

Working with girls living on the streets in East Africa: professionals' experiences

Stefan Savenstedt RNT PhD

Lecturer, Department of Nursing, Umea University, Vardvetarhuset, Umea, Sweden

Terttu Häggstrom RNT PhD

Lecturer, Department of Health Sciences, Luleå University of Technology, Luleå, Sweden

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Correspondence:

Stefan Savenstedt,
Department of Nursing,
Umea University,
Vardvetarhuset,
Umea S-90187,
Sweden.
E-mail: stefan.savenstedt@ltu.se

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Aim. This paper reports a study elucidating the meaning of caring for girls of the street, as experienced by female staff members working with street children in Eastern Africa.

Background. The phenomenon of children living on the streets is a global and escalating problem, and girls are presumed to be especially vulnerable. In East Africa, the traditional extended family system is rapidly breaking down and traditional gender values seem to remain. This was the context for investigating female carers' experience of caring for girls.

Method. Interviews were conducted with 37 project staff members working with children living on the streets in the framework of non-governmental organizations in Kenya, Uganda and Tanzania between 1997 and 1998. Transcribed text from female interviewees ($n = 13$) working with girls of the street was analysed using a phenomenological-hermeneutic approach.

Findings. The meaning of caring for girls of the street for female professional carers in East Africa was comprehensively understood as counselling the girls to integrate the past of their adverse life stories with their present identity. Counselling meant conveying visions for a possible re-direction of the life stories, from being a girl of the street into being an accepted family girl. Caring in this context meant being squeezed between ethical demands and gender values. Experiencing frustration and powerlessness was related to gender structures in society, having to fight the grip of street culture, and a lack of professional tools. Hope and satisfaction were related to success in changing the course of life stories of girls and to seeing possibilities for contributing to empowerment of girls and community members.

Conclusions. Gender issues are critical to care provided to girls of the street. Carers felt that they lacked relevant knowledge and support. Ethical aspects and gender issues in relation to professional care for vulnerable girls ought to be addressed in nursing education and practice, not only for developing countries, but also as a matter of global interest.

Keywords: caregiving, child abuse, counselling, gender issues, life history, nursing

Background

Children living on the streets are a global and escalating problem, and girls are presumed to be especially vulnerable. Authors such as Boyden (1991) have poignantly described their situation. In East Africa, this problem is comparatively new and is rapidly escalating, and most societies in this area have no or little preparedness to deal with the problem (Deininger *et al.* 2003). The extended family traditions are now changing and some children are raised in poorly functioning extended families where fathers are often absent (Kilbride *et al.* 2000). The rapidly increasing number of AIDS orphans (Foster & Williamson 2000, Deininger *et al.* 2003) is contributing to the increasing number of street children. Additionally, many children have run away from home because of abuse (Boyden 1991, Matchinda 1999). The violence experienced by East African street children in their families is closely connected to parental abuse (Ranji & Kudrati 1994, Mdoe 1997), especially among girls (Kilbride *et al.* 2000). A well-defined group of homeless children are 'children of the streets' (COS), denoting children who live and work on the street full-time (Glasser 1994). 'Girls of the streets' (GOS) will be used similarly.

Streetism in Africa has mainly been associated with boys and their lives on the streets, but reports indicate that there are an increasing number of GOS in East Africa (UNICEF 1993) and their lives on the streets are often connected with sexual abuse (Lalor 1999). On the whole, GOS regularly practise prostitution, even if they do not identify themselves as prostitutes, and are not identified as prostitutes by members of society (Kilbride *et al.* 2000). In traditional East African society boys have greater freedom than girls, as girls are mostly controlled within their homes (Weisner 1997). Research reports focusing on GOS are few, and so are specific care programmes for GOS. Such care is a difficult process which requires commitment and strength on the part of the staff and GOS, as well as support from the community (Warburton & Camacho de la Cruz 1996).

The ability to care can be seen as inseparable from our nature as human beings, and mothering can be seen as a symbol of care. Care in this sense is not tied to any particular female bodily activities, but can be performed by both women and men (Ruddick 1989). Roach (1992) suggested that care is a human way of being that can be developed and affirmed in professional care as a response to values such as dignity of life and the preciousness of human beings.

Carers and care receivers, regardless of their age, understand themselves and others through stories that they tell about their lives (Hatch & Wisniewski 1995). The stories are continuously refigured by truthful or fictive stories that make life itself a cloth

of stories told (Ricoeur 1985), which need not cover the entire lifespan in all its aspects (Bertaux 1981). Carers' responsibilities toward dependent young, in a life story perspective, can be seen as a responsibility to provide guidance and protection of the future life story (Thomasma 1984). A mother's stories can be beneficial for her and her children, as story-telling can increase her self-confidence, may connect her's and the children's understandings of shared experience, and assist the children to tell their own life stories (Ruddick 1989).

The work carried out by women to maintain the personal, familial and reproductive side of life is crucial to the survival of humankind. Domestic arrangements provide a major focus for women in most contemporary cultures (Gilligan 1982, Waerness 1996, Okin 1999). Informal care is assumed to provide love, as well as work, in a private setting (Abel & Nelson 1990) in which a safe shelter for caring for children and others can be maintained. Formal care is mostly performed in institutions, private homes (Waerness 1996) or special homelike care units such as orphanages. Women who provide formal care for street children do not usually do so in any of these contexts.

During the process of collecting data to study health problems among COS in East Africa (Sävenstedt *et al.* 2000), we sensed that female staff members' stories about GOS had an embedded special meaning.

The study

Aim

The aim of the study was to elucidate the meaning of caring for GOS as experienced by female staff members working in street children projects in Eastern Africa.

Methodology

A qualitative approach was used to analyse transcribed data that were collected through narrative interviews with female carers caring for GOS. The text was analysed with a phenomenological-hermeneutic approach (Ricoeur 1976) which provided an opportunity to combine the philosophy of the meaning in a text with a hermeneutic interpretation. The transcription was seen as a fixation of the meaning of the carers' experience (Ricoeur 1976).

Participants and context

This study was one of two based on data from interviews with project staff members working with COS in the framework of non-governmental organizations (NGO) in

Kenya, Uganda and Tanzania from 1997 to 1998. We believe that the situation of street children in East Africa continues to be the same. The first study focused on staff members' experiences of working with health problems among COS (Sävenstedt *et al.* 2000). In this second study, texts from interviews with 13 of a total of 37 carers were selected on the basis that they were women and worked exclusively with GOS. They were employed as formal carers in four different projects that were mainly funded by external donors, and were employed to care for GOS with the aim of supporting their integration into society. The actual work was to take care of the psychosocial needs of the GOS, e.g. to comfort abused girls and give advice on health issues such as hygiene and common infectious diseases. Eight interviewees were working both with girls who lived on the streets, and those who lived in various rehabilitation centres. Five only had experience of working with GOS in rehabilitation centres. Interviewees had various kinds of professional education, some in social work. None had had any specific training to care for GOS. All but one were local professionals (Table 1). The exception was an expatriate who had worked for 15 years in the same project.

Data collection

The first author and a female assistant of European background conducted the interviews. In order to understand the context of the carers' work, the interviewers visited the project sites and spent an average of 3–4 days with the staff members of each project. Seven individual and two group interviews were performed. Five interviewees from the individual interviews participated in one of the two group interviews, held with one group of six and one of five participants. The interviews were conducted with a narrative approach, and focused on the meaning of caring for COS. Individual interviews preceded group interviews. As participants appeared to share some experiences, topics that the interviewers felt could be further reflected on and elaborated

were brought up in the group interviews in order to capture the range of experience (Mishler 1986).

Broad questions were used, for example: 'Please would you tell us about your experience of working with health issues among the girls?' The tape-recorded interviews lasted approximately one to one-and-a-half hours.

Ethical considerations

A university research ethics committee approved the study. Interviewees gave informed consent to participation and were promised confidentiality in reports. A special undertaking was given not to exploit the interviewees or their projects in any way. The interviewers made themselves open to objections and available for answering questions after the interviews.

Data analysis

Analysis of the transcribed text followed a process developed at the Department of Nursing, Umeå University, Sweden (see, for example, Håggström & Norberg 1998, Benzein *et al.* 2000) and the Department of Nursing and Health, University of Tromsø, Norway (see, for example, Talseth *et al.* 1999). This process was influenced by Ricoeur's (1976) interpretation theory suggesting that analyses of texts should encompass three phases in the dialectic of understanding and explanation. In the first stage, the whole text was read in an attempt to grasp its meaning (naïve reading). In the next stage, the text was approached stepwise. Meanings and patterns were identified in order to find explanations for the naïve understanding (structural analysis). Thereafter, the identified units were condensed and grouped together and the content was compared with the original text. Finally, the two previous stages were combined into a critical interpretation that was seen as conveying the most probable meaning of caring for GOS as a female carer (critical comprehensive understanding). The process of analysis did not follow a linear structure. Rather, it was performed as a movement of going back and forth between the stages.

Table 1 Characteristics of interviewees

Interviewees	Work experience		Education*		
	2–4 years	> 5 years	Degree	Diploma	Certificate
Age (years) <i>n</i>					
20–25	1 1	0	0	0	1
26–30	7 5	2	1	3	3
31–	5 1	4	2	3	0
Total	13 7	6	3	6	4

*'Degree' refers to a completed university degree; 'diploma' refers to other posthigh school education of medium length; and 'certificate' refers to short-term courses or high school education.

Findings

Presentation of the findings follows the three stages of analysing: naïve reading, structural analysis and critical comprehensive understanding.

Naïve reading

The first reading of the text as a whole gave a sense that care in this context meant that the encounters between

carers and individual GOS created awareness and indignation at the unfair past life stories and present situation of the GOS. This contributed to carers' commitment to care and to struggling to change the seemingly bleak future destiny of the girls. Being able to create trustful relationships with the girls seemed a central and sensitive issue, and was often related to carers' personal experiences of motherly care and protection. The struggle for a better future involved fighting against the grip of street culture and against one's own and others' values, as the behaviour of GOS collided with traditional values concerning how average family girls should behave. Carers' personal relations with GOS seemed also to create feelings alternating between hope and frustration, as well as between satisfaction and powerlessness. This understanding provided a base for further analyses of the meaning of care.

Structural analysis

The identified units of text about the meaning of care were grouped into nine sub-themes that then were formed into three themes: *encountering the life world through stories, struggling with the grip of street life, and being the voice of GOS* (Table 2).

Encountering the life world through stories

Through listening to the stories of GOS, carers opened their minds and became touched by encountering the life world of the girls. This, together with an increased awareness of sharing an understanding with the girls of their experience of the prevailing tough and non-caring street life, made carers commit themselves and spend time creating trustful relationships. They felt that they became involved in the life stories of the girls. This theme consisted of four sub-themes: meeting a girl commits, trusting through sharing of meanings, getting through and being involved, lacking a means to support change.

Table 2 Overview of sub-themes and themes

Sub-themes	Themes
Meeting a girl commits	Encountering the life world through stories
Trusting through sharing of meanings	
Getting through and being involved	
Lacking a means to support change	
Struggling with drug abuse	Struggling with the grip of street life
Struggling with colliding values	
Conveying positive visions	
Being frightened and powerless	Being the voice of girls of the street
Supporting empowerment	

Meeting a girl commits Commitment to caring for GOS as a mother was expressed as a strong conviction that emanated from the encounter with an individual girl. The commitment seemed closely connected to an understanding of the young girls' vulnerability when listening to their stories about being ostracized and their experience of the brutality of street life: 'Their behaviour is opposite to what people think is right and that is why they ostracise them. It is like they were from Mars'. The strong commitment was connected to motherly feelings of protection and a will to rescue the girls from street life: 'Somebody has to help these girls since their situation is not their fault. I feel at this moment as a mother to them'.

Trusting through sharing of meanings Caring for GOS was closely connected to the ability to create trust in the relationship with individual girls. Without trust a good caring relationship could not exist. GOS were used to being rejected and despised on the one hand, and on the other hand they had developed an attitude of independence and using 'smartness' as a response to being rejected. Mutual trust meant respecting the girls in their vulnerability and having an ability to transfer feelings that they were accepted, lovable and worth listening to. It could also mean sharing feelings and thoughts with them as friends: 'Most of the time they are defensive and they think you are going to accuse them of doing bad things. When I told them that I accepted them, they started to trust me and told me all the things'.

Getting through and being involved Getting through and being involved meant experiencing how it could be possible to break through the thick wall of defence surrounding the emotional life of GOS, and being accepted as a provider of care who could share their emotional problems, as well as providing counselling and comfort. The experience of getting through contributed to feelings of being involved as a friend and gave rewarding feelings of satisfaction, e.g. when receiving evidence that the caring efforts had helped a girl to overcome some of her problems. The satisfaction contributed to further commitment to care: 'It has given me a lot of satisfaction that when they realise that you have become friends, they come close and they have somebody to talk to. Whether you can solve their problems or not, the fact that I am a friend seems enough'. For carers, getting through often meant sharing love and providing care for girls whose stories contained painful experiences: 'Through love and care we have been able to help a girl whose mother was an alcoholic and sold her daughter to get money for her drinking, even if it is still painful for her'.

Lacking a means to support change Lacking a means to support change meant having experience of failure to care and feelings of not knowing how to support the girls. Carers' awareness of lacking knowledge and a means to care for the girls created feelings of frustration and confusion: 'I need more education on the problems [related to caring for GOS] and there is nothing there. They [non-governmental organisation officers employed as advisors] talk about Latin America, but you can't apply those experiences here'. This frustration was also connected to the experience of working hard to get a girl reintegrated into the community and still failing to make it work: 'We are doing a lot of things for these girls and then you find that you have done nothing. I need to go back to school and learn more on how to deal with them'.

Struggling against the grip of street life

Struggling against the strong forces that reigned over the GOS and the prevailing drug abuse and prostitution made the carers realize that it was difficult for the girls to re-direct their life stories whilst they still were in the grip of street life. They had to be rescued from street life. There were three sub-themes: struggling with drug abuse, struggling with colliding values, and conveying positive visions.

Struggling with drug abuse Struggling with drug abuse meant encountering it as an integrated part of street life. Drug abuse affected the caring process negatively, was difficult to handle, and sometimes became overwhelming. Caring for individual girls and being able to support change in their destiny meant convincing them to give up drug abuse, and this was perceived to be one of the major hurdles. Knowledge of the conditions of street life made carers understand and accept that drug abuse could help the girls to endure hunger, coldness and abuse: 'When they are hungry they will be sniffing and they are always hungry, so they will be sniffing aviation fuel most of the time. You have to consider the reasons why they take it before you remove it'. Drug abuse made girls aggressive and difficult to deal with. It also made them do things that they never would have done if they had not been high on drugs. This became an unequal struggle, not only against their drug addiction, but also against the powerful interests that could be involved: 'It is very hard for us to fight the drug abuse on our level since we are just grassroots workers and drugs are connected to big people'.

Struggling with colliding values Struggling with colliding values meant fighting against prostitution and sexual abuse. These problems were value-laden and frustrating. A strong motivating factor for fighting the grip of prostitution was the frustrating insight that prostitution and sexual abuse among

the GOS included the risk of becoming infected with HIV/AIDS and having to live with the consequences: 'It is very difficult to see them dying of AIDS after all the work you done...especially when you know that they got it through abuse'. Struggling against prostitution meant dealing with carers' own gender values concerning how normal girls and young women should behave. It also meant dealing with society's ignorance and rejection of the girls. It meant both convincing the girls that there was an alternative way of living and going against the values of street boys, pimps and other street girls who felt that they had an ownership of the GOS.

Conveying positive visions Conveying positive visions meant conveying hope and giving girls the vision that it was possible for them to become lovable ordinary family girls, who could attend schools and form a family of their own. It also meant convincing them to accept and integrate prevailing gender values related to family girls. They were used to the relative independence of street life and to making most of their own decisions without interference from adults. Instilling attitudes and values corresponding to the life of family girls was a process that had to be done with a participatory approach: 'We found that when the girls stayed on the streets for a couple of months, it was more difficult to convince them to change their lives. You could not just tell them what to do and you had to spend a lot of time with them'. The process of conveying positive visions was often described as being a mother for the girls. Signs showing that GOS struggled towards actualizing positive visions created feelings of hope and further commitment: 'I really love work with them...I feel good when a child who was useless has changed and I feel I can do more helping them than those who have everything'.

Being the voice of GOS

Being the voice of the girls often meant feeling alone and without power in the struggle against gender values in society and powerful men. However, it was also connected to supporting empowerment among GOS and people in the community in the struggle for the girls. There were two sub-themes, being frightened and powerless, and supporting empowerment.

Being frightened and powerless Being frightened and powerless meant having experience of being an advocate for GOS, fighting against sexual abusers, and experiencing feelings of fear, frustration and powerlessness. It also meant facing the difficulty of convincing abused girls of the need to share their painful experiences so that carers might be able to act as advocates for them: '[You] have to go about it in a very

sensitive way so that you don't endanger the girl's life or your own'. Caring for GOS evoked strong negative feelings about the sexual abuse of young girls. A way of dealing with the problems and carers' own frustration seemed to be through contributing to public awareness: 'I really feel bad about these men who are abusing girls. I don't like them...I have even become a member of a local awareness group'.

Supporting empowerment Supporting empowerment meant becoming increasingly aware of the magnitude of the problems facing young girls in poor communities and contributing to girls leaving their homes to live on the streets. Carers' awareness resulted in eagerness and a will to work with members of the communities: 'We feel we need to sensitise the communities about child abuse because many in the communities are not aware of what is wrong about child abuse'. Hopes for a better future for GOS were attached to empowering them through education, even if girls were traditionally seen as more useful for generating income in a family: 'It is a big sacrifice for the slum family to send the girl to school, but if she is not empowered by education they are just used and abused by everybody. An educated girl will also give hope to their mothers'.

Comprehensive critical understanding

The meaning of caring for GOS as a female professional carer in East Africa was comprehensively understood as counselling the girls to integrate the past of their adverse life stories with a view that they were valuable. Thus, counselling meant conveying visions for a possible re-direction of the girls' life stories, from being a GOS into being an accepted family girl. Caring in this context meant being squeezed between ethical demands and gender values.

The phenomenon of care started when carers listened to the life stories of individual GOS. Encountering a GOS meant that as professional carers they committed themselves to caring for her as a mother. When carers were committed, they had to create trustful relationships that enabled them to get through the personal defences of a GOS and share with her the meaning of her experience. This sharing made the carer feel involved in the story of the girl. In this involvement, carers often felt that they lacked the means to support a change in girls' lives. They also had to struggle with the grip of street life and colliding traditional and gender values when they were trying to convey positive visions for a change in the future life of GOS. Conveying hope for a better future also meant being a voice for the girls, acting as an advocate for their rights in society. This process of counselling and caring was connected to feelings of frustration and powerlessness, as

well as feelings of satisfaction and hope. Involvement in the life story of GOS could involve counselling a girl to integrate a vision of a future life story similar to the life story of a family girl.

Discussion

This study was based on interviews carried out 1997–1998 and we believe that the situation of street children in East Africa continues to be the same (cf. Evans 2002). Our European background may have made us sensitive to some messages and insensitive to others. We found the phenomenological-hermeneutic method appropriate for our search of meaning in the transcribed text and we have tried to produce the most probable interpretations through critically reviewing them. The use of a life story perspective might have overshadowed other important aspects of the meaning of care for GOS.

The meaning of care was investigated in societies in rapid transition (Foster & Williamson 2000). In this context, the meaning of care seemingly started as a process where carers committed themselves to caring for GOS in their encounter with a girl and through listening to her story. This commitment to care can be understood in the light of Lögstrup's (1971) philosophy, which maintains that, in meeting others we perceive radical, ethical, silent demands to make decisions on the basis of our own selfishness and our own understanding of life. Carers' lived experience served as a base for sensing that the GOS lacked motherly support and guidance. Ruddick (1989) suggested that mothering as an activity is governed by commitment that perseveres through feelings and activities that can be carried out by both men and women. This maternal work gives rise to a distinctive kind of thinking called forth by the demands of children. Our interviewees seemed to develop an enduring commitment to caring for GOS and to defending them against rejection and abuse.

Being committed to care also meant that carers felt that they had to create a trustful relationship with the girls that could break through their personal defences and enable them to share with the GOS the meaning of their experience. Sharing the meaning of experience is possible through telling and listening to stories about experiences in life (Hatch & Wisniewski 1995). Carers aimed to support a change of the life story of a GOS in spite of her behaviour against traditional and gender values. Viewing care as a support of care-receivers' life stories that can be accepted by themselves and others corresponds with what Davies (1995, p. 142) described as 'a means to ruminate about the past and motivate training and planning for a future'. Foreseeing the

future can be seen as an essential task for these carers, as GOS usually have little concern about their future. Their daily life is filled with concern about daily survival (Epstein 1996).

The commitment to care as mothers can be seen as relating to interviewees' experiences of having and being mothers. The relationship between mothers and daughters is specific. Girls play an important role in assisting East African mothers in managing domestic duties, and the home is essential for learning appropriate behaviour according to age and gender (Weisner 1997). A young girl who is outside this system will still be judged according to traditions, and children tend to retain close bonds with their mothers or other female caregivers, as well as with siblings who have functioned as caregivers (Kilbride *et al.* 2000). Motherhood, in general, is connected with caring for one's children in one's home, and caring is generally associated with women and mothers in most parts of the world (Condon 1992, Unger & Crawford 1992).

Interviewees had to struggle against their own integrated gender values and traditional gender values. These are issues of power (Dahle 1998). Power relations between mothers and daughters in the average East African family differ from the interviewed carers' relationships with GOS, as the girls are socialized through the influence of peers. The carers had limited power over the girls, who often acted independently as adults and manifested adult behaviour (Setel 1996). Parker Lewis (1998) provided a glimpse of the life world of COS: besides being difficult to assist and resistant to help offered, street children are also difficult to understand. They will put up with really sordid living conditions, deprivations and inconvenience if they feel secure. Above all else, they value the freedom to make their own decisions. A homelike institutional setting as a context for carers' maternal, counselling care might increase the possibilities of exercising 'maternal' control over the girls, in comparison with the street setting. Sandvin *et al.* (1998) claimed that understanding the level of power between caregivers and care receivers is important for understanding professional roles. Our carers' experience of power relations on the streets and in the families seemed to contribute to creating frustration when they responded to perceived ethical demands to care (Lögstrup 1971, Ruddick 1989), even if care also provided feelings of satisfaction and hope.

The carers seemed aware of the girls' rights (Hammarberg 1990). Speaking on their behalf, especially regarding sexual abuse, became an unequal struggle against powerful forces in this East African society, where GOS have the lowest status (Kilbride *et al.* 2000). Carers' maternal power seemingly had to submit to the paternal authority in society (cf. Ruddick 1989).

Hope for a change in the future, as an aspect of the meaning of care, was connected to experience of community

empowerment and awareness. Elworthy (1996) argued that power is created through working together in a spirit of responsibility for one's fellow community members, and through cooperation among women and men and not competition. This could be a suitable way for female carers working with GOS in Eastern Africa to overcome feelings of powerlessness.

Conclusion

Based on our findings, the following conclusions and recommendations for education and practice emerge for carers working with vulnerable girls in difficult circumstances such as GOS:

- Commitment to caring for GOS results from ethical demands created from the girls' life stories and carers' maternal thinking.
- Caring for vulnerable girls involves dealing with carers' own gender values, and the prevailing gender values in the society concerned.
- Counselling for a redirection in the lives of GOS means conveying a positive vision for the girls' future that can motivate them towards further education and planning for their future.
- Counselling for a redirection and to install hope for the future for GOS, and the possibility of overcoming feelings of powerlessness among carers in their work, are closely connected to community empowering and awareness.
- Educational materials need to be developed to support the specific work of caring for GOS.

This study also supports the need for further research on the topic of caring for vulnerable girls in general, and in different cultural contexts in particular.

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Author contributions

SS and TH were responsible for the study conception and design; data analysis; and critical revision of the paper for important intellectual content. SS performed the data collection and drafted the manuscript.

What is already known about this topic

- The phenomenon of children living on the streets is a global and escalating problem, and girls are particularly vulnerable.
- In East Africa, all children have been traditionally cared for in an extended family system but this system and societies are now in transition, while traditional gender values largely remain.
- There are few structures and limited knowledge and experience of caring for girls living on the streets.

What this paper adds

- Caring for girls living on the street involved power-, gender- and tradition-related issues.
- Substance abuse, prostitution and HIV/AIDS were important outcomes of living on the streets.
- Carers saw their roles as 'mothering' and acting as advocates, but felt that they lacked 'professional tools' when caring for girls living on the streets.

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