

SIT Graduate Institute/SIT Study Abroad

## SIT Digital Collections

---

Independent Study Project (ISP) Collection

SIT Study Abroad

---

Fall 2019

### A Study of Scars: Narratives of Unintentional Childhood Injuries in Cato Manor

Carolyn Fox  
*SIT Study Abroad*

Follow this and additional works at: [https://digitalcollections.sit.edu/isp\\_collection](https://digitalcollections.sit.edu/isp_collection)



Part of the [African Languages and Societies Commons](#), [African Studies Commons](#), [Emergency Medicine Commons](#), [International and Intercultural Communication Commons](#), [Maternal and Child Health Commons](#), [Pediatrics Commons](#), [Social and Cultural Anthropology Commons](#), and the [Trauma Commons](#)

---

#### Recommended Citation

Fox, Carolyn, "A Study of Scars: Narratives of Unintentional Childhood Injuries in Cato Manor" (2019). *Independent Study Project (ISP) Collection*. 3135.  
[https://digitalcollections.sit.edu/isp\\_collection/3135](https://digitalcollections.sit.edu/isp_collection/3135)

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact [digitalcollections@sit.edu](mailto:digitalcollections@sit.edu).

A STUDY OF SCARS: NARRATIVES OF UNINTENTIONAL  
CHILDHOOD INJURIES IN CATO MANOR

<b>X</b>	I hereby grant permission for World Learning/SIT Study Abroad to include my ISP/FSP in the Program's office permanent collection.
<b>X</b>	I hereby grant permission for World Learning/SIT Study Abroad to release my ISP/FSP in any format to individuals, organizations, or libraries in the host country for educational purposes as determined by World Learning/SIT Study Abroad.
<b>X</b>	I hereby grant permission for World Learning/SIT Study Abroad to publish my ISP/FSP on its websites and in any of its digital/electronic collections, or to reproduce and transmit my ISP/FSP electronically

Carolyn Fox

Advisor: Dr. Eliza Govender

School for International Training

Fall 2019: Community Health and Social Policy

## Acknowledgements

First and foremost, I would like to thank the six people who volunteered their time to participate in this study. Thank you for sharing your stories with me and trusting me to share your experiences with others. Thank you for giving me the chance to see what it is like to grow up in Cato Manor, to live vicariously through your childhood adventures.

I would also like to thank my advisor, Dr. Eliza Govender, for helping me make this ISP the best it could be. And thank you to Clive Bruzas for convincing me to take a narrative approach with my writing and then putting up with all of my questions about writing narratively. At this point, you've probably read over my ISP more than me!

To my mom, thank you for showing me what it means to be a strong, smart woman. And thank you for helping me edit my ISP – you somehow always point out the most obvious errors I never would have seen otherwise.

Thank you to the SIT staff, Zed, Thula, Thando and Hlobi for making my time in South Africa one of the best experiences of my life. Your hard work and dedication to making our time in South Africa both exciting and educational has really paid off.



Finally, to my homestay family in Cato Manor and to the community of Cato Manor as a whole, thank you for inviting me into your homes and your community and making it feel as if it was my own. You have inspired me, welcomed me with open arms, and have introduced me to some of my new favorite foods. *Ngiyabonga kakhulu.*

**Abstract**

The purpose of this study is to identify the specific types of injuries children experience growing up in Cato Manor, specifically, KwaMasxha, to understand how community members process and make meaning of their injuries over time, and to analyze the social determinants of health in Cato Manor that have been conducive to these injuries.

In order to learn about experiences of unintentional childhood injuries in Cato Manor, data was collected using a qualitative, narrative-based approach. I conducted interviews with young adult community members aged 19 to 27 years, asking about their personal experiences with childhood injuries as someone who grew up in the Cato Manor community. I also used photography as a method of data collection, focusing on the scars participants have developed as a result of their childhood injuries, as well as injury sites brought up during interview conversations and the general environment of KwaMasxha.

After all the interviews were complete, participant stories were analyzed and presented as either fictional narratives, drawing off participant thoughts and experiences, or were presented in the form of the original conversation between myself and the participant. Through these narratives, commonalities and differences between personal participant experiences of unintentional childhood injuries were explored. It was concluded that the roads are a “hotspot” for injuries in Cato Manor, as they are conducive to pedestrian-vehicle collisions and are riddled with broken glass that children often step on. However, the general consensus among participants was that these experiences are a necessary aspect of growing up in Cato Manor, and thus prevention efforts are often hindered.

**Table of Contents**

**Acknowledgements.....2**

**Abstract.....3**

**Introduction.....6**

**Childhood Injuries in the South African Context.....8**

- ❖ **What are unintentional childhood injuries?.....8**
- ❖ **Why are children at risk?.....9**
- ❖ **The importance of child injury prevention in a South African township.....10**

**Methodologies.....12**

- ❖ **Sampling plan.....12**
- ❖ **Data collection.....14**
- ❖ **Data analysis.....15**
- ❖ **On narrative inquiry.....17**
- ❖ **Limitations.....18**

**Ethical Considerations.....19**

- ❖ **Narrative ethics.....20**

**Written in the Scars.....21**

- ❖ **“That’s how we grow up”.....21**
- ❖ **Every Man for Himself.....25**
- ❖ **Everything Has Its Season.....29**
- ❖ **“I used to look down and walk”.....34**

**Scratching the Surface.....37**

**What Can Be Done and Where to Go Next.....39**

- ❖ **Recommendations for further study.....40**

**References.....41**

**Primary Sources.....43**

**Appendices**

- ❖ Appendix 1: Local Review Board Approval.....44**
- ❖ Appendix 2a: Consent Form for Adult Respondents in English.....45**
- ❖ Appendix 2b: Assent Form for Minor Respondents in English.....46**
- ❖ Appendix 3: Loosely structured Interview Guide.....47**
- ❖ Appendix 4: Consent for Use of ISP by SIT.....49**

\*\*\*\*\*

**Note: An album of photos (including those presented in this ISP) can be found at the following address:**

**<https://photos.app.goo.gl/DAXk4ACsfenWYHaPA>**

**\*All pictures of scars were taken with the informed consent of participants and the knowledge that their face or any other identifiable features would not be included in the photographs.**

\*\*\*\*\*

## Introduction

I struggled for a while to come up with a topic for my Independent Study Project (ISP). My thoughts jumped around: should I focus on women's rights, or gender-based violence? HIV/AIDS and Tuberculosis? These are all pertinent issues in South Africa, ones I was interested in and bound to engage in, if I so chose. Something just didn't sit right with me, however, exploring topics I've learned so much about in a classroom but had never experienced or seen in real life.

It wasn't until I got off the minibus in Cato Manor, about to begin my 5-week homestay, that I really started thinking about what I wanted to study for my ISP. As I stepped out of the van and onto the pavement, my eyes glanced around at my new home. I saw children running around in the street, playing with an all too deflated soccer ball. I saw broken bottles and empty chips wrappers sprawled across the ground. As I went to grab my suitcases out of the trailer, a minibus taxi sped past me, honking only inches from where I stood. I jumped back, shocked by the close encounter, and looked back to the children playing in the street. *They play here?* I thought to myself. Then I noticed a few of the children playing soccer were without shoes. Running around on the glass-laden ground, the soles of their feet must've been entrenched with little shards of glass. *This can't be safe.*

The longer I stayed in Cato, the more I thought about my experiences on that first day. Every time I walked outside, children were playing without shoes on; running around young and carefree. Sometimes as I sat inside on the couch with my homestay *sisi*<sup>1</sup> watching reruns of Idols, I would look out the eternally open front door and see kids climbing the mango tree across the street. Those in the tree would shake the branches, letting the small green mangoes fall to the screeching children in the road below. I couldn't get the thought out of my head: *don't they know they could fall and get hurt!*

Reflecting on these instances – hearing the creak of the mango tree's branches, the crescendo honk of a minibus taxi speeding by – led me to the topic of this paper. For my ISP, I am exploring early childhood injuries in Cato Manor through the narratives of community

---

<sup>1</sup> “*Sisi*” is the informal isiZulu word for “sister”.

## A STUDY OF SCARS

members. Through these personal narratives, I aim to understand how members of the KwaMasxha<sup>2</sup> community make meaning of their childhood injuries and the social determinants of health that have been conducive to such injuries. Along with interviews and informal conversations, I use photography to exemplify the conditions and places in which children are being injured throughout the community. With the consent of participants, pictures of the scars that have resulted from early childhood injuries are used as a way of visualizing the story one carries engraved on their body as the result of a physical wound.

---

<sup>2</sup> KwaMasxha is the area of Cato Manor in which I stayed during my homestay. I will use Cato Manor, Cato, KwaMasxha and Masxha interchangeably throughout this paper.



## **Childhood Injuries in the South African Context**

In South Africa, little attention is paid to injuries as a public health burden. When we think of the provision of healthcare in South Africa, we think of the prevention and treatment of communicable diseases such as HIV and TB, and combating extreme poverty and hunger. However, violence and injury account for nearly one million child deaths annually around the world, 90% of which are the result of unintentional injuries (WHO 2008, p.1). This category of unintentional injuries disproportionately burdens low and middle-income countries (LMIC) such as South Africa. In fact, “deaths from childhood communicable diseases are declining over time and the relative proportion of childhood deaths due to injuries is rising” (Alonge & Hyder 2013, p.65), indicating that a greater focus should be placed on child injury prevention, especially in LMIC where the current focus is primarily on communicable diseases.

### ***What are unintentional childhood injuries?***

According to the International Classification of External Causes of Injuries (ICECI), an injury is defined as:

A (suspected) bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance. In some cases an injury results from an insufficiency of vital elements, such as oxygen. Acute poisonings and toxic effects, including overdoses of substances and wrong substances given or taken in error are included, as are adverse effects and complications of therapeutic, surgical and medical care. (WHO 2004, p. 247)

In essence, an injury occurs when an outside force is exerted on the body to a greater degree than the body can effectively manage. Although quite wordy, the ICECI’s definition of the word “injury” covers a wide range of possible injuries, from motor vehicle collisions (MVCs) to burns to poisonings.

## A STUDY OF SCARS

With unintentional injuries, however, this broad range of injury classifications is whittled down. Unintentional injuries occur when a person is not injured purposefully or is injured without intent. Something done with intent is “usually clearly formulated or planned” (Merriam-Webster 2019, n.p.), such as in the case of injuries occurring as a result of acts of violence. Alonge and Hyder use the term ‘unintentional injuries’ in their 2013 article, *Reducing the global burden of childhood unintentional injuries*, to refer to “injury or poisoning that is not inflicted by deliberate means” (Alonge & Hyder 2013, p.62). The authors provide 10 categories of unintentional injuries, consisting of road traffic injuries, other transport injuries, falls, drowning, fire or burns, poisonings, exposure to firearm (such as an accidental discharge), exposure to other mechanical forces, and adverse medical treatment (Alonge & Hyder 2013, p.62). For example, “road traffic injuries (RTI) are the commonest cause of death from unintentional injuries globally for individuals between the ages of 1 and 19 years,” and the majority of these deaths occur in LMIC (Alonge & Hyder 2013, p.63).

Here, and throughout my ISP, I deliberately choose against using the word ‘accident’ in reference to unintentional injuries. For example, if I were to instead call instances of RTIs ‘car accidents,’ that would imply a sense of inevitability and a lack of control. Bartlett suggests that “the very word ‘accident’ embodies the idea of chance and inevitability, and contributes to a fatalistic tendency to accept unintentional injuries as an unavoidable evil” (Bartlett 2002, p.1). Alonge and Hyder build upon Bartlett’s statement, arguing that “traditional beliefs that injuries are ‘accidents’ which cannot be intervened upon” can be cited as a reason for the “lack of a strong global response to the burden of childhood unintentional injuries” (Alonge & Hyder 2013, p.64). If unintentional injuries are seen as unpreventable accidents, no effort will be made to prevent them. This is one of the reasons why it is so important to study unintentional childhood injuries, especially in a LMIC such as South Africa, and to crowdsource ideas regarding injury prevention from members of the community burdened by these injuries.

### ***Why are children at risk?***

In a typical South African township, such as Cato Manor, “injury is an important health problem in children and adolescents” (Zwi *et al.* 1995, p.30). South Africa as a whole can be classified as a middle-income country, in which the average annual household income as

## A STUDY OF SCARS

reported in the 2011 census is R29 400 (Wazimap 2011, n.p.). In Cato Manor, however, the average annual household income is only R14 600 – less than half the national average (Wazimap 2011, n.p.). Coming from a lower socioeconomic status, children in Cato Manor are at a higher risk of unintentional, poverty-related injuries. According to Braun *et al.*, “...young children from families with lower socioeconomic status, including lower median income, less education, and more unemployment, are at increased risk for injuries resulting in emergency department visits, hospitalization, or death” (Braun *et al.* 2005, p.251). Braun’s argument of an increased incidence of injuries among children from families affected by high levels of unemployment resonates in the South African context. South Africa suffers from a high unemployment rate in which only 38.9% of people are employed (Wazimap 2011, n.p.). In Cato Manor, the employment rate is a little higher, coming in at 41.3% (Wazimap 2011, n.p.), however this number is still quite low as compared to the employment rates of higher income countries.

Not only do low income and unemployment put children at greater risk of injury, but being a child is a risk factor in itself. In young children especially, “curiosity and the drive to explore and experiment are not matched by the capacity to understand or respond to danger” (Matheny 1988; Jordán and Valdes-Lazo 1991 in Bartlett 2002, p.2). For example, a child playing in the road in Cato may not perceive the road as a dangerous place – it is just a fun and easily accessible location to play. However, in the case of a car or minibus taxi speeding toward a child playing in the road, “the ability to interpret how fast a vehicle is moving, for instance, or to locate the sound of an approaching car, is limited before the age of six or seven, regardless of training” (Pfeffer and Barneclutt 1996 in Bartlett 2002, p.3). When I first read this quote, I was taken aback. It doesn’t matter if a child knows to get out of the road when a car is coming – young children are physically unable to determine the direction from which a car is coming. Thus, they are left until they can see the car approaching to jump out of the way – at which point it might be too late.

### ***The importance of child injury prevention in a South African township***

Much of the literature that focuses on unintentional childhood injuries uses mortality data to show the susceptibility of children to death as a result of unintentional injuries. However, non-fatal injuries and morbidity markers are often left out of the literature, giving an underestimate of

## A STUDY OF SCARS

the true burden of unintentional injuries on children, especially in LMIC. As Bartlett suggests, “for every death, there are thousands of non-fatal injuries, and many result in serious impairment” (Bartlett 2002, p.2). By failing to include non-fatal injury data in the literature, unintentional injuries are perceived as less of a threat to children in LMIC. This thereby shifts what little focus was on child injury prevention back to the issue of communicable diseases and malnutrition, when in reality, child injuries “are the cause of death and disability for millions of children each year; injury rates have been estimated to be at least five times higher than those in high income countries” (Bartlett 2002, p.10).

In a South African township such as Cato, child injury prevention techniques are imperative to addressing the issue of unintentional childhood injuries. Butchart *et al.* conducted a study of the causes of childhood injuries in a Johannesburg township, using “citizen responses to questions about injuries to explore their perceptions of why these happen and how they might be prevented” (Butchart *et al.* 2000, p.341). What is crucial about this study is the emphasis Butchart *et al.* place on gaining insight on prevention methods from members of the community affected by such injuries. As the authors suggest, “like other diseases, injuries occur within a psychosocial reality that defines for people what causes them, where the causes are located relative to their personal or communal locus of control, and what people consider possible in respect of interventions” (Butchart *et al.* 2000, p.332). In order to address the problem, one must address the root of the problem as perceived by members of the community in which the problem is prevalent.

## **Methodologies**

When thinking about how I wanted to construct my ISP, I knew I wanted to take a non-traditional approach. I didn't want to whittle participants down into a series of numbers, yeses or nos. I wanted to hear their stories, to be able to understand to the best of my ability their experiences growing up in Cato Manor – more specifically, their personal relationships with childhood injuries. In order to most accurately reflect participants' experiences with childhood injuries, I chose to use narrative inquiry as a way of piecing together participant stories and perspectives. In defense of a narrative approach, Hendry argues that “narrative has the potential to remind us of the complex and multiple ways in which humans make meaning” (Hendry 2010, p.78). In carrying out this ISP, it was my goal to understand the underlying meaning of the stories presented by participants, in order to stay true to their personal narratives and lived experiences.

Through a series of six loosely structured one-on-one interviews with people who were raised and brought up in Cato, greater themes pertaining to a socioeconomic structure conducive to particular unintentional injuries and modes of injury emerged. It is crucial to qualify, however, that this research is in no way representative of all experiences with childhood injuries growing up in Cato Manor. Regardless, I hope to portray the experiences of the six people who so graciously shared their stories with me, and to engage with the similarities and differences of these personal experiences.

### ***Sampling plan***

Because the construction of this ISP is reliant on interviews with participants who have grown up in Cato Manor, my original sampling plan consisted of a mixture of purposive and snowball sampling. Purposive sampling is a “non-probability sampling method [that] occurs when elements selected for the sample are chosen by judgement of the researcher” (Dudovski, 2012). In the case of this ISP, participants were only chosen to be interviewed if they were born and raised in Cato Manor. I did not choose to add the qualification that participants must have suffered, or had experiences with unintentional childhood injuries, because I wanted to hear a

## A STUDY OF SCARS

breadth of stories. I wanted the possibility of engaging with a participant who was never injured growing up. Had I chosen the qualification that participants must have had an experience with unintentional injury as a child, my findings would be biased before the interviews even began. In necessitating participants to have been injured as children, I would be assuming that all children in Cato Manor are unintentionally injured somehow as children. As I came to find out, this is not necessarily the case.

To start out, I asked my friends from Cato if they would be interested in being interviewed for this ISP. From there, I asked those who participated if they could refer me to friends or relatives whom they understood to be willing and available to participate. This was the case for five out of the six total participants. One participant was interviewed at an “Interview Day” in Cato Manor set up by the SIT staff.

When I was originally planning this ISP, I had wanted to interview people of all ages, including minors. I thought that by interviewing minors, I would be able to get the most up to date perspective on the status of unintentional childhood injuries in Cato. However, when interviewing minor participants, there are a lot of ethical rules and boundaries to consider. With the intention of interviewing minors, I created an assent form for minor respondents as well as a stipulation in the consent form for adult respondents to ask permission of a parent or guardian of a minor to interview that minor. Both of these forms can be found in Appendix 2b and Appendix 2a, respectfully. In addition, I was approved by a local review board to conduct interviews with minors, as long as I adhered to the ethics of interviewing minor respondents.

After I began conducting interviews with adult participants, however, I realized that many participants could speak to the difference in experiences of childhood injuries between themselves and children now in the community. This is because many participants have young siblings, cousins, or children of their own who are growing up in Cato. Through a secondary perspective, these participants were able to tell the stories of some of the experiences children are having now in Cato Manor with childhood injuries. As a result, I ended up deciding against interviewing minor participants.

As mentioned earlier, the six individuals interviewed are products of their community, but are by no means representative of the experiences of all South Africans, nevertheless the population of Cato Manor. They are the narrators of their own stories; the tellers of their own

## A STUDY OF SCARS

experiences. Baldwin writes that “by understanding the work that narratives do across time we come to understand ourselves and each other in a deeper way” (Baldwin 2013, p.114). In reflecting on these narratives, their congruencies and dissimilitude, I hope to explore the experiences of childhood injuries through the context of a South African township.

### *Data collection*

For this ISP, I utilized two main ways of collecting data. The first, and most valuable, were the six one-on-one interviews I conducted with participants who had grown up in Cato Manor. For these interviews I constructed a loosely structured interview guide (see Appendix 3)

to carry my conversations with participants. I used this interview guide merely as a method by which to direct the conversation but did not strictly adhere to the written questions. I wanted the interviews to flow like a casual conversation so participants wouldn't feel pressured or like they were being interrogated. Five of these interviews were conducted with people I had met (or friends of the people I had met) during my 5-week homestay in Cato. Kramp states that “context enables the researcher to make meaning where previously there was no meaning. So they typically study



*Friday, November 15<sup>th</sup>: Inside Café Skyzers after an interview on a rainy day*

subjects in their native surroundings, in their own settings” (Kramp 2004, p.105). Because I wanted to make these interviews as comfortable as possible for participants – and as unbiased as possible on my behalf – I chose to conduct all of the interviews within the confines of the Cato Manor township. One interview was conducted with a participant at the “Interview Day” in a Cato Manor church that the SIT staff had arranged. At this Interview Day, I also interviewed two friends I met during my homestay in Cato. Those who participated in this interview day were

## A STUDY OF SCARS

compensated by SIT and snacks were provided. The three interviews I set up took place at a local *shisanyama*<sup>3</sup>, Café Skyzers. These participants were not compensated, but I offered to buy them a drink or a snack, should they want either.

The second method I utilized to collect data was through photography. I have always really enjoyed photography and am fascinated by the effect a picture can have on a person's perception. Pictures have the potential to tell a story with more depth and in greater detail than the mere act of writing. So, I felt that photography could provide this ISP with a closer look into the environment of Cato Manor and the scars left by childhood injuries experienced in Cato. After each of my interviews, I asked participants if I could take a picture of the scar(s) they spoke about during their interview. With their permission, and the knowledge that their face and any other identifying features would not be photographed, I took pictures of their scar(s). In addition, after reflecting on and transcribing all six interviews, I went back to Cato to take pictures of the general environment and the various sites where the injuries participants talked about during their interviews were acquired. As Ketelle mentions in her article exploring the intersection of photography and narrative inquiry, "although photographs as representation appear to document something "real" or "true" that was in front of the camera, they in fact capture what may be more important – the cultural context that underpins the captured image" (Ketelle 2010, p.549). Through this multidimensional approach to data collection, I hope to provide a well-rounded foundation for the visual and written context of childhood injuries in Cato Manor.

### *Data analysis*

In order to best reflect the experiences of the six people who were interviewed for this ISP, I chose to take a narrative approach. I felt that reflecting on participants' experiences with injuries growing up in Cato Manor and portraying them as narratives would help me best understand the social and environmental context in which these injuries occur. I also thought that having participants be the storytellers of their own experiences would position them as meaning makers throughout their stories. As Hendry states: "through telling our lives we engage in the act

---

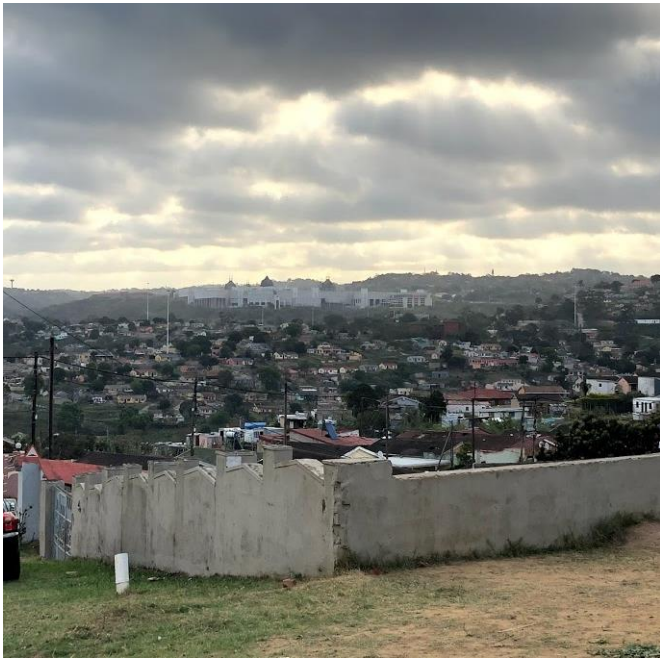
<sup>3</sup> *Shisanyama* is "a Zulu slang expression for 'buy and [braai]'" (Ngxongo 2016). It is a place where people go to drink, eat braai, and listen to house music with family and friends.



## A STUDY OF SCARS

of meaning making. This is a sacred act. Stories are what make us human... We are our narratives” (Hendry 2007, p.495). It is through these narratives that I hope to construct a story in which I integrate the data rather than separate it, as in an analysis of a narrative (Kramp 2004, p.120).

After finishing all of my interviews, I transcribed the audio recordings, specifically looking out for similarities and differences between participant stories. I took note of interviews that shared some overarching themes and modes of injury. Some interviews stood out on their own. These participants offered unique experiences that did not resemble the experiences of other participants, and thus I decided to leave them be and present them as is. With the stories



*Sunday, September 15<sup>th</sup>: View overlooking Masxha and Chesterville, toward the Pavilion*

that shared overarching themes and modes of injury, I constructed short stories about fictional characters who have similar experiences as shared by the participants. While these stories reflect the responses of participants, they are not a narrative about any singular participant experience. Instead, I attempted to weave the words and stories of participants into the experiences of fictional characters, striving to stay true to the participants’ personal narratives.

As Ellis & Bochner argue, “narrative ethics focus our attention on the framework of meaning already in place in a person’s life and ask us to act in ways that respect the integrity and unity of that framework” (Ellis & Bochner 1999,

p.233). The following stories are in no way attempting to replicate the lives of my ISP participants. However, they endeavor to depict the meaning of participants’ experiences and respect the integrity of their childhood memories. These are merely fictional tales of imaginary children whose experiences reflect the stories of my participants.

## A STUDY OF SCARS

### *On narrative inquiry*

When I first began looking into literature on narrative inquiry, I started to think about what narrative writing truly entails. In an excerpt from my personal journal, I reflected on the question of *What is a narrative approach, and how do I take it?*:

From the multitude of articles I've found, I get the sense that narrative isn't just about the story. It's about the gaps in between, pauses between words, emotion, eccentricity (or lack thereof). Narratives are about the *experience* of the story (Fox 2019).

I couldn't get this idea of the "experience of a story" out of my mind. When one tells a story, especially one coming from personal experience, it's almost like they're the leading actor in a personal play about their life. It is the authenticity of the performance that gives the story its meaning. Arthur Frank's article, *Why Study People's Stories? The Dialogical Ethics of Narrative Analysis* stands in defense of authenticity in the dialogical context. Frank talks about the idea of authenticity in the construction of narratives: "...authenticity is created in the process of storytelling, it is not a precondition of the telling, and authenticity remains in process" (Frank 2002, p.109). Frank argues that it is through the telling of a story that the story can be perceived as genuine and maintain its truths. Narrative inquiry allows a storyteller, or in the case of this ISP, an interviewee, to narrate the tale of their specific, authentic truths. As Kramp suggests, "narrative reveals to us how the persons we are studying construct themselves as the central characters and narrators of their own stories" (Kramp 2004, p.112). In essence, through narratives we can gain an understanding of a person's experience from their perspective.

In writing my narratives of fictional characters' experiences with childhood injuries in Cato Manor, I took some advice from Clive Baldwin who writes: "...there is nothing predetermined about the course of a narrative; things could always have been different. All narratives are essentially incomplete" (Baldwin 2013, p.106). Ruminating on this thought led me to construct my narratives, asking the question of *What if?* What would have happened if he hadn't gotten out of the way of the car in time? What if she broke her neck instead of her arm? *What if?* Baldwin argues that in narrative writing, "we 'fill the gaps' left by the telling of stories" (Baldwin 2013, p.101). By asking *What if*, I must be cautious to "fill the gaps" with truths in lieu of fantasy. As Hendry suggests, "[a] story can be true to life without being true of life" (Hendry

## A STUDY OF SCARS

2010, p.76). It has been my intention to “fill the gaps” in these stories with narratives that, as Hendry suggests, are true of life as represented by the experiences of multiple participants.

### *Limitations*

Going into this project as a white American student – an outsider – I knew there would be limitations to the research I could do. The fact that I could even come here, to South Africa, put me in a position of privilege and power. I was worried that because I am an outsider, and especially because I am white, people from Cato would be hesitant to share their childhood memories with me. Luckily, that did not appear to be the case. Also, the primary language in Cato Manor is isiZulu, which I can only speak at a beginner level. Therefore, I chose to conduct my interviews in English. Because English is not the first language of my participants, it is possible that there could have been a slight language barrier in regard to my interview questions. With the interview questions asked in English, there could have been misunderstandings and confusion about the meaning of the questions. In many cases, I found myself repeating and rewording questions so my participants could better understand what I was asking.

In terms of the size and duration of the study, the ISP period is a mere four weeks, with only three of those weeks dedicated to conducting interviews with Cato Manor residents. Because of this short period, I only had the opportunity to interview six participants. Although the stories they shared with me were eye-opening, thoughtful, and informative, they do not necessarily represent the experience of childhood injuries for all people growing up in Cato Manor. In order to gain a more representative view of the experiences of Cato residents with childhood injuries, a longer study with more participants would be warranted.

Lastly, Cato Manor is only one community. Even if I were to interview every single person who grew up in Cato about their experiences with childhood injuries, their stories would not be representative of the whole of South Africa, nevertheless other Zulu majority South African townships. Generalizing the experiences of those who participated in this study would be a violation of their experiences. However, their stories provided invaluable insight into the experience of unintentional childhood injuries in Cato Manor, if only for a select few.

## **Ethical Considerations**

In preparation for this ISP, I took the time to familiarize myself with all of the ethical precautions I should be taking in order to ensure participants were kept safe. Throughout this ISP, the identities of all participants were kept private and all attempts were made to maintain participant confidentiality and anonymity. Participants are only identified by their age and gender. Participants were given a participant number chronologically based on the order in which the interviews were conducted. For the constructed fictional narratives presented later, traditional Zulu names were given to characters, representing interview participants. However, any resemblance to participants is purely coincidental.

When scheduling interviews with participants, I wanted to make sure that all interviews were conducted in a place where the participants felt safe and comfortable. Therefore, all interviews were conducted in Cato Manor, either at Café Skyzers or at the local church as set up by the SIT staff. I ensured that the interviews took place in private places, whereby the participants could not be overheard as they were sharing their stories. Before beginning each interview, I read participants the consent form (see Appendix 2a) I had provided and allowed them to look over it for as much time as they needed. I explained that throughout this ISP, their identities would remain anonymous, the information they provided me would be confidential, and all transcripts and audio recordings would be kept private in a password-protected laptop only I would have access to. I also told participants that if there were any questions during the interview they felt uncomfortable with, or simply did not want to answer, they could skip those questions or stop the interview all together. Participants were also made aware that any conversations surrounding the topics of assault, interpersonal violence, or domestic abuse should be avoided. This was proposed for the benefit of the participants as to avoid any potential psycho-social harm or trauma that could be brought back from such memories.

After being informed of their rights, and how their identities would remain confidential, participants signed the consent form. Participants understood that by signing the consent form, they were giving me consent to use their stories in this ISP, and also for potential future research back in the United States. Participants also understood that signing the consent form gave me permission to record the interview. However, once I turned the audio recorder on, I asked

## A STUDY OF SCARS

participants once more if it was okay for me to record the conversation as a confirmation of their written consent. Participants were informed that after the interviews are transcribed and this ISP is turned in on November 28<sup>th</sup>, 2019, the audio recording will be deleted. If I did not already have the contact information of the participant, I asked them to write their phone number and/or email at the bottom of the consent form so I could contact them in the future to send them my final written ISP. Also, having the contact information of participants will allow me to ask for consent in the future should I decide to continue this research in the United States.

### *Narrative ethics*

Regarding the ethics of narrative writing, I turn to Ellis & Bochner, who write that “narrative ethics focus our attention on the framework of meaning already in place in a person’s life and ask us to act in ways that respect the integrity and unity of that framework” (Ellis & Bochner 1999, p.233). When writing a narrative based on someone’s personal life story, one must be cautious to preserve the meaning of the story as intended by the storyteller. As researchers and thus people in positions of power, “we must consider our responsibilities to those who become characters in our stories in terms of privacy and informed consent, and we are obliged to continually question and situate our own interpretations, presenting alternative viewpoints and expressing self-doubt” (Ellis & Bochner 1999, p.235). It is crucial that as a researcher and a teller of someone else’s story, that I stay true to the foundations of my participants’ personal narratives. They gave me consent to explore their experiences throughout this ISP, and that consent comes with the responsibility of keeping my own biases in check. I hope that in the narratives constructed below, I do justice to the stories participants told me, fully representing my participants’ truths.

## Written in the Scars

### *“That’s how we grow up”<sup>4</sup>*

It rained for three weeks straight. I thought I would be able to sit outside in the sunshine and talk to people in Cato about their experiences with childhood injuries, but there was no sunshine – there hadn’t been for weeks. Still, I wanted to meet Ayanda<sup>5</sup> in a place where she would feel comfortable, and that turned out to be at Café Skyzers, sitting at a mildly damp picnic table. As I waited for Ayanda to arrive, I took my interview questions, a consent form, and a little introductory speech I had written out of my backpack. I looked up at the sky, hoping the clouds could hold in their tears for just a few more minutes. As my eyes glanced back, I saw Ayanda, waving at me as if to say ‘hello’.

“Sawubona<sup>6</sup>, Ayanda. Thank you for coming,” I said.

We greeted each other and both sat down on opposite sides of the scratched up wooden table. I explained to Ayanda the purpose of my project, how I would make sure her identity stays private, and had her sign the informed consent form I had set out in front of her. And then we began.

“Did you ever play outside when you were growing up here?” I asked.

“Yeah, I did. But my mom was extra cautious because she said my hands were soft,” Ayanda replied. “I was never allowed to ride on bicycles because she was scared I was gonna fall,” she continued.

Admittedly, this is not the answer I expected going into this interview. I had some preconceived notions of how people might respond to my questions about growing up in Cato and their experiences with childhood injuries. But I didn’t expect to hear about fear. So I tried to clear my head of any pre-existing biases, and continued my conversation with Ayanda.

---

<sup>4</sup> Note that all quotes in this section are direct spoken word from either myself or Ayanda (Participant 2), and thus will not be cited throughout.

<sup>5</sup> Pseudonym for Participant 2.

<sup>6</sup> “Sawubona” is a traditional isiZulu greeting, meaning “hello”.

## A STUDY OF SCARS

“Where would you say that children get hurt the most when they’re growing up here, playing outside?” I asked.

“In the road,” Ayanda replied. “...The yards are too small for us to play within the yard so we like going in the road, and that’s where it’s more dangerous. Because kids sometimes get knocked by cars. The minibuses just don’t stop for kids.”

This was something Ayanda could speak to out of personal experience. She went on to tell me the story of her cousin who was hit by a car while playing in the road: “He was just playing on the road. And the driver tried to reverse, hit him, and ran him over. He has a scar around his arm.”

Luckily, Ayanda’s cousin wasn’t badly injured by the car. To this day, however, he has a scar on his arm – a constant reminder of the incident. In Cato Manor, the roads are a hotspot for unintentional childhood injuries: “the road is as worse as it gets. That’s where kids get knocked by cars.” Because most yards in Cato aren’t big enough for children to play in, they play in the roads. When they see a car coming, the jump out of the way, wait for the traffic to clear, and continue playing.

The next thing Ayanda and I talked about was the condition of the roads in Cato Manor – how they’re laden with broken glass and garbage:

“What do you think of all the broken glass on the ground and the fact that kids play a lot without shoes on,” I asked

“I think it’s life,” she replied. “You cannot protect your kid from that. I used to have like six pairs of shoes but I chose to run outside without shoes. I had a lot of pairs of shoes. And same with kids picking up stuff from the ground. It’s part of life, **that’s how we grow up**. You can’t be like ‘my kid is gonna be living in the yard’. It’s more like you’re depriving your child of having the childhood that you had. It’s part of our childhood, It’s the hood, let us pick up glass, let us pick up dirt, you know?”

It was interesting to me how Ayanda spoke about this. It was almost like in Cato Manor, it’s a rite of passage for children to play without shoes on, to step on glass, to endure the same injuries that their parents had growing up. That’s not to say that the experience of childhood in

## A STUDY OF SCARS

Cato is the same from generation to generation, just that there are certain aspects of life that all children endure as young person growing up in the Masxha community. When I asked Ayanda if she thought anything has changed in the community for children since she was growing up fifteen to twenty years ago, she quickly nodded her head yes.

They don't play like we do. Some of them just don't play at all. Little kids are not active, they're couch potatoes! We were active. We used to play *ushumpu*<sup>7</sup>, we used to play *ingqathu*<sup>8</sup>, we used to play "three tins"<sup>9</sup>. We used to play a lot of things. But now, kids just want to watch TV.

Ayanda spoke about how the advent of new technologies has caused children to become immobile. They aren't playing the same games as Ayanda and her friends were because they aren't playing any games. When I was staying with my homestay family in Cato Manor, I remember there would be weekends where I would sit on the couch for an entire day, watching *Idols* with my 12-year-old *sisi* or *Phineas and Ferb* with my 5-year-old *bhuti*<sup>10</sup>. Rarely did we go outside and walk around, play soccer up at the field across from Lou's Corner, or any of the other games Ayanda mentioned.

However, new and exciting technology can't be blamed fully for the more inactive, newer generations. Ayanda continued on to speak about how parents are more cautious now of where, when and how they allow their children to play:

We are more protective of our kids now, because of the rape that has been going on. The killing, the stealing of kids, human trafficking. So you always have to look out for your child, Always. And they're still playing outside. Could you guys play in the yard? That's how life is now. We are very cautious. We fear for them.

In just twenty years since Ayanda was growing up in Cato Manor, it seems that the experience of childhood, and in particular the experience of childhood injuries, has changed drastically. There

---

<sup>7</sup> *uShumpu* is a ball made out of plastic (Ayanda 2019).

<sup>8</sup> *Ingqathu* is the isiZulu word for a skipping rope (Ayanda 2019).

<sup>9</sup> "Three tins" is a game played by children in South African townships in which "you are trying to build these 3 tins. You have to dodge a ball and then build it. Dodge a ball and build it, until it is 3 tins. And then you go '1-2-3' and then you kick the 3 tins. And then it is someone else's turn. But if someone hits the 3 tins before you, game over" (Ayanda 2019).

<sup>10</sup> *Bhuti* is the isiZulu word for "brother".



## A STUDY OF SCARS

has always been a sense of fear and among parents in the community, a need to fiercely protect one's children. For today's generation of children growing up in Cato, that fear is heightened. Fear, alongside the allure of television and videogames, is causing children to be less active in the community. Although this has its benefits, lessening the risk of injuries among children in the community, what does it do for a young child's experience of growing up? As Ayanda said, getting hurt, running around the streets without shoes on, that's how children in Cato used to grow up. So how do they grow up now?

.....



*Sunday, September 15<sup>th</sup>: A picture from my walk around Cato with my sisi. As the sun was setting, the children playing in the street headed home.*

\*\*\*\*\*

## A STUDY OF SCARS

The following narrative is a fictional account of stories told to me by Ayanda and Msizi. In this narrative, I attempt to take the main ideas and experiences as accounted by Ayanda and Msizi in their interviews. Keep in mind that this piece is entirely fictional and is only meant to represent Ayanda and Msizi's experiences. Although this narrative is written in a first-person perspective, Ayanda and Msizi do appear as their younger selves. However, this is simply a tale of imaginary characters whose experiences are reliant on the stories told to me by Ayanda and Msizi as well as my own imagination as I strive to weave together the links and missing pieces between each participant's individual story.

### *Every Man for Himself*

It was a bright Saturday afternoon – the middle of summer. The air was thick and everything around me seemed damp. But the warm, heavy wind only acted to excite me for my future escapades. I was eleven<sup>11</sup> at the time, and all I wanted to do was explore the world with my friends. You see, the world was big – very big – and I was small. But I thought I was larger than life, I thought I was invincible. It was on that perfect summer day, however, that I found out how utterly naïve I truly was.

Earlier that day, my friend Msizi<sup>12</sup> went to the Pav<sup>13</sup> with his older brother, Njabulo. To my excitement, they returned with a beaten down trolley cart<sup>14</sup>. As Msizi and Njabulo prepared the trolley cart in their yard, I ran over to Ayanda's house.

“*Woza la*<sup>15</sup> Ayanda! Msizi got a trolley cart!” I shouted through the door.

Ayanda came running out of her house, so eager to join us that she forewent her go-to slippers. Thadie, Ayanda's little sister, trailed close behind. She followed Ayanda everywhere, always looking up to her – both physically and figuratively.

---

<sup>11</sup> (Msizi 2019).

<sup>12</sup> Pseudonym for Participant 3.

<sup>13</sup> The “Pav” is a common nickname among Cato residents for the Pavilion shopping center.

<sup>14</sup> In my interview with Ayanda, I struggled to understand what a “trolley cart” was. It took a minute of Ayanda explaining the structure and use of a trolley cart for me to realize that it is just a shopping cart, as us Americans call them. So, when Msizi told me his trolley cart story, I knew exactly what he was referring to.

<sup>15</sup> *Woza la* is the isiZulu phrase for “come here”.

## A STUDY OF SCARS

“Thadie, you’re too little to play this game with us,” Ayanda said.

“If you don’t let me play, I’m going to tell mama. Isn’t that the new skirt she got you?” Thadie pointed to the purple floral print skirt Ayanda was wearing. Thadie knew this was blackmail – if their mom found out that Ayanda went out to play in her new skirt, Ayanda would be in *big* trouble.

“Okay fine,” Ayanda begrudgingly agreed. “Just promise me you won’t get hurt.”

Thadie promised, and the three of us went back to Msizi’s house. Now, there were five children around my age standing in the yard. I only knew Msizi and Njabulo, but that was okay. I liked making new friends. I walked over to Msizi and looked at what was left of the trolley cart. The basket had been cut off<sup>16</sup>, so only the bottom frame and wheels were left.

“Are you guys ready?” Msizi asked.

“*Yebo*<sup>17</sup>,” we all responded in unison.

Thus began the walk up Gardens Drive, the main road in Cato. Gardens Drive was also the biggest hill in Cato, which meant it would be the most fun to ride down. Once we got to the top of the hill, I looked down at the houses below. I felt like I was on top of the world. As the afternoon wore on, the sun beat down heavily on my face. I couldn’t tell if the beads of sweat rolling down my face were a result of the hot summer day, or my anticipation of what was to come. Njabulo gathered the eight of us<sup>18</sup> together. He picked up a stick from the ground and said that he was going to be the pilot<sup>19</sup> because he was the oldest. We all nodded in agreement, wanting him to hurry up so we could start having fun. Njabulo sat at the front of the trolley cart and everyone



*Sunday, November 24<sup>th</sup>: The view from the top of Gardens Drive.*

<sup>16</sup> (Ayanda; Msizi 2019).

<sup>17</sup> *Yebo* is the isiZulu word for “yes”.

<sup>18</sup> (Msizi 2019).

<sup>19</sup> (Msizi 2019).

## A STUDY OF SCARS

piled in behind him. I sat at the very back. I thought I would get the best bumps at the back. Njabulo took the stick and placed it in front of the front-left wheel, acting as a brake<sup>20</sup>. Njabulo looked down Gardens Drive – down the hill – to make sure there were no cars or minibus taxis coming.

“Is everyone ready?” He shouted.

“*Yebo!*” Again, we all responded in unison.

Njabulo looked down the road again to check for any coming cars or minibus taxis. None. On the count of three, he lifted the stick from the front wheel, and we started rolling down the hill. I screamed with glee. This was the greatest time of my life<sup>21</sup>. With every second that passed, we were going faster and faster. It was exhilarating. Ayanda looked back at me and smiled, her new skirt hanging off the side of the trolley cart. Msizi put his hands up in the air, let out a whoop, and grinned with a smile so big I thought his cheeks would freeze in place.

In the heat of it all, no one saw the minibus taxi coming toward us – the incessant honking blended in with our youthful cheers.

“TAXI!” Njabulo screamed as loud as he could.

One by one, people started jumping off the trolley cart toward either side of the road. Just somewhere out of the way. I leapt toward the left side of the road, as far away from the incoming taxi as possible. I landed with a hard thump on the pavement, scratching my knees and my elbows. I didn’t feel the stinging until I saw the blood dripping down. I looked up. Njabulo and the three others were standing up from their leaps out of the trolley cart and wiping away the asphalt embedded in their skin. Msizi was sitting on the side of the road, moaning in pain and clutching his left leg<sup>22</sup> between his arms. Ayanda’s new skirt was dirtied and torn<sup>23</sup>. As my eyes quickly glanced over everyone, I noticed that Thadie was missing. Maybe she didn’t jump off in time?

---

<sup>20</sup> (Ayanda; Msizi 2019).

<sup>21</sup> (Msizi 2019).

<sup>22</sup> (Msizi 2019).

<sup>23</sup> (Ayanda 2019).

# A STUDY OF SCARS

\*\*\*\*\*



*Wednesday, November 13<sup>th</sup>: Msizi showed me his scar from the trolley cart accident. He said that getting hurt did not stop him from continuing to play on the trolley carts with his friends until he got too old for the game, when he was 14 or 15 years old.*

\*\*\*\*\*

## A STUDY OF SCARS

### *Everything Has Its Season*<sup>24</sup>

Two weeks into the ISP period, I came down with an intense flu-like cold. The Wednesday of that second week is when Thando, Thula, and the other SIT staff had arranged a Cato Interview Day for us to attend. It was Monday, and I couldn't get out of bed. Lying down on my bed, I felt like I was drowning, only to have to sit up every thirty-seconds to blow my nose or seemingly cough up a lung. Tuesday was a little better, albeit I was taking four different congestion, cough, and pain medications – yet the roll of toilet paper I was using as a makeshift tissue box was dwindling. Wednesday came, and although I no longer felt like I was drowning, I still didn't feel like I was back to my normal self. I didn't know how I was going to make it through all of the interviews I had planned to do that day – I could barely speak!

I packed my backpack with the essentials: consent forms, Tylenol, interview questions, Sudafed, my journal, cough drops, my water bottle, and what was left of my measly roll of toilet paper. I was ready to go.

I hopped in the Bolt, which inevitably was a Toyota Etios (as always), and headed to Cato with two other students. All I could think about on the ride over was how my congested, nasally voice would sound on the interview audio recordings. *What if I lose my voice halfway through? I can't conduct interviews with no voice!* That was my worst fear for the day. When we got out of the car at Café Skyzers, none of us had any idea where the church was that we were supposed to go to. I pulled up directions on my phone, and the three of us walked up Lisburn Road until we reached the two-room church. The building didn't look much like a church from the outside, but a giant cross nailed to the back of the building told us that this was where we were supposed to go.

We walked inside, said our hellos to our fellow students, and introduced ourselves to the Cato residents who volunteered their time to participate in our projects. Quickly, we began interviewing people. I conducted my first interview that day with Msizi. To my surprise, my voice lasted through the entire interview. I managed to finish my second interview of the day with Liyana<sup>25</sup>, with only a few intermittent coughs. My final interview of the day was with

---

<sup>24</sup> Note that all quotes in this section are direct spoken word from either myself or Themba (Participant 5), and thus will not be cited throughout.

<sup>25</sup> Pseudonym for Participant 4.

## A STUDY OF SCARS

Themba<sup>26</sup>. I needed my voice to last for just one more interview. I was convinced I wasn't going to make it, that my voice would crack, or I would open my mouth to speak and no sound would come out. Miraculously, the interview went off without a hitch.

I confirmed with Themba that it was okay for me to record our conversation, and then we began:

“Did you grow up in Cato?” I asked.

“Yes ma'am, all my life,” Themba replied.

It felt odd to be called “ma'am”. Themba was only two years older than me but treating me with the same respect he would give his own *gogo*<sup>27</sup>. I continued with the next question:

“Did you ever injure yourself while you were growing up here,” I asked.

Themba laughed at the question, as if the answer was nothing less than obvious.

“Yes ma'am, all the time,” Themba replied.

“Are there any specific instances that you remember,” I followed up, gaging the extent of his childhood memories.

Themba remembered a few.

One time, me and my cousin were hopping a fence. One of those pointy-ass fences. So, we were hopping one of those because the apartments that my aunt used to stay in back in the day, once the gates were locked, the only way we could get in was to jump in by the riverside, cross the river and go in. So, I tried to jump over, and I slipped, and I got stabbed right here. This is it. It was in and out right here.



Wednesday, November 13<sup>th</sup>: Themba's scar on his left knee.

---

<sup>26</sup> Pseudonym for Participant 5.

<sup>27</sup> *Gogo* is the isiZulu word for “grandmother” but is often used as a respectful name for any female Zulu elder.

## A STUDY OF SCARS

Themba showed me the scar on his left knee. It looked as if it had faded with time, but it was clear that Themba's memory had not. In a way, he seemed proud of his scars – the experiences he had getting his scars helped him grow into the person he is today.



*Wednesday, November 13<sup>th</sup>: Themba showed me the scar on his right foot.*

Themba rolled down the sock on his left foot, looking for another scar. Realizing it was the wrong foot, he pulled the sock back up and moved on to his right foot. Themba rolled the sock down once more and checked for a scar. Finding it on the top of his foot, Themba smiled and laughed, remembering what he could of the incident:

So, me and my cousins were out by my house and my cousin stabbed me with a shovel. Was it a pitchfork or a shovel? I'm not too sure. I cannot remember the incident, but we were young at the time. So, those are my two scars that were very painful. But other than these two, I've never broken any bones or anything.

Themba lauded over his scars like they were a prized achievement. As he spoke about the experiences he had as a child, being adventurous, his nostalgia led me to believe that the risks he took when he was younger were worth the reward of having fun. The scars didn't seem to bother him at all. They weren't reminders of instances of pain, but reminders of a carefree youth – a time in which he was happy.

Themba went on to tell me stories about how he and his cousins used to climb mango trees. At times they would fall out of the trees, only occasionally ending up with a cousin breaking an arm or a leg. He told me how excited he would be to ride on skateboards and bicycles around Cato: "Even one time, from the top of Gardens to the bottom of Gardens, I was riding a bike just on rims! From the top of Gardens all the way down. And only when I got to the bottom of Gardens is when I lost control and I hurt myself," he said.

Since Themba was young and growing up in Cato, the eThekweni municipality installed speed bumps on Gardens Drive to prevent speeding and pedestrian collisions. I asked Themba if he thought they were effective in preventing children from being hit by cars: "Yeah, they've



## A STUDY OF SCARS

helped a lot,” he began. “Taxi drives are like ‘ragers’. They are reckless...they don’t care how they drive...They just want to deliver people to make more money, not knowing that there’s dangers with that. But when the speed bumps came along, that decreased a lot.”

Before the speed bumps were installed on Gardens and around Cato, Themba told me that he and his friends used to jump into the back of pickup trucks, hold on to the canopies, and ride feely around Cato. When the person driving the truck would see that these kids had jumped in the back of his truck, he would start speeding. It was at this point that Themba and his friends would have to find a way to jump out. He said that jumping out of the speeding van, he and his friends were putting themselves in danger. They would jump out onto the pavement, roll around, and end up with scrapes and bruises all over their bodies. But when the speed bumps came along, Themba said he would wait until the truck slowed down for the speed bump and then hop off and run away – no injuries necessary.

However, Themba is twenty-two years old now. He was growing up in Cato ten to fifteen years ago, and according to him, things in the community have changed a lot for children:

With us, we didn’t care about watching TV. All that we did was be with our friends all the time. Everything was kind of seasonal. We had a season of playing tops. We had a season of riding skateboards. We had a season of riding bikes. We had a season of riding scooters. And we used to play soccer a lot. But we used to do a lot of things seasonally – we even had a season of playing marbles.

Everything had its own season. But the kids nowadays are more focused on watching TV and being on their phones. As much as they hang out outside, as much as they do the things that they do, but they don’t do it the way we used to.

Since everything is so modernized now, it just became to today’s time, you know.

Everything is just kind of different.

I kept hearing this during interviews – that TV, phones, modern technology are causing today’s children in Cato to play outside less and sit on the couch more. Although staying inside shields children from the dangers of the outside world, the general consensus seemed to be that it was also preventing children from experiencing the exhilaration and uncertainty that made their parents’ childhoods so fun and exciting.

## A STUDY OF SCARS

Themba continued talking about the differences between his childhood experience and the experience of childhood now in Cato Manor:

“Nowadays kids would never know how it was when we grew up,” he said.

Themba trailed off, trying to explain the location of his next childhood escapade:

There used to be a bush there<sup>28</sup> and we used to go by that bush. Maybe one person is going to steal a pot, another person is going to steal tomatoes, another person is going to steal potatoes, onions, rice. We would go sit in the bush and cook and eat there, enjoy ourselves. We would just have fun. Kids nowadays don’t know how to do that. Since we have come to modern times where everything is digital, kids wouldn’t know what to do.

It was interesting to hear the tales of Themba’s childhood. He reminisced on that time in his life, as if longing to go back. But he understood that the seasons change, and we grow older – our scars fade to memories. Although Themba had experiences of pain and injury throughout his childhood, they’re memories he’s fond of and enjoys reflecting upon. Childhood was the time for him to explore not only Cato and the world around him, but to explore himself and his identity. I think that Themba spoke of his scars with such pride because they reminded him of the person he once was and the person he has grown to be. Scars represent the stories of our lives, etched on our skin in permanent ink – and Themba was proud of his stories.



*Sunday, September 15<sup>th</sup>: Sandgate Road, a few blocks from where Themba would cook with his friends.*

\*\*\*\*\*

---

<sup>28</sup> Here, Themba was referring to an area of bush behind the houses on Sandgate Road, between the field and the houses.

## A STUDY OF SCARS

The following narrative is a fictional account of stories told to me by all six participants: Thabisa<sup>29</sup>, Ayanda, Msizi, Liyana, Themba and Nandi<sup>30</sup>. In this narrative, I attempt to take the main ideas and experiences as accounted by all six participants in their interviews. Keep in mind that this piece is entirely fictional and is only meant to represent the participants' experiences. This narrative is written in a first-person perspective as a way for me to reflect on the stories I had the privilege of hearing. However, this is simply a tale of an imaginary character whose experience is reliant on the stories told to me by the six participants, as well as my own imagination. Thus, this narrative strives to weave together the links and missing pieces between each participant's individual story.

### ***"I used to look down and walk"***<sup>31</sup>

*Gogo* said it was supposed to rain today. It hasn't rained in months, but *Gogo* was absolutely certain that today it was going to rain. Sitting on the couch, I looked out the window to see a clear blue sky, not a single cloud in sight. I could hear the shrieks and laughter of children playing in the road outside; but *Gogo* said it's going to rain, so I wanted to stay inside. Colorful animated characters walked across the television screen in front of me, their shrill voices echoing throughout the room. As the minutes wore by and my TV show came to an end, I heard a knocking at the door.

"Sawubona, Amahle," my friend Nofoto greeted as she popped her head through the front door. "*Woza la*, we're playing *ingqathu*."

"*Cha*,<sup>32</sup>" I responded. "*Gogo* says it's supposed to rain."

"*Hawu*<sup>33</sup>! But it's so nice outside. *Ngicela*<sup>34</sup> Amahle, come play," Nofoto pleaded.

"Okay fine," I agreed.

---

<sup>29</sup> Pseudonym for Participant 1.

<sup>30</sup> Pseudonym for Participant 6.

<sup>31</sup> (Thabisa 2019).

<sup>32</sup> *Cha* is the isiZulu word for "no".

<sup>33</sup> *Hawu* is an isiZulu expression of surprise or disbelief.

<sup>34</sup> *Ngicela* is the isiZulu word for "please" or "I request".

## A STUDY OF SCARS

I kicked off my slippers and ran out the door with Nofoto. I had heard that not wearing shoes helps you run faster<sup>35</sup>, so I liked to play barefoot. Most kids in the neighborhood did. Nofoto and I ran to the road where a few other girls our age were playing *ingqathu*. I loved playing jump rope, and I was really good at it too. I would count how many times I could jump before I missed or tripped and had to start over again.

“Can I have a turn?” I asked the group of girls.

“Sure, just watch your step,” one of the girls said, nodding toward the glass laden asphalt below my feet.

The girls counted me in: one-two-three-GO! I started jumping with the movement of the rope, a gleeful smile lighting up my face. One, two, three, four, five, six, OW! The rope lay limp next to my feet.

As I walked out of the way, a new girl stood in the middle of the road, ready to play *ingqathu*. I looked back at her only to see a trail of bloodied footprints coming from my left foot. I sat on the curb on the side of the road and twisted my foot up as to see what happened. There was a small piece of glass embedded in the sole of my foot. Most of the time when I got glass in my feet, I would just take it out myself so I could continue playing<sup>36</sup>. This time was different. I couldn't see the piece of glass – it was way up in there.

I ran home to see if my mom or *Gogo*<sup>37</sup> could take the glass out of my foot. It wasn't raining, and I wanted to go back to playing as quick as possible. As I walked in the door, *Gogo* could already tell that something was wrong.

“*Haibo*<sup>38</sup> Amahle, why are you walking funny?<sup>39</sup> *Woza la*,” *Gogo* called me over.

“I have glass in my foot,” I said, holding back tears.

“I see. Go sit on the couch and I'll fix it up,” *Gogo* instructed.

---

<sup>35</sup> (Thabisa; Ayanda 2019).

<sup>36</sup> (Thabisa; Ayanda; Msizi; Themba 2019).

<sup>37</sup> (Thabisa; Liyana; Themba; Nandi 2019).

<sup>38</sup> *Haibo* is an isiZulu phrase showing disbelief or meaning “oh no”.

<sup>39</sup> (Msizi 2019).

## A STUDY OF SCARS

As I sat on the couch, *Gogo* went to go get her supplies. After a few minutes, she returned with a towel, a needle<sup>40</sup>, and a bowl of saltwater. *Gogo* poured the saltwater on my foot<sup>41</sup>, directly over the puncture. I winced in pain – the salt stung the cut. *Gogo* said the saltwater would stop the bleeding<sup>42</sup> and make it easier for her to take the piece of glass out of my foot. She took the needle and held it up to my foot.

“Hold still,” she said. And I knew the pain that was about to ensue. Getting the glass taken out of my foot was the most painful thing I knew<sup>43</sup>, and it was a pain I was all too familiar with.

*Gogo* took the needle and pushed it into the open wound in my foot. I screamed in pain. She pushed the needle in further, trying to find the piece of glass that was lodged inside. I began crying. When *Gogo* got a hold of the piece of glass, she quickly turned the needle and pushed it out of my foot. Tears streamed down my face. *Gogo* wiped my foot with the towel and held the small piece of what once was a beer bottle up to my face.

“This is why you wear shoes,” she said.

I nodded, and turned my puffy, red eyes out the window, only to see that it had begun to rain.



*Sunday, November 24<sup>th</sup>: A beer bottle and broken glass in the street on Sandgate Road.*

---

<sup>40</sup> (Ayanda; Msizi 2019). Note: Thabisa and Liyana mentioned the use of tweezers to remove the glass, in place of a needle.

<sup>41</sup> (Nandi 2019).

<sup>42</sup> (Nandi 2019).

<sup>43</sup> (Msizi 2019).

### **Scratching the Surface**

At the conclusion of each interview, I asked participants what they thought could be done to prevent childhood unintentional injuries in the community. The responses were quite varied:

[We need] a lot of bins. We don't have bins on the street. (Thabisa 2019).

There's nothing. Because kids learn from that. There's no way you're going to prevent, unless you make them sit inside like me. And make your child feel miserable, you know? Because they trip over a small thing and they get hurt, get a bruise. But they are rough playing. Boys play rough. Some get a stick in their eyes with rough playing. I don't know how you're going to prevent that. Because they watch a lot of wrestling, they watch a lot of Power Rangers. They think they have swords and they use a stick. So, you can't prevent those things honestly.... [And] I tell my little cousin; you never cross the road on your own. But she still does that. So, I'm not going to be outside 24/7 looking at her. So, I don't think there's any way to prevent [being hit by a car or minibus]. Unless you have to lock your child inside so they don't get hurt.... People who throw glass on the ground, they do that at night, when they're drunk. So, there's no way you're going to be like don't do that. They're gonna swear at you. This isn't the suburbs; this is the hood. You can't tell people what to do... If it's not your yard, don't worry about it. (Ayanda 2019).

If you have more parks where kids can play and you wear shoes for god sakes, those are the things that just make sense. But overall, I think if we were a better society, you know. I'm not saying it's bad, I love my community. But I just think if people didn't have to work like the 6-to-6 shifts, you know you'd have time to spend time with their kids and be involved in their kids' lives. I think that would make a difference. Also, you're talking about the unintentional. Ehh, wear shoes. And I don't know. I don't know what we could possibly do, because I come from a generation where it's like, or a community whereby people think you still have to go through those things to be an adult. So I wouldn't think I'm the fair person

## A STUDY OF SCARS

to ask for an answer about that, but I think taking precautions is what you do. Not playing on the streets, obviously, because you're going to get knocked over by a car. You know, those are the kinds of things. Take better precautions. (Msizi 2019).

I think nothing. I think that's how we grow up. Because you know, I remember when every time I fell or got hurt, my mother would say 'you're growing up'. So that's what people think. Especially the older people. When you fall or get hurt, that's how you grow up. Because you learn to know when you do this or when you play like this, you're going to get hurt. So, you're not going to do it. So that's part of learning. You learn somehow. (Liyana 2019).

If kids were more in tune with sports. We have a sports field. Or they can play at somebody's yard. But parents don't like kids making noise in their yards, so they say to go play in the road. So, the only place it could be prevented would be by playing at someone else's yard or by playing at the sports field...[And] there's a lot of drinkers, so bottles will always be on the road. (Themba 2019).

Definitely if you see a person littering, littering glass, you can just tell that person to stop doing that or something. Yeah, I think that's the only way. Because kids don't listen. So that's like the only way. If you see a person littering, just tell him or her to stop doing that. (Nandi 2019).

With such a diversity of responses, it is impossible to pinpoint a specific area to implement injury prevention methods in the community. Some participants even suggested that there's nothing to be done because these sorts of unintentional childhood injuries are simply a part of life in Cato Manor. To some, getting hurt as a child is a mandatory pitstop on the road to adulthood, and in order to implement effective prevention techniques, the entire community needs to be on board. Change occurs from within and change cannot be forced. Thus, I believe that in order to prevent unintentional childhood injuries in Cato Manor, based on participant responses, the community must first come to realize that these injuries can and should be prevented.

## **What Can Be Done and Where to Go Next**

Through my conversations with six young adult participants, I have gained a greater understanding of the experiences children in Cato Manor have with unintentional injuries, the social determinants of health that have led to these injuries and the current state of injury prevention in the community. Whereas the desire to implement childhood injury prevention techniques is hindered by the ‘that’s how you grow up’ mentality of the older generations in the community, in order to effectively address the issue of unintentional childhood injuries in Cato Manor, the mindset of the older generations must change. Issues in the community such as littering (of glass bottles specifically), reckless driving, and a lack of safe spaces for children to play have caused children in Cato Manor to suffer from preventable injuries throughout their childhoods.

Some participants mentioned the efficacy of speed bumps in reducing pedestrian injuries in Cato, even in the last ten years. In addition, some participants recommended health and injury treatment education as a way to reduce the negative impacts of common childhood injuries.



*Sunday, November 24<sup>th</sup>: A ‘recently’ constructed speed bump on Gardens Drive.*

Health education on the proper treatment of these injuries for children in the community, such as stepping on glass, would be beneficial in preventing the frequent occurrence of infections. Thus, prevention and treatment techniques should be considered as a community health measure in Cato Manor for addressing unintentional childhood injuries. When prevention methods are implemented, they have the potential to foster effective and positive change, bettering the health outcomes of children in the community.



### *Recommendations for further study*

This study had quite a few limitations such as the fact that interviews were conducted during a short 3-week timespan conducive to only a small number of participants. In addition, I (as the interviewer) was an outsider inquiring about the childhood experiences of local young adult residents. My innate privilege as a white American student who had the ability to come to South Africa for a semester could have swayed participants to tell me stories of what they thought I wanted to hear, and not their true experiences. Thus, in the future I would recommend a longitudinal prospective study of experiences of childhood injuries be carried out by a member of the community, or at least an outsider who stays in the community long enough to create meaningful relationships with community members. A longitudinal prospective study would allow a researcher to follow the lives of individual children from Cato Manor, learning about their experiences of childhood injuries as they grow.

In addition, future studies conducted on the topic of unintentional childhood injuries in the context of a South African township, such as Cato Manor, could help educate community members about the risks of injuries for children and possible prevention methods. For example, in Cato Manor, a quantitative analysis of the effectiveness of the installation of speed bumps on Gardens Drive in preventing child pedestrian injuries would be helpful in understanding the impact of these speed bumps on child injury prevention in Cato.

## References

- Alonge, O., & Hyder, A. A. (2013). Reducing the global burden of childhood unintentional injuries. *Archives of Disease in Childhood*, 62-69.
- Baldwin, C. (2013). Living Narratively: From Theory to Experience (and Back Again). *Narrative Works: Issues, Investigations, & Interventions*, 98-117.
- Bartlett, S. N. (2002). The problem of children's injuries in low-income countries: a review. *Health Policy and Planning*, 1-13.
- Braun, P. A., Beaty, B. L., DiGuseppi, C., & Steiner, J. F. (2005). Recurrent early childhood injuries among disadvantaged children in primary care settings. *Injury Prevention*, 251-255.
- Butchart, A., Kruger, J., & Lekoba, R. (2000). Perceptions of injury causes and solutions in a Johannesburg township: implications for prevention. *Social Science and Medicine*, 331-344.
- Diane, K. (2010). The Ground They Walk On: Photography and Narrative Inquiry. *The Qualitative Report*, 535-568.
- Dudovskiy, J. (2019). *Purposive sampling*. Retrieved November 19, 2019, from Research Methodology: <https://research-methodology.net/sampling-in-primary-data-collection/purposive-sampling/>
- Ellis, C., & Bochner, A. P. (1999). Bringing emotion and personal narrative into medical social science. *Health*, 229-237.
- Frank, A. W. (2002). Why Study People's Stories? The Dialogical Ethics of Narrative Analysis. *International Journal of Qualitative Methods*, 109-117.
- Hendry, P. M. (2007). The Future of Narrative. *Qualitative Inquiry*, 487-498.
- Hendry, P. M. (2010). Narrative as Inquiry. *The Journal of Educational Research*, 72-80.
- ICECI Coordination and Maintenance Group. (2004). *International Classification of External Causes of Injuries (ICECI)*. Consumer Safety Institute, Amsterdam and AIHW National Injury Surveillance Unit, Adelaide.

## A STUDY OF SCARS

- Kramp, M. K. (2004). Exploring Life and Experience through Narrative Inquiry. In K. de Marrais, & S. D. Lapan (Eds.), *Foundations for Research: Methods of Inquiry in Education and the Social Sciences* (pp. 103-122). Mahwah, NJ: Lawrence Erlbaum.
- Merriam-Webster. (2019). *intent*. Retrieved November 17, 2019, from Merriam-Webster.com: <https://www.merriam-webster.com/dictionary/intent>
- Ngxongo, D. (2016, August 25). *What is a shisa nyama exactly?* Retrieved November 20, 2019, from food24: <https://www.food24.com/Restaurants-and-Bars/Shisa-Nyama/what-actually-is-a-shisa-nyama-20160825>
- wazimap.co.za. (2011). *eThekwini Ward 29*. Retrieved November 17, 2019, from Wazimap: <https://wazimap.co.za/profiles/ward-59500029-ethekwini-ward-29-59500029/#demographics>
- World Health Organization. (2008). *World Report on Child Injury Prevention*. Geneva: WHO.
- Zwi, K. J., Zwi, A. B., Smettanikov, E., Söderlund, N., & Logan, S. (1995). Patterns of injury in children and adolescents presenting to a South African township health centre. *Injury Prevention*, 26-30.

**Primary Sources**

Fox, C. (2019, November 5). Personal Journal Entry. *Before the Hubbub*. Durban, South Africa.

“Thabisa”. Participant 1 (2019, November 7). Female, age 20. Personal Interview. (C. Fox, Interviewer).

“Ayanda”. Participant 2 (2019, November 13). Female, age 27. Personal Interview. (C. Fox, Interviewer).

“Msizi”. Participant 3 (2019, November 13). Male, age 27. Personal Interview. (C. Fox, Interviewer).

“Liyana”. Participant 4 (2019, November 13). Female, age 19. Personal Interview. (C. Fox, Interviewer).

“Themba”. Participant 5 (2019, November 13). Male, age 22. Personal Interview. (C. Fox, Interviewer).

“Nandi”. Participant 6 (2019, November 15). Female, age 20. Personal Interview. (C. Fox, Interviewer).

**Appendix 1: Local Review Board Approval**



**Human Subjects Review  
LRB/IRB ACTION FORM**

Name of Student: Carolyn Fox	Institution: World Learning Inc. IRB organization number: IORG0004408 IRB registration number: IRB00005219 Expires: 5 January 2021
ISP/Internship Title: A Study of Scars: Narratives of Early Childhood Injuries in Cat Manor	LRB members (print names): Robin Joubert Clive Bruzas John McGladdery
Date Submitted: 28/10/2019	
Program: SFH	
Type of review:	<b>LRB REVIEW BOARD ACTION:</b>
Exempt <input type="checkbox"/>	<input checked="" type="checkbox"/> Approved as submitted
Expedited <input checked="" type="checkbox"/>	<input type="checkbox"/> Approved pending changes
Full <input type="checkbox"/>	<input type="checkbox"/> Requires full IRB review in Vermont
	<input type="checkbox"/> Disapproved
	LRB Chair Signature: <i>JMladu</i>
	Date: 28/10/2019

Form below for IRB Vermont use only:

Research requiring full IRB review. ACTION TAKEN:

approved as submitted  approved pending submission or revisions  disapproved

\_\_\_\_\_  
IRB Chairperson's Signature

\_\_\_\_\_  
Date

## Appendix 2a: Consent Form for Adult Respondents

# SIT Study Abroad

a program of World Learning



### CONSENT FORM

#### 1. Brief description of the purpose of this project

For my project I will be studying early childhood injuries in Cato Manor and the stories that go along with them. I would like to ask you questions about any injuries you had as a child growing up here in Cato and any scars you may have gotten from these injuries. I would like if you could show me where these injuries happened, and with your permission, take a picture of the site of the injuries and your scar. Please note that I **cannot** talk about instances of abuse and domestic violence. I would also like to ask for permission to audio record this interview for my own records. There is a possibility that the information collected will be used in a research project in the United States during the next academic school year. If you are the parent/guardian of a minor being interviewed, you are welcome to join us in this conversation if you so choose.

#### 2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

- a. **Privacy** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.
- b. **Anonymity** - all names in this study will be kept anonymous unless you choose otherwise.
- c. **Confidentiality** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to you.

I understand that I will receive **no gift** or direct benefit for participating in the study.

I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (404 Cowey Park, Cowey Rd, Durban).

I know that if I have any questions or complaints about this study that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982 )

If you are the parent/guardian of a minor being interviewed, please fill out below:

I give consent for \_\_\_\_\_ to participate in this study.  
(Name of Child)

\_\_\_\_\_  
Participant's name printed

Carolyn Fox

\_\_\_\_\_  
Interviewer's name printed

\_\_\_\_\_  
Your signature and date

\_\_\_\_\_  
Interviewer's signature and date

I can read English. If the participant cannot read, the onus is on the project author to ensure that the quality of consent is nonetheless without reproach.

Appendix 2b: Consent Form for Minor Respondents

SIT Study Abroad

a program of World Learning



**CONSENT FORM**

**3. Brief description of the purpose of this project**

For my project I will be studying early childhood injuries in Cato Manor and the stories that go along with them. I would like to ask you questions about any injuries you had as a child growing up here in Cato and any scars you may have gotten from these injuries. I would like if you could show me where these injuries happened, and with your permission, take a picture of the site of the injuries and your scar. Please note that I cannot talk about instances of abuse and domestic violence. I would also like to ask for permission to audio record this interview for my own records. There is a possibility that the information collected will be used in a research project in the United States during the next academic school year.

**4. Rights Notice**

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

- d. *Privacy* - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.
- e. *Anonymity* - all names in this study will be kept anonymous unless you choose otherwise.
- f. *Confidentiality* - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to you.

I understand that I will receive **no gift** or direct benefit for participating in the study.

I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (404 Cowey Park, Cowey Rd, Durban).

I know that if I have any questions or complaints about this study that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982 )

\_\_\_\_\_  
Participant's name printed

Carolyn Fox

\_\_\_\_\_  
Interviewer's name printed

\_\_\_\_\_  
Your signature and date

\_\_\_\_\_  
Interviewer's signature and date

I can read English. If the participant cannot read, the onus is on the project author to ensure that the quality of consent is nonetheless without reproach.

### **Appendix 3: Loosely Structured Interview Guide**

1. Foundational Questions:
  - a. Did you grow up in Cato Manor?
  - b. (If yes) Did you ever injure yourself while you were growing up here? (If yes) Do you remember how?
  - c. Can you tell me the story of how you got hurt?
  - d. Where did you get hurt?
  - e. Can you bring me to the place where you got your injury?
  - f. (If no) Did you ever see any of your siblings or friends get hurt here when they were young? (If yes) Can you tell me what happened?
2. Conversational Prompts:
  - a. Do you know of others who have been injured growing up in Cato Manor – people who have scars they enjoy talking about?
  - b. (If the participant is an adult) Are these types of injuries more or less common for children now compared to when you were growing up?
    - i. What do you think causes the most injuries for children in the community? What's the most common way children get hurt when they're playing outside? Is there a particular place you think is dangerous for children to play outside?
    - ii. Are children growing up now in Cato injured in the same way/suffering the same injuries as when you were growing up? If not, why? What do you think has changed?
  - c. What do you think would help prevent these injuries from occurring?
  - d. (If the participant is a child) What are your favorite games to play with your friends? Where do you go to play with your friends? Do you or your friends ever get hurt?
    - i. When you get hurt, what do you do? (e.g. go to mama, go to doctor, brush it off?)
    - ii. Do you play with things you find on the ground? (If yes) What kinds of things do you find to play with?



## A STUDY OF SCARS

- iii. Do you wear shoes when you play outside? (If no) Do you ever hurt your feet (e.g. step on glass)? What do you do when you step on glass?
- iv. Do you play in the street with your friends? (If yes) What do you do when you see a car coming? Do you always see the car coming, or do you have to run to get out of the road?

**Appendix 4: Consent for Use of ISP by SIT**



*Access, Use, and Publication of ISP/FSP*

Student Name: Carolyn Fox

Email Address: carolyn.fox@wustl.edu

Title of ISP/FSP: A Study of Scars: Narratives of Unintentional Childhood Injuries in Cato Manor

Program and Term/Year: Community Health and Social Policy, Fall 2019

---

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.

By signing this form, I certify my understanding that:

1. I retain ALL ownership rights of my ISP/FSP project and that I retain the right to use all, or part, of my project in future works.
2. World Learning/SIT Study Abroad may publish the ISP/FSP in the SIT Digital Collections, housed on World Learning's public website.
3. World Learning/SIT Study Abroad may archive, copy, or convert the ISP/FSP for non-commercial use, for preservation purposes, and to ensure future accessibility.
  - World Learning/SIT Study Abroad archives my ISP/FSP in the permanent collection at the SIT Study Abroad local country program office and/or at any World Learning office.
  - In some cases, partner institutions, organizations, or libraries in the host country house a copy of the ISP/FSP in their own national, regional, or local collections for enrichment and use of host country nationals.
4. World Learning/SIT Study Abroad has a non-exclusive, perpetual right to store and make available, including electronic online open access, to the ISP/FSP.
5. World Learning/SIT Study Abroad websites and SIT Digital Collections are publicly available via the Internet.
6. World Learning/SIT Study Abroad is not responsible for any unauthorized use of the ISP/FSP by any third party who might access it on the Internet or otherwise.
7. I have sought copyright permission for previously copyrighted content that is included in this ISP/FSP allowing distribution as specified above.

Carolyn Fox

21 November 2019

---

Student Signature

Date