domains (WHO, 2004). Eight items from this instrument were included in the questionnaire; all six questions from the psychological domain and the two global questions on quality of life and self-rated health; “How would you rate your quality of life?” and “How satisfied are you with your health?”, with the response alternatives on a five point Likert scale.

The six questions from the psychological domain concern how well they can concentrate, how well they accept their bodily appearance, how often they have negative feelings (such as blue mood, despair, anxiety, depression), how satisfied they are with themselves, to what extent they feel that their life is meaningful, and how much they enjoy life. All response alternatives are on a four or five point Likert scale (WHO, 2004). This domain was calculated for each study participant in accordance with the WHO manual (WHO, 1996), which involves combining the points for each question to a total number and transferring it to a 0-20 scale. It can also be transferred to a 0-100 scale, but in the present study the 0-20 scale is used, except for comparisons with other studies that have used the 0-100 scale. The psychological domain questions only concerned the current period, i.e., the time of the study.

The global questions pertained to their current and previous situations. The participants were asked how they rated their quality of life and self-rated health before they left home, while they lived on the streets, when they were domestic workers (if applicable), when they lived at the organisation and during the first six months after reintegration.

Social capital

Ten questions were used to measure social capital. They covered cognitive and structural aspects of social capital and distinguished between participation in bonding and bridging social networks (Frumence, 2011; Story, 2013). Eight of the social capital questions were taken from a study in the same region on social capital and HIV prevalence (Frumence, 2011).

Violence related questions

The questions on physical violence were the same as those in the ‘Violence against Children in Tanzania’ study, which facilitated comparison between the findings on the occurrence of violence against young people in Tanzania in general and against the participants in this study (UNICEF et al., 2011). Physical abuse was divided between violence by a parent or other adult relative by asking: “Did your parent or any adult relative ever punch, kick or whip you?” and violence by other adults: “Have you ever been punched, kicked, or whipped by teachers, the police, religious leaders, soldiers or other authority figures?” This means that only experiences of physical violence from adults have been explored, not violence from peers.

Emotional violence was measured by questions from the above-mentioned ‘Violence against Children in Tanzania’ study (UNICEF et al., 2011). These questions were: When you were a child, did anybody call you bad names? When you were a child, did any person ever make you feel unwanted? When you were a child, did anyone threaten to abandon you?

In this study, questions regarding sexual violence were also asked. One was: In your lifetime, how many times has anyone forced you to have sexual intercourse against your will? This means that only the prevalence of rape has been explored, not other forms of sexual abuse. A question about when this occurred was also posed. Other questions in relation to sexual experience

were whether they had had sexual intercourse and if so at what age they first had sex and whether or not it was consensual. There were also questions regarding transactional sex, both whether they had ever been engaged in it and whether it had happened during the past 12 months.

There was no question related to violence that they might have perpetrated against others. This means that not all forms of violation were covered in the study, which focused on violence towards the children perpetrated by adults.

The questions covered lifetime experience of physical, emotional and sexual violence, as well as during the last 12 months. These time periods are the same as in the VAC study. There were also specific questions regarding the occurrence of violence by adults before they left home, while they lived on the streets and when they were domestic workers (if applicable).

Process questions

Questions covering life on the streets and as a domestic worker were developed based on previous focus group discussions with children who were currently or had previously been in these situations. Questions were also asked about the reintegration process; time away from home, time spent on the streets, reasons for leaving the streets, if they had stayed at the local project facility, how long they had been reintegrated, where they first moved and where they currently resided.

Recruitment

The tracing process was difficult as the information in the records was often sparse and outdated and the children had moved from the recorded address. The first tracing started a couple of weeks before the data collection so that the participants were informed about the study and a time and place for the interview could be arranged. A second and third attempt was made to track those not found in the first round of tracing. One example was a child who was deemed eligible for the study, but whose contact details were incorrect and outdated. The only useful information was the name of a previous school. After going to the school and checking the school records, the head teacher found a colleague who knew the child and her/his current location.

In total, 254 children and young people were traced, of whom 251 consented to be interviewed. Tracing children from the most remote areas proved difficult, both due to the distance and bad roads. Lack of access to mobile phones or other means of communication in those areas was also a challenge.

Data collection

The data collection team consisted of the author (JO) who was the principal investigator, a field and logistics coordinator (GM) who is an experienced surveyor and interviewer and a team of ten interviewers; six men and four women. They all had prior experience of conducting face-to-face interviews in household settings based on questionnaires that included sensitive issues.

Prior to the data collection, the interviewers and data clerks underwent four days of training led by the author and facilitated by the field coordinator. This was followed by a two-day pilot study conducted outside the study districts. After the pilot study, minor amendments were made to the questionnaire in order to increase clarity. For example some language changes were made in the Swahili version to more clearly express the meaning of the question. In addition, the response alternatives for some questions were not mutually exclusive and others were not covered; both problems were corrected.

The data collection was staggered and took place in two waves over a six-month period (October 2013 to March 2014) to cover the four districts. Face-to-face interviews were conducted in the participants' local setting where privacy could be ensured, such as an empty room in the school or outdoors under a tree close to the participants' home. The interviewers started by explaining the rationale for the study, the outline of the questionnaire, that participation was voluntary, that they were free to withdraw at any stage and that they could skip any question they did not want to answer. Written consent was obtained.

Most of the questions had closed response options, but a few were open ended. The interviewers read all the questions to the participants and provided clarification if necessary.

Quality control was ensured by the field coordinator and the author reading the completed questionnaires and asking the interviewers to clarify any ambi-

guities. The author attended interviews conducted by all the interviewers to ensure quality and consistency.

Data entry and analysis

The answers from the questionnaires were computerized using the Statistical Package for the Social Sciences (SPSS). Two data clerks were responsible for entering the data into the SPSS the day after the interview or at the latest within a week. Each entry was cross checked by the author (JO) and the field coordinator (GM). In case of doubt the record was validated by the interviewer. The team met regularly and discussed issues that had arisen during the interviews, thus ensuring direct feedback and quality control for each interview.

The statistical analysis was conducted using the SPSS. Open-ended questions such as the reasons for leaving home were coded. Uni-, bi- and multivariate analysis were performed using standard statistical tests. The P-value was calculated to analyse whether there were significant differences. Results from the cross-sectional survey were used in papers I, II and III. A more detailed explanation of the analysis conducted for each paper is presented below.

Paper I

The analysis in paper I focused on the situation before leaving home, the reasons for leaving and their situation on the streets and as domestic workers. The analysis included all 214 study participants. Uni- and bivariate analysis were conducted regarding the family setting before the children left home, reasons for not living with their biological parents, orphanhood, where they first moved when they left home and if they ever lived on the streets or had been a domestic worker. Furthermore, analyses were conducted regarding their time and situation on the streets and as domestic workers.

Analyses were made to examine gender differences in relation to the above factors, as well as whether there were differences between the children who left home before they were teenagers (≤ 12 years) and those who left when they were teenagers (> 13 years).

Differences in percentages between groups were analysed using Student's t-test and associations between groups in categorical variables were analysed using the Chi-square test.

Paper II

The results of paper II also include all study participants. The focus of the analysis was to determine lifetime prevalence and occurrence of emotional, physical and sexual violence during various periods through uni- and bivariate analyses. Bivariate and binary logistic regression analyses were conducted to determine what factors were significant for the occurrence of violence towards the participants during the previous 12 months.

The questions from the WHOQOL-BREF were scored in accordance with the instruction manual (WHO, 1996), for details see the Instrument section. After scoring the psychological domain was dichotomised into two categories; one "low" (score < 9) with 104 children and one "high" (score = > 9) with 110 children. The categorisation was done to achieve a fairly equal number of children in each category in order to facilitate statistical comparison between the two groups.

A comparison was also made with national data on lifetime prevalence of violence and occurrence of violence in the previous 12 months. This was possible by comparison with the nationwide study 'Violence against children in Tanzania (VAC)' described above. The chi-square statistical test (Pearson or Fisher) and WINPEPI software (Abramson, 2011) were used in the comparisons with the VAC study (UNICEF et al., 2011). Nominators and denominators were given for each variable in the VAC study, thus the chi-square could be calculated (UNICEF et al., 2011).

Paper III

The results in paper III included the 154 study participants who had lived on the streets before reintegrating into the local community. The main analyses were the outcome of reintegration and what factors facilitate reintegration. The outcome variables of reintegration chosen for this study were self-rated health and quality of life at the time of the study. The decision to use both self-rated health and quality of life as outcome variables in the analysis was

based on the finding that the Spearman correlation coefficient between them was as low as 0.18, indicating little overlap and that they capture different aspects of the children's subjective experiences. The two outcome variables were dichotomised in order to make an internal comparison between the young people who reported very poor or poor self-rated quality of life and health at the time of the study versus those who rated them as fair to very good.

The study participants rated their quality of life and health at the time of the study, but also retrospectively during various other periods of their lives; before leaving home, when living on the streets, when domestic workers (where applicable) and the first six months after reintegration. Self-rated health and quality of life were compared retrospectively between periods and also with other studies.

Furthermore, key socio-economic variables such as income, daily activities, literacy and meals per day were used to measure the outcome of reintegration. These questions on socio-demographic characteristics were selected from national household surveys (National Bureau of Statistics, 2011), which facilitated comparison with the general population.

The variables chosen to measure factors facilitating reintegration were socio-demographic characteristics, the participants' previous experience of living on and leaving the streets, and social capital. Multivariate models were tried, but as it was not possible to find models to fit they were not included.

The results of the univariate analysis were compared to relevant national statistics and previous research when possible. The bivariate analysis was conducted to compare association of various determinants (independent variables) and the outcome variables self-rated quality of life and self-rated health.

Analysis of the non-traceable group

As the number of children that could not be traced was almost one third of the eligible children, a statistical analysis of the differences between the groups was carried out. However, the analysis revealed no statistically significant differences between the non-traceable group and the interviewed group

in terms of age and sex distribution (p-value > 0.05). The analysis was based on the records kept by the organisation (TCC). Even after detailed analysis of the records, the only available data that could be considered reliable were age, sex and to some extent district of origin. As far as could be determined from the records, more individuals who could not be traced came from the districts that included more remote areas; Missenyé and Muleba.

The first round of tracking took place prior to data collection. During that time some of the young people who subsequently could not be found were located, their place of stay, their current activities etc. were confirmed. The research team attempted to contact these individuals on at least two other occasions.

Methodological challenges and study limitations

A limitation of the survey is that only children who had left home in the Kagera region, moved to Bukoba city and later received assistance from a specific project were included. As this was the only project targeting children on the streets in Bukoba city and had a high uptake, it is likely that the majority of the children living on the streets there received assistance from the project. Nevertheless, many children in the Kagera region who left home are not included, especially domestic workers.

This survey had no control group; all of the participants had received support from the local organisation and therefore conclusions cannot be drawn regarding the extent to which children without such assistance would reintegrate and their quality of life post reintegration.

The fact that all participants were assisted by the same organisation also means that the quality of the organisation's work might influence the outcome. The organisation's interventions were not evaluated in this thesis, so it cannot be determined whether the quality is better or poorer than the work of similar organisations. However, the main parts of the interventions are in line with the newly published global guidelines for working towards the reintegration of children living on streets (Inter-agency working group on children's reintegration, 2016). The results could also have been affected by

the fact that the participants might be biased due to gratitude towards the organisation.

The decision to let others conduct the interviews was based on practical reasons; it would be impossible for one person to perform 214 interviews in four districts within a limited period. An advantage was that interpreters were not needed. A possible limitation is that different interviewers might interpret answers differently, leading to a variation in the quality. Although quality control measures were put in place (see above), having many people involved in data collection and entry always poses an additional risk.

Although it was a challenging task tracing 214 young people who had left their homes several years before, received assistance from an organisation and later returned to their communities, statistically speaking it would have been an advantage to have had a larger number of participants as more differences might have become statistically significant.

Another possible limitation is the fact that one third of the sample in the cross-sectional survey could not be traced. Based on the project records the majority seemed to be well reintegrated and there were no significant differences regarding age and sex, but it cannot be ruled out that the group that could not be traced had a less favourable outcome than those traced and interviewed.

Retrospective questions were included in papers II and III, which leads to a risk of recall bias due to the length of time that had passed since the various periods of their lives. On the other hand, looking back on their lives with some distance provides an opportunity for them to compare their quality of life and health between the various periods. However, it is important to bear in mind that it is their current view of the earlier periods that was assessed, and that their answers might have been different had they responded during the actual periods. It is also essential to remember that the results are based on self-rated assessments, which are subjective. Nevertheless, the responses show a variety over time and between settings, which indicates that the respondents were able to differentiate between the various periods.

In paper II, only violence perpetrated by adults was recorded. Violence from peers was not included, even though children living on the streets encounter a great deal of violence from other children. Regarding sexual violence, only

forced sexual intercourse was included, which means that most sexual violence was not captured. Regarding comparison between various periods, the duration of the various periods differs between the study participants, including the time they have been reintegrated, which led to a potentially differential bias of estimation of the effect of some factors. The mean time spent on the streets and as domestic workers was, however, the same, which facilitated comparison between these two situations. To validate the results that the level of violence was lower after reintegration compared with before leaving home, the level of violence was also compared with national data.

Qualitative research interviews (Paper IV)

An individual interview is a qualitative research method that is commonly used to explore informants' lived experiences (Dahlgren et al., 2004). Kvale (2008) states that "the qualitative interview is a key venue for exploring the ways in which subjects experience and understand their world. It provides a unique access to the lived world of the subjects, who in their own words describe their activities, experiences and opinions." (p. 9). In Paper IV the interviews were used to capture young people's experiences of reintegrating into the community after having lived on the streets. As part of a mixed method approach this study independently explored the concept of reintegration but also contributed to further deepening and explaining specific results emanating from the cross-sectional survey (Creswell, 2003).

Sampling of informants

The informants were sampled among the participants in the cross-sectional survey who had indicated a willingness to take part in an individual interview to tell more about their experiences.

The aim was to include males and females who had earlier lived on the streets, aged between 18-24 years, since having reached adulthood would potentially increase their ability to reflect on their childhood and young adult experiences and relate them to their current situation.

When re-visiting the survey data to identify participants within this age range efforts were also made to find potential informants from different kinds of

districts; urban, semi-urban and rural, who had been reintegrated for varying lengths of time (minimum one year) and had reported both low and high quality of life after reintegration.

Recruitment

The survey field coordinator contacted potential informants, informed them about the aim of the study and asked again about their willingness to take part. However, only six percent of the survey participants who had lived on the streets were girls, and few of them had volunteered for an individual interview. When approached it was found that they did not meet the inclusion criteria or were no longer available for interview. As a result, this study is limited to the experiences of young males.

Data collection

The interviews were performed during spring 2015 by the author (JO) together with the Swahili speaking field coordinator (GM), who also acted as interpreter. To ensure that the informants felt confident during the interviews it was important that the interpreter was from the region, spoke both the local language Kihaya and Swahili, and had long experience of interviewing individuals about sensitive issues for research purposes. The informants came from three districts; Bukoba municipal, Muleba and Missenyé. Rooms were rented in each of these localities where the young people could be interviewed in a setting where privacy could be guaranteed. An interview guide had been constructed, based on experiences from the focus group discussions and the cross-sectional survey described above. To develop a rich understanding of the reintegration process the interview guide covered various themes; the process of leaving the streets and starting to reintegrate, current situation with regard to housing and work, social interaction, available network and future plans. In addition, probing questions were posed to explore the informants' own views and experiences. After eleven young males were interviewed, a wide range of and variation in experiences had been captured and no new aspects emerged.

The interviews were conducted in Swahili as it was essential for the informants to feel that they could express themselves freely in their own words. Prior

to the interviews the participants/informants were reminded of the purpose and voluntary nature of the study, that confidentiality would be ensured and that they could withdraw at any point during the interview without any consequences for them. Written consent to participate in the study was obtained. The interviews were digitally recorded and lasted between 40 and 120 minutes, with an average time of one hour.

Analysis

In preparation for the analysis the recorded interviews were transcribed verbatim. Everything said in English, Swahili and Kihaya was transcribed, and the Swahili and Kihaya parts were translated into English by local interpreters, making it possible for the authors to check that the meaning was not lost in translation.

The analysis process followed qualitative content analysis as described by Graneheim and Lundman (2004), starting by reading each interview in detail followed by identifying meaning units. The meaning units were not condensed because the interviews were fairly short and concise. The second step included clustering and abstracting codes to categories and subcategories on a manifest level, still keeping close to what the informants expressed. Later an overall theme was constructed to illustrate the latent meaning of the text. Use of the Excel program facilitated the sorting and clustering of codes.

All three authors of paper IV (JO, SH, ME)⁴ independently coded the sections in each interview related to leaving the streets and the early reintegration process. The coding was compared and discussed to achieve a common view of the text. The coding was then completed by the main author (JO) and discussed with the co-authors. The theme, categories and sub-categories were developed jointly. After the development of the analytical structure it was discussed with the interpreter. In the final step quotations were identified to

⁴ The authors are Jeanette Olsson, Staffan Höjer and Maria Emmelin

illustrate how the interpretations were grounded in the data. The analytical process moving from meaning unit to sub-category is illustrated in Figure 3.

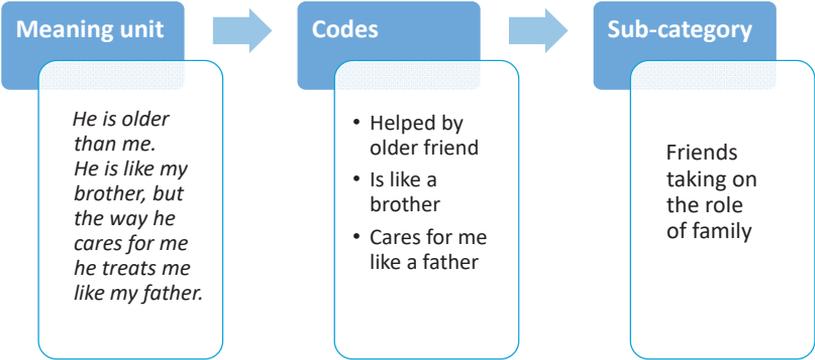


Figure 3. The qualitative analytical process

Methodological challenges and study limitations

As previously mentioned, the interviewer and author (JO) is not from the region and does not speak the local languages. However, as she had been involved in social work related to young people living on the streets in Bukoba for more than two decades she was well prepared for discussing sensitive issues and had long experience of creating a good rapport with young people in this setting.

However, the challenges of working through an interpreter were also evident in this study, as the flow in the interviews was hampered by the translation. To minimize the risk of losing information, everything said in English and the local languages was transcribed and the text in the local languages translated into English.

The fact that all three authors coded, compared and discussed the sections in each interview that were related to leaving the streets and the early reintegration process (peer-debriefing) increased the credibility of the interpretations.

Being unable to recruit females who had lived on the street, either because they did not meet the inclusion criteria or could not be found implies that the

results only represent males' experiences of the reintegration process. However, the study still contributes valuable insights into the reintegration process that are likely to have some relevance for girls, despite the fact that we anticipate that there are important differences that require further investigation. The *transferability* of the results to other settings mainly depends on the assessment of similarities which is facilitated by the provision of *thick descriptions* of the research context and procedures (Dahlgren et al., 2004).

Ethical considerations

Ethical approval for the overall project was obtained from and followed the guidelines of the Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam. As no part of the research took place in Sweden, ethical approval in Sweden was not required. The Swedish act concerning ethical review of research involving humans (SFS 2003:460) was adhered to, as were the International ethical guidelines for biomedical research involving human subjects (CIOMS/WHO, 2002). Approval from the local authorities was sought before the studies. A letter was sent to the regional and district leaders and their approval was referred to when addressing local leaders.

For both the quantitative and qualitative components written consent from the participants themselves and from the guardians of children under 18 years of age was obtained. For a few of the participants (15-17 years) who lived on their own no guardian could be found. In these cases consent was given by the study participants themselves. The participants and guardians were asked to sign the consent form after having received information about the study. They were informed that participation was voluntary, that they could withdraw from the study at any stage and skip any question they did not want to answer.

The settings for the focus group discussions, the questionnaire-based interviews and the qualitative interviews were all decided so that privacy could be ensured. As the questionnaire covered sensitive issues the data collectors were selected on the basis of having previous experience of face-to-face interviews at household level. In addition, prior to data collection they

received adequate training on how to interview children, where to refer children in need of services, child rights and confidentiality.

The potential harm to the participants was that they could be distressed by discussing issues such as violence, abuse and rejection. There was also a risk that they were currently facing abuse or violence. A referral system for participants who needed care, support and counselling after the study was therefore set up. The referral was voluntary and based on the wish of the child or young person. Most children who needed additional services wanted to contact the organization that had previously assisted them (TCC). In one case an interviewer scheduled a follow-up meeting with a participant who was currently facing difficulties in order to have sufficient time to arrange an appropriate referral. During the survey the participants were also provided with the contact details of the field coordinator in case of questions or complaints.

The risk of harm related to handling the collected data was assessed as minimal because the data were anonymous and the reports contained no information that could identify individuals. The questionnaires and anonymous database are stored in the University of Gothenburg in accordance with the rules and regulations for the storage of research material. There were no direct benefits for the participants, apart from a small incentive to cover the cost of their travel and lunch. An indirect benefit is that the research results expand the evidence base for policy and practice regarding children reintegrating into local communities after having lived on the streets.

6. SUMMARY OF RESULTS

I. Orphanhood and mistreatment drive children to leave home – A study from early AIDS-affected Kagera region, Tanzania

The aim of this mixed-method study was to explore the trajectories of leaving home and views and experiences among children and youth in the Kagera region in Tanzania, who have lived on the streets or been domestic workers.

The main findings were that few children had lived with both their parents before leaving home and that leaving home was a complex process over several years. Orphanhood and mistreatment were the main reasons for children leaving their homes. A high proportion of the younger children had lived on the streets, an environment that was described as more abusive than that of domestic workers. It was also evident that the children and young people had strong agency when handling their lives. Nonetheless, they were extremely vulnerable and in need of specific support.

Process of leaving home

The children described the process of leaving home as sequential with multi-factorial reasons. The process had two main trajectories; one showing a reaction against poverty and severe mistreatment as the main cause and the other relating more to a search for a new life. The results from the cross-sectional survey confirmed that the first trajectory was the most common one. This trajectory usually started with the death of one or both parents, or that the parent left home due to divorce or the need to seek work elsewhere, obliging the child to live with step-parents or relatives in an extended family. The child was often beaten and mistreated by her/his caregivers. Sometimes caregivers abused alcohol and became aggressive when drunk. Many stories included various types of mistreatment by stepmothers. Children also described severe poverty in their families, which made it difficult to cover basic needs. They were unable to continue school due to lack of money for school fees and

equipment. In some cases their step-siblings attended school, which made the child feel discriminated against. This situation usually lasted for several years. The decision to leave was most often an active one when no other options seemed viable. Some children reported that their parents were unable to provide adequate care and that various kinds of mistreatment, such as neglect, discrimination, psychological and physical abuse, made them decide to leave.

The second trajectory of leaving home stemmed from children's search for independence through finding a job in order to take charge of their own life. These children were usually older when they left home. The first trajectory is mainly characterized by "push factors" and the second by "pull factors".

Lack of parenting

Children who had left their homes were ten times more likely not to have lived with both parents compared with other children in the Kagera region (58% vs 5.6%) (National Bureau of Statistics, 2011). The majority of the children in this study were orphans (57%) – single (39%) or double orphans (18%) – when they left their homes. Compared with the prevalence of orphans in Kagera as a whole, there were almost four times as many orphans (51% vs. 15%) and 18 times as many double orphans (18% vs. 1%) in the study group (National Bureau of Statistics, 2011).

Reasons for leaving home

Poverty was the most common reason for leaving home (44%). Mistreatment was mentioned by nearly one third of the children (32%) as a reason for leaving home. Mistreatment was twice as common as the main reason for children under the age of 13 years leaving home compared with teenagers (44% vs 19%; $p < 0.001$), who were three times more likely to leave home to find a job and a better life than children younger than 13 years (18% vs 5.5%; $p = 0.012$).

Life after leaving home

Overall, the median age of children leaving home was 12 years. Fifty percent of the children went straight to the streets, while 21% moved to the streets at a later stage. Children who had moved to 'other' places mainly moved to an organization (e.g., organizations for orphans), to an employer (other than domestic work), or to friends or guardians. Children might have initially left home for one place before moving on to other places. For example, they could move to the streets after having been domestic workers for some time. Significantly more boys than girls had lived on the streets for some time, while significantly more girls than boys had been domestic workers. Teenagers moved directly to domestic work more often than younger children (20% vs. 7.3%; $p = 0.009$). There was also a significantly higher proportion of children under 13 years who had lived on the streets at some point compared with the teenage group.

Life on the streets

Life on the streets was described as challenging, especially at night. The children slept in unfinished houses, on pavements, or on the beach. They often slept together with other children in small groups and paid night guards to protect them from violence. They were exposed to violence from the local population, the night guards and from other, usually older, children on the streets. They were often discriminated against by the local population, police, night guards and health care personnel. One way of avoiding discrimination was to establish good relations with the local population, often by hiding their identity, or sleeping in the same place so that people in the neighbourhood would get to know them. Children who had been able to form such bonds were better off because they could obtain assistance, for example if they became ill. It was evident that they had great difficulties accessing their basic rights such as food, shelter, health care and education. Nonetheless, the children were able to create a life for themselves by forming close bonds with peers and by helping each other. The children had to work hard to earn the money they needed for food and other necessities. Many collected iron, carried goods in the market or sold groundnuts. They often did not earn enough and could

usually only eat once a day. The median period spent on the streets was six months.

Life as domestic workers

More girls were employed as domestic workers than boys (60/40). Children who were domestic workers were vulnerable and depended on the goodwill of their employers. As they worked inside homes others rarely knew about their situation. The children had varied views regarding their situation; some described a situation of hard work but otherwise no abuse. They generally faced less violence and had a better quality of life and self-rated health compared with children living on the streets. However, they had to work hard for long hours, receiving meagre or no payment. They wanted to go to school but were frequently denied this wish, despite the fact that primary school is compulsory. The median time spent as a domestic worker was six months and one fourth of these children had been physically abused by adults.

Denied access to education

Both the quantitative and qualitative data in this study confirmed the importance of children having access to education. Being denied access to education was often the main triggering factor for the children's decision to leave home. However, they were also unable to access education as domestic workers or on the streets, and the situation was the same for both girls and boys.

Children with resilience and agency

Overall, in their journey from home to the streets or domestic work, children remained agents for change and played an active role in forming their future. The city was seen as a place with more opportunities for work and education. When asked why they were still on the streets despite the hardship, they claimed that the streets offered a greater opportunity to improve their lives. Children who had left home exhibited strong agency and competence despite living under difficult conditions. In addition, these children also proved to be skilled and resilient as from a very early age they were able to find ways to survive and earn an income. The children on the streets also demonstrated

that they could build individual social capital. They often made friends with other children and these relationships sometimes became as important as family relationships. Children employed as domestic workers did not have the same type of peer networks.

II. Violence against children who have left home, lived on the street and been domestic workers — A study of reintegrated children in Kagera Region, Tanzania

This study aimed at examining the extent of violence against children who have left home in the Kagera Region, Tanzania, as well as in different stages of their trajectory of life, i.e. before leaving home, on the street, as domestic workers, and after reintegration, and possible relationship between current psychological quality of life and residual violence.

The study revealed a significantly higher overall prevalence of violence against the children who left home compared with the national average. After reintegration, the overall prevalence of violence declined significantly (p -value < 0.001) to the same level as the national average, demonstrating that reintegration can be successful. The group still experiencing violence reported lower psychological quality of life, which emphasize the need for continued prevention work to reduce the overall violence against children in society.

Extent and type of violence

The vast majority of the children (nine in ten) had been physically abused by a parent or relative and eight in ten children had been physically abused by other adults (e.g. teachers or police). In total, 97% of girls and 93% of boys had at some point been physically abused by parents or other adults. This is significantly higher than the average in Tanzania (UNICEF et al., 2011). Similarly, emotional violence was three times more prevalent among the children before they left home, 86% of the children experienced some type of emotional violence and more than half had been threatened with being abandoned by their parent or caregiver. Sexual violence and transactional sex were also significantly higher amongst the study participants compared with the average in Tanzania; a quarter of all children (four in ten girls and two in ten boys) experienced exchange of money or goods for sex. Overall, one in four girls and one in twenty boys had been forced to have intercourse at some point.

A majority of the children had also experienced physical abuse by adults while on the streets. The children employed as domestic workers were less likely to be subjected to physical abuse by adults, compared with children living on the streets.

Reduction of violence following leaving home and reintegration

The study demonstrated the effectiveness of reintegration for reducing both physical and emotional violence. Before leaving home the children experienced a higher degree of violence than the national average, but after reintegration the level was similar to the national average. Among teenagers, the rate of physical abuse in the past 12 months (46%) was similar to the VAC study (50%). Emotional abuse also decreased to the national average; in both studies one in four teenagers had been emotionally abused in the past 12 months (UNICEF et al., 2011).

Bivariate and binary logistic regression analyses were conducted to determine which factors were significant for the occurrence of violence towards the respondents during the last 12 months of reintegration. The violence decreased significantly for both boys and girls, orphans and non-orphans and different age groups. When analysing which groups of children were still experiencing violence it was revealed that the rate of violence was significantly higher in the younger group as well as children in poorer families, which has been found in many settings (Pinheiro, 2006). Teenagers experienced a higher level of violence than the 20–24 year olds (p-value 0.011). The duration of reintegration also played a role. The group that had been reintegrated in the shortest time (maximum three years) experienced a higher occurrence of violence (p-value 0.035). Having a maximum of one meal per day was used as a variable to measure poverty. Ten percent had a maximum of one meal per day and this group reported a significantly higher occurrence of violence (p-value 0.021).

The study participants who had lost both parents experienced less violence (p-value 0.039), a possible explanation for which is that these children received more support from organisations and society.

Children living alone faced a significantly lower level of violence. There were no significant differences between children living with parents, relatives, guardians, friends, partners or in boarding school with regard to the occurrence of violence during the past 12 months.

Factors not associated with experiencing violence (p-value more than 0.05) were gender, educational level, whether or not they were currently attending school and current occupation. There was also no association between the experience of violence and the age at which they left home, their reasons for leaving home and emotional and physical abuse before leaving home.

Although violence is common in society, the results showed that experiencing violence had a negative effect on psychological quality of life and the study participants who were subjected to two types of violence (eight in ten) had lower psychological quality of life. These findings are in line with earlier research showing a negative effect on the mental health of children experiencing abuse and that the negative effects increase with more severe violence (Pinheiro, 2006).

III. Social capital and support facilitate reintegration and improve quality of life among children previously living on the streets in Bukoba, Tanzania

The aim of this paper was to analyse the outcome of reintegration into the community among young people who had previously lived on the streets. The specific objectives were to measure changes in self-rated quality of life and self-rated health, the associations with key socio-economic conditions and social capital, in addition to identifying other factors that can facilitate reintegration.

The study included 154 children and young people, 10 girls (6%) and 144 boys (94%), who had previously lived on the streets in Bukoba city but returned to the community after receiving assistance from a local project and had been reintegrated for between one and ten years. At the time of the study they were aged between 13-24 years (mean age 20 years).

Self-rated health and quality of life

The two global questions in the WHO QOL-BREF instrument were used to assess their quality of life and self-rated health, both at the time of the study and retrospectively during various periods in their lives: before they left home, while living on the streets, when employed as a domestic worker (when applicable) and the first six months after reintegration.

For both self-rated health and quality of life the three top responses (fair to very good) were combined into one category, termed 'good', which is used in Figure 4. The reason for this was to enable assessment of how many did relatively well during various periods and comparison with the group reporting poor quality of life or health.

At the time of the study they had a quality of life and self-rated health similar to other groups in the country and neighbouring countries. When comparing how they retrospectively rated their quality of life and self-rated health, both had improved significantly from the time before they left their homes. Regarding quality of life, 53% rated it as good at time of the study, compared to 12% before leaving home (p -value > 0.001). This shows that more than

four times as many young people rated their quality of life as good when reintegrated into the community compared to before leaving home. Self-rated health also improved significantly; 86% had good self-rated health at the time of the study compared to 49% before leaving home (p-value > 0.001).

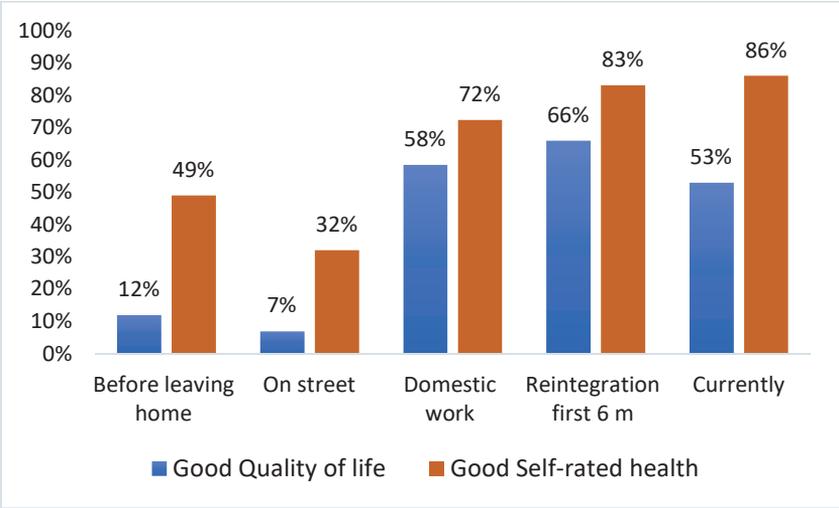


Figure 4. Good Quality of life and Self-rated health during various periods of their lives.

Socio-demographic characteristics

At the time of the study seven (4%) of the children had returned to the streets and the remainder were reintegrated; 12% lived with parents, 35% with relatives or guardians, 23% with partners, friends or others, 21% lived alone and 4% were in boarding school.

A clear majority of the study participants were either at school or working and those who were working earned nine tenths of the average income of the adult population in the region. However, they reported having fewer meals per day than the average in the county, so in this very poor region children who formerly lived on the streets are even poorer, which can probably be explained by their lower income, fewer assets and less land, as well as the fact that they have a smaller network and less support from their families compared to other young people of the same age. Many of them had shifted

from a farming life in a rural area to an urban-based life where they work in other sectors, e.g., production, sales and service. In this way, the former street-based group is part of the rural-urban migration that is currently taking place in Tanzania. The reintegrated young people had a higher literacy rate than the national average for the same age group (UNESCO, 2013), which is most likely due to the support they received from the organisation that assisted them.

Life on the streets and the process of leaving the streets

The next group of variables analysed were those associated with previous events and the reintegration process. Eight out of ten had lived on the streets for a maximum of two years. Half of the participants were reintegrated before the age of 15 years and had a significantly better quality of life than those who reintegrated when they were 15 years or older. Slightly just over half of them had been reintegrated for four or more years. Being reintegrated for a longer period led to a significantly better quality of life and self-rated health. The results indicate that time is an important factor; being a short time on the streets and reintegrated at a younger age are positive and the longer they are reintegrated the better their quality of life and self-rated health.

Social capital

The young people developed a high degree of social capital in terms of membership in social groups, friendships and reciprocal relationships where they had people to turn to and others turned to them for assistance. Having others ask them for assistance was the factor that led to the highest increase in their self-assessed quality of life. This shows how important it was for the participants to play a significant role and be able to contribute to others, thus not only seen as individuals in need of support. Despite the high degree of discrimination they experienced while living on the streets, after reintegration four fifths felt equally treated in the community.

The higher the participants rated the cooperation in the community the better was their quality of life. Half of the participants said they lived in a community where they found their neighbours and community members trustful.

Living in a community where they felt they could trust their neighbours significantly increased their self-rated health and quality of life.

Although half of the participants had family members who cared for them, this was not significant for their quality of life and self-rated health. Instead, social capital variables such as living in a cooperative community and having people relying on them were positively related to good quality of life.

IV. From exclusion to inclusion – a stepwise process

A study of the reintegration process of young people earlier living on streets in Kagera region, Tanzania

The aim of this paper was to explore how young people in the Kagera region, after having lived on the streets, experienced the reintegration process of returning to their local community.

A qualitative method exploring the children’s own lived experience was used to better understand the situation of leaving the streets and reintegrating into the local community. Individual interviews were conducted with eleven young men aged between 19-24 years who previously lived on the streets in Bukoba and had been reintegrated for at least one year.

The analysis of the individual interviews resulted in one overall theme, supported by three main categories with sub-categories describing the informants’ experiences of their reintegration process, see Figure 5.

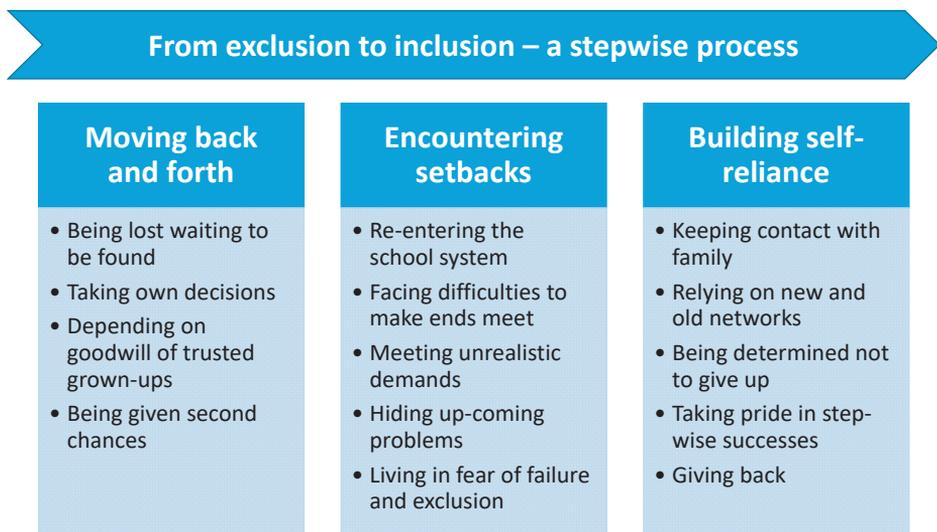


Figure 5. Summary of the results with theme, categories and sub-categories

The overall theme indicates a movement from social exclusion to inclusion. The young people described that when they were living on the streets others identified them as 'street children', which meant that they were very looked down upon and discriminated against. After reintegration they worked hard to be seen as 'normal persons' and in many ways they now felt included in and accepted by the community, although they strived to become totally independent so that they could be sure of not having to experience social exclusion again.

The first category **moving back and forth** relates to the exit processes where the informants often showed some ambivalence. The young people described processes that often lasted over a period of time, and often included a step-wise approach from the street to the organisation, and then a step-wise process from the organisation to a reintegrated life in the community. Sometimes the young people returned to the street after facing new difficulties, and therefore new plans had to be made. The young people were used to leave unfavourable situations, a strategy they usually maintained, which could include shifting places and changing education.

The next category **encountering setbacks** captures the young people's description of how they often faced a new set of challenging problems after reintegration. These were related to finding ways to succeed at school, make ends meet, and manage relations with family members and communities. They could be faced with unrealistic demands and therefore hide problems in fear of being seen to fail to live independently and therefore face exclusion again.

The last category, **building self-reliance**, illustrates the process within the young people, how they changed their self-perception and identity, from a 'street child' to being a member of society who lives independently. They worked hard to become independent, and built new networks that they could rely on. They were proud of their step-wise successes and to a large extent became the ones who kept in contact with and felt responsible for their family members, in addition to taking care of other children in need.

A combination of factors was necessary to enable the young people to leave the streets. They needed to be respected and listened to, in addition to maintaining their own agency and independence. Another prerequisite for successful transition was the availability of adults with the capacity and willingness to support them. As the young people were used to leaving unfavourable situations, they often continued to leave places for a while or for good, which meant that it was important for them to have people they could rely on to assist them to develop alternative plans and solutions that they could try if the first one failed. The result also showed that the path to reintegration is very individual, each young person had their own way and no single model fits all. Sometimes the adults around the young people decided on their behalf without listening to them, which usually did not work out well.

The shift from social exclusion to inclusion was possible through collective social capital in the communities and the young people's individually developed social capital. The study revealed that young people who had lived on the streets could successfully reintegrate into their local community if given support with flexibility and respect. It also demonstrated how discrimination experienced while living on the streets could decrease. Even when faced with challenges like poverty reintegrated children seemed able to become equal members of the community. The results indicate the important role of organisations and community members in assisting young people during the transition from living on the streets to reintegration into the community. The results illustrate how young people can find adults who take on a parental role, but also how dependent they are on remaining in contact with a social support organisation.

7. OVERALL ANALYSIS, DISCUSSION AND CONCLUSIONS

This thesis aims to examine the causes of children and young people leaving their homes, how they experienced their situation on the streets and as domestic workers, and what facilitated their reintegration into their local community.

This chapter starts with a short summary of the combined results from the sub-studies, followed by an analysis using a life course perspective, after which conclusions and implications for policy and practice are presented.

Few children had lived with both their parents before they left home and leaving home was a complex process that often lasted for several years. The children described different trajectories, the most common being that a parent died or left the home, after which the child lived with relatives who were abusive or too poor to provide an adequate standard of living. They then decided to leave home to escape their situation and create a better future for themselves. The children were subjected to more emotional violence compared with the average child in Tanzania. They also had low quality of life and self-rated health (see Figure 6, which is a summary of the combined results from the four papers).

The study also revealed that many children left their homes at an early age, with more than half of them being under 13 years old. It was twice as common for young children to leave due to mistreatment and they were also more likely to end up on the streets, an environment that was described as more abusive than that of a domestic worker. The children who left when they were teenagers more often left to find work. Life on the streets was very violent and the children faced severe discrimination with no possibility to access their basic needs and rights. The children's situation as domestic workers depended on whom they worked for. In general, they faced long working hours, demanding tasks and were denied schooling. However, it was clear that boys and girls of all ages experienced less abuse and rated their health better when

they were domestic workers compared with when living on the streets. Few children had access to education before they left home, while living on the streets or as domestic workers.

The children and young people had strong agency and resilience, having taken an active decision to leave their homes. From an early age they had been able to survive on their own and build new networks and social capital. Nonetheless, they were in very vulnerable situations and in need of support.

The reintegration trajectory can be described as a move from a position of social exclusion to inclusion. The process back to the local community was ambivalent, took time and was marked by setbacks. When the children and young people lived on the streets they were severely discriminated against and ostracised, but reintegration increased their opportunity of feeling like members of the community. Having identified with the negative view that people held towards “street children”, they tried very hard to fit into the community by, for example, wearing the right type of clothes and concealing some of their problems. During the process they were dependent both on their own agency and the willingness of others to support them.

At the time of the study seven (4%) of the children had returned to the streets and the remainder were reintegrated; 12% lived with parents, 35% with relatives or guardians, 23% with partners, friends or others, 21% lived alone and 4% were in boarding school. A clear majority of the study participants were either at school or working and those who were working earned nine-tenths of the average income of the adult population in the region. After reintegration, their quality of life and self-rated health were significantly better compared with the time before they left their homes. The level of violence in their life was also significantly lower. They had a higher than average literacy rate due to assistance from organisations and the vast majority were working or attending school. The young people developed a high degree of social capital in terms of membership of social groups, making friends and having reciprocal relations where they had people to turn to and others who turned to them for assistance. Despite the high degree of discrimination they faced while living on the streets, four-fifths considered that after reintegration they were treated equally with others in the community.

The results also indicate the important role that organisations played by working with and assisting young people during the transition from living on the streets to reintegrating back into the community. However, the strategies needed to be individualised and adapted several times before the young people were finally settled in the community. The young people's own agency and resilience was taken into account. As these young people only had weak or no support from their biological families, others needed to assume this supportive role. The results illustrated how they, to a large extent, were able to find people to take on a parental role, but that they also remained in contact with the social support organisation. The factor most strongly associated with good quality of life was having others who turned to them for assistance.

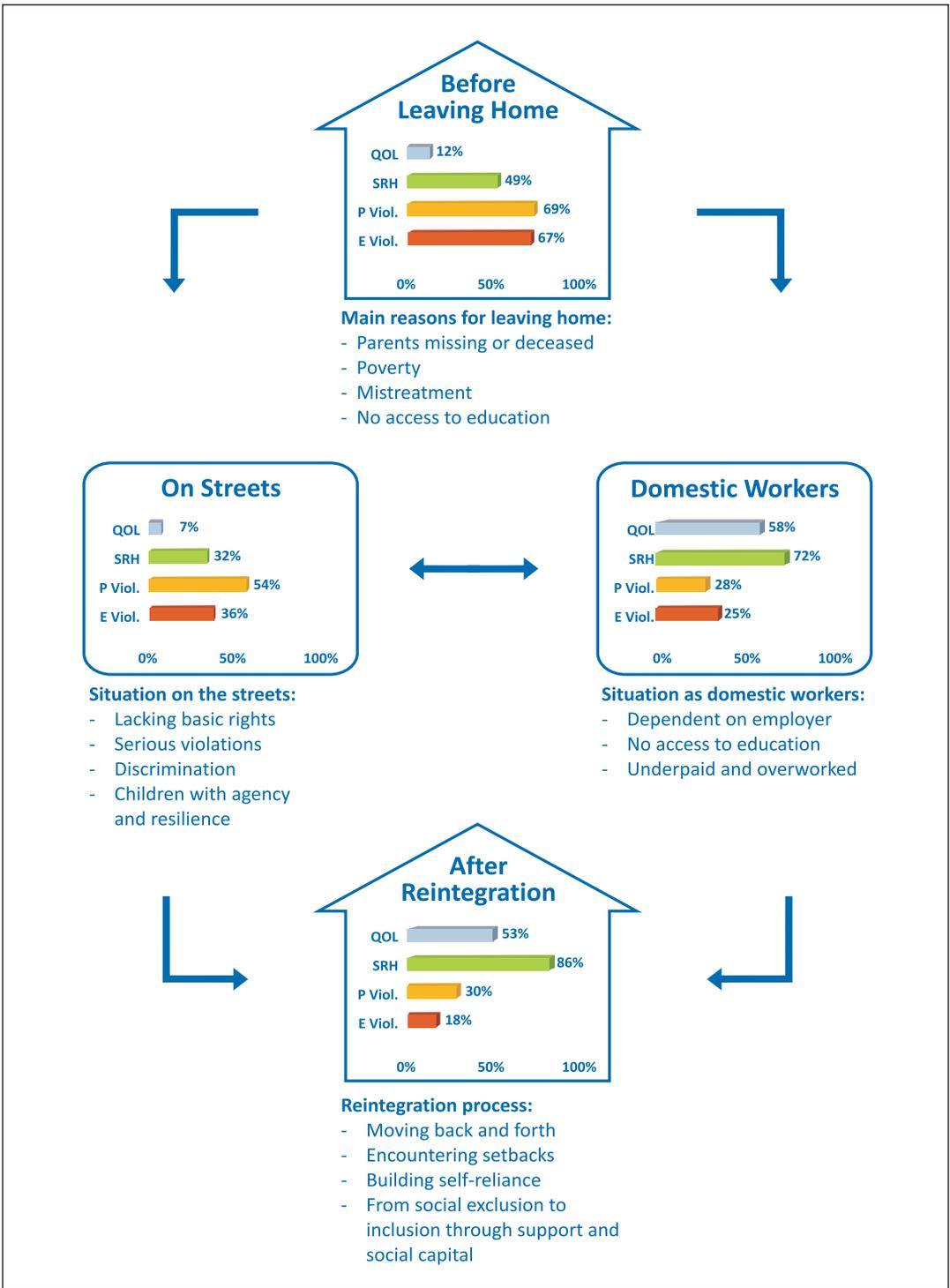


Figure 6. Summary of combined results from papers I-IV

QOL: Good Quality of life, SRH: Good Self-rated health, P Viol: Experienced physical violence, E Viol; Experienced emotional violence

Analysis and discussion from a life course perspective

Various theoretical concepts are used in the papers, mainly agency, resilience and social capital. In this overall analysis, the aim is to deepen the understanding about how the findings relate to each other and what can be learnt from them. The study participants provided narratives about their situation from before they left home to reintegration into their local community. To better capture all aspects of these trajectories a life course perspective was used and the results will be discussed in relation to the major concepts and themes of the life course theory.

Lives and historical times

The theme ‘lives and historical times’ refers to the fact that people who are born in the same cohort and place grow up in similar contexts and circumstances which can influence their lives. Economic crises, wars and rapid social changes are examples of contextual factors that can influence a cohort.

The children and young people in this study come from similar cohorts. They were born between 1989 and 2001 and grew up in the Kagera region of Tanzania. They share similar contexts, which have influenced their situation.

They grew up in a very poor region with high fertility rates and a high rate of AIDS-deaths that left many children orphaned (UNDP, 2015; National Bureau of Statistics, 2013). Most orphans in the region were cared for by relatives, but not all relatives had the means to support them and only few received external support from the government or NGOs (United Republic of Tanzania, 2012b). The region has also seen financial crises and a large degree of migration, with more than half of the population migrating internally during the last two decades (Hirvonen & de Weerd, 2013).

The children who left home differ from other children in the region. Very few came from families with both parents present, in fact they were ten times less likely to have lived with both parents compared with other children in Kagera (Paper I). Orphanhood was far more common in this group compared with the average in the region. Being a double orphan was 18 times more common among the studied children compared to the prevalence rate in the region

(Paper I). Many of the children cited mistreatment, poverty and being unable to attend school as major reasons for leaving home.

In Tanzania, primary school is compulsory and supposed to be free of charge, but in reality there are many costs involved for items such as uniforms, materials and various fees that may exclude children from poor families. Both the quantitative and qualitative data in this thesis confirm the importance of children having access to education. Being denied education was often the direct triggering factor that caused the children to leave. However, they were also unable to access education as domestic workers and on the streets. The situation was the same for both girls and boys. Previous research from Tanzania has shown that children who drop out of school have an almost eight times higher risk of ending up on the streets than those who attend school daily, indicating that school attendance is a protective factor (Henley et al., 2010 b).

Based on the findings from this research it is clear that context plays an important role for children leaving their homes for a life on the streets or as domestic workers, but also for the outcome of the reintegration process. The context in the Kagera region is in many ways similar to other regions in sub-Saharan Africa, with the exception that the AIDS epidemic peaked very early there.

The level of violence against children in Tanzania is generally high. A nationwide study has shown that over two-thirds of children have been physically violated by an adult before the age of 18 (UNICEF, 2011). In this research the children experienced even higher levels of violence, especially emotional and sexual violence, also when living on the streets.

Although the findings show that the children have a substantially better quality of life post reintegration compared with the time before they left their homes, there is still a group that remains very poor and has a low quality of life.

Timing of lives

The theme “timing of lives” refers to the age at which specific life events and transitions occur and whether or not these happen when they are culturally expected to take place (Mitchell, 2003).

The present findings show that to a large extent the young people's situation was affected by the timing of their lives, both in terms of age and duration. The participants in the study left home earlier compared with what is culturally common in the region. Compared with the teenagers, the children who left their homes before the age of 13 years more frequently did so because they were mistreated and also more often ended up on the streets, which was generally a worse situation than becoming domestic workers. Hence leaving home at a younger age implies a worse outcome during the time on the streets. Children and young people who had spent more than two years on the streets had poorer health and quality of life at the time of the study compared with the group that spent less than two years on the streets.

The research found that leaving home was often a long process, and that the reintegration process also took a long time, including changing directions, setbacks and the gradual building of self-reliance. It was beneficial to reintegrate at an earlier age; the younger they were when they reintegrated, the better their long-term quality of life, and the longer they had been reintegrated, the better their quality of life and self-rated health.

These findings highlight the importance of considering age and timings when developing interventions for children at risk of leaving their homes, as well as for those reintegrating into their local community. Evans (2006) has in her research from Tanzania also shown how differences of age, gender and ethnicity intersect with the time children spent on the street and influenced their livelihood strategies.

Developmental risk and protection

The life course theory has clearly emphasized the links between life events, transitions and the later effect on health and well-being (Elder & Giele, 2009). Developmental risks and protective factors as well as resilience factors have been studied from different perspectives and longitudinal studies have shown

the long-term impact of childhood events and situations (Hutchison, 2014). Life course scholars have suggested that it is not only the timing and sequencing of hardships but also their duration and spacing that constitute a risk for young people as they make the transition into adulthood (Hutchison, 2005).

Children who leave their home are exposed to many risk factors. The present results revealed that lack of parents or good parental figures (especially in cases of having lost both parents) poverty, mistreatment, violence and being denied schooling were all risk factors for leaving home. In particular, the occurrence of emotional violence was much higher for the children before they left home compared to the average level in Tanzania (Paper II). However, the level of violence was also high on the streets. Post reintegration it fell to the average level, which is still very high. When analysing which groups of children still experienced violence post reintegration it was found that the younger group as well as children in poorer families experienced significantly higher levels of violence, which is common in many settings (Pinheiro, 2006). Although violence is common in the study setting, the results reveal that experiencing violence had a negative effect on the psychological quality of life. Among the participants facing two types of violence, eight in ten had low psychological quality of life. These findings are in line with earlier research showing a negative effect on mental health for children experiencing abuse, and that the negative effects increase with more severe violence (Pinheiro, 2006).

There were various factors associated with a positive outcome in terms of quality of life and self-rated health. The participants in urban areas had a better self-rated quality of life and health compared with those in rural settings. The urban-rural income divide in Tanzania has been discussed in previous research (World Bank, 2015). Furthermore, research from the Kagera region has shown that remote villages with less connection and diversified income have remained very poor (de Weerd, 2010). Many of the study participants had shifted from a farming life in the rural areas to an urban-based life where they worked in other sectors, e.g. production, sales and service. In this way, the former street-based group is part of the rural-urban migration that is currently taking place in Tanzania (de Weerd, 2010).

One disadvantage for the young people in the study was that they lacked care and support from their own families, which others naturally have. This placed them in a more vulnerable and exposed situation compared with their peers, leading to an increased need of external support until they had reached a point where they and their families had sufficient means to sustain their livelihood.

Heterogeneity in life course trajectories

Earlier life course research has emphasised differences between cohorts, but increasing attention is being paid to variability within cohort groups, which show heterogeneity of life course pathways (Hutchinson, 2014).

The results from this research revealed a variety of trajectories both when transiting from home to street or domestic work and during the transition back into the local community. These differences can be seen in terms of age and gender, but there are also individual differences. The research shows that girls and boys to a large extent face similar difficulties; however, gender inequality and discrimination against women are still common in the local context, which needs to be taken into account when formulating solutions for individual children. However, the most important result is that each child has a unique life course that needs to be taken into account when assisting her/him.

Human agency

Within the constraints of their world, people are able to plan and make choices among the options that construct their life course. However, individuals' choices are constrained by structural and cultural arrangements of a given historical era. Unequal opportunities also provide some members of society with more options than others (Elder, 1994).

The trajectories described in this study show that the children most often took an active decision to leave, which is one way to of expressing their own agency. They were also able to find ways to survive and earn an income from a very early age.

In this research the success of the reintegration process was related to how the young people were respected and listened to and how their own agency and independence were maintained. The results emphasised the need to

respect the young people and their abilities, to recognise that many of them had lived independently for a long time and therefore might be more capable of planning for their future than other young people of the same age. Previous research from an urban setting in Ghana has also shown that children living on the streets have a high degree of agency and resilience that needs to be taken into account when designing programmes for them (Amoah & Edusei, 2014).

Linked lives

The life course perspective emphasizes the interdependence of human lives and the ways in which relationships both support and control individual behaviour. Life course scholars have explored intergenerational linkages as well as how individuals and families are linked to the wider world (Hutchinson, 2014).

The children's various social ties with other people are central to this research. Their lives are interlinked to others in different ways. The children's ties or lack of ties with their parents and later with the relatives or guardians with whom they stayed were crucial for their decision to leave home.

Children who had lived on the streets described forming friendships with other children, which sometimes became as important as family relationships. Earlier research has shown that children living on the streets build and maintain social relationships that proved beneficial to their health-related well-being (Amoah & Jørgensen, 2014), that they are resourceful and find surrogate families and ad hoc social memberships (Stephenson, 2001). Children employed as domestic workers did not have the same type of peer networks.

However, the social ties between children living on the streets and the general public were far less positive; they faced severe discrimination and were badly treated.

The link with the social work organisation was a key factor for reintegration. The organisation became the link between the street and the local community, a place of support both during and after reintegration. The findings also revealed that the key to successful reintegration is having social capital and interlinked lives with others in the local community.

Other factors that facilitated a good quality of life and self-rated health after reintegration are being well treated and not being emotionally abused. Although half of the participants had family members who cared for them, this was not significant for the outcome. This may be partly explained by their often strained relationships with family and the family members' own problems that led to the children leaving home in the first place. Instead, social capital variables such as living in a cooperative community were positively related to good quality of life.

The young people developed a high degree of social capital in terms of friendships and social group membership. Ordinary people in the community took on parental roles, which meant that the young people had someone to turn to. The results also show that reciprocity in relations in society was a key factor. Having others turning to them and asking them for assistance led to the highest increase in their self-assessed quality of life. This shows how important it was for the participants to feel significant and be able to contribute to others, thus not only being seen as individuals in need of support.

Conclusions and recommendations

There are similarities between the findings from this research and earlier findings regarding the reasons for leaving home and the situation on the streets. For example, regarding leaving home often being a gradual process (Butler, 2009), the role of social capital for this group of children (Ferguson, 2006; Nicholas, 2011), the exclusion and negative identity children living on the street face (Karabanow, 2008).

The local organization (TCC) that assisted the study participants, to a large extent works in similar way to the recommendations in the newly published guidelines (Inter-agency working group for children's reintegration, 2016).

Despite the existence of some earlier research on the reintegration process (Coren et al. 2013; Karabanow, 2004; Salokangas, 2010; Corcoran & Wakia, 2016), the author was unable to find any studies of the long-term outcomes after reintegration.

Although the findings are specific to the Kagera region, there are many similar settings in sub-Saharan Africa with a high degree of poverty and orphanhood due to HIV/AIDS. Because the AIDS epidemic peaked earlier in the Kagera region compared to most other places, there is an opportunity for other regions to learn from the experience in Kagera, for example with regard to orphans and vulnerable children, including those who leave their homes.

The overall analysis of the findings forms the basis for the conclusions and implications for policy and practice that are presented below. Recommendations for how to prevent children leaving their homes, how to address their situation on the streets and as domestic workers, and for the reintegration process are provided both on structural and individual level. In reality work on structural and individual level is very interlinked and it might not always be possible to make this division. Figure 7 outlines the key elements, which are discussed below in more detail.

Preventing children from leaving their homes

The findings indicate the potential to prevent children from leaving their homes by addressing what causes them to leave. These interventions can be implemented both at the structural and individual level.

Structural level

As poverty was one of the main reasons for children leaving their homes in the Kagera region, overall poverty alleviation could mean that fewer children would be forced to leave their homes.

Access to education for all children is also a cornerstone for preventing children from leaving their homes. In this study few of the children were attending school at the time they decided to leave home.

Universal health care coverage is also fundamental, as it would decrease mortality among parents, e.g., access to anti-retroviral medication for HIV-positive people significantly reduces mortality, thus leading to fewer orphans due to AIDS. In this study orphanhood, especially double orphans, was far more common compared to the regional average.

Prevention of children leaving their homes

STRUCTURAL LEVEL

Poverty alleviation for the most vulnerable groups
 Increase access to basic services
 Reduce overall violence against children
 Implement child protection law's and frameworks
 Set up social welfare services for vulnerable populations

INDIVIDUAL LEVEL

Identify children most at risk of leaving home
 Provide support to children and families at risk
 Give special attention to the youngest children
 Ensure close monitoring

Improving situation for children on the streets and domestic workers

STRUCTURAL LEVEL

Address the negative effects of rural-urban migration
 Abolish hazardous child labour
 Provide basic needs and social services to the most vulnerable groups
 Work against stigma and discrimination

INDIVIDUAL LEVEL

Ensure early interventions
 Give individualised support
 Provide outreach, transition homes, and counselling
 Work with respect, patience and flexibility

Facilitating reintegration

STRUCTURAL LEVEL

Advocate reintegration to local communities
 Promote a high degree of community acceptance, inclusiveness and collaboration
 Integrate social welfare services and community based work
 Increase social support and social capital in the communities

INDIVIDUAL LEVEL

Individualised tailored response
 Provide re-entry to school system
 Involve key actors in community
 Allow the process to take time
 Ensure long-term follow-up
 Encourage community members' engagement
 Provide opportunities for contributing to the community

Figure 7. Implications for policy and practice on structural and individual levels

The level of violence against children in Tanzania is very high (UNICEF, 2011). This study revealed that the children had faced a higher degree of violence from adults compared with the average in Tanzania. The serious situation of violence against children reported in this and other studies calls for urgent social and public health action. In the light of the increased drive to reduce the prevalence of violence against children in society it is important to identify children who are most at risk. Children who leave home constitute a risk-group to focus on.

There are many global frameworks, conventions and policies to protect the rights of children in vulnerable situations. Tanzania has ratified and is trying to implement several of them (United Republic of Tanzania, 2012 b). This study underlines the importance of continuing to work towards a society where the children's best interest influences decisions. The community would benefit from having social welfare services available to the most vulnerable populations, which would address a range of issues that increase the risk of children leaving their homes. Finally, information and advocacy is needed to inform the community of how to assist children and families at risk, the importance of education, as well as about the risks of hazardous child labour and living on the streets.

Individual level

Children who left home differed in many ways when compared with average children in the region and country, e.g. they did not attend school, rarely lived with their parents, were far more likely to be orphans, especially double orphans, were frequently mistreated and extremely poor.

This indicates that there is a good chance of identifying the children most at risk of leaving home, especially as the results demonstrated that the process from losing a parent to leaving home often took several years. This means that there is an opportunity to provide them with the necessary support and assistance to prevent them from deciding to leave home.

The younger children who left home had experienced more mistreatment and abuse at home compared with the older group. A larger number of the younger children ended up on the streets where they encountered a more

abusive environment than that of domestic workers. Therefore, special attention should be given to younger children at risk.

Children and families at risk should receive adequate support, including parental training, counselling, treatment for addiction and poverty alleviation. It is essential to closely monitor and follow-up the situation.

Situation on the streets and as domestic workers

This study has examined the situation of children and young people living on the streets and employed as domestic workers. The situation on the streets and as domestic workers was analysed on the basis of the children's own experiences, on which the recommendations are based.

Structural level

Like most of the countries in the world, Tanzania is currently undergoing a rural-urban migration that affects several parts/sectors of society. The effects include increased pressure on the infrastructure and services in urban areas. Homelessness is a growing problem in urban settings, which includes children living on the streets. It is therefore important to plan ways of providing for their basic needs, including access to housing, education and health care.

High levels of stigma and discrimination, while living on the streets, were described by the children and young people in this study as well as in earlier research (Benitez, 2007; Ray et al, 2011). Advocacy to increase acceptance and improve attitudes towards these vulnerable children would be beneficial.

Working for long hours with tasks that are beyond one's ability at a very young age, instead of going to school, is detrimental to children's development, which needs to be addressed at structural level.

Individual level

Less time spent on the streets leads to better long-term outcomes, which highlights the importance of early interventions. The findings also indicate the significance of providing individualised support with respect, flexibility and patience, in addition to taking the child's capacity and agency into account.

Children and young people living on the streets or working in hazardous jobs need to connect with adults who can assist them to move from the streets or other dangerous situations. This can be done either by outreach work or ensuring that the locations of the organisations where young people can receive assistance are well known.

It is also useful for the young people to be provided with a transition home for a short time, where they can re-enter the school system, get used to daily routines and make a long-term plan together with the organisation's staff. Counselling for earlier losses and traumas should be offered.

The study revealed that plans often change and that young people encounter many setbacks. It is, therefore, imperative that the social welfare organisation and other adults around the young person provide continues support, have patience, give her/him a second and third chance, are able and willing to try new solutions, and accept that change takes time.

Reintegration

This research has shown that reintegration for children and young people who have lived on the streets can be successful, even years later when assistance from the organisation has ceased. The variation in outcome and the experiences described by the study participants led to the following recommendations on structural and individual levels.

Structural level

Community based reintegration does work and therefore recent policy recommendations that call for shifting assistance from institutional based rehabilitation to community-based reintegration is the right approach. Although the organisation (TCC) was a vital factor, the local community played the most important role in the reintegration outcome. This confirms recently published guidelines that emphasise the need for adequate planning before reintegration, continued follow-up, collaboration with several key persons and institutions (e.g., guardians, school, social workers), and individualised planning with the child's best interest in focus.

Advocacy and other interventions to increase acceptance, inclusiveness and collaboration in the communities are beneficial. Social welfare services and community-based work should complement each other and not function as parallel systems. Social welfare organisations⁵ should assist children living on the streets to reintegrate into the community and provide continuous follow-ups. They should collaborate with the communities so that reintegrated children and young people can find their role in their community as soon as possible. Social welfare organisations should collaborate with the existing community based support and infrastructure, which should be the main source of support. They should not be parallel structures, but instead fill different gaps.

Individual level

An individually tailored response is important, as each child is unique. Therefore, the assistance should be tailored according to her/his situation, skills and preferences. The path to reintegration is indeed individual, as each person has her/his own way and no single model seems to fit all.

When working with the children flexibility and keeping the child's perspective in mind are crucial. In this study the role of the social support organization (TCC) in connecting the young people with the community, giving them space and flexibility for transition, respecting their decision and providing assistance during the reintegration process was crucial. As discussed by Sanders & Mace (2006), respecting the agency of children does not mean that adults can abdicate their responsibility. Instead, they should continue to provide emotional, practical and financial care and support in various areas of the children's lives.

The results indicate the importance of having adults to assist the young people during the transition from living on the streets to reintegrating back into the community. However, the solutions need to be individualised and amended

⁵ These could be run by governmental agencies, non-governmental organisations (NGOs) faith-based or community-based organisations (FBOs and CBOs). In Tanzania (and many other countries) these various organisations all have an important role in carrying out social work and provide social welfare.

several times before the young people are finally settled into the community. For a successful outcome it is important to take the young people' own agency and resilience into account, while acknowledging the fact they will need continued support, sometimes for a number of years.

The community plays a crucial role in the reintegration of young people and should therefore be involved immediately after reintegration in order to provide the necessary support. The results show that other people can assume the important role of the biological family, thus their involvement should be encouraged.

The young people build self-reliance and become members of society. They are eager to be equal to others, to be a part of society and able to contribute. The social welfare organisations can play a crucial role in providing linkages between the young person who is reintegrating and various key stakeholders and community organisations. Providing various openings where the young person can build new networks and social capital is vital for the future development. As the young people often lack a biological family that they can rely on, it is very important to find other people who can take assume that role. However, sometimes the new network is not sufficient and in times of crisis or significant life events, it is important for the young people to be able to turn to the social welfare organisation again. Continuous support and follow-up during the first years after reintegration provide stability that makes a successful outcome more likely.

Since the factor most strongly associated with good quality of life was having others who turned to them for assistance, reintegration should also include making use of the young people's skills and competencies in the communities.

SVENSK SAMMANFATTNING / SUMMARY IN SWEDISH

Runt om i världens städer finns barn och ungdomar som bor och arbetar på gatan. De tillhör en av de mest utsatta grupperna i samhället, och förnekas ofta sina mänskliga rättigheter. Huvudanledningarna till att barn lämnar sina hem är fattigdom, familjerelationsproblem, våld och övergrepp, samt en förhoppning om ett bättre liv i städerna. I Afrika är ytterligare en bidragande orsak hiv/aidsepidemin som lett till en ökning av antalet föräldralösa barn.

Uppskattningsvis bor 10-15 miljoner barn runt om i världen på gatan utan sina familjer. Livet på gatan är mycket utsatt och barnen blir i hög utsträckning utsatta för diskriminering och våld. De har också mycket låg tillgång till hälso- och sjukvård, skolgång och näringsriktig kost, och har liten möjlighet att bidra och delta i samhällslivet. Många barn arbetar också som inneboende hembiträden (child domestic workers), vilket räknas till de farliga arbetena för barn, då de befinner sig i en utsatt position i förhållande till sina arbetsgivare.

Att barn lämnar sina hem för ett liv på gatan eller för barnarbete i olika former är en global angelägenhet. Tidigare gavs stöd till dessa barn framförallt under tiden de bodde på gatan, eller i form av långsiktig institutionsplacering. Under det senaste decenniet har det skett en omsvängning i vilken typ av stöd som förordas, och både FN och ledande barnrättsorganisationer anser numera att man bör sträva efter återintegrering till familjer och lokalsamhällen. Riktlinjer för återintegrering har tagits fram baserade på erfarenheter från organisationer som arbetat med detta (Inter-agency working group on children's reintegration, 2016). Viktiga hörnstenar i arbetet är att involvera barnet och familjerna i planeringen, att göra noggranna förberedelser, involvera andra viktiga aktörer, säkerställa utbildning och göra uppföljningar. Ett flertal internationella litteraturöversikter har dock visat att det saknas forskning om de långsiktiga resultaten av återintegrering av barn som bott på gatan och vilka faktorer som möjliggör en sådan återintegrering.

Barn som bor på gatan tillhör en av de mest utsatta, diskriminerade och exkluderade grupperna i samhället, vilket gör detta till ett angeläget forskningsområde inom socialt arbete. Den internationella organisationen för socialarbetare har också definierat att ett av målen med socialt arbete är "att utmana sociala förhållanden som bidrar till social exkludering, stigmatisering eller förtryck och att arbeta mot ett inkluderande samhälle" (IFSW, 2012, p. 3, förf. översättning).

Tre teoretiska begrepp; agentskap (agency), resiliens och socialt kapital var användbara i analyserna av de olika studierna som redovisas i de fyra artiklar som ligger till grund för avhandlingen. Dessa begrepp har också använts i tidigare studier av utsatta barn, exempelvis om de som bor på gatan. För den övergripande analysen av resultaten behövdes dock en mer processorienterad teori och till det valdes ett livsloppsperspektiv, som kan ses som en meta-teori.

Forskningen genomfördes i Kageraregionen, som redan på 1980-talet hade en mycket hög förekomst av hiv/aids. Epidemin har haft stark påverkan på samhället och resulterade bland annat i en ökning av föräldralösa barn. Som i de flesta afrikanska samhällen togs flertalet av dessa barn om hand av släktingar, men det stöd som behövdes fanns inte för alla barn. I början av 2000-talen märktes en ökning av barn som bodde på gatan i regionhuvudstaden Bukoba. Alltför många barn lämnade också sina hem för att arbeta som hembiträden.

År 2003 startades en lokal organisation, 'Tumaini Children's Center', i den lutherska kyrkans regi, för att bistå dessa barn med stöd och återintegrering. Organisationens arbete var upplagt på ett liknande sätt som de nyligen publicerade riktlinjerna (se ovan). Under det första decenniet bistod de över 750 barn och ungdomar så att de kunde återintegrera i lokalsamhället. Majoriteten av dessa barn var pojkar, vilket är ett globalt mönster. Projektet för individuella journaler för varje barn, där deras kontaktuppgifter också finns. Detta innebar en möjlighet att studera de långsiktiga resultaten av återintegreringen av de barn och ungdomar som hade fått stöd från en organisation, och utgå från deras egna erfarenheter från det att de lämnade hemmet tills de återintegrerats.

Det övergripande syftet med avhandlingen är att undersöka orsaker till att barn och ungdomar lämnar sina hem, hur de upplever att bo på gatan eller vara hembiträden, och vad som underlättar för dem att återintegrera i lokalsamhället.

De specifika forskningsfrågorna är:

1. Att beskriva och analysera ungdomarnas socio-ekonomiska situation, anledningar till att lämna hemmen, förekomst av våld, självskattad livskvalitet och hälsa före, under och efter de bott på gatan och/eller varit hembiträden.
2. Att beskriva och analysera resultatet av återintegreringen, med självskattad hälsa och livskvalitet som utfallsmått, och i relation till sociala faktorer
3. Att undersöka återintegreringsprocessen baserat på ungdomarnas egna erfarenheter och berättelser.

Både kvantitativ och kvalitativ metodik har använts för att besvara forskningsfrågorna. Datainsamlingen skedde i Kageraregionen från september 2012 till april 2015 där tre delstudier genomfördes. Den första delstudien baserades på sju fokusgruppsdiskussioner med totalt 49 barn och ungdomar som tidigare lämnat sina hem och vid studietillfället antingen bodde på gatan, hos organisationen eller hade återintegrerats till sina lokalsamhällen. Den andra delstudien var en tvärsnittundersökning med 214 barn och ungdomar (13-24 år) som lämnat livet på gatan för mellan ett och tio år sedan. Den sista delstudien var en kvalitativ intervjustudie med elva ungdomar (unga män 18-24 år) som tidigare bott på gatan. Fyra artiklar har skrivits utifrån dessa studier.

Den övergripande analysen visar att få barn bodde med båda sina föräldrar innan de lämnade sina hem och att lämnandeprocessen är komplex och ofta varade under flera år. Barnen beskrev olika vägar från hemmet, den vanligaste var att en eller båda föräldrarna dog eller lämnade hemmet. Efter det bodde barnet med släktingar som antingen misshandlade dem eller var för fattiga för att tillgodose deras grundläggande behov. Barnen beslutade sedan att lämna hemmet för att undkomma situationen och försöka skapa en bättre

framtid för sig själva. Barnen var oftare utsatta för misshandel, framför allt psykisk misshandel var mycket högre, jämfört med andra barn i Tanzania. De hade också låg självskattad självkänsla och hälsa.

Resultaten visade att hälften av barnen lämnade sina hem innan de blev tonåringar. Det var också dubbelt så vanligt att de yngre barnen, jämfört med tonåringarna, lämnade hemmet för att de blev illa behandlade och de yngre hade också större risk att hamna på gatan, medan de äldre oftare fick arbete.

Livet på gatan var mycket våldsamt och barnen utsattes för allvarlig diskriminering och hade inte möjlighet att få sina grundläggande behov och rättigheter tillgodosedda. Barnens situation som hembiträden berodde på vem de arbetade för, men generellt hade de långa arbetsdagar, krävande uppgifter och fick inte gå i skolan.

Det var emellertid klart att pojkar och flickor i alla åldrar upplevde mindre våld och uppskattade sin hälsa och livskvalitet bättre när de var hembiträden jämfört med att leva på gatan. Få barn hade tillgång till utbildning innan de lämnade sina hem, och detta förändrades inte när de bodde på gatan eller arbetade som hembiträde.

Barnen och ungdomarna hade agentskap och resiliens. De hade tagit aktiva beslut att lämna sina hem och hade från tidig ålder överlevt på egen hand genom att bygga nya nätverk och socialt kapital. De levde dock i mycket utsatta situationer och behövde stöd.

Återintegreringsprocessen kan beskrivas som att ungdomarna rörde sig från en position av utanförskap till inkludering. Det var en stegvis process som tog tid, initialt präglad av ambivalens, flyttande till och från olika ställen och att de mötte nya svårigheter. När barnen och ungdomarna bodde på gatan mötte de mycket diskriminering och utsatthet, men återintegreringen ökade deras möjlighet att känna sig som fullvärdiga medlemmar i samhället. Eftersom de ofta identifierat sig med den negativa syn som andra i samhället hade gentemot 'gatubarn' försökte de på olika sätt passa in i samhället, till exempel genom att ha på sig rätt typ av kläder och dölja en del av sina problem. Under processen var de beroende både av sitt eget agentskap och andras vilja att stödja dem.

Processen visar hur deras självständighet utvecklas och att agentskap, resiliens samt individuellt och kollektivt socialt kapital är en del av denna utveckling. Studien visar att ungdomar som har levt på gatan kan återintegrera i sina lokalsamhällen när de får det stöd som de behöver.

Vid tiden för studien hade sju (4%) av ungdomarna återvänt till gatan och de andra var fortsatt återintegrerade; 12% bodde med föräldrar, 35% med släktingar eller andra vårdnadshavare, 23% bodde med partners eller vänner, 21% bodde själva och 4% var på internatskola. Efter återintegreringen hade de en signifikant bättre självskattad livskvalitet och hälsa jämfört med innan de lämnade sina hem. De var också utsatta för mindre misshandel, nivåerna var i nivå med genomsnittet i Tanzania. De hade en läskunnighet som var något högre än genomsnittlig på grund av det stöd de fått av organisationen. De flesta av ungdomarna gick vid tiden för studien i skolan eller arbetade. Ungdomarna utvecklade socialt kapital genom att vara med i olika föreningar, skaffa vänner och ha ömsesidiga relationer där de hade personer de kunde vända sig till för stöd och andra som vände sig till dem.

Trots den diskriminering de utsatts för när de bott på gatan upplevde fyra femtedelar att de efter återintegreringen behandlades på samma sätt som andra i samhället. Resultaten visade att det var viktigt med tidiga insatser. De som bott kortare tid på gatan skattade sin livskvalitet och hälsa bättre.

Undersökningen visar också på den viktiga roll som organisationer spelade genom att stödja barnen och ungdomarna i övergången från att leva på gatan till att återintegrera i samhället. Arbetet behövde vara individanpassat och flexibelt och planeringen ändrades ofta flera gånger innan ungdomarna slutligen fann sig till rätta. Organisationen behövde ta hänsyn till barnen och ungdomarnas egen agentskap och resiliens. Eftersom de flesta av ungdomarna hade ett svagt stöd från sina biologiska familjer, behövde andra anta denna stödjande roll. Resultaten visar att ungdomarna i stor utsträckning kunde hitta andra personer som kunde ta på sig en föräldraroll, men att de också ofta hade kvar kontakten med organisationen som stöttat dem tidigare. Den faktor som var starkast förknippad med god livskvalitet var att ha andra som vände sig till dem för stöd.

Med utgångspunkt i studiens resultat diskuteras möjligheterna att förhindra att barn och ungdomar lämnar sina hem på strukturell och individuell nivå. På strukturell nivå fordras fattigdomsbekämpning, ökad tillgång till hälsovård och utbildning, och förbättrat socialt stöd riktat till de mest utsatta grupperna. På individuell nivå behöver man identifiera de grupper som är i riskzonen för att lämna sina hem. I Kagera regionen var det föräldralösa barn (framför allt de som förlorat båda sina föräldrar), som blev illa behandlade där de bodde, sällan fick gå i skolan och var mycket fattiga, som hade störst risk att lämna sina hem. Eftersom de yngsta barnen (de under 13 år) ofta hamnade i de mest utsatta situationerna, bör särskild vikt läggas vid denna grupp. Vilka grupper som är mest i riskzonen för att lämna sina hem kan skilja sig mellan olika regioner och länder, och regionspecifika analyser måste göras. De barn och familjer som bedömts vara i riskzonen bör ges stöd utifrån sina speciella behov, och deras situation och utveckling bör följas upp kontinuerligt.

Vad gäller situationen för barn som lever på gatan och arbetar som hembiträden bör det strukturella arbetet inriktas mot barnarbete och att se till att alla barn får möjlighet att gå i skolan. Alla barn har rätt att få sina grundläggande behov och rättigheter tillgodosedda, även de som är hemlösa. Slutligen bör man arbeta för att motverka den diskriminering och stigmatisering som dessa barn utsätts för. På strukturell nivå behövs även åtgärder för att motverka de negativa effekterna av migration och det ökade trycket på urbana miljöer. På individuell nivå bör man arbeta för att nå dessa barn med tidiga insatser genom arbete antingen från offentlig sektor eller frivilliga organisationer. Insatserna bör bestå både av utåtriktat arbete och olika former av individanpassat stöd.

För att underlätta återintegrering på strukturell nivå bör det arbete som utförs av organisationer (offentliga eller frivilliga) integreras med det lokala civilsamhällets arbete. Det är viktigt att man inte skapar nya parallella strukturer utan förstår att lokalsamhällets engagemang är avgörande för hur det går för de barn och ungdomar som återintegreras. Arbetet måste inriktas på att öka graden av acceptans, inkluderande och samarbete i samhället. Att främja socialt stöd och tillgång till socialt kapital ökar möjligheterna för alla medlemmar i samhället att bidra. På individnivå krävs att man gör individuella planer för varje barn. Det finns inte en lösning som passar alla, då varje barn

och ungdom är unik. Det bör finnas korttidsboenden för de barn och ungdomar som behöver det. På ett tidigt stadium behöver barnen få börja i skolan igen, och få det extra stöd de behöver för att åter komma in i rutiner.

Återintegreringsprocessen måste få ta tid och förberedas väl. Andra viktiga aktörer behöver involveras och det är viktigt att det finns ett stort mått av flexibilitet och tålamod eftersom planer ofta kan behöva ändras. Generellt visade resultaten att barnen och ungdomarna uppfattade situationen efter återvändandet som mest positiv under det första halvåret, sen sjönk livskvaliteten något för att under de kommande åren åter förbättras. Detta visar på vikten av långsiktig uppföljning och på betydelsen av lokalsamhällets engagemang i att knyta relationer till de ungdomar som återintegreras. Att ha tillgång till stöd från andra, få en roll eller uppgift i samhället och att betyda något för andra visade sig vara de viktigaste faktorerna för god livskvalitet efter återintegrering.

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