

# "Home alone"

– the true story

Children as caretakers  
in León, Nicaragua



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"...although children are ever-present, their lives largely remain invisible.  
They are seen, but not heard and almost never listened to."

Duncan Green. Hidden lives: Voices of children in Latin America and the Caribbean.

## ABSTRACT

*Aims:* The overall aim with this study was to explore the situation for poor children taking care of younger siblings in León, Nicaragua. The study was conducted within the Sida/SAREC collaborative project "Reproductive and Child Health in León" and the specific aims of the study were to explore the everyday lives of children as caretakers, to describe their responsibilities and duties in the households, to explore their knowledge of caretaking and, in addition, explore some possible ways of doing research with children.

*Methods:* By using qualitative techniques, observations in the form of a written diary, and interviews with key informants and children were conducted.

*Results:* All caretakers in this study were poor or extremely poor. It was common for both girls and boys to care for their siblings. Important for becoming caretaker was in what order in the family the she/he was born. In most cases the children lived in a single-headed household, usually with their mothers. They had been taught caretaking by their mothers or older sisters. There seemed to be little free time for play and rest. Free time was even more limited for those children attending school.

Most children were able to mention ways of identifying illness and how to act in case of accident. They would also contact relatives for help or send some of the other children to find help.

Many of the children did not eat during the day. Mostly because lack of food, but also that some were too young to be able to cook. Chores increases with age. More than half of the children did not attend school and only two were in the grade corresponding to their age. The overall decision that the child had to work as caretaker was taken by the mother or the head of household, as well as decisions regarding care and food.

*Discussion and conclusions:* It seems to be a common situation for poor families to rely on children working as caretakers for younger siblings, while the parent/parents are working outside the home. The finding that many children were left alone for long periods, often without food was alarming. Also, it increases the risk of abuse. Information collected from the interviews concerning health knowledge was difficult to assess as the questions were not focused on identifying special illnesses and therefore the level of knowledge was impossible to judge. The poor school attendance shows that many of the caretakers are deprived of their right to education. The methods used in this study were not the most appropriate and not enough time was allowed to get to know the children in their environment.

The children in this study are deprived of many of their rights, especially concerning education, work, health and leisure time. Considering what is stated in the Convention of the Rights of the Child, there is an urgent need to address the children directly to identify what they perceive are the most important problems.

## CHILDREN HAVE A RIGHT TO BE HEARD

In 1989, the Convention on the Rights of the Child was unanimously adopted by the UN General Assembly and since then it has been ratified by all states in the world except for Somalia and the United States. It is the first legally binding international instrument to incorporate the full range of human rights - children's civil and political rights as well as their economic, social and cultural rights - thus giving all rights equal emphasis [Unicef 1999].

The Convention defines as a child every human being under 18, unless national laws recognise the age of maturity earlier. In Nicaragua, the minimum employment age is 14, and the age limit is therefore less than 18. [Aragão-Lagergren, 1997].

### Convention on the Rights of the Child

Articles of special relevance for this study [Unicef 1999]

#### *Article 28 Education*

The child has a right to education, and the State's duty is to ensure that primary education is free and compulsory, to encourage different forms of secondary education accessible to every child and to make higher education available to all on the basis of capacity. School discipline shall be consistent with the child's rights and dignity.

#### *Article 32 Child labour*

The child has the right to be protected from work that threatens his or her health, education or development. The State shall set minimum ages for employment and regulate working conditions.

#### *Article 24 Health and health services*

The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international co-operation in this regard and strive to see that no child is deprived of access to effective health services.

#### *Article 31 Leisure, recreation and cultural activities*

The child has the right to leisure, play and participation in cultural and artistic activities.

#### *Article 18 Parental responsibilities*

Parents have joint primary responsibility for raising the child, and the State shall support them in this. The States shall provide appropriate assistance to parents in child-raising.

#### *Article 19 Protection from abuse and neglect*

The State shall protect the child from all forms of maltreatment by parents or other responsible for the care of the child and establish appropriate social programmes for the prevention of abuse and the treatment of victims.

## Outline of this thesis

With the convention as a background, the general situation for children living in Nicaragua today is described. After a short presentation of the collaborative research project in León that provide the basis for this pilot study, the study itself is introduced. The overall aim was to find out about the situation for those children being poor and with the responsibility to take care of younger siblings.

The methods used for the study were observations and interviews with key informants and children. The observations are presented in chronological order and with subheadings from the different places of visit. Descriptions and notes from diaries are rather detailed, especially since I had to rely a lot on my observations as my abilities in the Spanish language were limited.

From the interviews different themes could be identified as common for all children and therefore it seemed natural to present the results divided into these themes. In the following discussion I have tried to reflect back on the specific aims of this study and then make a summary of the most important findings (Figure 1). When the fieldwork of this study was finalised I made a literature search and found some relevant studies on similar topics. Most literature on doing research with children is rather new, starting from around 1980 and increasing every year.

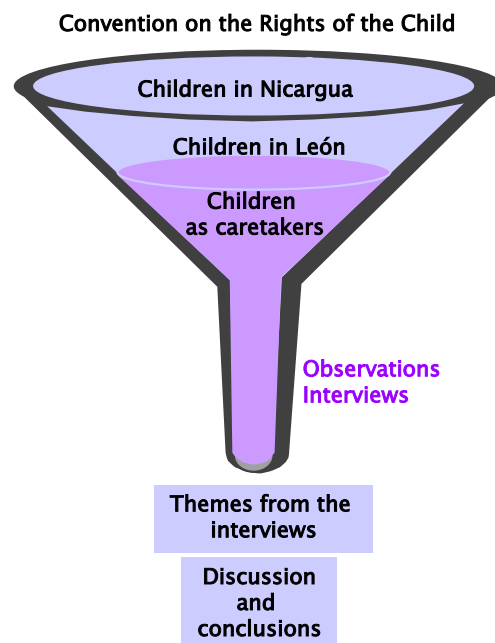


Figure 1. Outline of the thesis.

## Facts about Nicaragua\*



\* [Lonley Planet, 1999, Unicef, 1999]

Area: 148.000 km<sup>2</sup>

Capital city: Managua

Total population: 4.4 million

GNP per capita 1996: 380 USD

Percent of population below \$1 a day  
1990-95: 44

Languages: Spanish, English Creole, Miskito

People: Mestizo 69%, European descent 17%,  
African descent 9%, Indigenous peoples 5%

Religion: Catholic 90%, Protestant 10%

### Demographic indicators:

Population 1996 under 18: 2,164,000

Population 1996 under 5: 671,000

Population annual growth rate (%) 1990-97: 2.8

Life expectancy at birth: 68

Crude birth rate : 34

Total fertility rate: 3.9

Percent of population urbanised: 63

Average annual growth rate of urban population 1990-97: 3.7

### Education:

Total adult literacy rate 1995: 66%

Primary school enrolment ratio

1990-96 (gross) male: 109, female: 112,

1993-95 (net) male: 82, female: 85

Percent of primary school entrants reaching grade 5 1990-95: 54

### Health

Under-5 mortality (per 1,000 live births): 57

Infant mortality rate (per 1,000 live births): 42

Percent of population with access to safe water 1990-97

total: 62, urban: 88, rural: 32

Percent of population with access to adequate sanitation 1990-97

total: 35, urban: 34, rural: 35

Percent of routine EPI vaccines financed by government 1995-97, total: 100

Percent fully immunized 1995-97 (1-year old children):

TB: 100, DPT: 94, polio: 100, measles: 94

ORT use rate (%) 1990-97: 54

### Nutrition

Percent of infants with low birthweight 1990-97: 9

Percent of children (1990-98) who are:

exclusively breastfed (0-3 months): 11

breastfed with complementary food (6-9 months): 48

still breastfeeding (20-23 months): 12

Percent of under-fives (1990-97) suffering from:

underweight, moderate and severe: 12

wasting, moderate and severe: 2

stunting, moderate and severe: 24

## CHILDREN IN NICARAGUA

In a poor country like Nicaragua, where it is estimated that almost half the population (46%) is below the age of 15 years, the life situation for many children appears to be a double burden [Unicef, 1999]. On the one hand, because poverty in combination with low education in mothers are risk-factors for the children's health [Peña, 1999], and on the other hand because the children of these mothers often are faced with huge responsibilities taking care of their younger siblings. The consequences in health for these children as caretakers, and for those children being cared for, need to be further investigated, but one can assume that their situation is difficult.

Nicaragua, is one of the poorest countries in Central America, and has been so for decades. Before the Sandinista revolution in 1979, the country was governed for more than 40 years by the dictator Somoza and the majority of people was living in poverty and under oppression. Rapid changes in politics have taken place since the Sandinista revolution. In the first years after the revolution, major changes in access to health care, schools and property were made. A nation-wide alphabetisation campaign reduced the illiteracy from 88 to 48 percent, and health care was made free for all [Collison, 1990]. Land to cultivate was distributed among the poor and, for the first time, living conditions improved for the people. But this development was a threat to the United States [Low et al, 1993]. They caused an isolation of Nicaragua by supporting the Contras war against the Sandinista government and they imposed a complete economic embargo on the country in 1985. This led to economic crisis and in 1990 the Sandinistas were defeated in the general elections.

Nicaragua and its people have suffered many hardships such as war, economic crises, and on top of this experienced several natural disasters; earthquakes, volcano eruptions and, the most recent one, the hurricane Mitch in November 1998.

Although Nicaragua now is governed by a president and a government elected through general elections and is in a fairly stable political situation, growing poverty is affecting large groups of the population and there are widening gaps between the rich and poor [Aragão-Lagergren, 1997].

According to Fundación Internacional para el Desafío Económico Global (FIDEG) analysis based on an indirect method of measuring poverty 52 percent of urban households were considered poor and 27,5 were "extremely poor" in 1995 [Aragão-Lagergren, 1997]. The method is called Unsatisfied Basic Needs (UBN) and it is becoming a widely used instrument to describe poverty levels in a country [Peña, 1999].

Other sources estimate that poverty in Nicaragua increased from 46 percent in 1980 to 60 percent in 1990 in urban areas, and from 80 percent to 85 in rural areas [Renzi, 1997].

According to Unicef, 75% of the population lives in poverty 1998. In terms of wealth distribution, the 10% richest households receive 52 of the total income, whereas the poorest 50% receives 8% of the total income [Unicef, 1998].

Considering that around half of the population, more than 2 million people, is under 15 years of age, this development is a serious problem especially for the children themselves as it affects so many and they still have little influence in society. As Aragão-Lagergren states in her thesis on working children in Nicaragua:

*"If we take into account that 60 percent of the total number of children below the age of fourteen, is estimated to live in poverty, and around one fourth in extreme poverty, we are entitled to assume that a large number of those children do work, either in agriculture, in the formal sector or in the urban informal sector".*

Therefore, addressing the children and giving them the opportunity to express their views on their living conditions, suggest changes and improvement is necessary. This idea is not new, but has not been very much used in research used until recent years. Aragão-Lagergren states in her study where she interviews 60 children that

*"...children are the subjects rather than the objects of the study. Children are rarely asked about their own situation, opinions or aspirations. They are commonly not regarded as competent informants about themselves and their work.*

*In the majority of studies the primary informants are still the adults, employers, parents or guardians."*

(words underlined in citation by author of this paper)

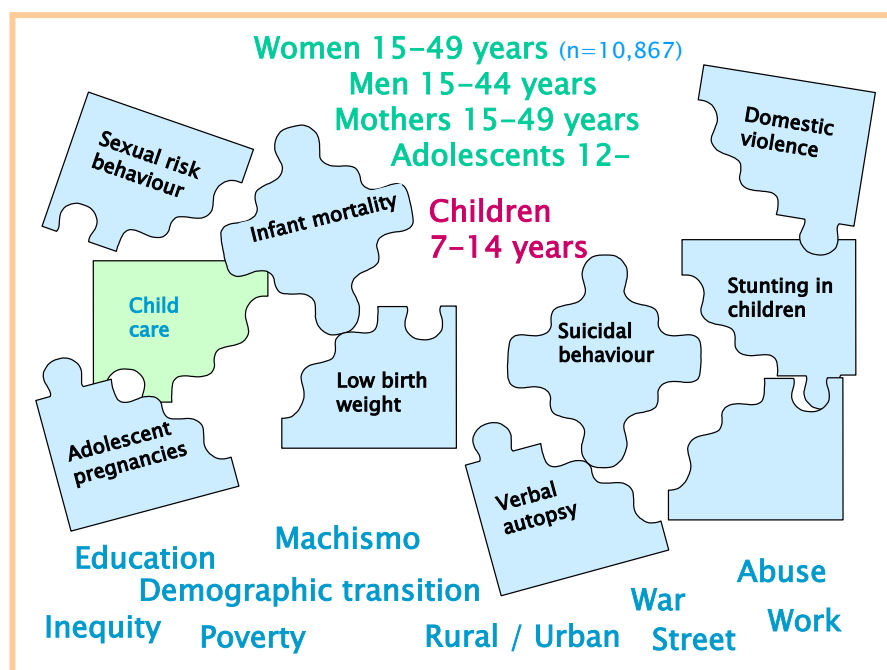
Consequently, giving children the possibilities to exercise their rights according to convention is both essential and urgent.

## **THE REPRODUCTIVE AND CHILD HEALTH PROJECT, LEÓN, NICARAGUA**

Since 1991 a research collaboration is on-going between different departments at León University, local health services and the division of Epidemiology, department of Public Health and Clinical Medicine at Umeå University. The focus of the research has been reproductive and child health in León, as these areas were prioritised by the initial group of researchers, health workers and health authorities. León is the second largest city in Nicaragua with around 195 000 inhabitants.

A variety of studies has been performed in the municipality of León by the project; hospital based studies on neonatal mortality and illegal abortions and two community based surveys in 1993 and 1996 including 7,789 urban and rural households. The role of poverty, education, machismo and abuse

are highlighted in several sub-studies, based on interviews and questionnaires among women, men, mothers and teenagers (Figure 2) [Ellsberg, 1997, Herrera A, 1999, Olsson, 1999, Peña, 1999, Rosén 1999, Zelaya E, 1999, Zelaya F, 1999, Valladares, 1999, Åsling-Monemi, 1999].



**Figure 2.** The research collaboration has resulted in a number of studies and various quantitative and qualitative methods have been used all along.

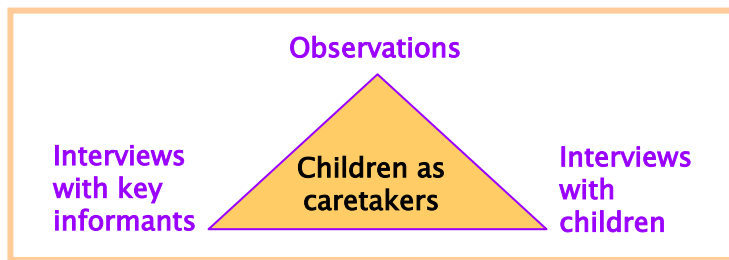
## PILOT STUDY ON CHILDREN TAKING CARE OF SIBLINGS<sup>1</sup>

Although many aspects have been covered in these studies, the children's point of view has not been fully recognised. It could be formulated in one single question "*How do the children see it themselves*"?

In February 1999 I had the possibility to conduct a pilot study, using qualitative techniques, on children's perceptions and knowledge about taking care of siblings, and to find out something about the everyday situation for some children that stay home alone when their parents work. During five weeks I visited several different areas in and outside León, observing and – together with interpreters – performed interviews with more than 20 children and teenagers, some key informants, and a few adults. Nearly all of them were were tape-recorded. Using combined methods to collect data is called triangulation, and provides possibilities to validate the findings [WHO, 1994].

<sup>1</sup> I am using the expressions used by Weisner and Gallimore [1977] when discussing children taking care of their siblings: *caretaker* (child taking care of brother/sister/cousin), *charge* (child in care of caretaker).

Information from 17 children and teenagers in the age groups 7 to 15 years was used in the analysis concerning school attendance.



**Figure 3.** Collection of data was made by three different methods.

A Nicaraguan paediatrician was my supervisor and as an experienced clinician he selected some of the areas to visit where he works for a Non Governmental Organisation (NGO).

These areas are among the poorest in León, and therefore different NGOs supports these communities with health care and also with, for example, building water pumps and latrines.

A questionnaire guide was used for the interviews (see appendix) which was complemented with more questions after the first interviews. The guide included questions on age, sex, members of the household, schooling, duties in the home, knowledge about care, illnesses and action to be taken when someone was ill. The added questions concerned cooking, food intake, and the whereabouts of the parents.

The questions were held general, and to make it possible for the children to respond on a more general level, and not too personal, if they did not feel comfortable. For many interviews it was impossible to arrange a good environment for a private interview. Even if the *children* were alone, *we* were often a group of three to four people visiting. In some instances the participating "field workers" were asking questions that were difficult for the children to answer, as they perhaps felt as if they were being examined and that there was right or wrong answers to the questions. It was obvious that the children respected the adults and they all agreed to participate in the interviews without persuasion. For me it is difficult to judge if they did so because of trust for well-known grown-ups, or if it is customary to obey adult persons.

### **Study areas and settings**

The first site, Comarca, included in the study is situated outside of León in a rural area. The village consisted of around 70 households and we visited Comarca three times, talking to children, mothers and health workers. A health promoter living in the village accompanied me as facilitator and

translator. Interviews were tape-recorded with two children and one mother, and information on the remaining seven households included in the study were obtained from both the people at home at the visits and the health promoter.

The second location, Fortín, is situated south of León, close to a rubbish dump, in the semi-urban area. Here another NGO operates a combined school and centre for poor children providing lunch and activities (similar in organisation to a Swedish "Fritids", recreation centre). Three persons (one English-speaking), working at the centre took me to three different households where we recorded interviews with three children. The children were all familiar with the staff and did not seem to be disturbed or shy by our visits.

A third area, Venceremos, is a "reparto" – a newly constructed neighbourhood - where I was accompanied by the main field supervisor of our project who were very well acquainted with the people there. During the two community surveys he was the person responsible for the mapping and marking of all households included in the studies. He had contacted a community leader and informed her about the purpose of our visit and she took us to three households and also informed us about the situation for children in the "reparto". The community leader put on a cap with "brigadista" (community leader) printed on it when we went to visit, and that was to show that she was representing the community and not making the visits as a private person. We recorded three interviews, and an additional one with a girl that was introduced to us by a woman we met upon arrival. The woman knew the field supervisor from before and also informed us about her views on the situation for these children.

The field supervisor and I made several other visits to "cuarterias", poor households located in non-poor neighbourhood [Peña, 1999] where we randomly interviewed people that were home and agreed to be interviewed. As we found no children being home alone at those visits, the interviews from these areas are not included in the study.

I visited several other organisations, for example Niño-a-Niño (Child-to-Child) and "Casa de la mujer indigena" (Women and children house) in Sutiava, but the interviews from these places are not included in the analyses. However, they add to my general knowledge about the situation for poor children living in León, and therefore I mention them.

## AIMS

The overall aim with this pilot study was to find out about the situation for those children being poor and with the responsibility to take care of younger siblings.

The specific aims of the study were:

- to explore the everyday lives of caretaking children
- to describe their responsibilities and duties in the households
- to explore their knowledge of caretaking
- to explore some possible ways of doing research with children



## OBSERVATIONS

**Comarca, 27 January 1999**

The first visit in the field and it was a overwhelming experience. I came back with a lot of mixed feelings. The poverty, the dust, the solidarity ...

Pedro and I visited a rural area just outside León, Comarca, where Pedro works as a paediatrician. In the community study made in 1993 by our research project it was identified as one of the poorest areas in León and with great health problems. A health project sponsored by a German NGO is now on-going in Comarca and Pedro is one of the doctors who works here free of charge. Treatment and medicines are also free for the patients. A small health centre has been built and water-pumps (each shared by several households) and latrines have been installed in recent years. In one community/village in the area where children were found to be malnourished the project had provided food and organised the mothers to take turns in cooking lunch for all small children. Within the project they have also educated local health promoters and they are for example informing in their villages about malaria-prevention, promoting breast feeding etc.

Early in the morning Pedro picked me up and we went by car to Comarca. While he was working with the mobile reception team, I was going to visit a village and get a first impression of the situation for children staying home alone in this area.

It is only app. 10 kms away, but the road is a long, straight, bumpy, gravelled road, a couple of kilometres parallel to the main road to Managua. On the one side are the irrigated fields and big houses of wealthy landowners and on the other side live the poor peasants with no land but their small compounds. Large contrasts! Much of the land was originally owned by the peasants but they sold it to the landowners in times of economic crisis and now they get occasional employment as agricultural workers (For example, picking the remaining peanuts in the fields after the "picking-machines").

After some kilometres along this road, the big farms vanish, and the poor houses are found on both sides and the flat countryside is stretching out. The roads in the area are not easy to travel on, only the main road is suitable for ordinary cars and trucks, and it is necessary to have a car with four-wheel drive for driving on the small roads. Most people walk or ride a horse; it is very common that children ride the horses themselves, and often there are several people riding on one horse. Some people were also using bicycle. The difficult access to Comarca is one of the reasons why the health station was built, as the travelling time into the city of León is too long for most people. In the area there are primary schools but no secondary school is situated here.

It was difficult for me to notice how severe the lasting damages made by the hurricane Mitch were; but it was noticeable where there had been rivers, and where new rivers had been made by Mitch, but they were all dried up by the time I was there. I was told that the water at the health centre was not safe to drink, and a lot of fields were barren and covered with dead plants (maize for

example) but this area was poor even before the hurricane and, to me, the houses may well have been looking more or less the same as before the disaster.

This time of year it is very dry and there is dust everywhere. The landscape is flat and open so it is also very windy. The earth is covered with black sand from the volcano eruptions in 1992 and 1995 and the dust is black. It is impossible to keep away from the dust, all animals and children are covered in dust! Most children are barefoot and wear very little clothes.

Domestic animals walk around everywhere, cows, pigs, dogs, cats, hens, chickens, turkeys etc. Many houses and shacks (shelters) have a barbed wire fence around the courtyard to keep the animals near the house. There is usually no grass in the courtyards, only the black earth. Some trees to give shade are also common in the courtyards. Most shacks are built from bits and pieces; some bricks, some wood and sticks, tarpaulin, cardboard, corrugated iron and plastic. Usually there is only one room where the family sleeps and the kitchen area is situated outside, using one wall of the house as shelter and with a roof, like a terrace. The stove is usually an open fire, and in many houses also situated on the ground. Few houses have electricity and most huts have earthen floor. There were also quite a number of newly built houses, made from big cement bricks with no ordinary windows. Above the doors and on the sides of the houses there were "lattice" windows, also made from cement. Inside they were very dark because of this, especially where they had no electricity.

Ana Cecilia, a "promotora" (health promoter) who was my guide during the visit lived herself in of these new houses and she confirmed that it is really very dark inside. There were also a lot of scorpions inside the house, and as they are very poisonous they had to be very careful not to get bitten.

Ana Cecilia was selected to be my guide as she was living in the village we had chosen to visit, and she was among the group of women who leaves their children home alone during the time they are away working. She was also a promoter and people in the village were used to being visited by her and her colleagues from the health centre. She was informed by Pedro and myself about the purpose of my visit and she had prepared our meeting by making a list of the households in village where she knew children stayed at home alone. I think that there were about 70 households in this particular village and she had listed 10 households, but there may have been even more she said. On the list she also put down the number of persons in each household, their names and age.

We spent the whole morning walking round the village, visiting all 10 households and talking to the persons at home. In some cases the parents were there, but that was not the usual case. I did not have a tape-recorder with me, unfortunately, but I had brought a camera and took photographs of everyone. They were all very willing to pose and wanted to get their photos taken, and I was lucky to be able to deliver copies of the photos already the

next day. My Spanish was not good enough to interview the children myself, so Ana Cecilia did most of the talking. Perhaps in this situation it was advantage that they were interviewed by someone they already knew and had confidence in.

In one of the first households we visited the children were playing and having fun when we arrived. We heard giggle and laughter from inside the house. There were three children living there (two girls and one boy, 8,7,6 years of age) and they are usually left alone at home 15 days in a row as their mother works in Managua. The father is not living with the family. They are on their own during the days but in the evenings they eat with their aunt and usually they also sleep in her house. When I was about to take the photo of them, the girls quickly ran into the house and fetched two enormous big baby-dolls kept in plastic bags (to keep clean from the dust) and held them proudly in front of the camera.

I got the impression that these children were quite untroubled about their situation; these conditions are similar for so many children in this village that they may not have felt especially abandoned or different.

In other families though, the children seemed very "low" and depressed. They were passive, and did not move about or played. They also seemed to be malnourished and not eating well. Some also showed signs of having parasites, it was noticeable because of their swollen stomachs.

A pattern soon emerged: in most households there were single mothers, there were at least three children or more (often not with same father), the fathers were absent (had moved to another woman, had moved to United States or Costa Rica looking for work etc.) In some cases the father was around but still did not contribute to the household, or could be violent when drinking so that the mother did not trust him to take care of the children. Many of the children did not attend school, or had dropped out. In at least three households a boy was the caretaker while the mother was away working. The children "in charge" varied from 7 to 15 years of age. Some of them could cook and serve food, but many were not allowed to cook because of the danger with open fire.

Walking back on the dusty road to the health centre Ana Cecilia told me about her plans to move to Costa Rica. Her sister was already living there and for Ana Cecilia and her four children, moving there seemed to be a possible way to have a better life. Her chances of getting a better job were much greater there, she told me.

### **Comarca, 28 January 1999**

I was lucky to be able to go back to Comarca the next day and this time I brought the tape-recorder too. Ana Cecilia was working her last day and she went together with me to make the interviews. Two other health workers from the centre also came with us, and in addition to that, we used the project car to

go the houses, so altogether, we were a big group visiting. I was a bit worried about this, but it was not possible to change their minds in joining us. It seemed to be less of a problem for the persons interviewed than I expected, they are used to not being able to be secluded from other people. Also, they are used to get visits from the promoters from the health centre.

After we had made three interviews we returned to the health centre where the head of project wanted to listen to the tapes. It seems that addressing children and their situation directly brought a new perspective to their work at the health centre and he was very positive towards this. He informed me about the food project in one of villages that was started after they had weighed and measured all the children there and found that many of them were under-nourished.

### **Niños del Fortín, 3 February 1999**

This Wednesday I had made an appointment with Antonio, Maria and Carolina (English-speaking volunteer from Germany) to conduct interviews with children in the Fortín-area. Carolina told me a lot about the project Niños del Fortín and her role as responsible for activities, for example, theatre-groups . Unfortunately most of those activities had been postponed because of Mitch when all efforts were concentrated on rebuilding of houses and giving extra classes so the children could catch up the lost time when schools were forced closed down.

The first household we visited was incredibly poor. I think it was the poorest house I had seen so far. Perhaps it had been destroyed by Mitch, but it was so small and dark, and so cramped where they slept that I hardly could force myself to look into the room. There were seven children in the family and the caretaker was 12 years. The children usually went to Niños del Fortín to have lunch, at home they did not eat when the mother was away. The mother arrived just as we were in the middle of the interview and she was, like all other people so far, only positive to our visit. For me it became evident that it is important to know the children well in order to get a relaxed and open interview, because this girl was very shy and silent and would have needed more time to really say what she wanted to say.

According to Carolina this girl is very serious and it is difficult to make her laugh. She is probably feeling great responsibility for her family and so is her older brother was in charge of the family when they were evacuated during Mitch.

We then took a long walk, to visit a boy that lived at least one hours walk away from the centre. He was at home taking care of his two small sisters. They had a rather big patio, the house had quite a big kitchen and they had one big room to sleep in. It was kept nice and tidy. In the yard an enormously big pig was walking about and there were some other animals too. The smallest girl started to cry when we came, and Antonio had to comfort her while we were

doing the interview. Both the girls seemed to have a cold, and they also seemed to in a sullen mood.

We continued to a small river where girl was washing clothes together with her aunt. This girl was almost 15 years and an experienced caretaker. She felt comfortable with the project (Niños del Fortín) as she knew she could contact them in case she needed help with food and health problems.

On the way back I could not help but wonder about the stunning beauty of the landscape, the beautiful view, with big trees, green woods and yellow fields. In the horizon the volcanoes form a wall against the blue sky! Now and then we met some people, most of them walking, some on a horse , some on a bike and a few in cars. And then the contrast with the poor houses and the people living in dark and misery. It is like living in two different worlds at the same time!

### **Mary Barreda, 17 February 1999**

My guide this day was Lorgia. She is a social worker, and only speak Spanish. (I was supposed to work with a woman who spoke English, but she was at home with fever.) But to me, this turned out to be one of the best interview sessions. We went to a special house for children close to the bus terminal (the main house in the centre is more for consultations etc). A group of girls were sitting in the front room sewing (by hand). When we entered they all was told to greet us. We chose to sit in the garden because it was more quiet there, and therefore the interviews were more in private. The first girl we talked to was 13 years old and had 10 siblings. She used to look after them or sell in the streets. She had very little time to play because she was working hard all day. She goes to school so that too was more work. (But she liked to go to school.) She was not well dressed and had not washed properly. She admitted being afraid sometimes when alone looking after her siblings but she was not afraid to sleep alone at night if their mother was away because they have a dog to guard them. She told Lorgia about several times when things have occurred when she was alone.

The second girl was 12, maybe not so talkative as the first one. She looked more mature, and dressed more like a woman. She was also clean and seemed to care for her appearance. She had 7 siblings, and when the mother is working she is looking after the smaller ones, and a cousin. She learnt from her mother how to look after her siblings but she would like to learn more. In school they don't teach anything about how to treat sick children etc. At the project they have been teaching some things. (But sometimes it is in conflict with the homes of the girls as for example they don't talk about menstruation at home because the mother does not like to discuss this with their daughters, Lorgia said later).

When I asked her what she wanted to do when she is grown up, she immediately answered "Doctor".

This interviews were good because Lorgia knows these girls very well and could make them relax and speak quite freely. After the interviews Lorgia told me about the project and also about the children attending the project and the situation for these girls. I think she gave a good description of the situation, and she had much understanding for the problems these children face. She said that they learn very early to compete and fight (in a negative way) as they never get anything without fighting. When they sell things in the streets, they have to fight each other, because that is the only way to be sure to get money. They also have to fight for love and affection and in the groups at Mary Barreda this can cause problems in the group as they all long for attention.

When we left all the girls were told to stand up and give me an applause (!) and they all thanked me for the visit. Some girls gave me hugs and kisses, although I hadn't even spoke to them. And when I asked if I could take a picture there was a real "riot" - they were fighting to be first in line and pushed and scuffed each other in a rather harsh way. I was lucky to only have two photos left, this saved me from taking pictures the rest of the day. I was happy that Lorgia had told about me the competition in the group, because I was surprised at the sudden change in behaviour. It explains a lot, - the rapid switch from peaceful work with the sewing to a total chaos in front of the camera. The pictures came out very cheerful and nice looking, but the feelings in the room were not like that. It was tense, rather.

When I compare to Niños del Fortín, the children at Fortín were not expected to behave in this very respectful way to grown-ups. It all seemed more relaxed and the staff did not tell them what to do all the time. More like a Swedish "Fritids".

### **Reparto Venceremos, 16 February 1999**

Interviews with 5 different persons. First interview was not properly recorded, but the second to fourth are complete, the last one was not recorded.

We first had the intention to visit children to mothers working in the market, as we wanted to know the situation for children living in the centre of town. Santos went to the market and talked to some women there, but he soon realised that this was not a good way to try to find the children who are home alone. The mothers would of course not let him know that their children stayed at home alone, as they could not trust him! As they did not know him they would not reveal where they lived. A better way to know about the children seemed to be to talk to community leaders, and this is what he then did.

Venceremos is a "reparto" (rather new neighbourhood) by the international road (Carretera de circulación) east of León. The area has a new school and some houses were in good condition, built in "concrete blocks", and with rather big patios. In some streets, in between the better houses, the houses were very poor, made out of bits and pieces. According to Santos, it was not

because of Mitch, as they have always been poor like this. Of course the situation became worse because of Mitch, but the problem was there before.

The first interview was made with a 15 year old girl, who has been looking after her brothers and sisters since she was 8 years old. She was introduced to us by a woman who saw us coming and came to greet us because she recognised Santos. When she got to know our intentions she could name several children that usually stay at home alone when their parents work, and she showed us the house of this girl.

The house was poor but kept tidy and with some flowers and decorations inside. I don't remember if they had electricity in the house, I should think not, but the house and patio was quite big. It was made of wood and bits and pieces of all sorts of material. Nothing much growing in the patio, almost no shade. She was cooking meat and preparing tortillas in the house, but when we arrived she was not in the house. I think she was visiting her neighbour. Only one of her brothers was at home with her, the others were in school, and the youngest with her mother. The mother works every day as an "empleada" (washing clothes in peoples houses).

She finished school 2 years ago because they could not afford the money for material and uniform. She does not even have a certificate from the last year in school as she would have to pay for that. When I asked her what she wanted to do when her sister was old enough to take care for the children, she immediately answered: "Work". "With what?" "Anything."

She said that she had not experienced anything bad when looking after her siblings, no accidents or fatal illnesses. When her mother gave birth to her younger siblings, they were alone even at night-time because the mother was in hospital. She was not afraid of being alone in the house.

Next we went to see Consuela, the community leader. Santos had talked to her the day before and prepared her that we were coming. She told us about the situation in the "reparto" and she knew a lot of cases where the mother had to work and leave the children alone.

She then took us to a small house, built in "concrete blocks". In this house, which was divided in the middle, lives a single mother with three children. Another family lives in the other part. The oldest girl was 8, the second 5 and the smallest about 2 years old. When we arrived the children were alone, and the mother was at work since 7 o'clock. She usually comes back at 3 o'clock. During this time the children does not eat, they wait till their mother is back. The oldest girl had broken her arm and she had been to the hospital to get a plaster. Still she had to look after her little sisters, as the mother had to work. Their father had left for United States with another woman. The house they lived in was owned by their aunt, but she was living in Managua at the moment. At the end of the interview another girl came, and I think it was the cousin (daughter of the aunt). She had beautiful clothes and shoes, looked very clean and with her hair in ponytail, and I am not sure, but I think she also lived with them. The difference between the girls was striking!

This was one of the worst experiences for me, because the future for these children was so dark. The school was just across the road, and still she was not able to go as the mother needed her help to look after her sisters. And she answered to Santos when he asked her what she did when her little sister was saying she was hungry: I hit her! Because I have nothing to give her. The little one looked very passive, and the middle one was very shy. Before we left Santos gave them something to buy for in the near-by shop.

Next we visited a family where the mother was home this day because she was ill. Normally the children, 8, 7, 6 years and a small one, are home alone from 7 to 3 - the older children and the father works. None of the children went to school because it is too expensive, and they don't cook themselves during the day when the mother is away. She said they are so used not to eat during the day, that when she cooks for them they say they don't want to eat. They are told to stay in the patio all day, but sometimes they go and play in the street. Nothing has happened with the children when they have been alone. I observed that the fireplace was on the ground, the mother was cooking beans, and it seemed a dangerous place to have a stove. Most fireplaces I have seen so far have been high up from the ground, even if it is always an open fire. The house and patio was quite big, but we never went inside to look. They did not have electricity and the water tap was just outside their door. They paid 40 cordobas (appr \$4) for the water every month, and she earned 70 cordobas (appr \$7) per week. I do not know how much the rest of the family earned.

The last family that we visited was consisting of 8 persons. We spoke to the father, and he told us that none in the household had a work. He usually goes to the market and collects vegetables that are not possible to sell, and he begs there. He had been out of a regular job for many years. He did not drink like many men in his situation. I asked him what they did when someone in the family was ill, and then he asked his mother to come and show her eye. She had some eye-disease, but I got the impression that they could not afford to seek treatment for her. There were two small children in the house, and the young mother was pregnant (probably his daughter). Their house had only one room, with a "hamaca" and one bed, so where they all slept I cannot guess. All bits and pieces, a lot of plastic, the walls had been destroyed during Mitch, but the roof was OK.

After this visit we decided to stop because I did not have enough tape with me to record more (not even the last one) and we also felt that we had got more information than we could handle. It is difficult for me to understand all, and since Santos does not speak English we will need someone to help us translate the most important parts of the interviews. Pedro would be best person for this, but it is a matter of time!!!

## THEMES FROM THE INTERVIEWS

### Children working as caretakers - who are they?

*"Why does your mother go to work and leave you alone?"*

*"Because if she doesn't go we will die. If she doesn't go, we don't eat anything".*

*Elena, 13 years*

All children in this study working at home were poor or extremely poor. In the cross-sectional study from 1993 it was found that, when using the UBN measurement, 25% of the population in León were non-poor, 27% were poor and 48% extremely poor [Peña, 1999].

It seemed quite common for children in both rural and urban areas to care for their siblings, and there were both boys and girls doing it. More important for being chosen to care for younger siblings was probably when and in what order in the family the child was born; how many older siblings he or she had, and how many younger ones (see Figure 4).

Several of the older girls had been looking after their siblings since they were 7-8 years old, so by the time of interview they were very experienced in caretaking.

### Family structure and network

*"Do you live with your mother and your father? "*

*"No just with my mother "*

*"...and your father?"*

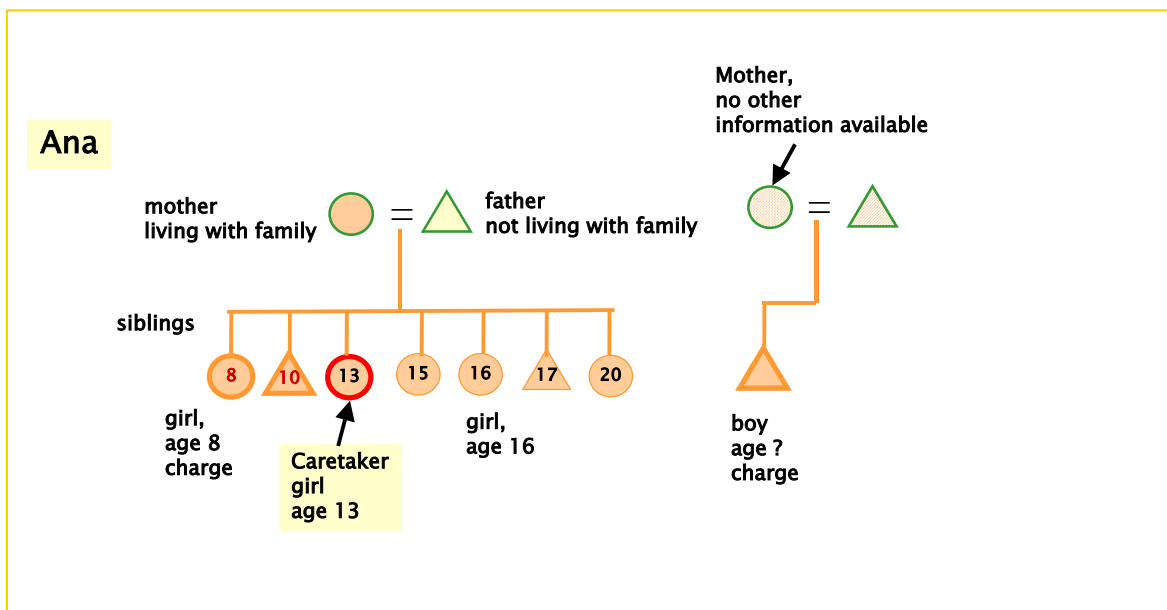
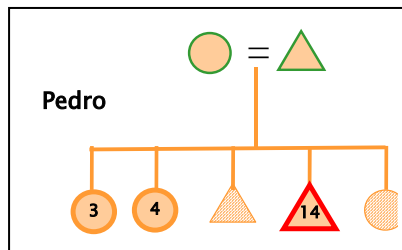
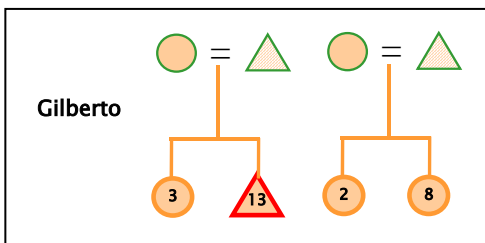
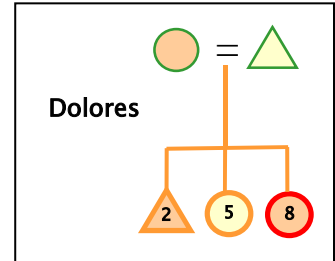
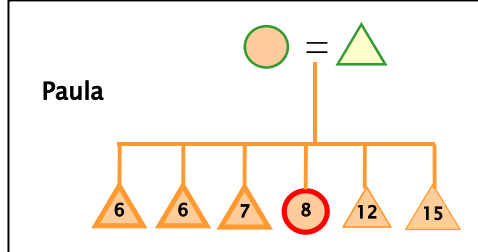
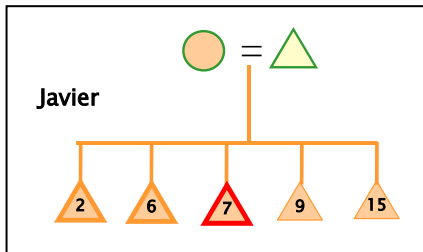
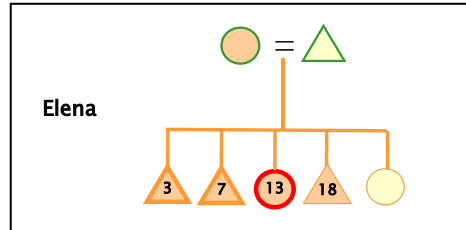
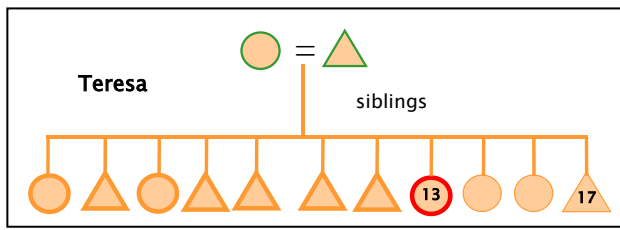
*"He's in the United States "*

*Ana, 12 years*

In most cases the children lived in a single-headed household. They usually lived with their mothers, the fathers had left the family altogether or had several families living in separate houses. One mother told us that her husband stayed with her and at the weekends, but lived with another woman the rest of the week. This corresponds to the findings in 1993 survey where 38% of children under 7 years of age were not living with their father [Peña, 1999].

Relatives were often a part of the household, aunts and grandmothers would often be living close and were able to help the caretaking child.

It was also quite common for someone to take care of both siblings and cousins.



**Figure 4.** Examples of family structure for some of the caretakers. Above is a guide of how to read the diagrams. In this example the 13 year old girl Ana is caretaker for three smaller children, one sister, one brother and one cousin. She has four other siblings and her father is not living with the family.

## Domestic work - duties in the home

*What does your mama tell you to do when she is away?  
Clean the house, when I come back I will check, and when I come back I will  
cook for you."*

*Carla, 8 years*

Apart from looking after their siblings, various chores were expected to be made by the children. Sweeping the patio, washing up the dishes, washing clothes and cooking were the most common duties.

## Knowledge of care-taking and health care

*"But what about if you are in the house taking care of them (your brothers) and they get really sick, then what do you do?"*

*"The first thing would be to bathe them, to change their clothes and give them a pill, and make sure they eat on time "*

*"..abb but what if you don't have any medicine?"*

*"Sure, we always have enough medicine, my mother is leaving me money for medicine or she leaves me the pills, because we are sick all the time. "*

*Teresa, 13 years*

Most children could mention ways of identifying illness. The most common answer was that a sibling was ill if she or he did not want to play or did not want to get out of bed. To feel if someone is hot was also mentioned by several children.

The older girls also knew how to act in case of accident, but no one said that they have experienced anything acute. In case of emergency they all mentioned the Health Centre. They knew how to treat a wound, and could suggest treatment for cuts and stings.

They had been taught what to do by their mothers or older sisters. Some medicine were kept at home, and they would also contact relatives for help or send some of the other children to find the parents if they were nearby.

No time is devoted to teaching health care or caretaking in school. Some of the NGOs teach the children about health issues.

## Food and eating

*"What do you do if you are hungry? "*

*No answer.*

*"You don't eat?"*

*"No, I don't eat anything."*

*Carla, 8 years*

Many of the children and also one mother reported that the children did not eat during the day. Mostly because lack of food, but also in the case of small caretakers, that they were too young to be trusted with cooking over open fire.

In one case, the children spent the days alone in the mothers house, but would go to their aunt to eat and also sleep at night when the mother was away working for a period of 14 days in a row. They were considered to be too small to cook for themselves so during the day they never eat.

The older children usually cooked for their siblings and had learnt to make almost all kinds of foods.

*"What can you cook?"*

*"Rice with steak, all kinds of meat, anything you want except beef soup, because that uses a lot of different stuff, and you have to know about cooking the cassava until it is soft, you can't put the vegetables in together with the meat, and that's difficult. It's hard for me to cook soup and then lower the big pot, but not the other things. The pot is very big and I can't take it off the fire, it's too heavy, and I can't make chicken with vegetables, but everything else, yes."*

*Teresa, 13 years*

### **School attendance**

*"What grade are you in?"*

*"Third"*

*"Third grade? Do your brothers and sisters go to school?"*

*"No"*

*"Only two go to school? Out of 10 only two attend school?"*

*"The other two, this one went when she was small, but she didn't learn anything - nothing sticks to her."*

*"So there are 8 children out of school?"*

*"The two oldest one went to school and they broke the pencils, they would throw them over the bridge, they tore up the notebooks so they wouldn't have to study, they ruined their textbooks."*

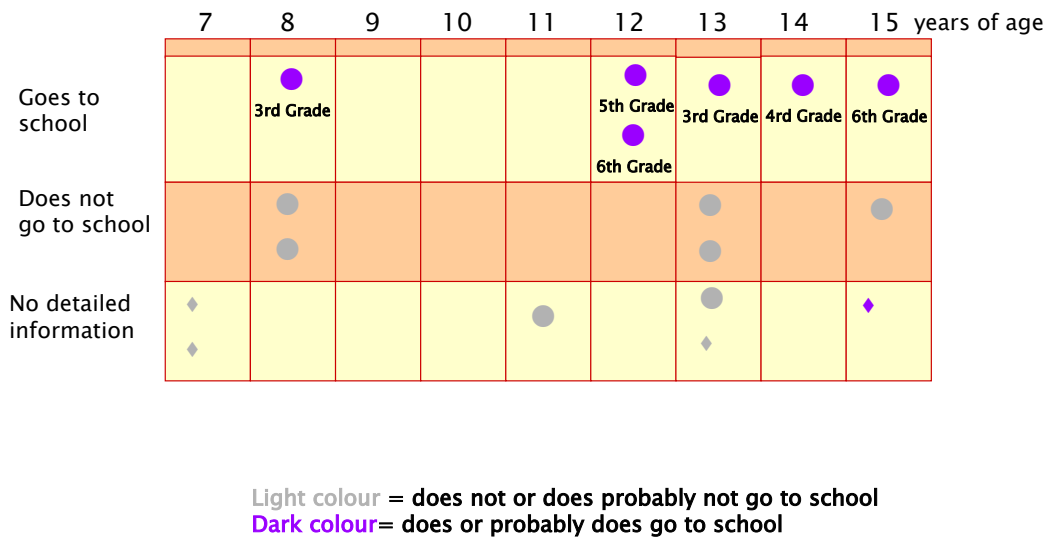
*Teresa, 13 years*

For the majority of the children interviewed school seemed to be of less priority than the work in the house. That is, if the mother said that it was more important that the child stayed at home to care for his siblings, then they did not attend school.

In the case of an 8 year girl she had not yet started school because her mother needed her assistance in taking care of her two younger siblings. The mother has said that the girl probably would be able to start the next year.

Several other had finished school after having completed the primary school, in some cases because no secondary school was located at close enough distance.

In Figure 5 the age and school attainment are shown for 17 of the children/teenagers in the study.



**Figure 5.** Age and school attendance of caretakers.

### Time allocation (between work and play)

*"...So their main relationship is one of competition for sales, because they have to sell very quickly because they don't have much time, they have to go home and watch the children or some lucky girls go to school, but not all, so she knows she has to watch the children, sell, go to school, so she's always in a hurry."*

*Key informant about girls at Mary Barreda*

The smaller caretakers seemed to have less other duties than to look after their siblings. In this case they also had time to play and as the differences in age are not so big they could enjoy the same kind of games. As they caretakers grow older and more experienced the time for play and time on their own diminishes. They devote their time between domestic work, school and also in some cases for example taking turns with other children in family in selling things in the street.

## Decision making

*"I know that I should go to the Health Centre, but I wait till my mother (or aunt) comes home and tell her about what has happened and then she goes there.*

*Carla, 8 years*

*(but by then the HC will be closed, Pedros remark)*

It was obvious that the overall decision that the child had to stay at home looking after her siblings was made by the mother or head of household. Also decisions concerning care and food was not a decision of the child. So for example, even if the child recognised that her siblings were ill or in need of health care no action was taken before the mother or an adult was home to confirm the diagnosis.

All children stated that their mothers had to told them to stay at home and not leave the house or the patio when they were away, and this seemed to be obeyed. All children were at home when we visited and our visits were all spontaneous and not announced in beforehand. (Also, in some houses the mothers were unexpectedly at home because of a sick child, or no work at the moment).

## Responsibilities

*"Does anyone help you when someone is ill, to take care of your sick brother?"*

*"No one"*

*"Only you?"*

*"Yes, only me, the others say "let the son of a bitch die" that's all they say. My sister says, "let the son of a bitch dog die" when the kid is ill, and asking her to come and she wouldn't, and what she does is to punch him".*

*" She hits him because he is crying? "*

*" Yes, because she doesn't want to hear him cry".*

*Teresa, 13 years*

Chores increases with age, from care of siblings, bathing them, feeding the small ones with ready prepared bottle (by mother) and keeping the patio clean to washing clothes in a nearby river and to cook and prepare meals. Cooking requires special skills and can only be made independently by a child or teenager after supervised training since all cooking is made over open fire. The fireplace is also sometimes placed on the ground which increases the risks for accidents.

## **DISCUSSION**

One of the experiences made from this study was that it seems to be a common situation for poor families to rely on children working as caretakers for younger siblings, while the parent/parents are working outside the home. In many cases the older children in a household take turns, and share duties selling in the streets and taking care of siblings. In view of what is stated in the Convention, these children are deprived of many of their rights, especially concerning education, work, health and leisure time.

The studies by Miron [1994] and Aragão-Lagergren confirms some of the findings from the pilot study. My study was undertaken before I had access to their studies, and therefore it is interesting to note that my conclusions are verified in these, more extensive studies.

Aragão-Lagergren found that most of the working children she interviewed had worked with the same thing for several years, the decision to change work was usually not made by the children themselves, and the income from their work was brought home and added considerably to the economy of their families. The common myths that "street children" lack work commitment and shift from one activity to another in a casual manner and spends their money on candies, sodas etc. is strongly rejected in her thesis. Her conclusion is in accordance with the findings in the pilot study, several of the older children stated that they had been working as caretakers for many years, and the decision was made by their mothers, not by themselves.

### **Everyday life**

The children working at home performed different duties during the day apart from caretaking, and there seemed to be little free time for play and rest. Free time was even more limited for those children attending school.

The finding that so many children actually does not eat during the time the parents are away was both surprising and alarming, also that the children were left alone for so many hours at the time. The risk of abuse is also high, as it is well known in the neighbourhood which children are alone, and there could be several persons taking advantage of the situation. In the pilot study we did not ask the children about this, but the key informants mentioned this as one of the worst problems for the children, especially for the girls.

### **School attendance**

Another problem is that these children have poor school attendance. In many cases because of poverty itself, as it is costly for a family with many children to pay for school uniforms, shoes, books and other school materials. Other children are prevented from attending school because they have to stay at home and care for their siblings.

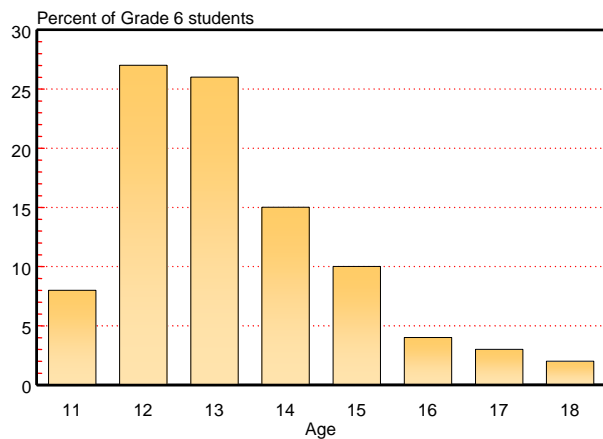
The negative effects for the children that are unable to attend school are discussed by Miron in his thesis on special needs education in Nicaragua. He states that

*"One of the major problems in the Nicaraguan education system remains the high level of wastage due to drop out and repetition. At the end of the 1980s, only an estimated 22 percent of the children completed the Primary School."*

*... "Repetition provides an indication of quality and also of internal efficiency of a given education system. Grade repetition is a significant waste of material and human resources, and for many students this is the first step toward dropping out."*

*Miron 1994*

Figure 5 (p. 22) shows the school attendance and age of 17 children from the pilot study and when comparing with Miron's graph on age of students in the 6<sup>th</sup> grade it can be seen that the same pattern appears (Figure 6).



From: Giron M. Special needs education in Nicaragua

6thgradeBLW:1

**Figure 6. Grade repetition in primary school.**

*"The primary school cycle covers six grades which – assuming regular promotion from year to year – corresponds to ages 6 or 7 to 12. As can be seen in figure 4, there are many overage students in the primary schools. In 1991, 59 percent of the enrolled students were overage (MED, 1993<sup>2</sup>).*

*...Students reaching Grade 6 in the rural areas were significantly older than students in urban areas (13.6-12.8 years). Likewise students in public schools were older than students in private schools (13.4 –12.5 years).*

*Miron 1994*

It has been shown that formal education of girls also is an important factor in preventing adolescent pregnancies, even when they are living in a poor household [Zelaya, 1999]. For this reason, it is therefore very important to make it possible for the girls to attend school.

<sup>2</sup>Reference from Miron: MED. Sistema educativo Nicaragüense. Managua: Ministerio de Educación, 1993.

Unicef is also addressing the problem of lack of education in State of the Worlds Children 1999:

*"The consequences of illiteracy are profound, even potentially life-threatening."  
... "There is an unmistakable correlation between education and mortality rates, especially child mortality".*

It is obvious that many of the children in the pilot study are deprived of their rights to education and that this will have a negative impact on their lives.

### **Health and health knowledge**

Information collected from the interviews concerning health knowledge was difficult to assess. All children could describe symptoms of illness and they could also mention and suggest treatment for illnesses and accidents, but the questions were not focused on identifying special illnesses and therefore the level of knowledge is impossible to judge. All children had been taught by their mothers or somebody in the family. At Mary Barreda the project also had some education in personal hygiene and health matters but caretaking was not taught outside the family.

From these type of questions it was not possible to gain knowledge about the caretakers perceptions of illnesses or thoughts about health and illness. Information about how the children felt about being caretakers was not taken either. Glimpses of how they perceived the situation could be sensed, but other approaches should be used in order to gain the children's confidence to get to know their views about their own situation.

### **Is work in the family to be considered child work?**

No questions as to if they had any compensation for their work was put to the children interviewed, but my assumption is that no salary in money or other compensation was given for this kind of work. It is most probably seen by all concerned as a duty that you are requested to perform for the good of the whole family and nothing therefore that should render individual favours.

Again, this type of work has not been recognised as child work according to the Unicef until 1997 [Unicef, 1997], perhaps because it has been seen as a family or women's concern rather than a problem for the care-taking child and their charges [Weisner & Gallimore, 1977, Dahl 1984, Sandin, 1984]. But when work for the family prevent children from going to school and take too great a toll on their developing bodies it must be regarded as harmful. Difficulties in including this type of labour in the legislation is due to the difficulties of enforcement [Green, 1998].

In recent years focus has been on working children and suggestions of legislating against child labour is discussed in international organisations. Two different standpoints are often seen; to *abolish* or to *regulate* child work. Those advocating regulation of work argue that in most developing countries children contribute to their families with their work and as long as poverty and

inequalities are prevailing it is not possible to prevent children from working, except for those with the most dangerous jobs. It is often expressed by children themselves that they want to work and that they feel it is a natural thing for them to do.

Green states in his book about children in Latin America and the Caribbean:

*"If any working children are asked, it rapidly becomes clear that they do not want immediate abolition, except of the most dangerous jobs. Instead, they want respect for the right to work, and protection in line with the special needs in childhood in terms of education, health and emotional support. By and large, children know what they want and need, and putting them at the centre of the process is the best way to avoid well-meaning but mistaken interventions..."*

### **Doing research with children**

In the pilot study that was conducted very little time was devoted to plan and prepare the fieldwork. Therefore the methods used were not the most appropriate and not enough time was allowed to get to know the children in their environment. Even if there always were persons well known to the children present at all visits, there were too little time spent with the children before the interviews.

Qualitative methods like in-depth interviews, focus groups and participatory research are very suitable for this type of research. A variety of methods addressing children in different age groups have been developed in recent years and there are a lot of studies available [Fine & Sandstrom 1988, Lindh-Munther 1989, Lancaster 1992, Norman 1996, Ennew & Milne 1997, Holmes R 1998, Johnson et al. 1998, Quesada 1998, Green 1998, Greig & Taylor 1999, Woodhead 1998]. The technique of involving children in a participatory approach is especially interesting [Otaala et al. 1988, Child-to Child Trust 1992, Boyden & Ennew 1997].

The problem with the low school attendance in this group of children makes the common method of addressing pupils in schools, when doing research with children, less useful in this setting.

Ethical considerations such as, "from whom one should seek permission to interview children" and "can you visit children in their homes without informing the parents", has to be dealt with. In our study we did not involve the parents unless they happened to be present at our visits. We made sure that I was accompanied by someone the children knew well. All names of participating children have been changed to avoid the possibility of identifying an individual child.

## CONCLUSIONS

Many children in Nicaragua are facing a life in poverty and with limited resources to improve their lives. In addition they are often expected to contribute to their families by either working outside their homes or as caretakers for younger siblings. The impact these conditions have for the children in limiting their development - both for caretakers and their charge - is of great concern. The Convention on the Rights of Child gives legal support to these children in pursuing their rights. By signing the convention the government of Nicaragua has undertaken themselves to improve the situation for children and giving them equal rights. It is therefore necessary for planners and researchers working in the public social sector to address children directly. To give children the possibilities to express their own views of what *they* perceive are the largest problems in their everyday lives is of first priority in fulfilling the intentions of the Convention.

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## REFERENCES

- Aragão-Lagergren A. Working children in the informal sector in Managua [dissertation]. Uppsala: Department of Social and Economic Geography, Uppsala University; 1997. *Geografiska Regionstudier*, 31.
- Boyden J, Ennew J, editors. *Children in focus – a manual for participatory research with children*. Stockholm; Swedish Save the Children, 1997.
- Collison H, ed. *Women and revolution in Nicaragua*. London: Zed Books Ltd, 1990.
- Dahl G. Det nyttiga barnet [The useful child]. In: Aronsson K, Cederblad M, Dahl G, Olsson L, Sandin B, eds. *Barn i tid och rum [Children in time and place. In Swedish]*. Malmö: Liber förlag; 1984.
- Ellsberg M. *Candies in hell: Domestic violence against women in Nicaragua* [licentiate thesis]. Umeå: Department of Epidemiology and Public Health, Umeå University, 1997.
- Ennew J, Milne B, editors. *Methods of research with street and working children: an annotated bibliography*. Stockholm: Swedish Save the Children, 1997.
- Fine G, Sandstrom K. *Knowing children: participant observation with minors*. London: Sage publ., 1988.
- Green D. *Hidden lives: Voices of children in Latin America and the Caribbean*. London: Cassel, 1998.
- Greig A, Taylor J. *Doing research with children*. London: Sage publications; 1999.
- Herrera A. *Sexual abuse and suicidal behaviour reported by women and men from 25 to 44 years old in León, Nicaragua* [Master thesis in Public Health]. Umeå: Epidemiology, Department of Public Health and Clinical Medicine, Umeå University, 1999.
- Holmes R. *Fieldwork with children*. Thousand Oaks (CA): Sage Publications; 1998.
- Johnson V, Ivan-Smith E, Gordon G, Pridmore P, Scott P, editors. *Stepping forward: Children and young people's participation in the development process*. London: Intermediate Technology Publications; 1998.
- Lancaster R. *Life is hard: Machismo, danger, and the intimacy of power in Nicaragua*. Berkley: University of California Press, 1992.
- Lindh-Munther A, editor. *Barnintervjun som forskningsmetod*. Uppsala: Centrum för barnkunskap, Uppsala universitet, 1989.
- Lonley Planet. *Destination Nicaragua*.  
URL:<http://www.lonelyplanet.com/dest/cam/nic.htm#trav>
- Low N, Egger M, Gorter A, Sandiford P, Gonzales A, Pauw J, et al. *AIDS in Nicaragua: Epidemiological, political, and sociocultural perspectives*. *Int J Health Serv* 1993;23:685-702.

- Miron G. Special needs education in Nicaragua: A study of the prevalence of children with disabilities in primary schools and the factors affecting their successful participation [dissertation]. Stockholm: Stockholm University, Institute of International Education; 1994. *Studies in Comparative and International Education*, 32.
- Norman K. Kulturella föreställningar om barn: ett socialantropologiskt perspektiv [Cultural images of children: a socio-anthropological perspective. In Swedish]. Stockholm: Rädda Barnen; 1996.
- Olsson A, Ellsberg M, Berglund S, Herrera A, Zelaya E, Persson LÅ. Sexual abuse during childhood and adolescence among Nicaraguan men and women: A population-based anonymous study. [*Submitted manuscript*].
- Otaala B, Myers R, Landers C. Children caring for children: new applications of an old idea. 1988. Available from: URL: <http://www.ecdgroup.com/archive/caring.html>.
- Peña R. Infant mortality in transitional Nicaragua [dissertation]. Umeå: Epidemiology, Department of Public Health and Clinical Medicine, Umeå University, 1999.
- Quesada J. Suffering child: an embodiment of war and its aftermath in post-Sandinista Nicaragua. *Medical Anthropology Quarterly* 1998;12:51-73.
- Renzi MR, Agurto S. La esperanza tiene nombre de mujer. La economía Nicaragüense desde una perspectiva de género. Managua: Fundación Internacional para el Desafío Económico Global FIDEG. 1997.
- Rosén A. Prevalence and factors involved in stunting of children two to five years of age in the municipality of León, Nicaragua [C-level paper in Public Health]. Umeå: Department of Epidemiology and Public Health, Umeå University, 1999.
- Sandin B. Familjen, gatan, fabriken eller skolan? In: Aronsson K, Cederblad M, Dahl G, Olsson L, Sandin B, eds. *Barn i tid och rum* [Children in time and place. In Swedish]. Malmö: Liber förlag; 1984.
- The Convention on the Rights of the Child. Available from: URL:<http://www.unicef.org/crc/conven.htm>
- The state of the world's children 1997. Unicef, 1997. Available from: URL:<http://www.unicef.org/>
- The state of the world's children 1999: education. Unicef, 1999. Available from: URL:<http://www.unicef.org/>
- Unicef. Nicaragua: 1998 annual report. Managua: Unicef, 1999.
- Valladares de Peña, E. Domestic violence during pregnancy: A risk factor for low birth weight. [Master thesis in Public Health]. Umeå: Department of Epidemiology and Public Health, Umeå University, 1999.
- Weisner T, Gallimore R. My brother's keeper: child and sibling caretaking. *Current Anthropology* 1977;18:169-190.

- WHO, Division of Mental Health. Qualitative research for health programmes. Geneva: WHO, 1994.
- Woodhead M. Children's perspectives on their working lives. A participatory study in Bangladesh, Ethiopia, The Philippines, Guatemala, El Salvador and Nicaragua. Stockholm: Swedish Save the Children, 1998.
- Zelaya E. Adolescent pregnancies in Nicaragua: The role of education [dissertation]. Umeå: Epidemiology, Department of Public Health and Clinical Medicine, Umeå University, 1999.
- Zelaya F. Sexual risk behaviour among men and women in Nicaragua [Master thesis in Public Health]. Umeå: Department of Epidemiology and Public Health, Umeå University, 1999.
- Åsling-Monemi K, Peña R, Ellsberg M, Persson LÅ. Violence against women increases the risk of infant and child mortality: A case-referent study in Nicaragua. (Submitted manuscript).

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## **INTERVIEW GUIDE**

### **Questions for the field:**

(Introduction and explanation of purpose for interview")

Can you tell me your name, your age?

How many brothers and sisters do you have? What are their names, and how old are they?

Are you looking after them when your mother is away?

Do you all go to school?

What have your mother told you to do when you are alone in the house?

Would you like to show me your house? (Where you sleep, where you eat, and play)

What did you do yesterday?

Tell me when you woke up, what did you do? Did you eat? Had your mother already left?

Can you tell me about an occasion when your brother or sister has hurt him/herself. What happened – what did you do? Did anyone (outside home, grown-up) help you?

Can you tell me about an occasion when your brother or sister was taken ill. What happened – what did you do? Did anyone help you?

Can you tell me about an occasion when your brother or sister was bitten by an insect/animal? What happened – what did you do? Did anyone help you?

Who has taught you what to do if something happens in the house?

If you brothers/sisters are ill –how do you know what to do?

When your mother is away – do you eat? Or do you wait till she comes home?

Can you cook?

Are you allowed to cook?

Does she come home every evening?

For how long time are you alone?

Where you alone during the hurricane Mitch? Tell me what happened

### **Questions added in the field:**

Do you know where your parents are?

Who has taught you to look after your brothers and sisters?

Why do your mother leave you alone in the house to look after your siblings?

What do you prefer to eat / cook?

What do you want to do when you are grown-up?

What do you think about our visit to your house?