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NEW FRONTIERS OF CHILD AND YOUTH RESEARCH IN AFRICA

TITRE / TITLE:

EXPANDING ETHICALLY ACCEPTED METHODS OF SOCIAL INVESTIGATION ON SENSITIVE ISSUES AMONG CHILDREN/UNDER-AGED PERSONS IN AFRICA

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This paper is about ethically accepted methods in studies involving children in Africa. The children in the context of this paper are defined as persons who are less than 16 years of age. The writer is careful to draw a line between this social category and older individuals from the age of 16 to 30(+) (-) years that are usually defined as youths in many countries.

Individuals who are less than 16 years in all human societies are a unique social category because they are regarded as minors and are as such, dependent on, or expected to be dependent on adults. It is for this reason that those of them who breach the law are not tried within public glare. Nor are their names and photographs revealed to the public like adults. They are also not treated like adult offenders when they are convicted but are confined in borstal homes where the aim is to reform and return them to their families.

This social category that currently constitutes about 44 per cent of the population in sub-Saharan Africa is among the most vulnerable in the world (Ashford, 2007; Reaching Africa’s Young, 2009) because:

a. 51% of them are out of school;

b. 34 million of them are orphans due to HIV/AIDS; and

c. they have the highest mortality rate (1 in 6) while 36% of the malnourished children aged 0-5 worldwide are drawn from this subgroup.

Africa’s children aged 16 years and below are also the targets of various harmful practices (IAC, 2000). Firstly, child marriage which is culturally accepted and which leads to early sexual debut, child bearing, and rearing with untoward socio-medical consequences is still widespread in Africa. Secondly, the genitalia of between 20% to 90% (depending on the society) of all the girl-children on the continent have been or are still being mutilated (WHO/EMRO, 1982; IAC, 2000; Koso-Thomas, 2000). The children whose genitalia are mutilated experience long-term physical, social and emotional impairment. Thirdly, vast numbers of the girl children in this subgroup are trafficked as amply shown in a recent report on 10,000 Nigerians girls between 13 and 17 who are about to be repatriated from Morocco and Libya to their country (AllAfrica.com, 2009b). Fourthly, millions of the children in Africa are reported to be victims of various forms of physical and emotional maltreatment in homes, familial milieu, and workplace (AAWORD, 1991). Fifthly, there is ample evidence that innumerable numbers among them were/are commandeered to fight in civil wars in Sierra Leone, Liberia in Uganda, Burundi, and Congo Kinshasa etc. (Hule, 2009).

Finally, child labour is widespread in Africa and the continent barely lags behind Asia on the number of child workers in the world. These children are deployed to work as farm hands, hawkers, car washers/watchers, vendors, maids, bus conductors, restaurant helping hands, etc (Oloko, 2000). Again, there is ample data on the various forms of harsh treatment that are meted out to these children which include physical abuse, sexual exploitation by adults (AllAfrica.com, 2009a), including premature/forced pregnancies.
Virtually every one of them risks sexually transmitted infections and the dreaded HIV/AIDS.

An awareness of the difficulties facing Africa’s children indicates the inevitability of sustained research on them. There are, and will therefore continue to be the window of opportunities for exciting research that focus on sensitive issues like physical abuse and rape etc and Africa’s children.

The foregoing remarks notwithstanding, the real challenge is how the researchers who are working in Africa can conduct their studies without breaching sacred ethical principles in their expanded form. While many social scientists in Africa’s higher institutions with the exception of psychologists recognize the importance of: (a) assuring confidentiality of the information that is gathered; (b) the commitment to value free research and objectivity; (c) the application of time-tested scientific methods; (d) including the avoidance of bias in the interpretation of their data, it is doubtful whether they are acquainted with the principles of beneficence/nonmaleficence and distributive justice in the articulation/implementation of their research projects (Erinosho, 2008). Beneficence is about the obligation of researchers to act in a way that benefits the participants in scientific investigations while nonmaleficence is on their obligation not do harm to their target groups (Marshall, 2007; Nuffield Council on Bioethics, 2002). Overall, researchers are expected to maximise the benefits and minimize the harm of the research to their target groups.

The social researchers in Africa who are usually not acquainted with these recognized principles in scientific research will be hamstrung in studies in which they are expected to recognise it in studies on sensitive issues (e.g., sexual mores, experiences and habits) especially among children. The principles of beneficence/nonmaleficence and distributive justice are ethical imperatives from the standpoint ethical review boards in all studies and much more the case in work on children. Institutional, national including various international ethical review boards are not inclined to approve studies in which researchers will gather sensitive information directly from minors without the permission of their parents/guardians. Nor will these bodies ignore the principles of beneficence/nonmaleficence and distributive justice in course of reviewing/approving research protocols.

Another challenge is how researchers will persuade ethical review boards on the strategy for gathering information on sensitive issues from minors who could be further traumatised by attempt to remind them of past unpleasant memories/experiences. The following questions are bound to be uppermost in the mind of researchers and reviewers:

- How will sensitive issues on abuse and sexuality be handled by the investigator?
- What questions will they pose without further traumatizing the children?
- How much of the details can/should they gather, or can/should the children provide to the researchers?
- Who should conduct such interviews and in what context and environment?
• Should parents/guardians of the children be brought into the picture as required by ethical review boards that insist that their consent must be obtained before the commencement of study?
• What is likelihood that the children will provide adequate information?
• What is likelihood that the children will not be afraid to provide information in view of possible repercussion from their parents or guardians or employers who might be the perpetrator of abuse?
• Will parents/guardians or employers that are culpable readily grant consent for their study of their children/wards?

Researchers face challenging ethical dilemmas which must be addressed in their protocols before approval can be obtained from the ethical review boards of major funding agencies. Unfortunately, many studies that are supported by funding agencies like Codearia in Africa are always inclined to take some of these vital ethical issues into account when proposals on children are considered and approved for funding. In other words, they do not have ethical review boards or insist on clearance from institutional/national ethical review boards before funding projects on a variety of projects in which this is required.

Researching on Children

One of the strategies for surmounting the ethical dilemmas and challenges in research on children is by using the key informant method. Children who are a bit older by one or two years are targeted for information on the experiences of those who are younger. As an example, 16 to 17 or 18 years olds are asked questions about the experiences of those who are younger (i.e., 16 or less years) (i.e., questions that cannot be posed directly to the abused children for ethical reasons). These older children are asked to indicate whether they know about the maltreatment of children; the nature, incidence and coping mechanisms among children. They may be asked if they know of any of their colleagues or juniors who have been abused and those who abused them or whether their friends have confided in them.

Researchers could have an idea and be able to write about maltreatment through the information that is gathered from older children. Older children usually feel freer to talk about abuse of others provided they are not required to discuss their own experiences. Respondents from the age of 17 or 18 who are adults are eligible to sign the consent form and participate in studies without the permission of their parents/guardians.

The major shortcoming in this technique is that researchers are unable to have first-hand information directly from maltreated children.

By and large, there are a variety of qualitative and quantitative methods for studying children and which are ethically appropriate (Methods of Studying Children, 2009). The methods are discussed below; starting with the qualitative.

Qualitative Methods
The following methods are suitable for children who are between 5 and 10/11 years old

**Observation**

This method can be used to study street children. These may be runaway children who roam the streets in urban centres and who do not return home again but spend their nights in abandoned vehicles, stalls, etc. They could also be the children that are deployed by their parents to hawk items. In other words, this is an appropriate method for studying out-of-school children. A researcher could spend time observing the children first from a distance and later engaging some of them in order to gather information on their experiences. There is no limit to age here because such children could be between the age of 5 to 16 years.

**Essays**

Children could be encouraged to write about their experiences in their family/home. They will reveal lots of activities and experiences in their life to researchers through such essays. A researcher will gather as many essays as possible and analyze them, highlighting both pleasant and unpleasant experiences while identifying the unique ones that made impact on their lives. Essay can provide remarkable insights into the lives of children who are between 5 and 11 years old who should under normal conditions be required to complete questionnaires or be interviewed. The content of the essays are analysed.

**Use of Dolls**

Dolls and other pictographic materials are used by psychologists to study the experiences of children. They can use the dolls to illustrate sexual contact between them and abusers and knowledge of sexual relationship or domestic violence.

**Table 1: Overview of Methods in the Study of Children 16 years and Below**

<table>
<thead>
<tr>
<th>Methods</th>
<th>Type of data</th>
<th>Setting of study</th>
<th>Analytical framework</th>
<th>Potential target</th>
<th>Recommended study of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>Qualitative</td>
<td>Field</td>
<td>Content Analysis</td>
<td>Street Children</td>
<td>Street children 5-16 yrs</td>
</tr>
<tr>
<td>Life histories</td>
<td>Ditto</td>
<td>a. Classroom b. Clinics</td>
<td>Ditto</td>
<td>In school Children</td>
<td>In school 5 to 11 yrs</td>
</tr>
<tr>
<td>Essays</td>
<td>Ditto</td>
<td>a. Class room</td>
<td>Ditto</td>
<td>In school Children</td>
<td>5 to 11 yrs</td>
</tr>
<tr>
<td>FGD</td>
<td>Ditto</td>
<td>a. Laboratory b. Community centre</td>
<td>Ditto</td>
<td>In school and out of school</td>
<td>11 to 15 yrs</td>
</tr>
<tr>
<td>Video</td>
<td>Ditto</td>
<td>a. Laboratory</td>
<td>Ditto</td>
<td>In school</td>
<td>5 to 11 yrs</td>
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</table>
One way mirror and video have been used to study the experiences of children. Children who are placed behind a one way mirror could be asked questions without necessarily seeing the interviewer. This will remove any inhibitions and encourage the child to say as many things as possible. They could be given toys and dolls to do role play behind screen and the recording will be analyzed. This can be capture on Video and replayed to understand the experiences of the child/children.

**Focus Groups Discussion**

Children can also be placed behind a one-way mirror and encouraged to participate in group discussions. Questions are posed to them through a loud speaker and they in turn will discuss freely among themselves. The researcher will then be able to record and analyze the transcripts of the FGDs.

**Diagnostic Test**

This is often used in clinical context. The medical doctor will examine the child who has been brought into the health centre by parents or the school for treatment, using a variety of techniques which have been developed to screen and identify children who have been maltreated.

**Records and Documents**

Records and documents are important sources of data on maltreatment (Goldman & Padayachi, 2000). School authorities are always in a better position to detect abuse and investigate as well keep records which can be procured by researchers for further study. Similarly, the police as well as hospital records are important sources of data on maltreatment of children. The permission of the authorities must be obtained before these records can be made available. However, researchers who intend to follow-up the cases...
Table 2: Matrix on Study Type, methods and Ethical Challenges

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Cross sectional Survey</th>
<th>Community Survey</th>
<th>Retrospective Survey</th>
<th>Prospective Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target/Units/ Context</td>
<td>In-school</td>
<td>Out of school</td>
<td>School Based</td>
<td>Police Based</td>
</tr>
<tr>
<td>Ethical Challenges</td>
<td>How to utilize data for benefit of children How to obtain consent if staff are culpable</td>
<td>How to utilize outcomes for the benefit of children</td>
<td>How to utilize data for benefit of children</td>
<td>How to utilize data for benefit of children</td>
</tr>
</tbody>
</table>
that have been clerked by schools, hospitals, and the police must obtain the consent of the parents or guardians of the children before gathering information directly from them. Tables 1 and 2 provide insight into the dimensions of study on children.

Life Histories

The life histories of children could easily be explored through hospital, school, and police records. They can also be encouraged to write something about themselves. The content of the materials which are gathered will be analyzed by researchers.

Indepth interviews

This is a qualitative technique that is useful for both those who are under 11 as well as those 16 years and below. Face-to-face prolonged interviews can be held with children by psychologists and clinicians who are specially trained to carry out such an exercise among children. Similarly, the questionnaire may be administered by phone to key informants or other adults.

Quantitative Method

Interviews can be conducted using pre-prepared questionnaires which can be administered to children who are more than 10 years old (Goldman & Padayachi, 2000; Thombs et al., 2009). The assumption is that the children will be able to complete such carefully designed questionnaires. The children in this age group may be requested to complete them if they are literate or be interviewed by persons who are bit older than them. The data are coded and entered into the computer for analysis.

Interview Sessions

It was previously noted that children are in a unique social category and it is advisable to handle with considerable skill in any research that focuses on them most especially in studies on sensitive issues. Skill is required during interview sessions.

Below is a guide on how to handle children, using the example sexual examination. This guide also applies during face-to-face or indirect interview sessions with children in the course of gathering materials on their experiences.

<table>
<thead>
<tr>
<th>Sidebar</th>
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<tbody>
<tr>
<td><strong>Strategies to Assist Children During the Sexual Abuse Examination</strong></td>
</tr>
<tr>
<td>1. Help the child acclimatize to the environment by providing play time in another area while taking history from the adult who accompanied the child</td>
</tr>
<tr>
<td>2. Provide a calm and unhurried approach to the history and physical examination</td>
</tr>
<tr>
<td>3. Whether possible, provide choices for the child. Choices give the child a sense of power and control that was absent during victimization. Choices may be simple as where to sit, what gown to wear, who they want to be present, and offering the opportunity to watch the examination on a video monitor.</td>
</tr>
</tbody>
</table>
4. Talk about less-threatening subjects with the child, such as about likes and dislikes, before addressing the issues at hand. Remember that children are likely to avoid topics that cause discomfort. Only when the trauma that a child may have experienced is addressed will there be an opportunity for the child to put the experience to test.

5. Allow older children to participate throughout the examination so as to impart a sense of control.

6. Whenever possible, use the child’s descriptive words and do not introduce inappropriate language that the child may misunderstand or misinterpret. Most children simply want to know if their body is okay. If they were previously injured, knowing that their injury has healed and that their body is fine is sufficient for most children. Adolescents may need to be assured that their experience will not, from a medial perspective, affect their ability to have children when older or to have appropriate consensual sexual interactions.

Source: Giardino and Finkel, 2005

The content of the above box is a guide on how to conduct interviews with children during studies. Children are unlike adults and should be handled with care, respect and considerable restraint in order to penetrate their inner world and gather extremely important information about their experiences.

Ethical Consideration

Researchers are expected to obtain consent of parents, guardians, or school, police and hospital authorities before embarking on data gathering in the context of all of these methods. Secondly, every effort should be made to maximize the benefit and minimize harm to the children in the course of data gathering from them. In other words, interview sessions with them should not trigger trauma or make them uncomfortable or feel that they are being reminded of very many unpleasant experiences in their lives (Patterson, 1998). These issues are indicated in Table 2 above.

Ethical Challenges

Studies on sensitive issues always pose ethical dilemmas and challenges (Socolar & Runyan, 1995) which must be addressed by researchers. These challenges could be linked to the following questions:

- What should researchers do if they find that the children that are targeted have been abused and know of those who are responsible?
- Should researchers bring the outcomes to the attention of the authorities for further investigation and possible action against those who might be responsible for abuse or should they keep outcomes out of the glare of the authorities?
- Should researchers simply document and not bother to take steps to find support/care for the maltreated that have been identified in the course of their investigation?
These are some of the critical issues in ethics in research on sensitive issues on children. Researchers are not only morally bound to seek consent but are expected to do something in order to ameliorate the conditions of children who are targeted in such research. Unfortunately, this is often not the case in many parts of Africa. Researchers have for all along simply disappeared after collecting their data and do not often share outcomes with those that have been targeted.

**Recommendations**

Codesria has been supporting wide ranging studies in which ethical clearance is required. However, there is no evidence to conclude that Codesria takes the ethical review of projects into consideration and also ensures that its grantees adhere to them. This oversight is not confined to Codesria because a recent report indicates that 44% of the 670 research projects from developing countries were not reviewed by their institutional review board (Hyder et al., 2004). Another survey of fourteen countries in Africa found that most of them was about to set up review boards while the review boards of those that claim to have them in place are really not functioning (NEBRA, 2006).

Codesria should spearhead TOT regional capacity building programme for scholars across African in order to underscore the essence of ethical principles in scientific research in all proposals involving use of documents/records, human, and animal subjects. Training in this area will enhance the capacity of scholars to benefit from grants of major funding agencies that place strong premium on ethical review of projects and adherence to principles of ethics in scientific research.

**Key Areas of Research**

Codesria has funded on children but could also encourage work in the following areas:

- a. Access and Impact of Pornography on Children in Africa
- b. Children as Vendors of GSM and Implication for Schooling
- c. Hospital based studies on harm to African Children by parents and Guardians
- d. School Based studies on Children with Physical/emotional injuries Traceable to the Home Environment.
- e. Studies on Response of School to Battered Children.
- f. Studies on the response of Law Enforcement Agencies to Battered Children
- g. All Aspects of Trafficking of Children in Africa (scope, attributes, national response, pattern, causes and consequences).
- h. Children in conflict/war Situation in Africa
- i. Socio-medical Consequences of Child Soldering in Africa

**References**


IAC (2000) Female Genital Mutilation, Lagos: IAC.


