Medicus Mundi Switzerland
Health for all

MMS Bulletin #152
Child Health beyond the Age of Five - Neglected and Forgotten?

The Positive Reinforcement of Health and Education for Rural Pastoralists in Tanzania

Improving Health Outcomes for Marginalised Girls aged 5 to 15 years

By Jacky Vel

In 'Why Education Matters to Health' (2014), the Virginia Commonwealth University Centre on Society and Health notes that "poor health not only results from lower educational attainment, it can also cause educational setbacks." Furthermore, The Learning Generation, 2014 says "A child whose mother can read is 50% more likely to live past the age of 5, 50% more likely to be immunised and twice as likely to attend school". Within Maasai communities in Tanzania one can similarly see significant positive reinforcement between educational attainment and the health and well-being of an individual, particularly for marginalised girls and young women.

Pastoralist students eager to participate in class at Emanyata Secondary School. Photo: Roshni

What is a Healthy Child?

In considering a child's health, one might imagine easy access to affordable health care services with common medicines readily available and adults being provided with family planning advice and resources. One might expect a healthy child, and their parent or guardian, to have adequate housing and sanitation, sufficient nutritional foods (including mothers successfully breastfeeding their infants), ready access to clean water, a reliable and affordable energy source, and sustainable income sources to be more resilient against food insecurity caused by climate change. One might also expect families to have affordable access to civil society services such as education, banking and social support and a transport infrastructure to facilitate access to these services.

At a bare minimum, one should expect family homes to be free from violence and oppression. Along with parental care, every child should have their dignity and fundamental human rights respected. The rule of law should apply and mechanisms of legal recourse should be available where this is not the case.

These conditions are often unmet for children living in rural pastoralist communities in northern Tanzania.

Marginalisation in a Pastoralist Context

Groups of people living at the fringes of society, without access to basic resources, are considered marginalised and are consequentially in jeopardy of poor health outcomes. This is true for many remote pastoralist communities in Tanzania. Rural communities live far from the city with few roads and transport options to reach basic resources, traveling mostly by foot. Their income is often dominated by grazing cattle in a region impacted by frequent periods of drought and unpredictable rains. Some agro-pastoralists supplement their income by small scale agriculture, growing mainly food crops, similarly impacted by the negative effects of climate change.

Many rural pastoralists do not speak either of the official languages of their country, kiSwahili or English, but rather they use a predominantly tribal language such as Maa. Being largely unable to access education due to economic barriers there is a cultural bias against attending school, meaning literacy rates are much lower than for the average Tanzanian. Consequently, they may struggle to describe their needs, understand their rights or know what services are available to them.

With limited knowledge, they are unable to effectively advocate for themselves or their families and may consider their deprived circumstances and reduced health outcomes to be the acceptable norm.

A young Maasai lady benefiting from women's rights and leadership training. Photo: Roshni

According to D W Lawson et al. in their research paper "Ethnicity and Child Health in northern Tanzania" (2014) there is no national data disaggregating health outcomes by ethnicity or livelihood, so the full impact of marginalisation on these pastoralist communities is not quantified, adding further complexity to advocating for more resources.

Circumstantial evidence, encountered daily by non-governmental organisations (NGOs), community health workers and other local advocates for gender equality, points to the many disadvantages and their negative health impacts experienced by children aged 5 to 15 of pastoralist families.

These include:

- Insanitary living conditions in low quality structures – constructed from animal faeces harbouring disease and causing severe and chronic illness.
- No clean drinking water – unfiltered river water is collected by women and children forced to walk several kilometres each day. Family members subsequently consume it, often un-boiled.
- Poor-quality air within the family home - Charcoal and firewood are the main sources of cooking fuel.
- Considerable risks taken to collect water and firewood - woman and children are completely vulnerable to attacks by animals and to rape by strangers in the forest.
- Local dispensaries, if they exist, have insufficient trained staff, few medicines and limited services - villagers, including pregnant women, are forced to walk many kilometres to receive vital health service, or remain at home with only the help of family or a traditional untrained birth attendant.
- Insufficient supply of affordable nutritious food – during periods of severe drought food becomes scarce and prices skyrocket becoming unaffordable and leading to widespread malnourishment.

Gender Inequity and its Additional Negative Impact on Child Health

Compounding these societal marginalisation effects is the gender-based oppression of pastoralist women and girls, commonly experienced within a male-dominated polygamous community.

Here, women are considered akin to children or property, take a disproportionate burden of responsibility to upkeep the household and family well-being, but are prohibited from owning land and other potential income generating assets such as cattle. They are forced into menial,

unhealthy, unskilled and low-income tasks to provide for their children.

Healthcare provisions are seldom affordable. Family planning is a traditionally taboo subject so women are expected to be sexually available at a man's behest and to have large families with little time between pregnancies.

Early child marriage, despite being illegal, remains an issue. Girls may be denied their right to attend school, instead being subjected to violence and oppression including female genital mutilation (FGM) ahead of a forced early marriage, with all the known risks to life that a girl of 12 or 13 years of age may encounter during pregnancy and in child-birth. For girls that reach school, the cultural undervaluing of girls' education, societal and economic pressures to marry young in exchange for a "bride price", and poor sanitation faced by girls menstruating leads to higher levels of girls absenteeism and dropping out of school.

Girls and boys graduate from health club training. Photo: Roshni

Norm-changing Education Interventions Improve Children's Health

While the World Bank PovcalNet statistics (Nov 2019) for Tanzania point to overall reductions in extreme poverty, with inferred improvements in health outcomes, this is not the reality for many rural pastoralists. The inequity gap for rural pastoralist women and girls in Tanzania remains large.

With the collaboration of NGOs, community members and other key stakeholders, the following are some of the norm-changing educational interventions that are having a positive impact on health and well-being of school aged children:

- Community mobilisation – engaging women and men in decision making about community resources, challenges and solutions, and in discussions about upholding the rights of women and children.
- Women's Rights and Leadership Forums – developing strong, confident and knowledgeable women, including training them as paralegals, who can fight for women's rights and advocate within and for their community.
- Women's economic empowerment, including adult literacy and numeracy training – where women learn to run a business, earn more income and benefit from available services, such as preventative medicine, family planning, health insurance, formal education and micro-credit/banking.
- Scholarships and bursaries for the most vulnerable of girls – So they can escape from FGM and forced marriage and break the cycle of poverty by attending school or participate in vocational training while receiving guidance and counselling.
- Transitional education programmes for students who have graduated from primary school – They remain safe during the 3-month break and narrow their literacy and numeracy gap, ultimately improving their academic attainment.
- Teacher training and educational quality improvements to ensure no one is left behind – Tackling language challenges and preconceived notions about possible academic attainment levels of marginalised girls.
- Extra curricula holistic life-long learning programmes at secondary schools including life skills development – Girls and boys learn about sexual reproductive health in a safe environment. Girls develop personal resilience against cultural pressures of early pregnancies, forced marriage and violence against women and girls (VAWG) and boys understand their roles in defeating inequality.
- Safe and secure learning environments for vulnerable girls and young women in a community managed boarding school or rescue centre – In an environment with safe-guarding practices in place, abused girls and young women, and those vulnerable to abuse, are able to rehabilitate and skill-up for employment.

Each of these interventions profoundly impacts the young women involved, resulting in many starting their own business or going on to further education, are clear drivers for improved health.

The challenge now is to institutionalise such learning across stakeholders and develop local, national and international funding models to scale up this work to ensure every pastoralist girls' rights to basic health care, education and freedom from violence are met. This cycle of poverty, still encountered in many pastoral 'bomas' (homesteads), must be broken so that these girls can be healthy, attend school and achieve their full potential.

Pastoral Women's Council (PWC) is a community-based membership and non-profit organisation working to address root causes of social and gender injustices in 3 rural districts of Arusha Region, Tanzania. http://pastoralwomenscouncil.org.

PWC also manages Emanyata Secondary School, a community boarding school for pastoralists of rural Ngorongoro District http://emanyataschool.weebly.com

Reference

- Virginia Commonwealth University Center on Society and Health (2014). Why education matters for health. Policy brief. https://www.rwjf.org/en/library/research/2014/04/why-education-matters-to-health.html
- David W Lawson et al. (2014). Ethnicity and Child Health in Northern Tanzania: Maasai Pastoralists Are Disadvantaged Compared to Neighbouring Ethnic Groups. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0110447
- World Bank, PovcalNet (2019). Working for a World free of Poverty. http://iresearch.worldbank.org/PovcalNet/introduction.aspx

Jacky Vel *is a long-time friend and expert volunteer for Pastoral Women's Council. She has a BSc in Applied Physics and 30 years of experience in project management, marketing and communications, her passions are equality and education for all. Email*

Kontakt

Deutschschweiz
Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande
Medicus Mundi Suisse
Rue de Varembé 1
CH-1202 Genève
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Bank details
Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX