Family Economic Health among Women and Children in Ndevelwa Ward, Tabora Municipality, Tanzania

Jared K. Ruzige[*1,2]

Abstract: Family economic health among women and children in this descriptive study takes its contextual meaning of family economic hardships effect the wellbeing of women and children in Ndevelwa Ward, Tabora Municipality, Tanzania. The purpose of this study was to identify family economic health among women and children, looking at economic stresses/hardships and other associated psychological problems in the community. A target of 371 women was selected and studied, and 357 children were sampled to take part in the study through a guided questionnaire for further qualitative in-depth interviews. Synchronizing this, 40 different stakeholders participated in focus groups. The research applied interview and questionnaires to collect data. Findings revealed that women and children exposed high level of stress showing a prediction of poor psychological health due to poor living condition. The study concluded that women and children are still psychologically affected due to existence of poverty caused by insufficient support, poor knowledge, poor infrastructure and lack of creativity. Furthermore, it was recommended that government authorities, community organizers and rural/urban planners, and other stake holders need to put up strict policies and continue enacting other laws that can favor women's and children's rights and give a way for capacity building. Also among many other recommended issues were the need to building rapport among families/relatives and children; tender care (love) among spouses (husbands and wives), and involving care givers and religious institutions as main stakeholders.

Keywords[3]: Human wellbeing, Wellbeing, Family health, Family hardship, Family economic health, Economic hardships, Socioemotional functioning.

[1] Open Christian University, California, USA; jruzige@gmail.com
[2] Tabora Bliss College, Department of Social Work, Tanzania
[3] Received on June 25th, 2024. Accepted on August 25th, 2024. Published on August 30th, 2024. doi: 10.5281/zenodo.13619326 ISSN: 2788-709X.

1.0 Introduction

1.1 Overview

This descriptive study is about "Family economic health has a contextual relevance to human wellbeing," the study involved a combination of more than one academic discipline. This chapter introduces background to the research, statement of the problem, aims and objectives, research question, scope of the study, limitations and significance of the study. The research is highly significant to women's and children's wellbeing.

1.2 Background to the Study

The ability of families to meet their most basic needs is an important measure of economic stability and well-being. In the United States of America (USA), McLoyd (1990) asserted that "economic hardship (as the negation of economic health - *emphasis mine*) on black families and children affect the socioemotional functioning of women and children living in poor families and families experiencing economic decline." Women and children experience "disproportionate shares of the burden of poverty and economic loss and are at substantially high risk of experiencing socioemotional problems" (McLoyd, 1990). In Tanzania, Women's and children's welfare is crucial in building a strong nation. For example, "women play multiple economic and social roles" (Fox, 2016:3). They participate in the labour force, performing economic activities and earning income for themselves and their families (Fox, 2016:3). According to Tanzania Population and Housing Census (2012) and the 2011/12 HBS), women and children were and are the main affected groups in the society. According to Tanzania National Bureau of Statistics (2022), the preliminary/initial results of the census conducted on August 23rd, 2022 Tanzania is having a population of 61,741,120 humans, of which 31,687,990(51.3%) are females, and 30,053,130 (48.7) males (National Bureau of Statistics, 2022). The Tanzania agenda for 2030 is "make an explicit,

bold, and universal commitment to ending violence against women and children in all its forms as part of an integrated agenda for investing in the protection and empowerment of women and children" (National Plan of NPA-VAWC, 2016).

1.3 Problem Statement

It is common in Africa and Tanzania in general to observe how women occupy economic and social roles despite several challenges they face. The unhelpful family economic health creates family economic stresses/hardships that affect the wellbeing and/or socioemotional functioning of women and children living in poor families and families experiencing economic decline.

The Idris's (2018) finding shows that one of the main barriers to women's economic inclusion in Tanzania is time poverty (because women have to spend more time on household chores than men). In particular they have primary responsibility for a strenuous and time-consuming task of water and fuel (firewood) collection. These household duties mean women have limited time and opportunities to engage in productive (paid) work. It is true that Tanzania has largely achieved gender parity in primary level education, but at secondary level girls lag behind boys and the gap continues to widen up in tertiary education. This means that women enter the labour force less educated than men, and thus having fewer opportunities in highly payable jobs and executive positions.

Topping up this, Tanzania has high rates of early marriage among females and early pregnancy. For example, adolescent birth rate in 2016 was 118.6 (UNDP, 2016, p. 6). Marrying and having children at an early age reduces females' education and employment opportunities. The result of this is reproductive health pressures. On the other hand, lack of assets and access to financial services hampers women in agriculture as well as in business. This means that, there are few gender sensitive financial services on the supply-side, and a lack of information and awareness among men and women on the demand-side (Idris, 2018, pp.1-2).

According to National Bureau of Statistics (NBS) and the United Nations Children's Fund (UNICEF), "Overall child deprivation and poverty rates are high." It is clear that "Seventy four percent of Tanzanian children live in multidimensional poverty, using a nationally agreed cut-off threshold of being deprived in 3 or more dimensions, while 29 percent live in households below the monetary poverty line. Deprivation and poverty rates are high among the aged children of 5-13 and 14-17 years" (Child Poverty Report, 2016, p.1). The WHO (2016) states that, "Globally, hundreds of millions of children up to one billion have experienced physical, sexual or psychological violence in the past year (i.e., during the year of the publication of this data). In this study the researcher's intention to the stated problem was to understand family economic health and hence, assess the different mitigating processes through which family economic hardships affect women's and children's wellbeing.

1.4 Study Objectives

1.4.1 General Objective

The main objective of the study was to assess the *level* and *experiences* of family economic stress/hardship faced by women and children and identify *intervention* to alleviate family economic stress/hardship with their associated psychological or socioemotional functioning affecting the wellbeing of women and children in Ndevelwa Ward, Tabora Municipality.

1.4.2 Specific Objectives

In reference to the statement of the problem, the study entailed specific objectives as follows:

(i) To assess the *level* of family economic hardship of women and children in the community;

(ii) (ii) To analyze the *experiences* of family economic stress/hardship and psychological health among the women and children of Ndevelwa Ward, Tabora Municipality and;

(iii) To identify effective *interventions* to alleviate family economic hardship and their associated psychological/socioemotional problems among the women and children.

1.5 Research Question

The following doctoral research questions guided the study on the following:

(i) What is the level of family economic hardship among the women and children, as identified in the community?

(ii) What are the experiences of the women and children with family economic hardship?

(iii) What is the effect on their psychological health or socioemotional functioning?

(iv) What are intervention strategies that could improve affected women and children with family economic stress/hardship, mind-set and feelings?

1.6 Scope of the Study

The research limited itself to women and children of Ndevelwa Ward of Tabora Municipality, in the Central West region of the United Republic of Tanzania. The content scope was to examine family economic health in the context of family economic hardship with different mitigating processes affecting women's and children's wellbeing and thereafter establish intervention strategies that could improve the women's and children's well-being. The study looked at a time frame between six and twelve months. The period would help the research to show over the six months the impact of family economic hardships on the wellbeing of women and children.

1.7 Significance of the Study

Significantly, addressing family economic health among women and children was central in its own right, and key to achieving other development outcomes for women and children. Women

and children are vital for socioeconomic prosperity of any community and nation. They touch all sectors of production, education, and social welfare in general. The study has also a great significant contribution to the body of knowledge for the future researchers and policy makers, government and NGOs.

1.7 Literature review

The following literature review looked at into the literature from different development studies and other sources on family economic health/hardship, and contextual relevance of human wellbeing. The following key terms were well identified and explained:

1.7.1 Human Wellbeing

As it is clear with Ruckelshaus, et al (2011), "Human well-being is a broad concept one that includes many aspects of our everyday lives. It encompasses material wellbeing, relationships with family and friends, and emotional and physical health. It includes work, and recreation, how one feels about one's community, and personal safety" (Ruckelshaus, et al 2011). Dreyer (2008) explains the concept of human well-being as popular in academic discourses. For example, human wellbeing and human flourishing is deeply an interdisciplinary discourse in practical theological which draws knowledge from several other fields like sociology, anthropology, psychology, and economics.

1.7.2 Wellbeing

The well-being as viewed in educational contexts, Carter and Cecil (2022) in their book titled "Wellbeing as an Issue," embraces Diener's (2009) definition that wellbeing "consists of three elements that involve the cognitive evaluation of overall satisfaction with life; positive affect; and lower levels of negative affect." Also Wellbeing can be viewed holistically, in terms of balanced life experience where, wellbeing needs to be considered in relation to how an individual feels and

functions across several areas, including cognitive, emotional, social, physical and spiritual wellbeing (Carter and Cecil, 2022, chp.2).

Professor Dreyer (2008, p. 13), in his assertion from WeD (2007) and Changeux & Ricoeur (2000) stated that, "Wellbeing is a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life." Dreyer further states, "The needs referred to are not only material needs, but also relational needs and a sense of fulfilment (subjective wellbeing). Needs regarding health, income, family life, friendship, and community life all form part of research that includes the tendency need dimension." And that, "Research in the fields of genetics and the neurosciences can also contribute to a better understanding of our needs and tendencies" (Dreyer, 2008, p.13; cf. WeD, 2007; cf. Changeux & Ricoeur 2000). This suffices to know well-being as broadly explained and understood depending on a multidimensional model of human action.

1.7.3 Family Hardship

Family hardship means a number of things including not having enough income, living in cramped housing, having medical problems, poor diet, limited access to education for children particularly girls and women. Poverty in general is increasing everywhere while corporations and governments get richer.

1.7.4 Family Economic health

Family economic health (a healthy/strong family) is a complex one (Krysan, et al 1990). However, adopting Krysan, et al (1990) model, family economic health is that "strengthened with the model of religious orientation, commitment to family members, appreciation (respect/love, general positiveness), time together, direct (open, two-way communication), and conflict/crisis coping or resolution." That, Family economic health is when the family is the first and foremost influenced on an individual's success. Family choices about how much to invest in a child's

wellbeing and education are critical to building a strong, skilled workforce that drives a healthy economy (Comm'r, v. Sykes; Memo, 2009, p.197).

1.7.5 Family Health

Young (2019) defines Family health as "a state in which the family is a resource for the day-to-day living and health of its members." A family provides its individual members with key resources for healthful living, including food, clothing, shelter, a sense of self-worth, and access to medical care. Further, family health is a socioeconomic process whereby the health of family members is mentioned.

As the basic socioeconomic unit of most societies, the family is the interface between societal and individual health, and the economic interface between the family and society determines what resources are available for a family's health. For example, in some families the father is the primary income earner, yet his skills are marketable only in remote, resource-based communities. In such families, members may have adequate financial resources for healthful living because of the father's stable employment, though their shared geographic location has the potential to negatively impact access to fresh foods, recreation facilities, and quality health care. Here, the community plays a primary role in mitigating the effects of geographic location. In healthy communities, many families will benefit from resources available in the community and, in turn, will produce members who contribute in kind, with family dynamics mediating this reciprocal process. While a family may have adequate resources to support its members' health-related decisions, family dynamics influence if, how, when, and by whom resources are accessed. For example, while the family may have adequate financial resources to support the regular physical activity of all members, female family members may be less apt to participate in such activities because of family expectations regarding traditional feminine behavior, such as caregiving and household management. Further, it is in families that individuals learn about, and are exposed to, behaviors and patterns of living

that may be a key to their own health. Such learned patterns may include diet, exercise patterns, orientation to social support, religious practices, substance use or abuse, and domestic violence. And, it is in families that individuals share a genetic makeup that may influence their individual and collective health-related decisions, such as those related to genetic screening (Young, 2019).

1.7.6 Economic Hardship

Economic hardship is defined as "the inability to meet "reasonable basic living expenses" (www.collinsdictionary.com). Wickrama, et al (2012) explained economic hardship as that may increase depressive symptoms as a direct reflection of stress and through adverse material and health conditions associated with economic hardship.

1.7.7 Socioemotional Functioning

Socioemotional is a process that consists of variations that occur in an individuals' personality, emotions, and relationships with others during one's lifetime (Santrock, 2007). Socioemotional development includes the child's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others (Cohen and others 2005).

1.8 Theoretical Literature Review

1.8.1 Discourses on Wellbeing by Dreyer's Theology

Dreyer (2008) states that, "the possible contribution of practical theology to interdisciplinary discourses on human wellbeing is illustrated with reference to Browning's five dimensions of the multidimensional model." These include: visional, ethical, ecological, motivational, and practical dimensions as a broad conceptual framework. The following are the explanations and their illustrations on how these dimensions could be used to provide a broad conceptual framework for discourses on human well-being:

First dimension is the "*visional"* dimension. This dimension refers to the basic metaphors and narratives that inform our practices which form our "world views." Dreyer refers to these as the

"outer envelope of practical reason." Also this level is referred to as "the metaphorical level." We usually express our vision of life in metaphors (Dreyer, 2008, p.8). Dreyer teaches us that, "The metaphors we use to represent the ultimate context of experience function to orient us toward that context, form our expectations, teach us to see the world in a certain way, and give us the basic vision by which we live." Our metaphors of God as creator, governor and redeemer thus give Christians specific visions of the world and their place in it (Dreyer, 2008, pp.7-8; cf. Browning 1983, pp.58-59).

Implication: In this first visional dimension, although the underlying "worldviews" in discourses about well-being are not made explicit, there is always at least an implicit visional dimension present in these discourses about well-being. Our ideas about wellbeing, "quality of life," "happiness," "human flourishing" or just "the common good" are always shaped by our views on issues such as the nature of the world, how it is structured, why it is the way it is, our place in the universe, how we can participate in this world, what kind of future is ahead of us, and so forth (Dreyer, 2008, p.11).

The second dimension of practical reason is the obligational dimension. This dimension deals with the moral plurality and complexity of our lives, and the central question is: "What are we obliged to do?" It is at the obligational level that we encounter the various *"ethical and moral traditions,"* such as: the deontological and the teleological, the Kantian and the utilitarian ethical traditions. Within the Christian tradition we find at this level the great commandment to love your neighbour as you love yourself (Leviticus 19:18, 34; Matthew 22:39), and the golden rule of Luke 6:31: "Do to others as you would have them do to you" (Dreyer, 2008, p.8; cf. Browning, 1983, p.53; 1991, pp.105-106).

Implication: In the ethical dimension, it is fairly obvious that discourses on well-being implicitly or explicitly imply some ideas about ethics, morality and values. The lack of well-being,

or ill-being, of so many people as a result of poverty, disease, violence, social and economic inequality, and other injustices means that we cannot consider well-being without paying attention to those who suffer. Discourses about just and democratic societies are always related to notions of well-being and human flourishing. The ideal of a culture of human rights, for example, implies engagement with moral principles. Some theory of morality, whether deontological or utilitarian, or some variety of these approaches, is always implicit or explicit in discourses about well-being (Dreyer, 2008, p.11).

The third dimension given is the tendency-need dimension focusing on the *motivation* for our actions. The central question is: "Which of all our human tendencies and needs are we morally justified in satisfying? " Professor Dreyer (2008, p.8; cf. Browning, 1983, p.53; 1991, p.71) teaches us that, "The tendency-need or anthropological dimension "raises claims about human nature, its basic human needs, and the kinds of premoral goods required to meet these needs."

Implication: Due to centrality of human needs to human well-being, we find that this dimension is present in most, if not all, discourses on the topic. This dimension is also the focus of social scientific research on human wellbeing. Much empirical research is done regarding the relation between people's needs and the fulfilment or frustration of these needs and wellbeing (Dreyer, 2008, p.12).

The fourth dimension is the environmental-social dimension. This dimension has to do with the social, environmental and ecological context of our actions, the factors that condition it and the social-systemic and ecological constraints governing our tendencies and needs (Dreyer, 2008, p.9; cf. Browning 1983, p.53; 1991, p.71). This dimension focuses on the limits that the natural, social and ecological environment place on our actions. Some of these limits can be changed or challenged, but others simply have to be respected (Dreyer, 2008, p.9; cf. Browning 1991, p.107). The socio-structural trends and dynamics that we encounter in our modern world of laate, such as

purposive rationality, structural differentiation and bureaucratisation, are part of this dimension. We can thus, relate this dimension to processes such as modernisation and globalisation which place restrictions on our moral actions (Dreyer, 2008, p.9; cf. Browning, 1991, p.157).

Implication: The given implication is on the "pervasive social and *ecological patterns* that channel and constrain these tendencies and needs" (Dreyer, 2008, p.12; cf. Browning, 2003, p.321). Moreover, "Much research on well-being is undertaken to try to describe or to explain the relation between different structures such as the household, the community, the region, and the nation and well-being" (Dreyer, 2008, p.12; cf. Gough 2004, p.297). The processes such as modernisation and urbanisation can, for example be studied as part of the macro system that influences the well-being of people. Another example given is from Haworth's (2007) research on work, leisure and well-being in changing social conditions. That, "the highly diverse work and leisure lifestyles in modern and modernising societies, and violence and crime are factors that have a very negative impact on the well-being of individuals and communities. Human security is a very important component of human wellbeing" and therefore, "living in a highly polluted environment, with no clean water to drink or fresh air to breathe, will have a negative effect on health and well-being" (Dreyer, 2008, p.12; Clark & McGillivray 2007, p.6).

The fifth dimension is the rule-role dimension. The key question here is: "What specific roles, rules, and processes of communication should we follow in order to accomplish our moral ends?" This dimension deals with the concrete patterns of action of our daily living (Dreyer, 2008, p.9; Browning, 1983, p.53; 1991, p.71). For examples, some of these rules are: "You should return your library books punctually, "You should pay your taxes," "A man should be the head of the house," "You should not have sex before marriage," or "It is all right to have sex before marriage." Dreyer explains these moral rules as also tied to specific sanctions that should we not adhere to them (Dreyer, 2008, p.9; cf. Browning, 1991, p.104-105).

Implication: In this last dimension, brings us to the most concrete dimension, namely the *practical dimension.* The dimension deals with institutions, policies and processes, and the well-being of individuals, communities or societies; we could refer to it as the strategic dimension of well-being. This dimension is most noticeable in programs for promoting wellbeing, such as social policies and health, programmes to curb domestic violence, poverty reduction, developmental programmes such as the Millennium Development Goals, and so forth. Although the programmes at this level are quite concrete with regard to rules and roles in relation to well-being, it should be clear that all the other dimensions of the multidimensional model are concretised in these programs. It is advisable that, theologians can add breadth and depth to interdisciplinary discourses on well-being. Through their normative, empirical, and strategic inputs in these interdisciplinary academic discourses on well-being, theologians can contribute to the theory and practice of well-being in a world that longs for salvation and human flourishing (Dreyer, 2008, pp.13, 19). The researcher, as a theologian concurs with Dreyer for seeing healthy families flourishing in the community.

1.9 Perspectives of Family model

Some of the commonly known perspectives of family models are: interactionist model and family stress model. Others are like investment model and social causation and social selection perspectives. Social causation and social selection perspectives have an implication of family life on an a priori assumption of most research on socio-economic status, family functioning, and human development is that social position influences families across time, and that socioeconomic disadvantage has negative consequences for adults and children (Conger et al., 2002; Haas, 2006).

1.9.1 Interactionist model

An interactionist model of the relationship between socioeconomic status and family life incorporates assumptions from both the *social causation* and *social selection* perspectives.

Building on its ideas and findings, interactionist model of socioeconomic status has built its assumptions on family interaction processes, and child development. The model extends an earlier perspective proposed by Conger and Donnellan (2007). Consistently, with the social causation view, the model proposes that the exogenous variable, the socioeconomic status of the first generation parents (G1), will have both a direct impact on the second generation child's (G2) traits and dispositions during the first two decades of life as well as an indirect influence through the types of family dynamics in relation to the family stress model (FSM) and Investment Model (IM). Consistent with the social selection approach, the model hypothesizes that G2 traits and dispositions will predict G2's socioeconomic status, family dynamics, and the adjustment of G2's children and (G3) during G2's adulthood. Any of these perspectives can be used to investigate the extent of family economic hardship, its correlation with other characteristics, and for testing the effectiveness of models or therapeutic approaches. However, no single broadly accepted perspective on family economic health or hardship is used (Victor et al. 2000). After acquainting himself with these theories, the researcher has considered the family stress model to be the best in the analysis of the family economic health among women and children.

1.9.2 Family Stress Model (FSM)

Conger et al (2011) explains the term *"family stress model"* as what was first proposed by Conger and Elder. Family stress model as a predictor of parenting and child development is one of the exciting innovations in research on socioeconomic status involving intervention programs for low income families. Family stress models describing the processes through which poverty influences child development have gained wide acceptance. Early family stress models grew out of the seminal work of Glen Elder (Elder et al., 1985; Elder, 1996) who studied the influence of economic loss during the Great Depression on paternal behaviors and child outcomes (Barnett, 2014). Besides, it has been well-established by Barnett in the extant literature that, growing up in

poverty places children at risk for multiple socioemotional disadvantages. Economic adversity has been linked to a wide range of negative child outcomes, including elevated risks for insecure attachment relationships, psychosocial morbidity, behavior problems, reduced social competence, lower-levels of self-regulation, and elevated physiological markers of stress. This research therefore has aimed to identify the mechanisms that link poverty to these disadvantages in order to identify targets for effective interventions and policies.

As it is the case of individuals and in the case of child development, Mayer (1997, pp.2-3) proposed that, "parental characteristics that employers value and are willing to pay for, such as skills, diligence, honesty, good health, and reliability, improve children's life chances, are independent of their effect on parents' income. Children of parents with these attributes do well even when their parents do not have much income." Contrarily, "children of parents with poor interpersonal skills who experience a lower quality of parenting likely have worse outcomes than other children, regardless of whether they live with both parents" (Conger, et al 2011).

As it's related to romantic relationship, Rand Conger's (Conger & Conger, 2002; Conger et al., 1992; Conger et al., 1993), a research group studying Iowa farm communities in USA discovered that financial problem influenced the lives of rural families going through the severe downturn in the agricultural economy during the 1980s, and therefore, they further supported and expanded upon Elder's work. In their first conceptual framework they illustrated predictions from the family stress model to the quality and stability of marital and other romantic relationships beginning with the proposition that *"economic hardship leads to economic pressure for partners in romantic unions."*

Markers of hardship included low income, high debts relative to assets, and negative financial events. For example, such are those identified by O'Neill, etal (2006) as "receiving overdue notices from creditors and collection agencies, issuing checks with funds insufficient to cover them,

getting behind on bill payments, family money squabbles, and worrying about whether one is prepared financially for emergencies or major life events such as college and retirement."

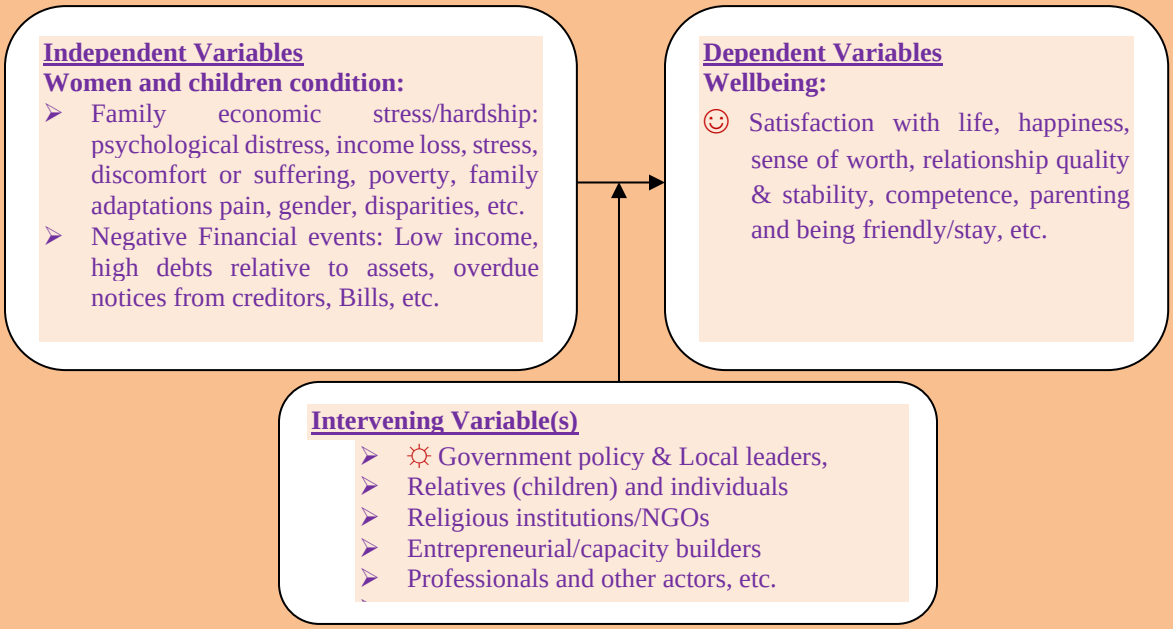
Family stress model predicts that "economic problems will lead to deterioration in marital relationships and increase risk for marital instability." In line with this, the researcher sees "family economic stress/hardship as the condition affecting women's and children's wellbeing." The researcher's phrasal words parallels Conger's et al., (2002; 1992; 1993) that, "economic hardship certainly leads to economic pressure for partners in romantic unions." This is elucidated that, "when economic pressure is high, romantic partners are at increased risk for emotional distress (i.e., depression, anxiety, anger, and alienation), and for behavioral problems (such as substance use and antisocial behaviour) which may be found crystalizing in the community. In such situation, it can be hypothesized that, *family economic stress (i.e., hardship) leads decrease in relationship quality and stability (i.e., wellbeing)* in which most affected groups are women and children. Relating to this, Barnett (2014) explained that "economic disadvantage is associated with multiple risks to early socioemotional development." In a comparable situation, a suburb area like Ndevelwa Ward community in Tabora Municipality has a prevalence of economic stresses/hardships among many families, an epitome scenario, whereas women and children are the main victims.

Basing on Conger and his colleagues' ideas and building upon the framework of the family stress models, the researcher's assumption or hypothesis is that "family economic stress/hardship is a condition affecting women's and children's wellbeing." In this assumption, women and children were focused because the ability of families to meet their most basic needs was an important measure for "economic stability and well-being." The researcher's hypothesis compliments to the above family stress models in conjunction with the wellbeing perspective.

1.10 Conceptual Framework

In this study the assumption shows that "family economic stress/hardship (the independent variable) affects women's and children's wellbeing" (the dependent variable). See the figure below:

Figure 1: Conceptual frame work of Family economic health among women and children



Source: Own Figure

From the above schematic diagram, for the variables to be tested the empirical focus of the research was given to three dimensions: the *level*, *experiences* and *intervention.*

1.9 Empirical Literature Analysis

The empirical analysis consisted three major aspects that were related to the three specific research objectives. These were: identifying the *level* of women and children with family economic hardship in the community; examining the *experiences* of family economic stress/hardship and psychological health among women and children and finding out *intervention* that could improve the wellbeing of women and children in Ndevelwa Ward, Tabora Municipality.

2.0 Methodology

2.1 Introduction

This outlines the methodology which was used in the study. The following topics were discussed: description research design and method for the proposed study including targeted population, sampling procedure, data collection method, and instruments.

2.2 Research Design

The study used a descriptive research design to survey mostly the women and children who were the main interest of the study. The research used the research methods. The project also advanced quantitative approach in combining a number of in-depth qualitative approaches. Quantitative research is a type of educational research in which the researcher decides what to study in line with specific or narrow questions. The researcher collects quantifiable data from participants; analyzes the numbers using statistics; and conducts the inquiry in an unbiased objective manner (Creswell, 2007: 46). Thus, quantitative applies questionnaires. On the other hand, qualitative research is a type of educational research in which the researcher relies on the views of participants. Thus, qualitative applies observation, questionnaires, interviews, focus group discussions and documentation.

2.3 Area of the Study

The study was conducted in Ndevelwa ward in Tabora Municipality, the region which is in Central West of the Republic of Tanzania. According to Ntega (2022), the Municipal Health Officer, the Tabora Municipality's actual population data for human beings had 335,959 inhabitants. Since it was impossible to study the entire region of Tabora, Ndevelwa Ward was selected as a representative research site for both rural and urban inhabitants. The researcher was required to know the actual census in that community. At the Ward level, the Ward Officer, in collaboration with Dispensary Facility in-charge, the Ward's population accounted 13,480 human beings, out of which 5,146(38.18%) were females and 5,023(37.26%) was males. On the other hand, Ndevelwa ward's population for children under 18 years old counted for 3,311(24.56%)

whereas 1,214 were males and 1,396 were females. Also, 701 (of whom 394 males and 307 females) were identified as special groups or dependant vulnerable children. The most typical economic activities in the Ward is subsistence farming, in which most of the community members live under US$1 per day. For that reason they have to seek other means to earn their living through gardening, hawking and chopping trees in making furniture and other domestic handy tools (irrespective of environmental hazards). The community members have been doing all these in order to top-up for their little agricultural activities which is done during the rainy season, the work which is done by involving family physical engagement using primitive tools. And since the large area of Tabora region has no steady reliable rains the harvests are not guaranteed. The situation could mean disaster for a family. In general, Ndevelwa Ward was quite chosen due to lack of data concerning the poor living conditions of women and children.

2.4 Study Population

The study included home based family care givers; local government leaders (i.e., village or ward executive officers, civil or social/health workers), women (single mothers, step or guardian mothers, divorced and/or separated women), primary and secondary teachers as well as individual community members and children. The study respondents were selected using two main sampling procedures: 1) Purposive sampling (i.e., non- random): the respondents involved in the focused groups discussion were purposefully selected on the basis of their knowledge, expertise and experience of working and living with women and children in rural and/or urban areas. These included village/ward executive officers, civil or social/health workers, and both primary and secondary teachers in order to achieve a sample technique that would involve the researcher to engage respondents with the right information needed for the study. 2) Simple random sampling. A simple random sampling technique is that which everybody stands on an equal chance of being included in the sample. This used to select women, children, home based family caregivers, and

individual community members from Ndevelwa Ward in Tabora Municipality so as to gain more information or establish people's views, knowledge and experiences they had on family economic hardship, and find out what would have had been affecting women's and children's wellbeing. The researcher's response rate would affect the number of people he would send his survey to. "The higher the response rate, the fewer people you need to ask to take your survey." This speaks to us that, "the number of respondents the researcher needs depends on his survey goals and how confident he wants to be in his results. The more confident you want to be, the less of a margin of error you should accept" (Online: Survey Monkey Audience). To calculate the number of people the researcher requires inviting participants to take his survey. For example, the online "Survey Monkey Audience" supplies the following formula:

$$\frac{\text{Number of respondents}}{\text{Expected \% response rate}} X\ 100$$

However, in this study the researcher used a scientific simplified formula from Glenn (2013, p.4) in "Determining Sample Size," that referred to the sample sizes given in the tables. A 95% confidence level and P = .5 would be assumed. Therefore, the simplified formula for proportions adapted in this study for women was:

$$n = \frac{N}{1+N(e)^2} = \frac{5146}{1+5146(0.05)^2} = 371.1503786512802 \approx 371.$$

*Where **n** is the sample size, **N** is the population size, and **e** is the level of precision.*

And for children was:

$$n = \frac{N}{1+N(e)^2} = \frac{3311}{1+3311(0.05)^2} = 356.8849366747507 \approx 357.$$

*Where **n** is the sample size, **N** is the population size, and **e** is the level of precision.*

2.5 Sample Size and selection

The study covered a total of 5,146 respondents (women), out of which 371 were selected and studied. To synchronize this, the study also covered a total of 3,311 respondents (children), in which 357 children were selected and surveyed through a guided questionnaire for further qualitative in-depth interviews. Furthermore, 40 different stakeholders participated in focus group Discussion (FGD). These were: individual women, village/ward officers, health workers, home based care givers, and primary/secondary teachers. See the distribution of respondents in table 1 and 2 below.

Table 1: Distribution of questionnaires and interview respondents by sex and location

Sex	**Ndevelwa Ward's Community Respondents**	
	Women	**Children**
Male	0	166
Female	371	191
Total	**371**	**357**

Table 2: Distribution of FGD respondents by category and sex in Ndevelwa Ward

Category of respondents	**Male**	**Female**	**Total**
Village/Ward Officers	2	0	2
Health Workers	2	3	5
Home Based Care Givers	10	17	27
Primary/Secondary Teachers	3	3	6
Total	**17**	**23**	**40**

2.6 Method of Data Collection

The following methods were used in data collection: Observation, interviews, questionnaire, and documentation.

2.6.1 Observation method

According to Sekaran (2003) data collected through observation of events are more reliable and free from respondent's bias. Observation employs vision as its main means of data collection. It involves technique of walking or watching postures, mood, facial expression and behavioural talking. The researcher used this method during field visits and survey.

2.6.2 Questionnaire method

This is a method designed that was carried out following the research objectives, questions and hypotheses (Amin, 2005). Kothari (2010) too recommended this method because it accommodates large samples and its findings are dependable and reliable. Therefore, the questionnaire method was one of the methods that were used to collect the primary data for the study. The researcher used this method because it gave more chance of getting valid information since it was administered at person's own time. The targeted total numbers of respondents were 768 (whereas 371 were women, 357 children, and 40 persons were different stake holders). However, for the fear of some questionnaires getting lost in the process, the researcher produced and distributed 1,536 forms, two times of the targeted number of respondents. This ensured the researcher to attain his objectives.

2.6.3 Interviewing method

An interview method helped to obtain the required data to meet the study objectives. It is an in-depth data collection that uncovers information which would have been not obtained using questionnaire method (Mugenda and Mugenda (1999). There are several types of in-depth interviews. However, this research used the most common four, namely, researcher-designed (self-administered questionnaires), the individual in-depth interview, an observation checklist, and the focus group discussion (FGD).

2.7 Data Collection Instruments

2.7.1 Researcher-designed (self-administered questionnaires)

A researcher-designed (Self-administered questionnaires) instrument was designed by the researcher with both closed and open ended questions to collect data. The instruments were self-administered by the researcher to the respondents, including participants who were not able to read and write.

2.7.2 Interview guide

An interview is an oral questionnaire where the researcher gathers data through direct verbal interaction with participants Amin (2005). The researcher used interviews so as to get the data that would not be captured in the questionnaires and it provided a more probing insight to the study variables.

2.7.3 Observation Checklist

The researcher used this method to observe the respondent's home life, interactions with others, etc. The researcher constructed an observation protocol instrument which after observation the generated data was analyzed.

2.7.4 Focus Groups Discussion, (FGD)

The focus group discussions were conducted in all groups represented women and children. The meetings were in informal settings and the researcher moderate them.

2.8 Validity

Validity means that the individual's scores from an instrument make sense, are meaningful, and enable the researcher to draw good conclusions from the sample studied to the population (Creswell 2007, p.169). In this, both the English language questionnaires and the designed-translated Swahili language questionnaires were used.

2.9 Method of Data Processing and Analysis

According to William Wiersma and Stephen G. Jurs (2005 p.202), "the analysis of data normally follows closely the interpretation." There were two types of primary data collected in the course of the project: quantitative and qualitative data.

2.9.1 Primary Quantitative Data Processing

The questionnaires that consisted primary quantitative data were analyzed using descriptive statistics. The researcher coded the data from the populations. All data were typed on Microsoft Word after and during the data collection. Numerical values were used in determining total scores from response categories which were: *very much*; *little/good/moderate*; and *not applicable/no response/I don't know.* The responses were coded as: *very much = 3; good/moderately/little = 2; and not applicable/no response/ or I don't know = 1*

2.9.2 Primary Qualitative Data Processing

Primary qualitative data processing involved translating the written responses from Swahili to English without losing the intent of the respondent and without repeating similar ideas. The key activities in data processing were: editing, coding, classification, and tabulation.

Editing: The researcher went through the questionnaire forms and interview responses to identify mistakes, incorrect or irrelevant information, etc.

Coding: Coding refers to the process of assigning numerals or other symbols to classes (Kothari, 2010). Coding is some kind of classification because the first step in coding is to specify the categories or classes into which the responses belong (Ghauri and Kjell, 2005). This was used to summarize data by classifying different responses, which were made into categories for easy interpretation and analysis.

Classification: Classification refers to the process of putting responses of the same characteristics into same group or class. Following the objective study, two classifications marking were observed: (i) in the case of the levels of women's and children's family economic

stress/hardship, the responses were classified as: *Good =3; moderate =2; poor or don't know or no response =1*. (ii) in the case of the experiential factors affecting women's and children's wellbeing in Ndevelwa Ward, Tabora Municipality, the responses were classified and marked as: very much, little, and no for each factor (i.e. *Very much =3, Little = 2, neither nor for each factor = 1).*

Tabulation: Tabulation is the process of summarizing collected raw data in a table to facilitate computation of various measures during the data analysis. The arrangement of the data in this form facilitated statistical computation tabulation in saving space, making comparisons possible, and identification of errors.

2.10 Ethical Issues and Procedures

As it is known, "Research ethics involve requirements on daily work, the protection of dignity of subjects and the publication of the information in the research" (Marianna, 2022, Abstract). Marianna gives more clarification that, "ethical issues in research includes: informed consent, beneficence -do not harm, respect of anonymity and confidentiality, respect of privacy, a carefulness on vulnerable groups of people, and the skills of the researcher" (Marianna, 2022, pp.1-7). Also the research ethics and procedures should involve "honesty." This is together with reporting data, results, methods and procedures, and publication status. In other words a cautious note is "Do not fabricate, falsify, or misrepresent data" (U.S. National Institute of Environmental Health Sciences). As it's indicated on the questionnaires' and interviews' section, the whole process of collecting data and other ethical considerations were administered confidentially. To access the participants in some places like government authorities, and/or in the community, the researcher's confidence was due to the accessibility of the official permission, recommendation and the university's approval for study and authorization.

3.0 Data presentation, Analysis and Interpretation

3.1 Introduction

This chapter presents data, analysis and interpretation. The Data was presented according to objectives and research questions. The main analysis tools used were frequently tables which showed frequency and percentages of the respondents. The main objectives were to assess the level of family economic health of women and children in the community, to analyze the experiences of family economic stress/hardship and psychological health among the women and children of Ndevelwa Ward, Tabora Municipality, and to identify effective interventions to alleviate family economic hardship and their associated psychological/socioemotional problems among the women and children.

3.2 Response Rate

The researcher targeted a sample of 768 respondents, of whom 371 were women, 357 were children, and 40 different stake holders. These are seen in table 1 and 2.

3.3 Background characteristics of respondents

The background information of the respondents sample included age, gender, marital status, occupation, educational background and a one's position held in the community. The purpose of collecting background information of respondents was to help establishing the respondents sample characteristics and form appropriate opinions about the research findings. The social demographic characteristics of respondents incorporated in this chapter provided a basis of relating information together. For instance, the location of respondents had an influence on their participation in women's and children's well-being.

3.3.1 Age of respondents

As it's seen in table 3 below, indication of respondents' age group in six categories captured all respondents' perspectives. The age range between 10 and 60 and above years among women and children had effects on their psychological health. This was also meant to ascertain the magnitude/level of family economic health and psychological health in women's and children's welfare in each category. Age was also considered an important factor in determining the extent to which respondents understood the dynamics of family economic health among the women and children and their psychological health or socioemotional functioning in the community.

Table 3: Respondents by age

Age	Village/Ward Officers	Health workers	Home Based Care Givers	Primary/Sec. Teachers	Individual Women	Children/Primary & Sec. pupils	Total
10-20	0	0	0	0	0	357	357
21-30	0	0	0	3	186	0	189
31-40	2	4	0	2	93	0	101
41-50	0	1	22	1	92	0	116
51-60	0	0	5	0	0	0	5
61-	0	0	0	0	0	0	0
Total	**2**	**5**	**27**	**6**	**371**	**357**	**768**

Table 3 above shows respondents' distribution by age categorized into six (6) groups. It is obviously that the most group the researcher paid attention to were the children aged between (10 - 20 years) whose frequency was 357(46.5%), being followed by a group of individual women aged between (21 – 30) with a frequency of 186(24.2%). This explains the researcher's intention on potential dominance of women and children in the study.

3.3.2 Respondents by gender

Table 4 below shows gender respondents that took part in the study. The researcher had to find out the gender or sex distribution of the respondents in order to establish whether this had any influence on family relations.

Table 4: Respondents by gender

Gender	Village/Ward Officers	Health workers	Home based Care Givers	Primary/Sec. Teachers	Individual Women	Primary & Sec. pupils/children	Total
Male	2	2	10	3	0	166	183
Female	0	3	17	3	371	191	585
Total	**2**	**5**	**27**	**6**	**371**	**357**	**768**

The summarized observation in the table above revealed that the total frequency of 585(76.2%) were female respondents while 183(23.8%) were male respondents in which 166(21.6%) were male children (i.e., primary and secondary school pupils), and 10(1.3%) were adult men who were concerned in representing a small number of fraction or percent for home based care givers. This implied that females were more acquainted with family services at a family level than males' availability. Hence, female are more available and easy to meet in households than men.

3.3.3 Marital status of respondents.

The respondents were asked whether they were married, single, single mothers/fathers, divorced or separated, and widowed. The reason behind for asking marital status was to find out if this had an influence on family economic health and psychological health among women and children. The table below provides the reality:

Table 5: Marital status

Marital status	Village/Ward Officers	Health workers	Home based Care Givers	Primary/Sec. Teachers	Individual Women	Children/Primary & Sec. pupils	Total

Married	2	5	22	6	278	0	313
Single	0	0	0	0	0	357	357
Single mothers	0	0	0	0	23	0	23
Divorced/separate	0	0	0	0	0	0	0
Widowed	0	0	5	0	70	0	75
Total	**2**	**5**	**27**	**6**	**371**	**357**	**768**

Table 5 indicates the marital status of respondents. It was observed that the majority of respondents were single respondents whose frequency was 357(46.5%) as primary and secondary school pupils/children. This is a dependent group. These were followed by married couples with a frequency of 313(40.8%). The widowed frequency number was 75(9.8%). During the interview, it was observed that most widowed respondents had stress. However, all these indicated that their wellbeing had been affected by unmet physical needs. Their homes were generally poor.

3.3.4 Respondents by occupation.

The researcher intention was to find out the occupation held by respondents to ascertain whether or not there were real occupational categories of people in the Ward, who would be able to cause any influence or give experiential knowledge, factual or right information on family economic health and psychological health among women's and children's wellbeing. Their results are provided and presented in the table 6 below:

Table 6: Respondents by occupation

Occupation	Village/ward officers	Health workers	Home based Care Givers	Primary/Sec. Teachers	Individual Women	Children/ Primary & Sec. pupils	Total
Profession/Employed by Govt./Public Sector	2	5	0	6	0	0	13
Peasants & Self-employed	0	0	27	0	371	0	398
Children/Pupils	0	0	0	0	0	357	357
Jobless	0	0	0	0	0	0	0
Retirees	0	0	0	0	0	0	0

Total	**2**	**5**	**27**	**6**	**371**	**357**	**768**

Table 6 shows the majority of the respondents were peasants and self-employed people with frequency of 398(51.8%). They were followed by a large number of children/primary, and secondary school pupils with frequency of 357(46.5%), who were identified as dependent group. A group with frequency of 13(1.7%) was a small number of literacy class, which represented professional workers/employees from government or public sector, as people who provided crucial information needed.

3.3.5 Educational level of respondents

This section, presents the respondents' level of education in order to ascertain their level of involvement and the type of services offered by respondents towards the impact of family economic stress/hardship and psychological or socioemotional problems among the women and children. The option included: the under primary school (that is below standard seven), primary school (for those completed primary school level i.e., standard seven), secondary school, tertiary and other levels just as presented in table 7.

Distribution of different levels of education among the different respondent groups matched the researcher's expectation since the study was conducted in rural setting.

Table 7: Respondent's level of education

Education	Village/ward officers	Health workers	Home based Care Givers	Primary/ Sec. Teachers	Individual Women	Children/ Primary & Sec. pupils	Total
Below Standard Seven	0	0	7	0	46	100	153
Standard Seven	0	0	20	0	255	120	395
Secondary School/Certificate	2	0	0	1	46	137	186
Diploma	0	4	0	3	24	0	31

First Degree or Its Equivalent	0	1	0	2	0	0	3
Masters	0	0	0	0	0	0	0
PhD	0	0	0	0	0	0	0
Total	**2**	**5**	**27**	**6**	**371**	**357**	**768**

Table 7 indicates that the respondents' categories in their different groups provided information needed to the study. Both home based care givers/volunteers had a frequency of 20(2.6%), while individual women had the frequency of 255(33.2%) as the ones who had education at primary level (i.e. standard seven) outnumbering those who did not go to school and/or, if they went, it was obvious that they did not complete standard seven. The total number of Secondary school respondents plus all tertiary education level's respondents had a total frequency of 220(28.6%). This also implied that most had gone to school and had a reasonable knowledge, which helped the researcher to have all the self-administered questionnaires returned with the right information.

3.3.6 Brief participants' profile on focus group discussions

In compliance with the assurance of confidentiality and anonymity in the final presentation of the research, focus group discussions applied. Each group of participants was allocated a letter of alphabet in order to avoid using names for the participants in their areas of participation. This was also done in order to conceal identification. The letters were: A, B, C, D, E, F, and G, each letter representing one or more than one person in the group. The following is a table of profile of participants:

Table 8: Participants' profile

Participant Group Code	No.	Age	Gender	Marital	Education	Occupation
A	1	29	M	Married	First Degree or Equivalent	Teacher

	2	35	M	Married	First Degree or Equivalent	Teacher
	3	29	M	Married	Diploma	Teacher
	4	30	M	Married	Diploma	Teacher
	5	46	M	Married	Diploma	Teacher
	6	28	F	Single	Secondary/Certificate	Teacher
B	1	19	F	Single	Secondary	Peasant/Self-employed
	2	16	F	Single	Secondary	Peasant/Self-employed
	3	19	F	Single	Secondary	Peasant/Self-employed
	4	18	F	Single	Secondary	Peasant/Self-employed
	5	17	F	Single	Secondary	Peasant/Self-employed
	6	17	F	Single	Secondary	Peasant/Self-employed
	7	20	M	Single	Secondary	Peasant/Self-employed
	8	18	M	Single	Secondary	Peasant/Self-employed
	9	20	M	Single	Secondary	Peasant/Self-employed
	10	20	M	Single	Secondary	Peasant/Self-employed
C	1	34	M	Married	Secondary/Certificate	Profession/Employed by Govt./Public Sector
D	1	34	F	Widowed	Below Standard Seven	Peasant/Self-employed
	2	34	F	Widowed	Below Standard Seven	Peasant/Self-employed
	3	45	F	Married	Below Standard Seven	Peasant/Self-employed
	4	20	F	Married	Standard Seven	Peasant/Self-employed
	5	35	F	Married	Standard Seven	Peasant/Self-business
	6	24	F	Married	Standard Seven	Peasant/Self-employed
	7	19	F	Married	Standard Seven	Peasant/Self-employed
	8	20	F	Married	Standard Seven	Peasant/Self-employed

	9	30	F	Married	Standard Seven	Peasant/Self-employed
E	1	46	F	Widowed	Standard Seven	Peasant/Self-employed
	2	50	F	Married	Standard Seven	Peasant/Self-employed
	3	43	F	Married	Standard Seven	Peasant/Self-employed
	4	28	F	Married	Below Standard Seven	Peasant/Self-employed
	5	22	F	Married	Standard Seven	Peasant/Self-employed
F	1	33	M	Married	Diploma	Profession/Employed by Govt./Public Sector
	2	42	F	Married	First Degree or Equivalent	Profession/Employed by Govt./Public Sector
G	1	34	F	Married	Diploma	Peasant/Self-employed
	2	38	F	Married	Secondary/Certificate	Peasant/Self-employed
	3	29	F	Single/ Mother	Secondary/Certificate	Peasant/Self-employed
	4	25	F	Married	Standard Seven	Peasant/Self-employed
	5	43	F	Widowed	Standard Seven	Peasant/Self-employed
	6	40	F	Married	Standard Seven	Peasant/Self-employed

Table 9: Identifying the Level of conditions of women and children with family economic stress/hardship in the community

Statement	Group of Participants	Identified Condition

1. Level of family economic hardship among women and children in Ndevelwa Ward, Tabora Municipality	A	• Women and children lack basic needs. No morale for their children's education. • Inadequate education: there is a lack of education and primitive dominance of men's streaming over women. • Most women and children feel unhappy; they cannot enjoy life. • In some hamlets/villages most of the women and children are poor. Only few families are in moderate economy. • Economic hardship among women and children is very high. • Ownership of family properties such as land and livestock tend to be under men's dominion. Women benefit to these property depending on the attitude and decision of men. • Most women are neglected by their husbands during pregnancy. In some families, when a woman brings a child at birth she remains unsupported by her husband. • Poor family background: no life skills training for children. • Single meal a day has been resulting in children's poor performance in schools. • Most women sustain their living by earning small income from fire wood and charcoal making which they sell at low cost because they cannot walk or transport the commodities a far from their homes. • Prevalence of pregnancies and child births at teenage stages are increasing due to parents' allowances of children to attend overnight dances and wedding cerebrations. • Young people get injuries due to fights for girlfriends in such cerebrations. • When children ask for money or any support to meet their physical needs, their parents tend to answer them that "they should seek or support their needs through their own means." • Young children are lazy due to their family background.
	B	• No comments given
	C	• No comments given
	D	• For the widowed: There is little or no cooperation in the family to help the widows. • Poor infrastructure, small/poor economy, no enough education, and very poor communal participation. • Most of the women and children sleep in poor houses. • Relatives are doing little. • They are helpless and/ or jobless; no relatives or family members to assist them.

	E	• Most men/husbands desert their families and go to live and found another home. • Family economic health/condition is moderate but very scaring. • Performance, development, and progress for our children in schools are little because some of our children live distant areas from the school. • Also there is harassment and violence committed by many husbands against women in the family. • There is no employment to many primary school leavers; no secondary boarding school for girls and boys who live a far from the school. Such situation encourages many secondary school pupils fail and others drop out. There are also some cases for rapes for the girls on the unsafe roads/ways to school. • Education for children: Most children do not understand what they are taught although they are taught. • There is no equal opportunity; there is segregation to opportunities.
	F	• Badly affected. • There is little concern for women and children. • Lack of family cooperation. • Lack of education towards women's and children's counselling, and prevalence of poor economy in the community level.
	G	• People are not given enough education on self-help projects that can help them increase their earnings/income.
2. Government's handling of women's and children's issues of family economic hardship	A	• There is a sense of irresponsibility: Inaction of various government plans for women and children. • Most of village leaders have no enough knowledge/education on how to guide or lead their people. • No adequate amenities: For example, in the dispensary there is only one modern diagnostic machine to taste urinary tract infections (UTIs) or causes of other different diseases, and there are insufficient drugs to cater for the growing population in the ward.
	B	• Local leaders do not fully respond to women's and children's affairs. • The local leaders have no enough knowledge that can effectively help them to perform their leadership role. As a result, they do not fulfil their responsibilities of educating the communities in the whole issues of economic affairs. • Local government leaders/village and Ward leaders are not effectively caring women's and children's affairs. • Most leaders have their own interest. They do not consider their people's interest. • Some community members do not participate fully in government services.
	C	• Inadequacy of professional/experts: In comparable to community needs, there are few experts or specialists who are able to provide education that can uplift or improve women's economy.

	D	• No comments given.
	E	• No transparency because of leaders' self-ambition: There is fear of being intimidated, threatened and worried for. We fear some leaders who can make us suffer in life. One may get a problem if he/she expresses or challenges irresponsible local authority/leaders. "Some leaders can bewitch you and cause problems in your life and the communities."
	F	• There are rumors for conflicting interest among leaders and this has been causing poor development in the community. • There is a dominance of threats/worries from superstious leaders.
	G	• No comments given.

Table 10: Women's and Children's Experiences on Family economic stress/hardships and their psychological/socioemotional problems

Statement	**Group of Participants**	**Women's and Children's Experiences**
1. The felt causative factors showing up indicators of family economic hardship affecting women's and children's wellbeing in Ndevelwa and in other places:		
a). Poverty/family economic hardship affecting women's and children's wellbeing	**A, B, C, D, E, F, and G**	• Women and children are affected. • The entering foreigners see Ndevelwa Ward as the poor society. • Many families have difficult life. They fail to meet their family physical needs due to small earnings/income. • Low level of education. • Poverty is a factor • Poor government policy and small number of representation on the issues of women. • Men leave their families for the reason that they are going to find different employment far from home and leave their family without any communication. At the end of the day women and children become into trouble. • Women carry burden of family economic hardship because of their high concern to fulfil family needs. • Poverty is a big problem because other men desert their families.

		• There is little or no mutual cooperation between men and women and children in bringing family development. • Men tend to despise women and children. • Yes, Poverty is the source.
b). Inequality in education between men and women and children	**A, B, C, D, E, F, and G**	• There is no clear openness for development as proposed by leaders (MPs) on women and children. • This is a big challenge on education! Some parents still believe that educating women is wastage of time. Girls are still more forced to marriages than getting to school. Some parents prefer more education to boys than girls. However, the government is fighting against this wrong attitude. • Since Ndevelwa is an agricultural and pastoralist society, to some extent the girl child is discouraged to learn. Boys are also discouraged to attend school. The government is however serious against and fighting this bad attitude. • There is gender disparities among men and women
c). Resource distribution between men and women	**A, B, C, D, E, F, and G**	• Land ownership, livestock and agricultural crops harvested should be benefited by the whole family. Contrary to this, a man (father as head of family) dominates the whole. • In many families there is no equality over family resource distribution. Men dominate over the families. • The real owner of properties at family level are men, most women have no chance of owning resources. • Men believe that women have no right for property ownership. • No equality. Men are given more priority than women because they see women as weak persons.
d). Political leaders or civil workers/social workers have person feel/concern or burden for women and children	**A, B, C, D, E, F, and G**	• They feel concern but the society of Ndevelwa is not willing to change. • There is a sense of irresponsibility although there is a pronouncement of the rule of law. Some leaders are not aware of their responsibilities to their citizens. • Some of them (not all) have personal concern or burden for women's and children's welfare. • Leaders have no regular communal visitation for communal members. If they had, it would help them know problems and challenges faced their society. • There has been a tendency for elected/chosen leaders to see their position as for their own self-interest and their families. Hence, they fail to fulfill responsible roles in the community.

Table 11: Identifying effective intervention to alleviate family economic stress/hardship with their associated psychological or socioemotional problems affecting Wellbeing of women and children

Statement	Group participants	What can be done
1. What should be done in order to maintain women's and children's wellbeing in Ndevelwa, Tabora Municipality?	**A**	• Government should take measures of educating men to use family resources for the wellbeing of their families, i.e. wife and children. • Government should also take measures to reduce economic hardship to women by supplying water, health services and facilities that can enable a girl child to access education. • Good policies on social economic development should be provided; improving agricultural activities and provision of agricultural inputs – such as fertilizers, and of social economic education are all important. • The local government should enact the law for most whom violet the provision of education to both boys and girls in the society (of Ndevelwa). • At a family level, family members, leaders and community in general should be educated on men's and women's responsibility on human rights- such as rights of education for all, property ownership (land, livestock, and house). • Women are supposed to participate in all economic activities rather than becoming syndrome or dependent on their husbands. • Financial capital for small businesses is required for women. • Reduce household works to children who are supposed to go to school.
		• There should be critical measures on girls who drop out of school for reasons of pregnancy.
		• Family should abolish gender disparities and early marriages to the drop out children due to pregnancy reasons by offering them a second chance to study an adult education or pursue a vocational training school.
	B	• Elected leaders in the community should be provided seminars regularly. Also leaders should be concerned to their society. • Women should seriously be encouraged to be courageous to seek their rights and protection for them and their children when it is necessary to do so. • Leaders' visitation to their respective areas of their administration is very important. This will help to understand their community's problems and challenges, and see how they can participate in solving the issues faced.

	C	• Government should seriously employ social workers and business officers at the ward level, who will be able to provide services and educate men, women and children about their social and economic pitfalls. Such pitfalls include: selling raw materials or taking loans for raw material/farm yields, selling things at low costs against the market demands, taking loans for solving their immediate family problems, etc.
	D	• No comments given
	E	• Government should provide enough education for women and children about health, and entrepreneurship at local/village level, as well as agricultural inputs in time.
	F	• Government should extend good social services/infrastructure and educational counselling to women and children in the local/ward level.
	G	• The community members should be given a practical continuity education on men, women and children, of discovering opportunities around them. • There should be continuity provision of education on the importance of educating women to reach in the higher learning institutions. • Children should be given enough time to study so as to catch up more knowledge. This should be done when they come back home from schools. • Women should be given opportunity chances to own property – such as land, house and other resources so as to be strongly trusted with the financial loan institutions. • Local leaders should continue to supervise and provide more opportunities to women and children in the society. • We should advocate and sensitize women to recognize their opportunities and position in the society. • Women should not hesitate to make follow-up for their rights in all government levels –especially when they discover their rights to be taken away.
2. Community practices/ participatory in services delivery for physical needs (water, food, clothing, and home/shelter)	**A, B and C**	• Respect to and recognize stressed families as human beings worth of honor and care. • The government should provide free medical services, and counseling. • The community should be able to voluntarily give social services for the stressed women and children. • Practically, husband should respect his wife and children, care for them, and listen to their needs and give them shelter. • The government and NGOs should come up with comprehensive plans for the betterment of single mothers and poor children.
	D	• No comments given
3. Spiritual practices for women's and children wellbeing	**E**	• Build an environmental friendly for resources and projects that can improve women's and children's well-being. • Real love from the church or mosque should be expressed to the helpless women and children.

4. Community, religious and government leaders' commitment for stressed women and children in the affairs of family economic health	**A and E**	• Church and government leaders should have a system that can observe/assess women's and children's needs and support. • Community practice: village executives should know how many single mothers are in their areas and therefore decide on which program/support is required for them. • Church leaders should sensitize the church/members for supporting the helpless children. • Let there be a guiding plan in the church such as job creation or have a special ministry/mission department that can ensure support for the helpless women and children. • The media should educate the community about father-mother-child in the affairs of family economic health
5. Relatives (family members) responsibility in supporting	**D**	• Poor women and children should be supported by relatives, neighbors and community with assessment/appraisal of life skills and entrepreneurial opportunities.

4.4. Descriptive statistics by objectives

The main purpose of the study was "to determine family economic hardship among the women and children and their effect on their psychological health, as well as identifying interventions to alleviate family economic hardship and their associated psychological problems." In response to this, records were obtained from the selected respondents. These were six different groups: village/ward executive officers, health workers, primary and secondary teachers, home based care volunteers, individual women, and children (of primary and secondary school levels).

The research was guided by three objectives: the first objective was to *assess the level* of family economic health of women and children in the community, the second objective was to *analyze the experiences* of family economic hardship and psychological health among the women and children in Ndevelwa Ward, Tabora Municipality, and then to *identify effective interventions to alleviate* family economic hardship and their associated psychological/socioemotional problems among the women and children.

The responses from the questionnaires and the interviews were intended to reveal the areas of strengths and weaknesses found in the women's and children's households, as well as in local

government authorities, thereby highlighting what could be the best practices that could have a greater impact on improving women's and children's wellbeing in the community.

The three objectives were used in the questionnaires to collect the data. The objectives were the key features to the women's and children's context. They altogether revealed emotional and social loneliness, physical and spiritual aspects of the women's and children's life.

4.4.1. Descriptive survey of assessing the level of family economic health, analyzing the experiences of family economic stress/hardships and their psychological/socioemotional problems of women and children and identifying effective interventions to alleviate them

In this study, variables were measured using numerical scores/values. Response from questionnaires on various topical statements on family economic hardship and psychological/socioemotional problems among women and children had questions which sought the respondents' opinions. This was done on the basis of closed-end questions, and a one-to-one semi-structured interview with a combination of the open-ended administered questions. The responses from respondents were summarized in table 12.

Table 12: Descriptive survey of assessing the level of family economic health, analyzing the experiences of family economic stress/hardships and their psychological/socioemotional problems of women and children, and identifying effective interventions to alleviate them

No.		**Statement**	**Scores**			
1.	**Descriptive survey of assessing the level of family economic health of women and children in the community**		**4**	**3**	**2**	**1**
	a).	Most women's and children's families are vulnerably affected by the lack of basic needs	-	27	13	-
	b).	Education level of women and children in the community	-	21	19	-
	c).	They feel unhappy; they cannot enjoy life	1	18	19	2
	d).	equal opportunities in the community	-	13	24	3

	e).	Family cooperation and concern	4	19	17	-
	f).	Sustainable infrastructure and environmental friendly for self-help project	-	17	23	-
	g).	Government's efforts and local leaders responsibility in handling issues affecting women's and children's wellbeing	6	13	7	3
	h).	Leaders' transparency and accountability	-	13	24	3
	i).	Family relationships between men/husbands and women and children for family economic health provision	4	19	14	3
	j).	Religious institutions' role for women's and children's welfare in the community	12	9	15	4
2.	**Analyzing the experiences of family economic stress/hardships and their psychological/socioemotional problems among Women and Children in Ndevelwa Ward, Tabora Municipality**		**Scores**			
	a).	Poverty/ family economic hardship	-	17	23	-
	b).	Gender Based Violence - GBV	-	17	21	2
	c).	Understanding on family care, economic and health care	-	21	19	-
	d).	Political or Civil/Social Workers with personal interest in women's and children's welfare	6	13	18	3
	e).	Inequality in family resources distribution between women and husband and children	1	17	22	-
	f).	They are despised, ignored, and no one listens to them or respects them nor pay attention to their needs	1	18	19	2
	g).	They feel cut off, disconnected, and alienated from families and other people	-	19	18	3
	h).	Women and children condition: feel psychologically distressed -bad/sadness, painful, discomfort or suffering, poverty because they can't work and earn money for their living/health, just as men do.	-	10	28	2
	i).	Women's and children's wellbeing: have satisfaction with life, happiness, sense of worth, relationship quality & stability, competence, good parenting, is friendly/stay.	4	19	14	3
	j).	Government policy , relatives (family members) and religious institutions/NGOs are interested and concerned	12	24	3	1
3.	**Identifying effective interventions to alleviate family economic stress/hardship and their associated psychological/socioemotional problems among the women and children**		**Scores**			
	a).	Community participatory/services delivery for physical needs (water, food, shelter/clothes)	13	11	11	5
	b).	Getting in touch with/Family contact	12	9	15	4

	c).	Linked to any of the social groups	6	13	25	3
	d).	Spiritual care satisfaction	13	17	10	-
	e).	Emotional care support	-	11	26	3
	f).	Psychological care satisfaction	-	13	25	2
	g).	Local leaders' visitation	-	15	25	-
	h).	Balanced holistic mission in religious institutions, aid inclusive	-	20	17	3
	i).	Government support	7	18	15	-
	j).	Women's and children's financial stability	-	13	27	-
	k).	Women's and children's counselling	-	5	27	8
	l).	Health cover/insurance	-	11	25	4

Scores: 4 = Good condition; 3 = Little/moderate; 2 = badly affected; 1 = don't know/No response

4.4.2 Descriptive survey of assessing the level of family economic health of women and children in the community

The research objective that guided this study was to "assessing the *level* of family economic health of women and children in the community."

In reference to focused group discussion in table 9: statement 1 and 2, participant groups (coded with A, D, E, F and G) revealed the "level of family economic health among women and children in Ndevelwa Ward, Tabora Municipality" that, most of the women and children were noticed with family economic hardship and some associated with psychological/socioemotional problems existed in their families and community. The following results were marked and identified: 1). Most women and children were vulnerably affected by lack of basic needs. 2). Parents had low level of morale for their children's education. 3). Inadequate education was identified, and primitive dominance of men's streaming over women crystalized. 4). Women and children felt unhappy; could not enjoy life. 5). It was seen that in some hamlets/villages, most women and

children were poor (badly affected), but few of their families were in moderate economy. 6). Prevalence of economic hardship among women and children was seen to be high. 7). Ownership of family properties such as land and livestock tended to be of men. Women benefited to these property depending on the attitude and decision of men. 8). In some families women were neglected by their husbands during pregnancy, and even to some who gave childbirths still were not fully supported by their husbands. 9). Many families had poor background of not training their children with life skills. 10). Many families lived on single meal per day which resulted children's poor performance in schools. 11). Most women sustained their living by earning small income from wood charcoal and small quantities of vegetables and fruits which were sold at low cost, because they could not walk or transport the commodities afar from their homes. 12). Prevalence of pregnancies and childbirths at teenage stages increased due to parents' allowances for the children to attend overnight dances and wedding cerebrations, the situation that had been causing jealousy and injuries among youngsters -fighting for the interference of their girlfriends/boyfriends 13). In the course of needy times, whenever children asked for money or any physical needs, some parents tended to answer their children that "they were supposed to seek and support their needs through their own means," the situation that encouraged fornication, abortion, early marriages and school drop outs. 14). Young children were found lazy due to their family background. 15). Some widowed had little or no support or cooperation from their families. 16). Presence of poor infrastructure, lack of agricultural inputs, poor economy, inadequate education, and poor communal participation increased family stresses and uncomfortable life. 17). Most of the women and children lived in poor houses. 18). Relatives were doing little to support the stricken families. 19). Most women were helpless and/ or jobless; no relatives or family members were able to assist them. 20). Other men/husbands had deserted their families and went to live where they could found other homes. 21). The researcher's observation revealed that, few respondents who explained

"Family economic health/condition" were of moderate but in a real sense the respondents had negative outlooks, scaring faces and poor condition in their life. 22). Performance, development, and progress for children in schools were little because some of the children lived distant from their school. 23). There were harassment and violence committed by many husbands against women in their families. 24). There had been no employment to many primary school leavers; no secondary school boarding for girls and boys who lived afar from schools. A situation caused many secondary school drop outs, increased failures and there were reported rapes for the girls in the community. 25). In the case of education for children, most children could not understand what they were taught in their learning process. 26). There found no equal opportunities; there had been some discrimination towards women in family decision making and opportunities. 27). There had been little concern for women's and children's cooperation from relatives. 28). Further, it was revealed that lack of educational counseling towards women and children was an unsolved challenge in the community. Also the entire community had not given enough education on self-help projects that could help them increase their livelihoods and improve or sustain their life. Therefore, there was high prevalence of poor economy and poor living in the community.

Another notable observation found was on how "Government's handling of women's and children's issues" in the community. The participant groups (coded with A, B, C, E and F) revealed the following: 1). Despite the government fighting for against poverty, ignorance and enacting laws and good polices on gender issues, there had been a sense of irresponsible leaders showing inaction on various government strategic plans. In Ndevelwa ward, Women's and children's affairs were not shown up. 2). Most of village leaders had no enough knowledge/education on how to guide or lead their people out of poverty. 3). There had been no adequate amenities. For example, during this study the village/ward dispensary had only one modern diagnostic machine to taste urinary tract infections (UTIs), and there had been insufficient drugs to cater for the growing

population in the entire community. 4). The local leaders had not fully responded to women's and children's affairs. 5). The leaders had no enough knowledge that could help them perform their leadership role. 6). On the other hand the political leaders were reported by the communal members to have been working for their own interest, and not for the people's. 7). Also community members were not doing well since some of them could not participate fully in government's social services. 8). There had been inadequacy of professional/experts akin to the community needs. In other words, there had been few experts or specialists responsible to provide education and uplift women's economy. 9). There was no fully transparence in the community; there had been a dominance of fear or worries among the community members due to the political witch leaders whose interests couldn't be challenged.

4.4.3 Analyzing the experiences of family economic hardships and their psychological/socioemotional problems among Women and Children in Ndevelwa Ward, Tabora Municipality

The objective in this study was to seek respondent's attitude by "examining the *experiences* of family economic hardships and psychological/socioemotional problems faced by women and children in Ndevelwa Ward, Tabora Municipality." The observations are summarized in table 12: 2 (a-j) above.

The table 12:2(a) shows that 23 scores indicated a high prevalence level of poverty or family economic hardship, while 17 scores had little or moderate condition among women and children and community. Within the table on section 2(b), it was found that 21 bad scores showed prevalence of gender based violence (GBV) whereas the communal attitude towards women and children in Ndevelwa Ward was still practicing gender based violence (GBV). In other words, the scores expressed the attitude of men being undermining and abusing women and children in the community. This was also evidenced in section 2(f) whereas 18 little/moderate scores and 19 bad

scores showed women and children being despised, ignored, and not listened to or respected, nor were they paid attention to their needs. Again the table: on section 2(g) reveals prevalence of some families being cut off, disconnected, and alienated from their relatives, which is an implication of poverty resulted by the lack of proximity concern and fear for carrying other's burdened. Another felt experience in Ndevelwa ward community was a type of an inequality behavior on family resource distribution between woman and husband and children. A frequency of 22 respondents' scores from the table 12:2(e) also showed women and children being extremely affected by unequal distribution of family resources.

Another notable experience felt by women and children in Ndevelwa's society was a felt condition of psychologically/socioemotional functioning over women and children. Many women and children had no real comfortable life. They looked like helpless/marginalized group. Table 12:2(h) was marked by 28 scores which showed women and children as being discomforted by poverty. During the interview, a one woman expressed her concern saying: "We can't work and earn money for our living just as men do."

4.4.4 Identifying effective interventions to alleviate family economic stress/hardships and their associated psychological/socioemotional problems among the women and children

The objective in this section was to "Identifying effective *interventions* to alleviate family economic hardship and their associated psychological/socioemotional problems among the women and children in Ndevelwa Ward, Tabora Municipality." The observation were presented in table 12:3(a-l) as follows:

Table 12:3(a) showed that the community follow-up for participatory/services delivery for physical needs (such as water, food, shelter/clothes), had an inference of 13 good scores. Besides, 11 scores were little/moderately scores, while 11 bad scores towards women and children were not healthy. Getting in touch with family contact accounted for 6 good scores, and 13 scores were little

or moderate, while 15 bad scores were not encouraging. The situation showed fifty-fifty! Women and children being linked to any of the relieving social groups indicated a prevalence of 25 bad results. Spiritual satisfaction and care accounted for 13 good scores, while 17 scores were little/moderate scores, and 10 scores indicated a situation of bad results. Generally, this was not predicting spiritual health due to the competition scores. The 26 and 25 sores for both emotional and psychological support were not good since many women and children seemed to be deserted from their homes or left alone for their own struggles in life. The overall performance in the area of local leaders' visitation was poor by 25 bad scores. The balanced holistic mission of the present religious institutions and inclusion of aid or support marked 20 moderate scores, being followed by 17 bad results. In general, this was poor performance.

Government support was generally little or moderate by 18 scores. Women's and children's financial stability was not good. The 13 little/moderate scores lower than 27 bad scores showed women's financial instability in the community. On the other hand women's and children's counselling was not good due to prevalence of 27 bad results. Finally, health cover/insurance for women and children gave bad report due to presence of 25 bad scores.

In general, table 12:3(a-l) above, when combined with the study results obtained from interviews and focused group discussion, it predicts that family economic health, and the associated psychological problems were and are still challenging women and children in Ndevelwa ward society. The social services carried by government and physical or spiritual care run by religious institutions in the community had little impact on the women's and children's wellbeing.

5.0 Discussion of the Findings

5.1 Introduction

This chapter presents discussion of the findings. As noted by USCLibraries (2023), "the purpose of the discussion of this section is to interpret and describe the significance of the researcher's findings in relation to what was investigated and then explain any new understanding or insights that emerged as a result of the research." Also "this helps to explore possible improvements that can be made in order to further develop the concerns, … fill the gaps in literature that had not been previously exposed, and engage the reader in thinking critically about issues based on evidence-based interpretation of findings" (USCLibraries, 2023).

5.2 Discussion of the findings

The discussion of this section is treated under the objectives of the study which are mainly: *assessing the level* of family economic health of women and children in the community, *examining the experiences* of women and children with family economic hardship and their psychological/socioemotional problems, and *identifying effective intervention* to alleviate family economic stress/hardship and their associated psychological/socioemotional problems among the women and children in Ndevelwa Ward, Tabora Municipal.

5.2.1 Assessing the level of family economic health of women and children in the community

In line with the literature review, the researcher referred to Krysan, et al (1990) and Comm'r, v. Sykes and Memo (2009) as the people who defined family economic health in their perspectives of family welfare and relationship. The following is their definition:

> Family economic health (a healthy/strong family) is that strengthened with the model of religious orientation, commitment to family members, appreciation (respect/love, general positiveness), time together, direct (open, two - way communication), and conflict/crisis coping or resolution. Family economic health is when the family is the first and foremost influenced on an individual's success. Family choices about how much to invest in a child's well-being and education are critical to building a strong, skilled workforce that drives a healthy economy (Krysan, et al, 1990; Comm'r, v. Sykes and Memo, 2009, p.197).

In this section, the women's and children's scenario in Ndevelwa Ward is the lack of qualities of life explained by Krysan, et al (1990) and Comm'r, V. Sykes and Memo (2009, p.197). For example, the study in table 12:1(a) found that 27 little/moderate scores were followed by 13 bad scores, indicating the lack of basic needs among women and children. The results suggested that the affected population had experienced a long period of family economic decline in their lives. The observation showed unhappy life existed among many members of the community in such a way that, they couldn't enjoy life -just as seen in table 12:1(c).

The scores on "Education level of women and children in the community" from respondents indicated the following in table 12:1(b). That, a numerical score of 21 little/moderate scores, was followed by 19 bad scores, which exposed the lower level of education for women and children in the community. In a focused group discussion, a group of participants (coded with A) expressed their feelings saying: "Parents have low morale for their children's education. Inadequate education or lack of education and primitive dominance of men/husbands over women" are the main causes of low level of women's and children's education in the community." This is because men or husbands do not advocate fully for women and children issues in positive manner.

Table 12:1(e) showed 19 little/moderate scores for "family cooperation and concern," while 17 scores showed how women and children were badly affected. In other words there was a little concern for cooperation between the affected families and their relatives. In most families of Ndevelwa Ward, women strive for their own life without leaving their children. In Tanzanian cultural societies, it is generally accepted that relatives, neighbors and all community members should cooperatively learn to love and take part in helping other helpless families. But, in this rural society there is still a low morale for cooperation. It was also found that some stake holders were not aware of their social roles in the community. There seemed to be a need for sensitization. That is, women and children were supposed to be educated and supported. Those who were found to be

old and widowed were supposed to be helped by the community members or relatives to till or cultivate their farms; wash their clothes, fetch water for them, provide fire wood/charcoal for them, provide food for them, and even build houses for them. But this widowed group seemed to have been suffering alone.

Table 12:1(f) showed that Ndevelwa ward society had affected by poor infrastructure and had no individual or communal self-help projects that could yield enough outputs in the community. For example, the area had not characterized by a planned communal auction market, a site which would be an indicator for communal provision for amenities (such as selling agricultural outputs or production) and other development activities. Also the condition marked with 23 bad scores, and 17 little/moderate scores showing the challenging realities. The area was only identified with few and small individual local shops. Despite government's efforts in helping the people, some irresponsible local leaders were not able to handle issues arising or affecting women and children. The situation was evidenced by 13 little or moderate scores in table 12:1(g).

The other condition observed in table 12:1(h) was the "leaders' transparency and accountability," the 24 bad scores showed the reality. In this situation, the table 9:2 found that all group participants (coded with A, B, C, E, and F) showed that some political leaders or civil/social workers had negatively affected the society with their own ambition (self-centered). Of these, they were not fully concerned for women and children. The group participants indicated that there was no transparence in the community since there was poor development. The only overwhelming fear or worries dominated the society, the intimidation or threats that were exercised by political/witch leaders, who stated that they would cause deaths or sufferings to anyone who would critically come-up to challenge their leadership's interest. Some of these leaders were said to have invisible power to cause problems to any who would disobey or challenge them.

5.2.2 Analyzing the experiences of women and children with family economic hardships and their psychological/socioemotional problems

In this objective, it was discovered that there had been a felt causative factors showing up indicators of family economic hardship affecting women's and children's wellbeing in Ndevelwa Ward. This is a situation that is also found in other places in Tanzania rural. The focused group discussion (coded with A, B, C, D, E, F and G) in Table 10(1a-d), with an in-depth descriptive questionnaire revealed the follows factors:

a. Poverty and *poor family relationship* was seen as a challenging factor. Women and children were affected and society as a whole. A one 29 aged professional secondary school teacher expressed his concern that: "The incoming foreigners see Ndevelwa's Ward as a poor society. Many families have difficult life. They fail to meet their family physical needs due to small earnings." This was also true with the respondents' remarks from table 12:2(a), which revealed 23 bad scores and 17 little/moderate scores showing poverty as the cause for having a low level of education among women and children. It was also stated in table 10(1a) by all coded groups that, poverty was a big problem especially when men deserted or left their families for the reason that they had to go to look for employment far away from home, while leaving their families without any communication. In such situation it was found that, women and children in many families had become into trouble (i.e., living helplessly, psychologically distressed and starving).

More results showed that women carried more burdens on family care than men because of their high concern for fulfilling family roles. To some families, there was no mutual cooperation between men and women and children in bringing up family development. It was also found that, to those who were found living as partners, "Men tended to despise or abuse women and children."

b. Inequality in education between women and men and children was found to be a challenge. A one home based care-giver (a volunteering woman) stated that "Ndevelwa Ward is lacking

education and employment for women in the society." Another comment given was about "government policies on the issues of women's and children's welfare" are not seriously implemented. On the continued focus group discussions, it was revealed that, there was no clear/openness on development issues proposed by their leaders (the members of parliament-MPs) on women and children. The result was a low response among women and children on education issues. The underlying assumption found in the community is that some parents or village members still believe that educating women is wastage of time. Therefore, some do still force their grown daughter to stop schooling by encourage them to cheat on their final exams so that they can fail and get a shortcut to marriage soon as they complete their primary education. This was also a situation that encouraged fornication, early marriages and drop outs from schools. Children – especially the girl children were the main losers. Since Ndevelwa is an agricultural and pastoral society, the girl child is discouraged to learn and encouraged to be married. Boys are less discouraged to attend school. This therefore, shows how gender disparity among men and women still existing in Tanzania rural.

According to facility In-charge of Ndevelwa Dispensary, the society is still experiencing a prevalence of child pregnancies between 12 and 20 years of age. Some children in primary and secondary schools are found affected. In reference to table 10:1(b) on the statement: "Inequality in education between men and women and children," is an identified condition encouraging drop out in schools. This is also the situation that the government is seriously fighting against inequalities in education, although the wearing walk on long distance from home to school is still a challenge to many children and their parents. On the other hand, the prevalence of pregnancies in early years is due to some parents encouraging early marriages by praising or gratifying and honoring pregnant girls for being able to conceive. It was also found that other parents refuse to educate their children (not supporting or fulfilling their children's needs). This was also stated in table 9:1, on the

statement of the "Level of family economic hardship among women and children in Ndevelwa Ward." The prevalence of pregnancies and child births at teenage stages increased due to parents' allowances for children to attend overnight dances and wedding cerebrations. It was also observed that when children asked for money or any physical needs parents tended to answer them that, "they should seek and support their needs through their own means."

c. Resource distribution between men and women is critical. Almost all participants (coded with A, B, C, D, E, F and G) in table 10(1c) gave comments that in Ndevelwa ward, land ownership, livestock production and agricultural production, which are to be benefited by the whole family were mostly dominated by man, the father – the head of family. There is no equal resources distribution in many families. Men tend to dominate everything including all family resources. A one interrogated single mother expressed her feelings saying, "Men are given more priority than women because they see women as weak people." This was evidenced in table 12:2(e), which showed 22 bad scores exceeding 17 little or moderate scores.

d. Professionals and potential leaders are important for human wellbeing. Political leaders and civil/social workers are important stake-holders for women's and children's wellbeing. The findings on this category revealed that some political leaders and civil/social workers felt concern but the society of Ndevelwa was not willing to change. This means that, both the government and society are key players that needed to be in balance, in such a way that each part is supposed to be a fully participant stake-holder in fulfilling their roles in order to bring wellbeing of the community.

Apart from positive impact of the professional's and leaders' competencies from table 10(1d), focus group discussions revealed a sense of irresponsible political leaders despite the assertion of the good governance and rule of law. Some leaders were not aware of their responsibilities to their people. Some of them (not all) had personal concern or burden for women's and children's welfare, but these same leaders had no communal visitation, an approach that would help them know about

some problems challenged their members. For example, a one 20 aged male students represented his group stating: "There has been a tendency of elected/chosen leaders to see their position as for their own self-efforts and for their families. As a result, they fail to fulfill their roles in the community."

Table 12:2(f-g) revealed that there was a behavioral tendency in the community whereas women and children were found despised, ignored, and even not listened to or respected on the matters of their family problems and communal development. In other households older people were left and felt disconnected from other families. Of this trend, the statement showed 18 little/moderate scores and 19 bad scores. It is generally advocated by other gender stake-holders that the context of "Most older women in Tanzania live in poverty and face problems of age discrimination, low incomes, poor health, and limited access to healthcare services"(Minja, 2011). Furthermore, Minja stated that:

> For older widows, discrimination compounds the effects of a lifetime of poverty and gender discrimination. This can result in extreme impoverishment and isolation. With the loss of their loved ones and their property, most widowed older women have an added burden of caring for their orphaned grandchildren. This situation can push them and those they are caring for into absolute poverty. They should feel affection for, valued, respected and loved. Therefore, there is a need for social workers, government and all other stakeholders to take great consideration by involving older women in participation in all domains that can improve their lives (Minja, 2011, p.1).

In today's society a two-parent household is more likely to have higher consistency with raising their children in what is called "nuclear family". In other words, their lifestyle is to creating a *"Stronger emotional bonds, stability and support systems"* (Ruzige, 2014). By definition, it is stated that,

> Nuclear families tend to establish stronger bonds as they work together and rely on one another to overcome challenges. In Tanzania, this can be seen in big cities like Dar es Salaam, Mwanza, and Arusha. In contrast, many nuclear families have become too hard to get to see their grandparents, aunts and uncles, and therefore making it harder to bond with

> and extended family. They may miss out on understanding generational traditions and family expectations. Moreover, to meet their financial needs, many nuclear families are relocating to find jobs. As they move farther away from their extended families, isolation increases (Ruzige, 2014, pp.23-24).

Nevertheless, the most sufferers of stress in the system are women and children. There is a need for appealing for family sensitization, community mobilization and assessment for women and children whose life is in dilemma.

Most of the families in Ndevelwa Ward have poor living. The findings in table 12:2(h-i) showed a peculiarity of 28 bad scores over 10 little/moderate scores on women's and children's condition. In other words they were psychologically or emotionally affected with poverty which increased stresses because they couldn't work and earn money for their living and health like men. It should be noted that, wellbeing is together with having satisfaction with life, happiness, sense of worth, relationship quality and stability, competence, good parenting, and friendly/stay.

Looking back in table 12:2(i), 4 numerical scores revealed a quality of good condition, while 19 scores were little or moderate, and 14 were reported as bad scores.

It was also observed in table 12:2(j) that government policy, relatives and religious institutions and other NGOs were found showing remarks of 12 good scores, 24 little/moderate scores, and 3 bad scores. This however shows that the community members were aware with government and other stake holders' efforts in bringing social services for the wellbeing of the community. The problem seemed to have been with the irresponsible leaders and little initiatives shown by other institutions in joining hands with the government to uplift the overburdening situation at the community level.

From the above phenomena, it can be construed that, there has been government's good intention of involving to address the issues of women and children in Ndevelwa Ward in Tabora Municipal. But the local leaders were not fully involved, nor were the religious institutions felt

deeply to sensitizing, mobilizing and supporting women and children affected by the challenging environment. If they fully were involved, it would have been gotten rid of economic hardships and fears among women and children, and the community in general. People would have greatly improved their well-being and gained their self-esteem. Pavalko (1986, p.151) explained that**,**

> "Government bureaucracies do not deserve the label of wasteful monster that must be tamed or an enemy to be engaged in war. Federal, state, and local governmental units should provide a tool that can be used in different ways. The extent to which this tool is used to solve social problems depends upon the power of elite groups to maintain their privileged position, the organization and unity of those pressing for solutions, and the resources that can be won in political battles. The outcome of these battles is public policy, which specifies how the society's resources are to be used in order to protect various interests or to provide social welfare: organized activities that seek to prevent, alleviate, or contribute to the solutions to solve problems, or to improve the well-being of individuals, groups, or communities" (Pavalko,1986, p.151).

From the above assertion, it can be concluded that, despite the government's policy to be in place for the women and children, the rights of women and children are not adequately enforced; neither do stakeholders become concern in the women's and children's issues. Therefore, the "Government and community organizers, must work together, *collectively* (*emphasis mine*) with the oppressed to access the system, to locate other power sources, and gain a voice in community decision making" (Netting, et al., 2004:145). This will help to up-lift the burden.

5.2.3 Identifying effective interventions to alleviate family economic hardships and their associated psychological/socioemotional problems among the women and children

The researcher on this objective had a question which he asked himself: "What should be done in order to maintain women's and children's wellbeing in Ndevelwa Ward?" It would be better to begin with the findings observed from the descriptive survey. In this study, the following are the discussed findings from the descriptive survey in table 12:3, pp. 44-45 above.

The numerical value in table 12:3(a-j) revealed only few good performing indicators. The following examples revealed the reality. For example, the statement: "Community participatory on services delivery for physical needs" (i.e. water, food, shelter/clothes) had 13 good scores, while little/moderate scores were 11, and 11 bad scores were also displayed. The statement of "Getting in touch with/Family contact" had 12 good scores, while little/moderate scores were 9, and 15 bad scores were marked. The statement "Linked to any of the social groups" had 6 good scores, while little/moderate scores were 13, and 25 bad scores were marked. The statement of "Spiritual care satisfaction" had 13 good scores, while little/moderate scores were 17, and 10 bad scores were noticed. The statement "Government support" had 7 good scores, while little/moderate scores were 18, and15 bad scores were marked.

Despite the good inference scores found, the implication was poor performance with slightly impact on the women's and children's wellbeing because the high scores were mostly found on "Little/moderate scores and on bad scores." One can ask: where are the professionals like Social Workers, Community organizers, local council leaders, rural or town planners and religious leaders? Isn't the government having some of these personnel or stake holders? For a professional social worker, the new understanding of women's and children's wellbeing puts him/her in a big role of serving the community. In regard to *"Community Development Principles into Practice"* written by Robyn Munford and Wheturangi Walsh-Tapiata, on *"Social work Theories in Actions,"* a number of perspectives and principles in the Aotearoa/New Zealand context were discussed. Such principles and issues outlined had relevance implication in international contexts for a range of settings in some communities like that of Ndevelwa Ward community. The following are their discussions:

> *How are the core values and principles of community development mediated through local contexts?* Here it states that there are key principles underlying the practice of community

> development. These have relevance in international contexts and include social justice, redistribution of resources, self-determination and sustainability. Nash however, explains the key elements of community development: that, it involves working alongside groups to identify discourses, structures, policies and practices that require transformation. It often involves working with groups who have been marginalized and excluded from participation – like the kind of group discussed in this paper (the women and children). Community workers assist these groups to gain control over their situations and to achieve positive changes that will enhance their daily lived experiences in all domains (social, political, cultural, and economic, etc) (Nash, et al, 2005, *ch.5*).

Yes, for a social worker and leader, sees his/her responsibility that can bring changes to the community -especially to the marginalized groups. All these can be done by putting strict policies and enacting laws, planning and implementing objectives for women's and children's wellbeing at their communal level.

Table 12:3(b) and (c) showed an exceeding negative result. For example, both statements in "b" ('getting in touch with/family contact') and "c" ('linked to any of the social groups or the relieving social groups') among the other inferences, 15 bad scores were marked for the former statement and 25 bad scores for the later. The inference indicators of both "b" and "c" in table 12:3 predicted stress or hardship, and psychological or socioemotional problems which existed among women and children. It should however be noted that, human being is a social being. Like other people, women and children need social interaction in their world. Social network is important for women and children; proximity to children is an intervention requires support and care. Good infrastructure, communication and befriending are also important.

The response from table 12:3(d-l): at the government and community level, it was identified that most local government leaders, political or civil/social workers and religious leaders had not fully engaged for physical, emotional and psychological support for women and children. Empowerment for women and children was supposed to be the stake holders' priority. The problem of negative attitude towards unsatisfied care for physical, spiritual, emotional and

psychological support can be viewed as the creation of a high level of stress and vulnerable environment to the women's and children's life. As it's seen in the literature review, family stress model (FSM) showed that, "economic hardship leads to economic pressure for partners in romantic unions and it increases risk for marital instability." This can therefore crystalize indicators like stress, depression, anxiety, anger, and alienation, and behavioral problems -such as substance use leading to uncontrolled antisocial behavior." In most villages, women and children are the main contenders of lacking full support and care. The problems of poverty or family economic hardship, inequalities, unevenly resources distribution between men and women, poor social networks and unawareness of the anticipated stakeholders are all the key players negatively lessening women' and children's wellbeing. The good and little/moderate inference scores of "government's support" found in table 12:3(i), and the absence of structured systems for women's and children's welfare at the local level, does not bring health to women and children in the community. There should be a good and positive intention in facilitating women's and children's wellbeing.

In order to obtain extra viable information for intervention, the focused group discussion (coded with A, B, C, E, F and G) provided the following interventions: 1). Government should take measures of educating men to use family resources for the wellbeing of their families. 2). Government should sustainably continue reducing economic hardship to women by creating and improving water facilities, providing health services and other facilities that will continue enabling a girl child to access education easily. 3). There should be good policies on social economic development to improve agricultural activities, such as provision of agricultural inputs at a low cost. 4). Government should continue reworking on education infrastructure and providing life skills that include psychosocial competencies and interpersonal skills through political leaders and civil/social workers who can go to help people and make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships in a productive

manner.” 5). Government and local government authorities should enforce the existing laws to those who violet and mislead both school boys and girls in the society. 6). Family members, leaders and community in general should continue sensitizing and educating men’s and women’s responsibilities at a family level about human rights and inclusive education, and property ownership (i.e., land, livestock, and house). 7). Women and children are supposed to participate in all economic activities rather than becoming syndrome or dependent on men. 8). Provision for financial capital for small business women should be a paramount in the community. 9). There should be a sustainable implementation for National Strategic plan for Reducing Gender Based Violence (GBV) for women and household children’s work force (such as MTAKUWWA-Mpango wa Taifa wa Kutokomeza Ukatili dhidi ya Wanawake na Watoto). 10). There should be critical measures taken and sustainable implementation on girls who drop out from school for pregnancy reasons. For example, provisions of vocational training, grants and scholarships for the victims should continue to be geared. 11). Family members should abolish gender disparities and early marriages by encouraging and offering a second chance education or training for the affected children. 12). Elected leaders in the community should be provided seminars regularly (as of no. 4 above). Also leaders should seriously be concerned to their society –especially by being ready to make visitation to their respective areas of administration. This will help to understand the problems of their members; the challenges faced, and see how they can participate in solving the issues. 13). Women should seriously be encouraged to be courageous to seek their rights and protection for themselves and for their children when seems necessary to do so. 14). Government should seriously employ enough social workers and community business officers at the ward level, who will be able to provide services in educating men, women and children about their social and economic pitfalls. For example, some pitfalls revealed were the sells of raw materials and/or taking loans by raw materials -farm yields during the price fluctuation seasons. Education for taking loans

for solving family problems should be provided to avoid hazardous mechanisms. Also government should continue providing practical education for men, women and children about health and entrepreneurship knowledge at local level, a sustainable education for community member's appraisal and revitalization should expertly be provided using all media. 15). Children should be given enough time to study and catch up more knowledge –especially when they come back home from schools. 16). Women should be given opportunities or chances to own property, such as land, house and other resources so as to be trusted by other financial institutions providing loans. 17). Local leaders should continue to advocate, supervise and provide sensitization for women and children in the community. 18). Community participatory practice is required for social services delivery that includes physical needs (water, food, clothing, and home/shelter). 19). Government should continue providing free medical services just as it is in all basic education and counseling. The community counselors and other professionals should also be able to voluntarily give social and psychological support for the stressed women and children in rural areas 20). Husbands should practically love and respect their wives and children, care for them, listen to their needs and provide shelter for them. The Holy Bible gives good direction on this (Ephesians 5:25-33). 21). Government and NGOs should come up with comprehensive plans for single mothers and poor children. 22). Spiritual practices for women's and children's wellbeing are required. This should include: loving God, participating fully in religious activities that are beneficial to them. They should also be willing to change from their former backgrounds, get rid of wrong traditional perspectives. 23). Religious organizations and government leaders each should have a system that can observe and assess women's and children's needs and support. For example, community leaders or village executive officers should know how many single mothers are there in their areas and therefore decide on which program or support is required for them. Also religious leaders should have guiding plan and sensitize their members to support the helpless women and children.

24). Mass medias should educate the community about father-mother-child in the affairs of family economic health

5.3 Limitations

Some few limitations and interferences during the study were anticipated. For instance, the study did not engage into women and children pathological and curative studies. The study concentrated mostly on family economic health and their psychological health or socioemotional functioning among women and children in Ndevelwa Ward, in Tabora municipality.

The research instruments used the questionnaires and interviews that had to be improved. Some questions were irrelevant, so they could not provide a meaningful data. In other questionnaires, the questions were unnecessarily many.

Most of the Tanzanian respondents do not understand English language. Therefore, the researcher had an opportunity to interpret the questionnaires into Swahili language, the language known to nearly every Tanzanian. Hence, both English and Swahili languages were used though it was a wearing work. It was a time consuming depending on how fast the respondents were answering the questionnaires and a long distance travelling. For some weeks the researcher experienced electricity/power cuts and financial constraints during the study. At last, the study became into being.

6.0 Summary, Conclusion and Recommendations

6.1 Introduction

This chapter presents the summary, conclusion and recommendations from the findings of the study. Implication for further research has also presented.

6.2 Summary of the study

This research is about family economic health that was initiated by the researcher, from a felt need for women and children living in Ndevelwa Ward in Tabora Municipality. The research project carried out the three objectives: (1) identifying the *level* of family economic health of women and children in the community; (2) examining the *experiences* of family economic stress/hardship and psychological health among women and children; and (3) identifying effective *interventions* to alleviate family economic hardship and their associated psychological/socioemotional problems among the women and children. The study was a descriptive mixed research design in nature. Statistical data were analyzed for participants' percentages, calculations and qualitatively. The instruments administered for the research included questionnaires mostly closed-end questions and interviews. The interviews consisted of open-ended questions. The questions were general and broad to the maximum of capturing participants' views. Descriptive Statistics were used to calculate total numerical scores against the statements measured independent and dependent variables.

6.3 Findings

Findings revealed that the condition of both family economic health and psychological/socioemotional functioning among the women and children exposed high level of stress showing a prediction of poor psychological health due to poor living condition.

6.4 Conclusion

According to the findings of the study, it has been shown that family economic health is dependent on psychological/socioemotional functioning. There have been no sufficient intervention measures taken seriously to alleviate family economic hardship and their associated psychological problems among the women and children. It can be inferred that, women and children are still psychologically affected the existence of poverty caused by insufficient support, poor education, poor infrastructure and lack of creativity that "may be driven to solve problems and create in ways that can fundamentally change their daily lives" (Borgen, 2018). These and others, such as poor social networks and unawareness of the anticipated stakeholders are also among the causes leading to prevalence of family economic hardships among women and children living in Ndevelwa Ward, in Tabora Municipality. Also the continued stresses, poor living, poor economy or low income, unhappy life, family desertion, self-blame and denial are all consequences of the above mentioned causes.

Therefore, government and community members, should all come together, and involve other stake holders like religious organizations and professionals to work out for women's and children's well-being.

6.5 Recommendations

6.5.1 Government/local government authorities, community organizers and rural/urban planners, and other stake holders:

- Need to put up strict policies and continue enacting other laws that can favor women's and children's rights.

- There is a need for more and seriousness in communal sensitization targeting implementation for balanced resource distribution, provision of enough education for women and children on health and communal livelihoods appraisal and revitalization, self-help projects advisory at a local level, and continue advocating for women's and children's rights in all medias and in the regular community meetings.
- With advocacy, women and children should be motivated to seriously seek and work closely with professional civil/social workers for their betterment.

6.5.2 Women and Children themselves

- Women and children need to appreciate any support given to them by their families/relatives and caregivers.
- They should be encouraged to love other people and their country instead of keeping complaining.
- They also need to take part in religious or church activities where they can experience love, physical exercises, exchange of their views and where they can become flexibly nurtured and unstressed. This can also help them become uprightly honored and, at the end of their days finish up their races well and peaceful.

6.5.3 Family/relatives and other care givers

- Relatives, neighbors and community members should learn how to establish rapport, take time to love and befriending women and children with severe poverties by getting in touch or interacting with them and mentally help them to relax (psychological support).
- Men and community members in general should seriously be sensitized and mobilized to collectively assume the responsibility of supporting their families.

6.5.4 Religious institutions - the Church in particular

- Religious/Church leaders need to take intentional initiatives that could exemplify holistic ministry in their carrier.
- There should be a special religious organization/church department for women's and children's welfare including the widowed. They should also learn to carry out research in the countryside, which can help them establish the challenges faced by women and children.

6.5.5 Capacity building

- Through local councils, leaders should take part in empowering and build capacity for women and children. This can be done by establishing a local authority's department for women's and children's welfare with its emphasis on certain serious issues.
- Government leaders and related professionals should work with the vulnerable or the marginalized families to gain a voice in their community. This is together with helping women and children to access the system, and locate other power sources for them.
- Individual community members should be encouraged to take part in addressing the women's and children's wellbeing.

6.5.6 Social Workers and other stake holders

- Social workers, pastors and business professionals should be willing to deliver community services such as advocacy, education, funds and counseling -especially for women's and children's families.

6.5.7 Suggested further research

During this study several gaps were identified for further research. The following study areas are recommended:

- Physical, spiritual and psychological health for women and children at household level.
- The researcher would recommend for the local government and other stake holders to willingly carry out more social research on family economic health at micro and mezzo levels so as to seek and improve such small communities in Tanzania.
- This research can be a resource for partners to further intervention for the targeted society.

REFERENCES

[1] Barnett A. Melissa (2014). *Clin Child Fam Psychol Rev. on* Economic Disadvantage in Complex Family System: Expansion of Family Stress Models. National Center for Biotechnology Information. PMC PubMed Center®, USA: Retrieved from: www.ncbi.nlm.nih.gov/pmc/articles/PMC4095799 (Re-accessed on May 30, 2024)

[2] Borgen, Clint (2018). *The Borgen Project: Creativity and Poverty.* The Borgen Project, 1120 Pacific Avenue Suite 100. Tacoma, WA 98402.

[3] Broderick, B. Carlfred (1993). *Understanding Family Process (Basics of Family Systems Theory.* SAGE Publications, Inc. University of Southern California, Keck School of Medicine. Accessed at: Https: //us.sagepub.com/en-us/nam/understanding-family-process/book2998`

[4] Browning, D.S. (1991). *A fundamental practical theology: Descriptive and strategic proposals,* Fortress, Minneapolis, MN: Fortress press.

[5] Carter, Susan, Cecil, Andersen (2022). Wellbeing in Educational Contexts. University of Southern Queensland.

[6] Cohen, J., and others (2005). *Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development.* Washington, DC: National Conference of State Legislatures and Zero to Three. (Accessed on December 7, 2006)

[7] Collins CoBuild (2024). Definition of Hardship: Available at: www.collinsdictionary.com/dictionary/english/hardship

[8] Comm'r, V., Sykes. Memo, T.C. 2009-197 (T.C. 2009): USLEGAL.COM

[9] National Plan of Action to End Violence Against Women and Children in Tanzania, Dec.2016.

[10] Conger, RD., Donnellan MB. (2007). *An interactionist perspective on the socioeconomic context of human development.* Annual Review of Psychology: 2007 58:175–199. [PubMed]

[11] Creswell, John W. 2007. .*Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research.* 3rd Ed. New Jersey: Prentice-Hall,

[12] Dreyer, J.S. (2008). *Practical Theology and Human Well-Being:* An Exploration of a Multidimensional Model of Human Action as Conceptual Framework. Practical Theology in South Africa 23(3), 3−22.

[13] Elder GH, Nguyen TV, Caspi, A. (1985). *Linking family hardship to children's lives.* Child Development. 1985; 56 (2):361–375. [PubMed]

[14] Fox, Louise. (2016). *Supporting Economic Transformation (SET)*. Gender, Economic Transformation & Women's Economic Empowerment in Tanzania. DFID/ODI. UKAid.

[15] Ghauri, P. and Kjell, G. (2005). *Research Methods in Business Studies*. 3rd ed. London: Pearson Education Ltd.

[16] Glenn D. Israel (2013). Associate professor, Department of Agricultural Education and Communication, and Extension specialist, Program Evaluation and Organizational Development, Institute of Food and Agricultural Sciences (IFAS), University of Florida, Gainesville, FL 32611. Also visit the EDIS website at http://edis.ifas.ufl.edu.

[17] Idris, Iffat (2018). *Barriers to women's economic inclusion in Tanzania: Helpdesk Report, K4D: Knowledge, Evidence and Learning for Development.* GSDRC, University of Birmingham

[18] Kothari, C. R. (2010). *Research Methodology. Methods and Techniques* 2nd ed., New Delhi: Wiley Eastern Limited.

[19] Krysan, Maria. Moore A. Kristin. Zill, Nicholas (1990). *Identifying Successful Families: An Overview of Constructs and Selected Measures.* ASPE: U.S. Department of Health & Human Services

[20] Lewis, Nigel E. (2006). *A thesis Submitted to the Department of Psychology of the State* University of New York at New Paltz.

[21] Mayer S. (1997). *What money can't buy: Family income and children's life chances.* Cambridge, MA: Harvard University Press;

[22] McLoyd, Vonnie C. (1990). *The impact of economic hardship on black families and children: psychological distress, parenting, and socioemotional development. Child Development, 61*(2), 311-346. The University of Michigan, USA.

[23] Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier

[24] Marianna, Mantzorou. Fouka, Georgia (2022). *What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing?* Department of Nursing B΄, Technological Educational Institute (TEI) of Athens, Greece.

[25] Minja, Teresa (2011). Violence Against Older Women in Tanzania. Tanzania Social Protection Network: https://social.un.org

[26] Nash, Mary, Robyn Munford and Kieran O'Donoghue (2005*). Social Work Theories in Action*. Jessica Kingsley Publishers, London.

[27] National Bureau of Statistics and United Nations Children's Fund (2016). Child Poverty in Tanzania. Dar es Salaam, Tanzania.

[28] Newman, David M. (2009). *Families: A Sociological Perspective*. New York: McGraw-Hill

[29] O'Neill, Barbara and Prawitz, Aimee D. and Sorhaindo, Benoit and Kim, Jinhee and

[30] Garman, E. Thomas (2006). Changes in Health, Negative Financial Events, and Financial Distress/Financial Well-Being for Management Program Clients. Journal of Financial Counseling and Planning 34491352 (2):347-1345

[31] Pavalko, Ronald P. (1986). *Social Problems*. USA: F. E. Peacock Publishers, Inc.

[32] Ruckelshaus, Mary, Et al. (2011). Puget Sound Review, Section 3. The Nature of Human Well-being. Encyclopedia of Puget Sound, Puget Sound Institute, University of Washington, USA.

[33] Ruzige, K. Jared (2014). *Family systems Therapy: Masters in Social Work.* Uganda Christian University – Bishop Barham University College.

[34] Schoon, Ingrid. Hope, Steven., Ross, Andy., and Duckworth, Kathryn. *Longitudinal and Life Course Studies:* International Journal on Family hardship and children's development.

[35] Tanzania National Bureau of Statistics (2022). Retrieved from https://www.nbs.go.tz/index.php/en/

[36] The World Health Organization (2016). INSPIRE model INSPIRE: Seven strategies for Ending Violence against Children. Privacy policy©2016 WHO

[37] U.S. National Institute of Environmental Health Sciences. *What is Ethics in Research & Why is it Important?* Research Methods: Categories of Research Methods and Ways to Find Them.

[38] USCLibraries (2023). *Research Guides: The Discussion Section:* https://libguides.usc.edu/writing guides/discussion

[39] Victor CR, Scambler SJ, Shah S, Cook DG, Harris T, Rink E, De Wilde S. (2002). *Has Loneliness amongst Older people increased? An investigation into variations between cohorts.* Ageing Society, 22: 585-97.

[40] Wickrama, K. A. S., Surjadi, F. Florensia., Lorenz, O. Frederick, Conger, D. Rand and Walker, Catie. *Family Economic Hardship and Progression of Poor Mental Health in Middle-aged Husbands and Wives.* PMCID: PMC3346274; NIHMSID: NIHMS338674. USA.

[41] Wiersma, William, and Stephen G. Jurs (2005). *Research Methods in Education: An Introduction.* 8th ed. Boston: Pearson.

[42] World Family Map, 2013. *Mapping Family change and Child well-being Outcomes*

[43] World Health Organization (2016). Globally, *INSPIRE: seven strategies for ending violence* Peña, Madeline. *Practical Theology: Definition, Viewpoints, Why It Matters***:** Available at: https://justdisciple.com/practical-theology (Re-accessed on June 3, 2024)

[44] Young. E. Lynne (2019). Family Health: Available at:

www.encyclopedia.com/education/encyclopedias-almanacs-transcripts-and-maps/family-health (Accessed on May 30, 2024).