CHILDREN'S PERSPECTIVES ON CHILD WELL-BEING

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ABSTRACT

The United Nations Convention on the Rights of the Child (CRC) through its reporting framework for nation states has prompted increasing interest on the measuring and monitoring of child well-being. The domains and indicators included in the repertoire of country measures of child well-being have mostly been constructed and monitored by adults, usually social scientists and government officials. This study explored children's own understandings of children's well-being. Sixteen focus groups were conducted with 200 children between the ages of 9 and 16 years. The study identified protection and safety, basic needs, community resources and psychosocial issues as the key domains of well-being. The study further highlighted the importance of perceiving well-being as an integrated whole consisting of closely interacting components rather than as a discrete multidimensional phenomenon.

INTRODUCTION

While there is general acceptance that unless adults participate in decision making processes that affect them directly as their needs are seldom taken seriously, in the case of children, children's right to participation is probably the least attended to globally (UNICEF, 2005). Consequently, children themselves have up to now not been the primary informants about their well-being. We therefore argue that the lack of credible child specific data and the absence of children's own voices in the development discourse is an important contributing factor to the exclusion of children's issues from development agendas. From this point of view, we believe that children must be active participants in producing the knowledge that will inform policies and practices which in turn affect the quality of their lives.

Globally, there is growing interest in the study of children's participation. Many of these studies are challenging governments and civil society to move beyond the rhetoric of including children as causes for charity, but rather to facilitate their inclusion as active partners and full citizens in all matters concerning them. The United Nations (UN) General Assembly's Special Session on Children (UNGAS) (1989) demonstrated this view. Four hundred children were active participants in every part of the formal proceedings. The UNGAS declaration (9) asserts the position that children and adolescents are resourceful citizens capable of helping to build a better future for all. Their right to express themselves and to participate in all matters affecting them must therefore be respected according to their developing capacities (UNICEF, 2002).

Children's participation was therefore a primary consideration when South Africa started its work on the development of appropriate indicators to measure and monitor children's well-being. Reliable information on the well-being of children is clearly crucial as a basis for policy and programme planning, monitoring and evaluation (Hauser, Brown, and Prosser, 1997). Indicator data is presently drawn from a variety of knowledge sources, mainly large quantitative survey data, to measure the status of children's health, education, economic security, family and neighbourhoods as well as social and behavioural dimensions of their lives. We argue that while these forms of information are necessary, it should also be augmented by smaller qualitative studies where children themselves are the primary informants. The in-depth nature of qualitative research would allow for a more detailed understanding and perspective of what constitutes well-being. This study serves to demonstrate the potential of children's own perspectives as a valuable contribution towards this end.

Child well-being

This study was designed to engage children in a participatory process to enhance our understanding about their perspectives of child well-being. Pollard and Rosenberg (2003:14) defines well-being as follows:

"A state of successful performance throughout the life course integrating physical, cognitive, and socio-emotional function that results in productive activities deemed significant by one's cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems".

This definition affirms an inter-connectivity and holistic approach to well-being. It recognises a number of critical contextual factors that impact on well-being. These include culture, social relationships, as well as the ability to transcend moderate psychosocial and environmental problems. The meaning of "productive activities" is determined by what the socio-cultural community of the individual regards as important and necessary. Similarly, the rules of engagement for social relationships are also culturally determined. Finally, this definition recognises that for all individuals there are various factors, both tangible and intangible, that have potentially deleterious consequences for well-being. Thornton (2001) proposed similar dimensions of well-being: namely, physical, psychological and emotional, social, cognitive, educational and economic. Physical well-being includes general physical attributes such as height, weight, nutrition, physical abilities, and overall health and susceptibility to diseases. The psychological/emotional dimension encompasses psychological constructs such as self-efficacy, self-esteem, self-worth, happiness, anxiety, and stress. Social well-being is concerned with the quality of children's social relationships and includes personal interaction, social coping skills, delinquency, and pro-social behaviour. Cognitive and educational well-being encompasses factors such as cognitive ability, knowledge acquisition, school attendance and achievement. Economic well-being pertains to economic determinants of quality of life such as standards of living and caregiver employment status.

Although monitoring children's well-being is not a novel enterprise, recent studies have demonstrated a shift towards soliciting the opinions of children regarding their rights and well-being. Child participation is best defined as the process whereby children actively contribute to and share in all decisions that affect their lives as well as the communities they live in (UNICEF, 2003). In the State of the World's Children Report 2003, UNICEF underscores the obligation of state parties to ensure child participation and cautions that failure to do so will result in "a world of young adults who do

not know how to express themselves, negotiate differences, engage in constructive dialogue, or assume responsibility for self, family, community and society" (UNICEF, 2003:4). The report also emphasises the need to help children develop the skills of participation and to create forums for meaningful participation.

While this child participation focus has generated numerous studies on children's rights and civic participation, there is a dearth of initiatives on children's conceptions of well-being. While there are no documented studies of research specifically on how children construct well-being, many studies have obtained children's perspectives on key domains of well-being. Locally, the Alliance for Children's Entitlement to Social Security (ACESS) in 2002 explored children's experiences of poverty. Streak (2002) similarly investigated the experiences of children living in poverty and the extent to which their socio-economic rights were being realised. These findings indicate a violation of children's socio-economic rights and highlight the debilitating outcomes of poverty on children's well-being. Under the auspices of the UNESCO *Growing up in Cities project*, Swart-Kruger and Chawla (2002) investigated children's perceptions of their community environments and their recommendations for improvements to make their city more child-friendly. Their findings indicate safe places to play, general public safety, transport and waste management as key areas of concern identified by the participants. The Department of Labour commissioned a report that explored children's views on labour practices (Clacherty and Budlender, 2004). They found that children were excessively involved in domestic chores and labour practices that negatively impacted on their well-being. Finally, Ward (2007) explored adolescents' perceptions and experiences of community violence and gangsterism. She found negative behavioural and psychological outcomes associated with violence exposure.

Methodology

In accordance with the aims of the study, a qualitative methodological framework was followed. Accordingly, the sampling, data collection methods and analysis was consistent with this framework. The child participation model was utilised as the methodological point of departure which means that children were not only regarded as research subjects but also as valid social actors and key partners and stakeholders in the study, actively and meaningfully participating in various key stages of the research process. This is in line with O'Kane's contention that "the successful use of participatory techniques *lies in the process*, rather than simply the techniques used … the genuine use of participatory techniques requires commitment to ongoing

processes of information- sharing, dialogue, reflection and action" (2000:138, emphasis added). This means that child participation as a methodological strategy not only allows for the elucidation of children's voices but sanctions, in a collaborative relationship, full access to children's lived experiences of the real world (Savahl, 2008). A child reference group assisted in the development of the interview protocol. The analysed information was also referred back to both the reference group and participants to verify the findings.

The research was embedded in a larger project that included six workshops with the participants on Children's Rights and the United Nations Convention on the Rights of the Child.

The study was conducted in two provinces, the Western Cape (WC) and the Eastern Cape (EC). It included a total of 200 children between the ages of 9 and 16 years, evenly split by age group and province. Equal numbers of urban and rural participants were recruited in each province. Children were conveniently selected from a total of 10 primary and secondary schools. As the study was embedded in a larger project that required sustained contact over a period of time, the only applicable selection criteria was that participants be reliable in attendance. The sample was of equal gender composition.

Focus groups constituted the main source of data for this research. A total of 16 focus groups were conducted delineated by age and geographical location. The number of participants in the focus groups varied between 10 and 12 participants. The series of workshops, prior to the focus groups facilitated the development of an open and trusting relationship between the children and the researchers and facilitated transparency about the research agenda. The groups were evenly split by gender and were geographically (rural/urban) homogenous. The interview protocol was semi-structured and consisted of two key questions: (1) What does it mean for children to be well? (2) What are the main issues affecting children today? The focus groups were administered by the principal researcher and assisted by a co-facilitator. All the discussions in the groups were audio recorded, transcribed verbatim and validated by two members of the research team. The children's responses to the above questions constitute the primary data source.

Research context

In the Western Cape, the urban research participants were recruited from both a White, previously advantaged neighbourhood and a Coloured, disadvan-

taged neighbourhood. During the apartheid era, persons other than White were classified as African (indigenous), Asian (of Indian or Malaysian origin), or coloured (a mixed race originating from British and Dutch settlers and the indigenous people). The use of racial classification is obviously contentious. However, we consider it important to use racial terms to describe the sample adequately and also because the community contexts of the children are a direct consequence of the racial inequalities which were entrenched during the apartheid era.

The rural community is a small town with few resources and many infrastructural deficits. The inhabitants are mainly children, young adults, and older persons. Adults between the ages of approximately 30 to 45 tend to be living and working outside the town. The main source of employment for this community is the surrounding farmlands.

In the Eastern Cape, participants were recruited from a peri-urban town and tiny rural villages. The inhabitants of this community are mainly African and they live under conditions of extreme poverty. The area lacks basic facilities such as water and sanitation. Access to safe drinking water is especially problematic for this community, since the villages utilise untreated water.

Findings

Several thematic categories, congruent with the traditional domains of child well-being identified in the literature, emerged during the analysis of our findings, namely, protection and safety, basic needs, community resources, and psychosocial issues. These categories emerged in both age groups, although their prominence differed. Many sub-themes intersected with these main thematic categories. In addition, given the high incidence of HIV/AIDS in South African society, it was considered pertinent to explore how this phenomenon manifested in the discourses of the children, even though this was not a major thematic category identified by the children.

Protection and safety

The children perceived protection as being crucial for their well-being, and especially identified personal safety at home, school and in their communities, sexual abuse, substance abuse and physical abuse as important to them. These concerns strongly mirrored the social realities of the children. Referring to the 2002-2003 South African Police Services statistics, Leggett (2004) reported that the Western Cape has the highest rates of violent and property crimes in the country.

Safety

The children identified a lack of personal safety and exposure to violence as factors impacting negatively on their well-being: "*Children in our community do not feel safe* (Western Cape (WC) Urban, 13-16 year old participants)*"*. They felt strongly that "c*hildren should be able to feel comfortable in their environment and safe wherever they walk* (WC Urban, 13-16)*"* and that it is their *"right to safety at whatever time, whatever place"* (WC Urban, 13-16). There was concern about not having "*the freedom to walk around in my neighbourhood without the fear of being robbed or assaulted"* (WC Urban, 13-16). There were expressions of fear and anxiety about the constant threat of violence: "*I am scared and worried about people breaking in or murdering me in my sleep"* (WC Urban, 13-16).

Living in a context fraught with violence, crime, and various forms of abuse appears to have resulted in the children having deeply seated fear and anxiety. One boy reported feeling "*so scared something is going to happen and even if it doesn't happen to you, you feel it could happen to you at any time"* (WC Urban, 9-12, male). Another remarked: *"You have to live in fear of the world.* This is consistent with previous research which show a relationship between persistent exposure to community violence and negative emotional and behavioural outcomes (e.g. Overstreet and Braun, 2000; Berman, Kurtines, Silverman and Serafini, 1996; Bowen and Chapman, 1996; Hinton-Nelson, Roberts and Snyder, 1996; Cooley-Quille, Turner and Beidel, 1995; Osofsky, 1995). Furthermore, research has also shown that exposure to community violence can lead to a state of chronic threat characterised by symptoms of post traumatic stress disorder (Overstreet and Braun, 2000). Similar findings were also reported in qualitative studies conducted by Savahl (2008) and Ward (2007).

In the Western Cape, gansterism was a particular concern: *"The gangsterism taking place in our community is a very big problem"* (WC Urban, 9-12). In light of pervasive crime and violence in their environment and the resulting concerns for personal safety, participants expressed a strong need for security measures: "*Nowadays we have to put up walls and gates …just to be safe in our homes"* (WC Urban, 9-12, male). For these children, safety was a concern both in their home and school environments. One child explained: "*For me as a learner at the school it is very uncomfortable to go to school without security. I believe that everybody must feel safe. But we can't feel safe without burglar bars around us.* (WC Rural, 9-12, translation)".

Sexual abuse

Sexual abuse of children appeared to be very familiar to the respondents, also in their own homes. Most children had known someone, usually a friend or a relative, who had been raped. The ubiquitous threat of rape was deeply felt by both the boys and girls. One of the boys stated: "*We find it difficult to trust other people, especially men*" (EC Rural, male). Sexual abuse of girl children was allegedly prevalent in many homes: *"Sometimes they (mothers) leave girls with stepfathers and girls get raped"* (EC Rural, 13-16) and another respondent pointed out that *"kids get raped by their fathers at home"* (EC Urban, 13-16). This problem is further exacerbated by the fact that children are often unable to report such incidents as they are sworn to silence and threatened by their perpetrators or *"the mothers don't believe them and claim that you are trying to bad mouth their fathers"* (EC Rural, 13-16). One participant shared the following account:

"*And I also have a friend who is having a very difficult problem of being abused by her father. When her mother is away her father says they must sleep together at night. And when the mother comes back the father says he is going to kill her if she tells her mother"* (EC Rural, 13-16).

There was a strong appeal for protection: we need a *safe place to play… we feel unsafe... there are people who rape us, we need help* (EC Rural, 9-12, female)*".* The children also showed an awareness that sexual abuse also placed them at risk of contracting AIDS: *"Fathers raping a child affect kids they feel bad because…they can also get AIDS* (EC Rural, 9-12, female)*".* The older female respondents in the Western Cape urban group spoke at length of restricted freedom due to the threat of sexual violence. They shared stories of inappropriate sexual propositioning and expressed displeasure at having their dress code determined by the behaviour of men:

"You as a girl or woman should be able to walk freely in the road in whatever you want to wear… And that you should be able to do or wear whatever you want to. And not be worried: oh don't walk down here alone, they just rape you" (WC Urban, 13-16, female).

These findings are consistent with those reported by Savahl (2008). He reported similar experiences of sexual abuse by a group of 14 year old girls. His findings further showed an intense unhappiness of participants, brought on by what they believe is the normalisation of lewd sexual advances by men.

Physical abuse

Strong feelings about physical abuse were expressed: "*Children must not be abused. That's not acceptable at all. No one has the right to abuse children*" (EC Urban, 9-12). Physical abuse by family members was frequently mentioned: *"Mothers shout and beat children and force them to do housework"* (EC Rural, 9-12). There was the contention that *"children are beaten and forced to clean [other houses] that is why they run away from home"* (EC Urban, 13-16). One child shared the following: "*I was living with my aunt and my aunt is married. So they did not treat me well. They were abusing me. Sometimes they used to beat me for nothing"* (EC Urban, 13-16).

Substance abuse

The abuse of alcohol was a particularly significant issue for the rural children in the Western Cape. They linked alcohol consumption to the poor economic conditions in the community and intimated that alcohol consumption leads to child abuse and neglect and is destroying community life and family life. For example, "*Parents who get drunk and start beating up their children*" (EC Rural, 9-12, male) or *"Parents who are drunk do not take care of their children"* (EC Rural, 9-12, female). The Eastern Cape participants raised issues of forced engagement in substance abuse and exploitation for the purpose of drug trafficking. It was mentioned that "*adults force children to use drugs and alcohol*" (EC Rural, 13-16) and sometimes *"parents give children drugs to sell against their will"* (EC Rural, 13-16). These findings are consistent with available literature that documents the relationship between parental alcohol abuse and adverse childhood experiences (Dube, Anda, Felitti, Croft, Edwards and Giles, 2001), child maltreatment (Walsh, MacMillan, Jamieson, 2003), increased risk for childhood stressors (Sher, Gershuny, Peterson and Raskin, 1997) and severe behavioural and emotional problems (Christensen and Bilenberg, 2000).

Basic needs associated with poverty

Consistent with the widespread child poverty in the country, poverty was a recurring theme, especially in the Eastern Cape. In South Africa, nearly 12 million children live in income poverty (Meintjes, Leatt and Berry, 2006). The children identified basic needs such as food and nutrition, clothing, and shelter as factors important for well-being. Unemployment and poverty were consistently mentioned as challenging issues facing communities. Some children felt that poverty results in children sometimes not being able to "*get a single meal*" (EC Rural, 9-12) and also prevents them from going to school:

"[I] *can't go to school because of home financial situation"* (EC Rural, 9-12). Poor management of social grants was also reported as a cause of children's basic needs not being provided: "*Some kids receive grants but parents don't bother to buy clothes*" (EC Urban, 9-12, translation).

Linked to the theme of poverty, was homelessness, particularly children who live on the streets. The participants, especially those in the Western Cape, displayed great concern about the "*street kids*" in their community and requested assistance for these children: *"It worries me that they must go to sleep feeling cold and without anything to eat"* (WC Urban, 9-12). Another respondent expressed the wish that *"someone could just take care of the children who don't have a home"* (WC Urban, 9-12). The children felt strongly that homeless children are not to blame for their circumstances: "*I feel sorry for them because it's not their fault*" (WC Urban, 9-12). Another child lamented: "*my heart is like so broken. I have a problem with kids that live on the streets. Some of these children are young and they did not ask to be on the streets*" (EC Rural, 13-16). "*They sleep in the bush and anyone could kill them* (WC Urban, 9-12, translation)".

Psycho-social issues including relationships

The primary themes to emerge in this thematic category included psychological well-being, including issues that impacted upon their self esteem, social support, participation, respect/acknowledgement, interpersonal relations, discrimination, and role models.

Self-esteem

For the participants, well-being seemed to be constructed around the successful functioning of the 'self' and consequently a positive self-identity. A positive self-identity included being "*happy with yourself*", *being proud of who you are and to feel good about yourself"* (WC Urban, 9-12, male) and *"not to be doing something that you don't want to"* (WC Urban, 13-16, female).

Social acceptance and receiving positive feedback about who they are also proved to be significant; while acknowledging that perceptions of difference could lead to criticism:

"I think to be accepted for who you are. Not only at home, but also wherever you go. To be accepted for who you are and what you stand for. It's very difficult. Sometimes if people tend to criticise you because you're different or because you believe in different things as them. So being accepted would contribute to everything" (WC Urban, 13-16, female).

Respect and rights

Respect and acknowledgement were considered paramount. "*Respect"* included respect for rights and being given the opportunity to voice their opinions: "*If I am to be well I should be respected and when I talk I should be heard"* (WC Urban, 9-12, male). "*Like when I speak they mustn't shut me up"* (WC Urban, 9-12, male). It was also acknowledged that both self-respect and respect for others were important dimensions of respect. It was considered important that "*kids respect their parents and be respected in return*" (EC Rural, 9-12 – translation).

Some felt that "*people have to respect your opinion as a child*" (WC Urban, 13-16, female). This seemed to be especially problematic in school settings. Children complained that *"adults don't give children respect but they want us to respect them"* (EC Rural, 13-16). The children were indignant about being denied the right to voice their concerns on matters that involved them directly, especially in cases of perceived misconduct: "*The worst of all is that you can't explain your situation* (WC Rural, 13-16, male, translation)".

Relationships

The children articulated the significance of love and affiliation, and parent-child, teacher-learner and peer relationships for their well-being. For them, critical components of well-being were being "*loved, happy, cared for, supported, [and] respected by both children and adults"* and having *"dignity*" (EC Urban, 13-16, male). Despite the common perception that adolescents are rebellious and tend to relate more easily to peers than family members, the children stressed the importance of family for achieving their well-being: "*You need your family to love and care for you* (WC Urban, 9-12, female)". Parents were considered important agents in child well-being and some stressed that "*both parents*" and "*a good upbringing*" (EC Rural, 9-12, female) were essential elements of well-being. However, it was acknow-ledged that parents sometimes were not good role models and have negative influences on their children. These included over-indulging children, abusing alcohol, forcing children to steal, and placing children in situations that put them at risk. For example, "*sleeping in the streets, becoming a rascal, doing drugs and eating dirty food* (EC Rural, 13-16, translated). There was also concern about parents moving away, presumably to seek work in the cities, and failing to maintain contact with their children: *"Some parents left years ago for either Cape Town or Port Elizabeth. They don't even bother to phone"* (EC Urban, 9-12).

Peer relationships

This featured prominently in the group discussions. Play was identified as an especially important factor in determining well-being: *"To be well is to be able to play with other children"* (EC Rural, 9-12). The need for social inclusion in peer groups was stressed: *"I'm well when I'm included in the fun that everyone else is also having"* (WC Urban, 9-12). It was acknowledged that bullying and name-calling in peer groups were a problem and that there was strong peer pressure to indulge in smoking, drugs, and alcohol. Within family and peer relationships, *"respect"*, care, love, acceptance, and acknowledgement were considered crucial. *"Listen[ing] to older people when they speak to you"* (EC Rural, 9-12, female) was also regarded as important for happiness.

Participation, marginalisation and exclusion.

Children in the Western Cape articulated the importance of their participation and strongly asserted their need to have their opinions heard and taken seriously. Consider the following excerpts:

"*I want to be heard*" (WC Urban, 13-16, female).

"They must give me a chance to say my say so that I can also participate in decisions they take. Most of the decisions my father takes affect me and most of the time they are not good ones. Because decisions are made that I must live with for the rest of my life and they are made without including myself, my brother and my sister" (WC Urban, 13-16, female, translation).

These excerpts all reflect a conviction for the "right" to participation as a key variable of well-being. The children posited that they were excluded from significant decisions and demanded recognition of their rights. One participant observed that only certain groups of children seem to be able to realise their rights and asserted: *"I am a child that has rights as others. Build us a beautiful school like other schools"* (EC Rural, 13-16).

Community resources

In the research communities in the Eastern Cape and in the rural Western Cape where infrastructure is poor, the children stressed the importance of improved infrastructure and community services as key factors impeding their well-being:

"I'm sitting here in a vaal dorp [isolated, grey town] comparing our place with that of others. For example their roads are nicely tarred and they have flush toilets, but here by us we have gravel roads and 'normal' toilets. You

can't walk outside at night because the street lights are all broken or there are no lights" (WC Rural, 13-16).

Statistics from census data indicate the disparities between urban and rural conditions (Statistics South Africa, 2003) and validate the issues raised by the children. For example, in the Eastern Cape, 35.9 % of households still use wood for cooking and only 36.3% of households have once weekly refuse removal. By contrast, in the Western Cape, only 2.9 % of households use wood for cooking, whereas 87,8% have once weekly refuse removal.

The rural children called for improved community infrastructure. Common issues include poor condition of roads, lack of streetlights, the absence of garbage bins, lack of running water, and poor sanitation facilities. There were complaints that *"the environment is dirty it needs to be cleaned"* (EC Rural, 13-16). There were pleas for *"safe water and safe roads"* (EC Rural, 13-16)*,* as well as *"sports fields, parks and street lights"* (EC Rural, 13-16). The children requested facilities such as a clinic, hospital, church, library, and recreational facilities. They expressed the need for a *"swimming pool, stadium, playground, and a park"* (EC, Urban 9-12). The children in one community also felt that having a mall in their community and programmes for young people could reduce children's involvement with gangs and experimentation with drugs.

Similarly, the rural children in the Western Cape asserted that the poor infrastructure and service delivery contributed to the situations that threatened their personal safety. For example, they believed that the lack of streetlights and inadequate policing created conditions under which violence and crime could thrive.

"We live in a very remote town with a very weak infrastructure and it's here where crime is rife because the criminals know that we are vulnerable here" (WC Rural, 13-16, female); and *"there are no street lights leaving the roads dark, leading to bad things like rape"* (EC Urban, 13-16, female)*.*

CONCLUSION

The domains of children's well-being identified by the participants were: protection and safety, basic needs, community resources, psychosocial issues. These are consistent with the domains of children's well-being identified in international literarure (see e.g. Pollard and Lee, 2003; Zaff, Smith, Rogers, Leavitt, Halle and Bornstein 2003; Chapin Hall, 2002; Land, Lamb and Mustillo, 2001; Pollard and Davidson, 2001; Thornton, 2001) and local intiatives (see e.g. Savahl, 2008; Bray and Dawes, 2007). Of particular

importance was that the findings elucidated the close and mutually influencing relationship of the various domains. This suggests that the concept of well-being should be perceived of as an integrated whole, consisting of closely interacting components, rather than a discrete multidimensional phenomenon.

The participants strongly emphasised protection issues. The prevalence of violence and crime as it impacts on their personal, family and community safety was especially evident. They frequently related narratives of sexual abuse, physical abuse and exposure to substance abuse and felt strongly that interventions geared towards their safety and protection is urgently required. These accounts are consistent with local studies conducted by Savahl (2008) and Ward (2007). Of particular importance is the degree to which the children of the current study were able to provide cogent accounts of their vulnerable position in society as well as engage with possible interventions. While Savahl (2008) has demonstrated how childhood provides a means of ideological control of children, this study has shown the potential of children to resist this ideology. This is aptly demonstrately in their demand for participation rights.

This research has engendered participation and provided an opportunity for children's voices to be heard. It generated valuable information on the meaning of well-being from children's perspectives. It has identified key domains of well-being from children's perspectives, contributed to our understanding of child well-being and under-scored the importance of consulting children about issues affecting them. The children's responses have demonstrated that they do indeed have strong views and that they are deeply affected by their ecological contexts. Clearly the issues raised by the children are extremely complex and far reaching in their implications. The findings suggest at least three main areas that require urgent intervention: (1) improved safety and protection measures in communities; (2) improved education and learning environments including better resources and infrastructure; and (3) strategies for improving adult-child relationships in families and school settings.

Since this was a limited qualitative study, generalisation is not an appropriate consideration. However, it is conceivable that these issues are uppermost in the minds of children in other communities and provinces too. The findings have provided the basis for further research on the development of child well-being indicators informed by children's perspectives. Such indicators should constitute a core part of monitoring the situation of children in South Africa.

Whilst the inclusion of children in legislative and policy making processes is becoming more popular in SA, it should however be a more conscious and institutionalised procedure.

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