

Report of the Thematic Study on

Child Labour and HIV/AIDS in Uganda

June 2004

**Funding for this joint ILO and Government of Uganda publication
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PREFACE

For the last three and a half years the Government of Uganda has been committed to efforts to eliminate child labour especially its worst forms. Child labour manifests itself in different sectors of the economy presenting grave situations, potential hazards, exploitation, deprivation and abuse to the victims.

A series of surveys and studies carried out by the Uganda Bureau of Statistics, and other partners over the period documented some broad indications of child labour. Among others, the Uganda Demographic and Health Survey 2000/01 formed the basis for the first ever Report on Child Labour in Uganda 2003. The findings of the report provided some broad information on the situation of child labour and have been useful in stimulating debate on the issue of child labour, and designing of demonstrable strategies to tackle the problem.

However, it was acknowledged that there is more that needs to be known about child labour especially its worst forms and to obtain a deeper understanding of the scale of the problem in terms of incidence, nature, magnitude dynamics, distribution, injuries, hazards and variety of conditions in which the victims work. With the national attention on the worst forms of child labour, this is particularly true because of their hidden and invisible nature.

Against this background, the Ministry of Gender Labour and Social Development with the technical support of the ILOs Statistical Information and Monitoring Programme on Child Labour carried out three sectoral studies on the worst forms of child labour in the urban informal sector, cross border trade and related activities and children engaged in commercial sexual exploitation. With additional focus on two thematic areas the link between child labour and HIV/AIDS and child labour and armed conflict was investigated.

This report is part of the five selected research studies on the worst forms of child labour and thematic areas in Uganda. The studies were a collective effort between the Ministry of Gender Labour and Social Development, the Uganda Bureau of Statistics and private researchers. Each partner made valuable contribution to the realization of the findings of the survey.

I wish to extend sincere appreciation to the ILO –IPEC Statistical Information and Monitoring Programme on Child Labour for the financial support and technical assistance in the form of a Child Labour Statistician for Anglophone Africa, Mr. Tite Habiyakare from the ILO Office in Dar es Salaam.

Special thanks also go to the Uganda Bureau of Statistics and in particular Ms. Helen Namirembe Nviiri, Principal Statistician and Mr. Vincent Ssennono, Statistician for providing supervision and national guidance to the studies.

I should also like to acknowledge the private research firms, Uganda Youth Development Link, Department of Social Work Social Administration, Information Discovery and Solutions, Ltd, Africa Centre for Research and Legal Studies and Social Development Consultants Ltd, for their partnership in this rather very difficult area of research.

I expect that the research findings will contribute to enriched awareness and understanding of the worst forms of child labour and their effects, the designing of action-oriented interventions in the relevant sectors and thematic areas as well as stimulating further policy analysis and research.

I should, however, like to note that for the first time in Uganda methodologies to investigate the worst forms of child labour were explored. There were many challenges and lessons learnt. It is my hope that our experience will serve as a foundation for improved methodologies in research on the worst forms of child labour elsewhere.

A handwritten signature in black ink, appearing to read 'R. Ochan', with a long horizontal line extending to the right.

Ralph W. Ochan
PERMANENT SECRETARY

ACKNOWLEDGEMENT

Social Development Consultants would like to thank the Ministry of Gender, Labour and Social Development (MGLSD), the International Labour Organization/International Programme for Elimination of Child Labour (ILO/IPEC) / the Statistical Information Monitoring Programme on Child Labour (SIMPOC) for entrusting us with this study. Special thanks go to Ms. Harriet Luyima, Project Manager - Child Labour Unit, Ministry of Gender, Labour and Social Development for always being available for consultation and in particular reviewing and editing the report and Dr. Regina Mbabazi, ILO/IPEC Country Programme Coordinator for her support from beginning to end. Our appreciation goes to the Uganda Bureau of Statistics (UBOS), in particular Ms. Helen Namirembe Nviiri, Principal Statistician, Mr. Johnson Kagugube Lubega, Principal Statistician and Mr. Vincent Ssenono, Statistician for their technical backup.

Special acknowledgment goes to Mr. Tite Habiakare, ILO Child Labour Statistician, for Anglophone Africa for training and overall direction of the research.

We would like to thank the Political, Administrative and Security leaders at National and at all levels in the Districts of Kampala, Jinja, Mbale and Nebbi for the cooperation during this study. In a special way we thank the respondents-boys and girls, parents, key informants and heads of institutions interviewed for their cooperation in allowing us to share their personal experience with us.

Sincere thanks go to the team of Consultants for their commitment and patience even when changes had to be introduced after field work had commenced leading to loss of many man-hours. We would like to thank the Research Assistants who had to work during odd hours and in difficult weather and terrain, in order to access the respondents; and to all office support staff without whom this study would have been difficult to accomplish. Special thanks go to the secretarial staff for producing this report.

Lastly, to our families, for the support and encouragement, during these months of the study.



Dr. Timothy Mutesasira

Chairman, Social Development Consultants Ltd.

EXECUTIVE SUMMARY

The study examined the relationship between Child Labour and HIV/AIDS in Uganda. The study was carried in the Districts of Kampala, Jinja, Mbale and Nebbi, which were purposively selected by the client.

The study objectives were to establish the socio economic characteristics of HIV/AIDS affected children including their activities/occupations, working conditions and the hazards they were exposed to. The study also aimed at identifying existing interventions geared towards eliminating child labour and any crosscutting issues with the thematic areas. The study was also intended to develop strategies to mitigate the effects of HIV/AIDS as a means of preventing child labour.

Research instruments used included a Household Listing Questionnaire, a Children Survey Questionnaire (for children aged 5-17 years), a Parents/Guardians Survey Questionnaire, a Focus Group Discussion Guide, Key Informant Interview Guide and an Institutional Survey Questionnaire. A systematic random sampling design was used with enumeration Areas (EAs) as the primary sampling units and households as the final sampling units. Households were proportionately allocated per district in consideration of the rural/urban distribution of each district. One child was interviewed per household.

Key Findings

Overall, the study covered 101 parents/guardians and 929 children. Out of the 929 children covered, 417 reported that they had been affected by HIV/AIDS. There were more children affected by HIV/AIDS staying with their mothers (20.9%) than fathers (6.3%). It should be noted that the majority of the HIV/AIDS orphans were staying with relatives forming 46.6 percent of the total. Also worthy noting is close to 23 percent of the orphans who were staying with non-relatives and employers. Orphanhood had forced some of the children to head households.

Of the 417 children that had been affected by HIV/AIDS, 60.6 percent had shifted after the death of a parent. About 60 percent of the children of the total children affected by HIV/AIDS were migrants. The reasons for migrating were; deaths of parents (48.3%), search for jobs (33.5%), and other reasons that included security reasons and convinced by friends.

A bigger percentage (over 60 percent) of the children reported having been affected by HIV/AIDS following the deaths of at least a parent/ guardian. The children affected by the death of the mother constituted 67.7%, while those affected by the death of the father formed

87.4%. On the other hand 54.7 percent (228 children) of the orphaned children had lost both parents as a result of HIV/AIDS.

Out of 417 children affected by HIV/AIDS, 220 were attending school. About 67 percent of the children currently attending were attending on a daily basis, 26.8% were attending depending on the situation of the day, while 5.9% of the children attended on average 3 to 4 days in a week. It can be deduced from this finding that the impact of HIV/AIDS affects even the school attendance, which leads to poor academic performance on part of the child. A total of 116 children affected by HIV/AIDS had dropped out of school, 83 confirmed that if given an opportunity they were willing to go back to school.

Several reasons were floated by the HIV/AIDS affected children for not attending school fully. The main reasons were the need to support the family. Other reasons included, lack of school essentials, and looking after a sick relative. It is clear that HIV/AIDS impacts heavily on the orphans by assigning them adult roles thereby making their future uncertain.

Out of 417 children affected by HIV/AIDS, 398 were working, forming 95 percent. Most of the children (22.5%) working were involved in cleaning household utensils; this is followed by those who were engaged in collecting water. Those in dangerous engagements (crushing stones and hawking) constituted 7.1 percent of the total..

The main reason for work to the majority of the children was helping in household enterprises (23.3%), followed by gain experience (18.4%). About 16 percent of children gave their reason for participation in the work as being self-reliant. Another striking reason given by 10.2 percent of the children affected by HIV/AIDS was looking for school fees. Other reasons were survival after the death of parents and supplementing the family income. The findings demonstrate that HIV/AIDS effects had forced children into extra domestic chores and child labour.

The study elicited information on the workplaces of the working children affected by HIV/AIDS. The findings revealed that 64 percent of these children were carrying out the work at the family dwelling, while 20.4 percent at the employer's house. Other places were; street (8.6%), Construction site (2.5%) and factory (1.8%).

The study assessed the terms of payment for the working children affected by HIV/AIDS. The majority (49.3%) of the children were being paid in kind in form of clothing, food, shelter, and school fees. The children being paid in cash constituted 41.1 percent of the total.

Overall, 27.9% of the female and 25.6% of the male children respondents respectively, chose the type of work they were doing because they could not find any other job or had to help other family members (31.9% for males and 38.1% for females).

Table 6.3 presents data on the risks encountered by the respondents at their places of work by sex. It is indicated that among both males and females, fatigue 22.7%, exposure to heavy tools/equipments and heavy loads feature as the common risks, 14.1% and 13.4% respectively. Noise, exposure to excessive temperatures, Sexual abuse, exposure to smoke/fumes/gas and beatings are among other forms of risks at work places. Females stand out to be more exposed to verbal abuse, burns, beatings and sexual abuse/harassment than their male counterparts.

At the time of the interview, only 291 (31.3%) of the children had already had their first sexual intercourse. The age of first sexual intercourse is important because it indicates the age at which one get exposed to the risk of contracting HIV/AIDS since over 90% of the transmission is through sex. At the time of first sexual intercourse, 25.7% of the children were living with both parents and 6.7% and 1.9% were living with father and mother respectively while 12.9% were living with employers. The majority of the children interviewed showed ignorance about the laws that protect them against sexual abuse.

Out of the 929 children covered by the survey, 54 had been induced by their employers into sexual intercourse. More girls (40 cases) than boys (14 cases) had been induced. Overall, children were lured into sex by promise of material things followed by money. Females were induced into sex mainly, by money and promises of material gains compared to males who were mainly induced by material things. These findings support the proposition that children affected by HIV/AIDS have propensity to sexual abuse thereby placing them at the risk of HIV/AIDS infection.

Information on reasons for involvement in sexual intercourse was sought from respondents. Of the 236 surveyed children who are sexually active (71.2%) say that peer pressure is a major factor pushing them into sex. More boys than girls are driven by peer pressure to have sex.

A total of 326 children were of the view that children below 18 years should be employed in contrast to 542 who were opposed. The male children were more supportive of child employment than the females. Out of the 326 who felt that children should be employed, 45.4% wanted to continue working while 14.4% wanted go back to school. Among those who did not want children below 18 years to be employed, 30.3% wanted to go back to school, while 23.6% had no future plans.

Overall the study results show evidence that there is a relationship between child labour and HIV/AIDS and this calls for action that can encompass child labour and HIV issues in an integrated manner.

Recommendations

In order to mitigate the effects of HIV/AIDS as a preventive measure to child labour the following recommendations are made:

- A nationally representative sample survey should be conducted to throw more light on the linkages between child labour and HIV/AIDS. The nationally representative sample will facilitate the determination of the numbers of the children affected and, magnitude of the problem and their different situations.
- Existing programmes on child labour must of necessity integrate HIV/AIDS concerns in their planning implementation monitoring and evaluation. It is equally important that the opinion and views of the people affected by HIV/AIDS and the children are taken into consideration.
- The Draft National Child Labour Policy and the Orphan and Vulnerable Children Policy need to be inextricably linked to tap the opportunities that the two policies may offer to address the twin problem. Inevitably alliances and increased coordination of all the relevant stakeholders including civil society is paramount in this process.
- Government should extend support to the HIV/AIDS orphans to keep them in school. Special educational schemes such as Complimentary Opportunities for Primary Education (COPE) catering for children who have to work to survive should be strengthened. However, these schemes have to be implemented with close supervision to ensure that there is a balance between school and work and protection of children from hazardous work.
- Vocational training and apprenticeship schemes especially for older children should be promoted to compliment formal education.
- Government should intensify HIV/AIDS counseling, testing and provision of drugs to enable the patients cope up with the disease.
- Awareness raising has been going on for both child labour and HIV/AIDS programmes. However, Government should promote more campaigns targeted at the relationship between child labour and HIV/AIDS and explaining the risks and potential threats to the lives of the children. At the same time an adolescent friendly HIV/AIDS/Child Labour awareness programme should given special attention. This will enhance the newly introduced presidential HIV/AIDS initiative for schools.
- While Universal Primary Education (UPE) increased enrollment of children in primary school, retention rates remain a challenge because UPE is not universally

accessible due to some latent costs such as cost of scholastic materials and transport. It is therefore recommended that government makes UPE compulsory. This is the only way HIV/AIDS affected children and child labourers can be retained in primary schools. This would prevent them from joining the labour market prematurely.

- A number of laws exist to protect children's rights and prevent child labour. Unfortunately there is inadequate sensitization and advocacy of these laws/programmes. Government should harmonize the laws that protect children from child labour and simplify them for the general public consumption. This should go hand in hand with strengthening the different enforcement structures and the labour inspectorate in particular.
- Government should sensitise the communities on the various poverty eradication programmes, encourage self-help groups within the communities to provide more strength and solidarity to one another. The gender aspects should run through the entire programme.
- It goes without saying that the complex issues surrounding child labour and HIV/AIDS demand strengthening the capacities and skills of service providers at the various levels through appropriate training and infrastructural development.

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LIST OF ACRONYMS / ABBREVIATIONS

A-CAO	Assistant Chief Administrative Officer
ADF	Allied Democratic Forces
AIDS	Acquired Immune Deficiency Syndrome
ANPPCAN	The African Network for Prevention and Protection Against Child Abuse and Neglect
CBO	Community Based Organisation
CRC	Convention on Rights of the Child
CSEC	Commercially Sexually Exploited Children
DDHS	District Director of Health Services
FGD	Focus Group Discussion
FIDA	Federation of Uganda Women Lawyers
FUE	Federation of Uganda Employers
HIV	Human Immune Virus
ILO	International Labour Organization
IMF	International Monetary Fund
IPEC	International Programme on the Elimination of Child Labour
KI	Key Informant
LC	Local Council
LRA	Lords Resistance Army
MOFPED	Ministry of Finance Planning and Economic Development
MOGLSD	Ministry of Gender Labour and Social Development
NGO	Non Governmental Organization
OECD	Organization for Economic Co-operation and Development
OVCs	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan
PMA	Plan for Modernization of Agriculture
S.C (U.K)	Save the Children (UK)
SIMPOC	Statistical Information Monitoring Programme on Child Labour
SMA	System of National Accounts
SODECO	Social Development Consultants
TASO	The Aids Support Organization
UBOS	Uganda Bureau of Statistics
UCRNN	Uganda Child Rights NGO Network
UDHS	Uganda Demographic Health Survey
UNAIDS	United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization

UNICEF	United Nations Children Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
UWESO	Uganda Women's Effort to Save Orphans
UYDEL	Uganda Youth Development Link

CHAPTER ONE

INTRODUCTION, BACKGROUND, AND JUSTIFICATION

1.1 Introduction

Child labour is a global issue. Nearly all countries are affected by this phenomenon. Globally, 352 million children are estimated to be engaged in economic activity. Out of those, 330 million are working in developing countries with sub Saharan Africa leading in terms of regional distribution incidence. In Sub Sahara Africa, out of an estimated 48 million children aged 5-14 years, 29% are economically active i.e. one out of every three children (IPEC/SIMPOC 2002).

The majority of child workers find themselves in hazardous work. About 55% of children below 12 years of age are working in hazardous situations or occupations. There are a number of factors driving children into child labour. Besides, poverty the HIV/AIDS has emerged as a new propelling force to the worst forms of child labour.

The HIV/AIDS epidemic has impacted negatively on the lives of millions of children worldwide. Recent UNAIDS data shows that close to 12 million children are currently living with AIDS and an estimated 13.2 million have been orphaned by the epidemic since it began. One of the most devastating aspects of the HIV/AIDS epidemic is the growing proportion of children the disease has orphaned. Unlike most diseases, HIV/AIDS generally kills not just one, but both parents. The stigmatisation and discrimination that people affected with HIV often live with is not only kept to the victims but even passed onto their children.

When parents or caregivers fall sick and die, a child's life often falls apart. With HIV and AIDS, the hardship hits well before children are orphaned. The affected parent or caregiver becomes ill with HIV or AIDS, and is unable to work. The entire family feels the economic impact – children, especially girls, often drop out of school to provide care to the sick parents. The older sibling of these children are forced to take on the adult roles such as providing food, medical care, decision making, and look after their siblings.

The death of the parents or caregivers often exposes the children to violence, exploitative child labour, discrimination or other abuses. Surviving children face malnutrition, illness, physical and psychosocial trauma, and emotional development.

Girls are at high risk of sexual abuse. And because of all this, they too are very likely to become HIV-positive. In the absence of capable adult caretakers, children themselves take on responsibilities for the survival of the family and home. In HIV/AIDS affected households children have not simply increased the amount of work that they do but have also assumed decision-making and responsibilities that transform roles within families and households. They work long hours doing household tasks, supervising younger children and engaging in income-generating work in order to support the family. Many quit school and jeopardize their own health and developmental needs to take on roles as parent, nurse and provider.

The relationship between the prevalence of child labour and HIV/AIDS is extremely important and relevant in Africa , (including Uganda with a population of 23 million people) where more than 1.5 million people are believed to be HIV-infected; more than one million having died of AIDS and a total of over 1.7 million orphans in 1999 (UNAIDS 2002). The HIV/AIDS infection and deaths have mostly affected those in parenting age and thus, have had an impact on income security and survival of the households especially the children.

Although there is as yet no clear-cut linkages between child labour and HIV/AIDS, child labour is likely to increase in communities most affected by HIV/AIDS where the extended family safety-nets have been over burdened and are believed to have burst, thus exposing vulnerable young children to the survival hazards very early in life.

1.1.1 Definition of Child Labour

Child labour refers to children less than 18 years old who work in both the formal and informal sectors, in conditions that are harmful to the child. Underpayment of children for their work and other forms of exploitation are also included. ILO Convention 138 (of 1973) declares that children should be allowed to work in most jobs if they are fifteen and older, in developed countries, or fourteen and older in developing countries like Uganda. Article 3.1 recommends barring children 18 and under from work that is likely to damage their “health, safety or morals”. In 1999, the ILO adopted a new convention defining and calling for an end to the “worst forms” of child labour. Convention 182 defines the worst forms of child labour to include several forms of illegal work (prostitution, forced labour, bonded labour and slavery) as well as jobs that are harmful to a child’s mental, physical or moral well-being. This narrower standard was adopted unanimously by the ILO’s membership comprising representatives from governments, business and labour unions. A year later, only fifteen countries had ratified the Convention.

In Uganda's Draft National Child Labour Policy, a child refers to a person aged below 18 years and "*Child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children and interferes with their ability to attend school*". The document adds that normally admission to such work should be barred to children that have not yet attained the minimum age for admission to employment, which is set at fourteen by the National Labour Legislation. The draft policy also defines what constitutes the worst forms of child labour in a similar way to the 1999 ILO Convention 182.

It needs to be noted that after many years of an international quest for consensus on the distinction between legitimate work by children, on the one hand and child labour, on the other, the child labour slated for abolition has been defined to be of three categories, namely;

- Labour that is performed by a child who is **under the minimum age** specified for that kind of work (as defined by national legislation, in accordance with accepted international standards), that is likely to impede the child's education and full development.
- Labour that jeopardizes the physical, mental or moral well-being of a child, either because of its nature or because of conditions in which it is carried out, known as **hazardous** work.
- The **unconditional worst forms of child labour**, which are internationally defined as slavery, trafficking, debt bondage and other forms of forced labour, forced recruitment of children for use in armed conflict, prostitution and pornography, and illicit activities.

1.2 Overview Of Literature

Available literature shows that child labour is one of the socio-economic challenges facing Uganda. However, lack of reliable data has made it difficult for government and NGOs to ascertain the gravity of the problem. Some of the worst forms of child labour identified in Uganda include; child domestic work, commercial sexual exploitation, self employment on the streets and in the informal sector, use of children in armed conflict, involvement of children in illicit activities such as cross border trade and smuggling, commercial agriculture, construction work, fishing and stone quarrying.

Various surveys have been done on child labour in Uganda and their findings are quite alarming. The National Integrated Household Survey (1992/93) gave some information on child labour in Uganda, in addition to assessments and publications from ILO/IPEC partners and other organizations. In 1991 it was estimated that about 355,000 children aged 10-14 years were economically active in Uganda (ILO/UNDP Report 1995). Based on the 1991 Population and

Housing Census, it was reported that 17.1 percent of girls and 14.6 percent of the boys between 10-14 years were economically active.¹

A survey on children in domestic service conducted by FIDA in Kampala located 522 child domestic workers of which 84% were girls. A Rapid Assessment of child domestic workers in the districts of Kampala, Wakiso and Mpigi revealed that children are leaving the villages in big numbers to do child domestic work in urban areas (SODECO, WAYS 2002). Another study by Slum Aid project investigating child prostitution found that 3.5% of commercial sex workers were children.

Operational Research on Street children 1993 by (MOL&SA/UNICEF) showed that the causes of street children were many and varied but in Kampala the majority were from broken families and/or driven by poverty in their families.

In Gulu, Jinja, Mbale, Arua and Kabale, the commonest cause was civil strife. In border areas of Malaba and Busia the immediate demand for child labour was the commonest cause of child labour. (J. Munene & J. Nambi).

The UNICEF country report 1999 indicated that more than 10,000 children have been abducted by L.R.A rebels in Northern Uganda and an estimated 500 by the ADF in Western Uganda since 1986. The report also indicates that about 1.7 million children have lost both parents to Aids and are all potential victims of gross child labour.

An NGO working on Child Rights, African Network for Prevention and Protection of Child Abuse and Neglect (ANPPCAN, Uganda Chapter), revealed that 3.3 million children were employed in child labour in Uganda. Child domestic workers are often defiled or sexually abused by their employers.²

The major problems underlying child labour in Uganda include, breakdown of traditional norms and practices that previously gave protection to children, the increased number of vulnerable orphans due to HIV/AIDS, armed conflicts causing internal displacement and wide spread household poverty.

¹ Mwaka & Tumushabe 1996.

² .(Source: New Vision Mon. June 11, 2001, ANPPCAN UGANDA CHAPTER.)

Two categories of child labourers were identified in Uganda (ANPPCAN, 2001). These include children who are taken advantage of because they provide cheap or free labour to exploitative adults. The second category is that of children who are desperate and work because of conditions of survival.

Research conducted in various District of Eastern Uganda by Uganda Child Rights NGO Network (UCRNN) as part of cooperation with Red Barnna and Redd Barnet (both members of Save the Children's Fund) to assess the impact of HIV/AIDS on rural families, revealed that Children between 12-16 years old mainly boys carry ice and soda the whole day, Children ferry flour, petrol and all sorts of merchandize.

Other studies³ on child labour in the rural and urban informal sectors in Uganda established the following:

- 11.9 % children aged between 10-14 years are working.
- Child labour is concentrated in the agricultural, construction, commerce/trade and domestic sector.
- The majority of working children were either orphans, delinquents (who had run away from home due to mistreatment) or those from poor families.
- The working children earn very low wages, and are some times not paid at all.
- The children worked under very harsh conditions.

The common reasons given from the employers on why children worked were;

- Most of the children are orphans with no one to cater for them.
- Existence of employment/jobs opportunities also influences child labour.
- Most of them do not go to school and are therefore redundant.
- Poverty.
- Desire to earn quick money.
- Ignorance of parents.
- Break up of families.

The most recent report on the situation of child labour in Uganda was published in 2003, by Ministry of Gender, Labour and Social Development (MGLSD) in collaboration with the Uganda Bureau of Statistics (UBOS) and ILO/IPEC. It was based on the Uganda Demographic

³ FUE 1999; Mwaka & Tumushabe 1996

and Health Survey (UDHS 2000/01) in which a few child labour questions were included to provide some indicators of child labour. The total number of children aged 5-17 years is estimated to be 7.9 million, which is about 36% of the estimated total projected population of Uganda in 2000. Of these, 3.9 million are boys while 4.0 million are girls. More than half of the working children (54 percent) were aged 10-14 years. Results further indicated that 46 percent of the children in the 10-14 year age group and 30 percent in the 15-17 year age brackets were reported to be working. The majority of children were living in rural areas. Another study by UNICEF (2001) revealed that a large number of children remained in domestic activities like, grinding maize for food and casual labour in the community.

1.3 HIV/AIDS and Child Labour

The Government of Uganda estimated that out of a total Ugandan population of about 23 million people in the year 2002, 1,050,555 million were living with HIV/AIDS. Of these, 945,500 were adults (15-49 years), 531,909 women of reproductive age and 413,591 men. Between 500,000 and 1,000,000 Ugandans have perished due to AIDS since the first case was reported in 1983. It is estimated that there are about 99,031 new HIV infections, which occurred between 1999 and 2000, (HIV/AIDS Surveillance Report June 2002, Ministry of Health).

Due to increased death from HIV/AIDS, orphans in Uganda were estimated to be as high as 2.35 million (Hunter and Williamson 2000:16). Orphans in Uganda are estimated to constitute around 14% of all children under 18 years mainly as a result of one or both parents dying of AIDS.

Rising orphanhood is strongly linked to an increase in child labour, which by competing with schooling and exposing children to a range of physical abuse exacerbates other negative impacts on their health and development. A joint Government/UNICEF study also found that child labour is increasingly associated with HIV/AIDS. Children either orphaned by the disease or whose parents are ailing from it nearly always must work to support themselves and other family members (UNICEF 2001).

The participatory poverty assessment (PPA) held many focus group discussions with children who were forced into labour as a result of being orphaned. These children were being exploited and could not negotiate the terms of payment, some of them (child labourers) were working for food. The child labourers were vulnerable to poverty. One child in Kasensero landing site lamented, *“When you work in a restaurant you are only entitled to lunch. The fishermen go fishing at 3 pm and restaurants close. We sleep on empty stomachs.”*

HIV/AIDS was identified by the PPA as the main pushing factor into child labour. The PPA established that the child labour was as a result of poverty attributed to loss of parents. This had lead many to work while they are under age.

1.4 Measures in Place to Address Child Labour

The Ministry of Gender, Labour and Social Development has drafted a national policy on child labour. The draft identifies and enumerates the socio-economic context of child labour in Uganda, the nature, extent and magnitude of child labour, the causes, consequences and effects of child labour, government response and milestones achieved, strategies for implementation and the institutional framework within which the national child labour policy will operate.

a) International Legal Framework

Uganda has already ratified different ILO Conventions on minimum age. These include the ILO Convention No. 138 on minimum age for employment and No. 5 on the minimum age for industry. The ILO Convention No. 138 (1973) on the minimum age for admission to employment urges member states to ensure success of the national policy and to effectively abolish child labour.

The ILO Convention No. 182 of 1999 urges member states to aim at eliminating the Worst forms of Child Labour. The Convention targets practices like child slavery, forced labour, serfdom, bondage, prostitution, pornography, children in armed conflict, use of children for illicit activities such as trafficking in drugs, engaging children in work which is likely to endanger their health, safety and morals and other various forms of hazardous and exploitative work.

Given the importance of the Convention, the International Programme on the Elimination of Child Labour (ILO-IPEC) was established in Uganda to contribute progressively towards the elimination of exploitative child labour in Uganda.

Uganda ratified the UN Convention on the Rights of the Child in 1989. The Convention on the rights of the child calls for guaranteeing the basic human rights including survival, development, full participation and protection rights in order to ensure their individual growth and well being.

The organization of African Unity (now African Union) Charter that was ratified by member states in 1990 is also relevant to child labour because it clearly stipulates that no child of minority age shall be engaged in any form of labour that violates his/her rights as a child. This

was after member states noted that many African children were engaged in commercial sexual trade, sold as slaves and others used as child soldiers in areas of armed conflict.

b) National Legal framework

The National Employment Policy has been drafted and is at the highest level of Government for further consultation. It is an attempt by government to formulate a comprehensive policy on employment. The draft employment policy sets out the principles and strategies and, the institutional framework for the implementation of the policy. The objectives of the employment policy are among others to:

- Promote the goal of full employment,
- Secure improvement in the productivity of labour,
- Provide the fullest opportunity to each worker,
- Safeguard the basic rights and interests of workers and
- Stimulate economic growth and development.

The draft plan of action on the elimination of child labour has also been adopted by the National Steering Committee and has been disseminated to districts. The Child Labour Unit of the Uganda Ministry of Labour, Gender and Social Development (MGLSD) is making follow-ups at national and district level. The unit coordinates activities on child labour, at the national and district levels.

The Constitution of the Republic of Uganda, defines children as any body below 18 years of age and guarantees the rights of children. The Constitution also prohibits the gainful employment of children less than 18 years of age. The Uganda Constitution 1995 (Chapter 1, Article 34 (4) provides for the protection of a child from hazardous and exploitative work.

The Children's Statute No. 16 of 1996 reform and consolidate the law relating to children, providing for the care, protection and maintenance of children, providing for local authority support for children, establishing a Family and Children Court, making provision for children charged with offences and for other connected purposes.

For the protection of children from harmful and dangerous work, part 2 section 9 of the children's (statute) act provides that no child below the age of 18 years shall be employed in any form of labour that is detrimental to his well being.

The Uganda Government has initiated a number of interventions in form of policies and programmes and has also set up institutions that are directly and indirectly aimed at eliminating child labour. These include but are not limited to Universal Primary Education (UPE), Poverty Eradication Action Plan (PEAP), National Council for Children (NCC) and the Child Labour Unit in the Ministry of Gender, Labour and Social Development, (MGLSD).

c) NGO Advocacy for Policy Formulation

Some NGOs have been involved in improving the well-being of children in Uganda including fighting for children's rights and elimination of child labour. They have participated at different levels of policy formulation, dissemination, implementation and advocacy. The Government of Uganda and the donor communities have given support and have been implementing advocacy and withdrawal programmes through them.

The NGOs include:- Slum Aid Project, Save the Children (UK), the African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN), Uganda Youth Development Link (UYDEL), Women and Youth Services (WAYS), Federation of Uganda Employers (FUE) and Rubaga Youth Development Association (RYDA).

1.5 Government's Measures To mitigate the effects of the HIV/AIDS

With respect to HIV/AIDS Government has encouraged a multi-sectoral approach to the control of HIV/AIDS emphasising the notion of collective responsibility by the government, international and national NGO's, religious organizations, community based organizations, individuals, people living with AIDS, local and international donors.

1.5.1 HIV/AIDS Preventive Interventions

Preventive measures among others include:

- Community sensitization and education on HIV/AIDS on mode of transmission, HIV/AIDS manifestations
- Adolescent life skills training and support services to promote responsible behaviour and positive life style.

- School health programmes, youth clubs such as Straight Talk programme,
- Information resource centres are used as avenues for accessing and sharing information.
- HIV/AIDS information, education and communication are also an integral component of material and child welfare services available at all the state health units and mobile outreach services operated by government, NGO's and the private sector.
- Voluntary counseling and testing (VCT), which is intended to encourage safe sex practices to contain the spread of infection and ensure positive living for those already infected. Many agencies are carrying out counseling at the health units, places of work, service centres, and within the community.
- Control of STD's because of its close association with risk of HIV transmission has been addressed through a nationwide government initiated STD/HIV prevention and control project.

1.6 Justification

While in the past a number of interventions have been designed to address the problem of child labour and the HIV/AIDS, these interventions have been done in isolation with one another with limited complementarity and synergy effects. The growing realization that HIV/AIDS adds a new dimension to the worst forms of child labour has led to increased demand and a critical need to gain more insights on the connection between child labour and HIV/AIDS, the special situations and the lives of the victims as well as their needs. It is against this background that this study seeks to make a response to this critical demand.

The investigation explored the following key questions:

- Are children in Uganda entering the labour market as a result of the impact of HIV/AIDS on their families?
- Are children (boys or girls) who are working at risk of sexual exploitation and HIV infection? In which ways and where?
- Is there a 'care burden' or a marked increase in domestic work and household chores - imposed on children due to the HIV/AIDS pandemic?
- What programmes, and policy/advocacy activities exist in the study areas to address HIV-related child labour issues and problems?

CHAPTER TWO

SURVEY OBJECTIVES AND METHODOLOGY

This section presents the study objectives that guided the investigation and drawing of conclusions, and the methodology that was followed to achieve Study objectives.

2.1 Objectives of the Survey

Generally, the Child Labour and HIV/AIDS Study aimed at providing basic information on the phenomenon of child labour in light of HIV/AIDS. Specifically the objectives of the study included:

- Establish the socio-economic characteristics and the number of children affected and what they are doing (schooling and out of school activities).
- Examine and document the activities/occupations, working conditions and the nature of hazards exposed to the working children.
- Identify existing intervention measures related to supporting children and elimination of child labour in the research study areas.
- To investigate and determine the relationship between child labour and HIV/AIDS, in the districts of Kampala, Jinja, Mbale and Nebbi.
- Examine cross cutting issues within the selected thematic areas.
- Develop strategies that mitigate the effects of HIV/AIDS as preventive measures to child labour.

2.2 Scope and Coverage, Site Selection

The study was cross-sectional, descriptive and analytical in which both quantitative and qualitative methods were used. The quantitative methods were being employed to establish quantitative aspects of the study. These aspects included, but were not necessarily restricted to, assessment of linkages with HIV/AIDS and Child Labour, variables associated with numbers of children in various child labour situations (orphans and the issue of sexual exploitation), magnitude of the problem, child labour causative factors, safety of child labour, education aspects, employment structure of child labour, age and other demographic characteristic. The qualitative methods were, amongst other things, to investigate influential actors' knowledge and experiences with the phenomenon of child labour with specific reference to HIV/AIDS in the selected districts.

The study was carried out in the districts of Kampala, Mbale, Jinja and Nebbi. One of the characteristics of all these districts is that they all have busy metropolitan headquarters with a high rural-urban immigration of children most of who are suspected to be HIV/AIDS orphans.

The study targeted the following categories of the population:

- *Working children* - including those suspected to be driven into Child Labour by the impact of HIV/AIDS, and those who were at very high occupational risk of getting HIV/AIDS. These children were a target of both quantitative and qualitative analysis. A Quantitative questionnaire was administered to one child (aged 5-17 years) that was purposively selected from each of the 929 households that were selected using the household-listing questionnaire.

A Focus Group Discussion (FGD) Guide was administered to groups of working children (8-12 in number) who were mobilized in/or near their work places such as; streets, markets, workshops and homesteads. Four FGDs were conducted in each district, two for females and 2 for males. Three FGDs were conducted in Kampala specifically for children under rehabilitation to cover the street children, and commercially sexually exploited children.

- *Parents/Guardians of the children interviewed:* 10% of the heads of households of the children interviewed were subjected to a quantitative instrument.
- *Opinion leaders* – the influential and knowledgeable people, who may not necessarily be employers or guardians of child labourers, but are knowledgeable about factors regarding Child Labour and HIV/AIDS. These were used in the qualitative aspect of the study as Key Informants. Such KIs as much as possible included the following: DDHS, A-CAO, District labour officer, Probation Officer, District HIV/AIDS Focal point person, L.C III (Sub county) Chairpersons of the two sub-counties in which the study took place, Chairpersons of parishes in which the study took place, and Heads of identified relevant NGOs in the study areas.
- *Institutions/NGOs* - which are handling children at high risk of exposure to HIV/AIDS. Those that are actually handling children who have been affected by HIV/AIDS and those rehabilitating children who were formerly exploited or on the streets.

2.3 Sampling Design

The client purposively selected the districts and the sample was proportionality allocated to the districts. It was then proportionately allocated in consideration of rural urban distribution in each district. A list of parishes/wards, Zones and Enumeration Areas in each of the selected sub counties/divisions was obtained from UBOS.

The sample was based on the 2002 Population and Housing Census sampling frame to select the enumeration areas (EA) for the quantitative part of the Study at the first stage of sampling. The EAs were systematically sampled to generate the Primary Sampling Units (PSU).

At the second stage of sampling, all households in the EA were listed, and households selected as the Final Sampling Units (FSU) for the interview. The sampling frame consisted of households with any form of child labour. One child was purposively selected and interviewed in each of the selected households.

Overall, a total of 929 children were sampled from the selected households. The sample size was calculated from the total population of the 4 districts, using HIV/AIDS prevalence rate of 5% (Ministry of Health 2003), 2% error provision, 95% Confidence Interval and a design effect of 2. There was proportional allocation (proportion to the size of the district) of the sample to each district, and also proportional allocation of the sample to both rural and urban areas in each district. In addition there were other categories of respondents as indicated in the table below.

Table 2.1: Summary of the types of respondents

Type	Number Selected
Children Respondents	929
Parent/Guardians	101
Key informants	32
Focus Group Discussion	26
Institutions Surveyed (NGOs/CBOs)	10

2.4 Survey Instruments

As mentioned earlier on the study employed both quantitative and qualitative assessments. A total of 6 research instruments as shown below;

- Household listing
- The Children (5-17 years) Survey Questionnaires

- The Parents/Guardians Survey Questionnaire
- The Key Informant Guide Questionnaire
- The Focus Group Discussion Guide
- The Institution Survey Questionnaire

A brief description of each instrument is given below:

a) Household Listing

This was administered to all the households in the randomly selected Villages (Enumeration areas) where the study was held. Households were listed and sampled as stated in the sampling section. This helped in random selection of the households where children were identified and interviewed.

b) Children (5-17 years) Survey Questionnaire

This was administered to children aged 5-17 years found to be in the households that were selected using the Household-listing questionnaire.

c) Parents/Guardians Survey Questionnaire

This was administered to the Parents/Guardians of the Children who were found at home during the time of the interview of the children.

d) Key Informant Guide

This Questionnaire was administered to opinion leaders in the Districts – Chief Administrative officers, District Directors of Health Services, District Education Officers, Labour officers, Probation officers, HIV/AIDS Focal officers, Sub county Chairpersons, Secretaries for Children and Chairpersons of Parishes where the Study took place.

e) Focus Group Discussion Guide

A minimum of 4 FGDs was conducted in each of the 4 districts. In each of the districts, at least two groups were for girls. In each of the groups, information was obtained from 8 to 12 participants. Females facilitated female groups, while the male groups were interviewed by males.

In addition there was a special focus group discussion with children who had been rehabilitated or were in a transit camp from each of the following groups in Kampala District – Street children, commercially sexually exploited children (CSEC) and those from the households.

f) Institutional Survey Questionnaire

This Questionnaire was administered to established Institutions (NGOs/CBOs) in the Study Districts that were caring for either children affected by HIV/AIDS or handling children at very high risk of HIV/AIDS. This was used to capture information on the range of services they offer, the challenges the Institutions face and the problems the children encounter.

2.5 Data Collection; Pretest, training, and fieldwork

The pre-visit was conducted in August 2003 in the four districts with the aim of introducing the study to the district officials and obtain information about the prevalence of child labour in the study areas. The pre-visit guided the selection of sites for the study. The pre-visit also assisted the study organisers refine the questionnaires, and also to make the necessary logistical arrangements.

The questionnaires were pre-tested in September 2003 before finalising them. The purpose of the pre-test was to test the flow and relevance of questions. The pre-test also informed the survey organisers on the time it takes to administer the survey instruments to allow for proper organisation of logistics. The pre-test results were analysed to form a basis for the final revision of the questionnaires

The survey organisers recruited the district supervisors and research assistants. The fieldworkers had at least a minimum level of Uganda Advanced Certificate of Education qualifications, and were fluent in the local languages. The ability to walk long distance was another criterion, since the household listing exercise required walking long distances.

The Training of field workers was done centrally for all the interviewers deployed in the survey. The training covered objectives of the study, the sample, data collection instruments and conducting interviews. Fieldwork commenced in the four districts at the same time after the training. The data was collected simultaneously in all the four districts.

2.6 Data Processing and Analysis

The data was processed and analysed using a Statistical Package for Social Scientist computer software. The data was cleaned for errors before the analysis.

2.7 Response Rates and Weighting

Given that the methodology provided for one child for every selected household, the total number of children targeted were realized. Due to the rapid nature of the study, the data was not weighted to provide for the total estimates.

2.8 Limitations and Lessons Learnt

Some of the limitations of the Study include;

- Household characteristics were not generated for clear understanding of the households of the sampled children.
- The topology of the study areas such as Nebbi district was difficult to allow communication for researchers to reach the intended areas with the existing insecurity in the area.
- It had been intended that all eligible children in the selected households were to be interviewed, but it was difficult to trace for all of them. Only one child was interviewed per household.
- The sample size of children respondents and parents was unrepresentative although it generated very useful information on the study subject. Therefore the data cannot be relied on to generate district specific data.
- Some Districts like Nebbi, had no NGOs specifically handling vulnerable children. Even those that had these NGOs, were urban/peri-urban based.
- The households were not interviewed therefore household specific data was not captured.

CHAPTER THREE

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

This chapter presents the background characteristics of the respondents of the survey population. This chapter is divided into seven sections. The description includes the distribution of the survey population according to district, sex and age. The conclusions are based on 929 cases of children and 101 cases of guardians of children.

3.1 Relationship of Child to the Guardian

The percentage distribution of respondents by relationship to household head, age and sex is presented in table 3.1. The findings of the study revealed that 38.4 percent of the children were staying with relatives. About one fifth (23%) of the children were interviewed in households headed by their mothers, while those interviewed in households of their fathers constituted 19.5 percent. The high proportion of children staying with relatives could be as a result of HIV/AIDS. No clear marked differences in the distribution were noted when age and relationship to the household head was compared.

Table 3.1: Distribution of Respondents by Relationship to Household Head, Age and Sex

Characteristics	Age of Respondent in years			Sex of Respondent		Total
	5 to 9	10 to 14	15 to 19	Male	Female	
Relationship of the Respondent to the Head of Household						
Father	19.0	21.4	17.4	26.1	11.6	19.5
Mother	28.6	22.9	19.0	20.8	24.9	22.7
Relative	39.2	37.5	39.3	37.1	40.0	38.4
Guardian not Related	7.4	8.5	5.9	8.0	6.6	7.4
Employer	5.3	9.2	16.2	6.4	16.1	10.9
Head	0.5	0.5	2.2	1.5	0.5	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Children	190	410	323	499	424	923
NB- Six Children did not state their relationship to head						

3.2 Migration

Table 3.2 presents data on the respondent's migration status and reasons for migration. The majority of the respondents (43.4%) had never shifted, while 36.4 percent had shifted from other districts. Main reason for shifting was death of a parent/ guardian. Looking for work (35.7%)

was another significant reason for shifting. It is worthy noting that 7.9% of the respondents shifted from other areas due to security reasons. The death of parents features prominently establishing a link between child labour and death of a caregiver.

Migration status is important because for migrants their major preoccupation is survival and therefore they tend to be desperate. This creates chances for exploitative child labour without consideration for age, school attendance or capacity of these children.

Table 3.2: Distribution of Respondents by Migration Characteristics, Age and Sex

Characteristics	Age of Respondent in years			Sex of Respondent		Total
	5 to 9	10 to 14	15 to 19	Male	Female	
Previous Place of Residence						
Never Shifted	48.4	43.1	40.8	46.3	40.0	43.4
Rural Area Same District	18.6	18.0	14.1	18.6	14.7	16.8
Other Districts	30.3	34.7	42.0	31.0	42.6	36.4
Other Countries	2.7	2.0	2.2	1.6	1.7	1.6
Others	0.0	2.2	0.9	2.4	1.2	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Reason for Migrating						
Look for Jobs	15.6	32.7	49.2	35.1	36.3	35.7
Security Reasons	11.1	8.7	5.5	9.0	6.6	7.9
Running Away from Home	2.2	2.9	1.1	2.0	2.1	2.1
Convinced by Friends	4.4	3.8	2.2	2.9	3.8	3.3
Just Dumped in Town	0.0	0.5	1.7	0.6	0.9	0.8
Death of Parents/Guardian	55.6	39.4	30.9	42.9	35.5	39.2
Others	11.1	12.0	9.4	7.3	14.5	10.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total	190	410	323	499	424	923
Six children did not state the migration status						

3.3 Orphanhood

The orphanhood of children under study is presented in table 3.3. Overall, more children had more mothers alive than fathers. Further examination of the findings by assessing whether the children were being orphaned by HIV/AIDS, revealed that HIV/AIDS was the main reason for the orphans.

These findings are supported by the qualitative findings from KI and FGDs where all three districts single out the HIV factor as the biggest cause of orphanhood except in Nebbi district.

The commonest cause of death of parents in Nebbi was not disclosed but there is a very high possibility that the people are just covering up HIV/AIDS for fear of stigmatization.

Table 3.3: Percentage Distribution of Respondents by Orphanhood Status

Characteristics	Age of Respondent in years			Sex of Respondent		Total
	5 to 9	10 to 14	15 to 19	Male	Female	
Mother Alive						
Yes	53.3	53.6	52.7	52.8	53.7	53.2
No	45.7	45.6	47.0	45.9	46.3	46.1
Don't Know	1.1	0.8	0.3	1.3	0.0	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total responses	184	386	313	479	404	923
Father Alive						
Yes	35.1	37.3	42.4	41.9	34.8	38.6
No	63.8	61.9	57.6	57.3	64.9	60.8
Don't Know	1.1	0.8	0.0	0.8	0.2	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses	188	383	314	480	405	923
Did the Mother Die as a Result of HIV/AIDS						
Yes	66.2	68.7	79.9	72.8	71.9	72.4
No	7.8	8.0	7.6	8.7	6.7	7.8
Don't Know	26.0	23.3	12.5	18.4	21.3	19.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses	77	163	144	206	178	384
Did the Father Die as a Result of HIV/AIDS						
Yes	58.0	66.8	81.1	71.4	67.6	69.8
No	10.7	12.4	7.4	10.8	9.9	10.3
Don't Know	31.3	20.8	11.4	17.3	22.5	19.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses	112	226	175	260	253	513

In Kampala District, at least six out of every eight children who participated in the Focus Group discussions had been orphaned by HIV/AIDS. In Mbale District, out of every eight children in every Focus group discussion, at least five said they were HIV/AIDS orphans. In Jinja District, seven children out of eight in FGDs said they were HIV/AIDS orphans.

3.4 Educational Characteristics

The percentage distribution of respondents by current schooling status is presented in table 3.4. Out of the total children interviewed, 10.7 percent had never attended school, 32.2 had left

school, while 57 percent were currently attending school. The younger children (age 5 to 9 years) presented a higher proportion (21.2%) of those who had never attended school. On the other hand the older children (age 15 to 17 years) showed a higher proportion of left school (over half of the children had left school).

Table 3.4: Percentage Distribution of Respondents by Current Schooling Status

Characteristics	Age of Respondent in years			Sex of Respondent		Total
	5 to 9	10 to 14	15 to 17	Male	Female	
Current Schooling Status						
Never Attended	21.2	7.4	8.8	8.9	12.9	10.7
Left School	10.1	26.3	53.0	30.6	34.0	32.2
Currently Attending	68.8	66.3	38.2	60.4	53.1	57.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses	189	407	319	497	418	915

The main reason for leaving school was lack of school fees to 81.6 percent of the children aged 5 to 9 years, 60 percent of those in the 10 to 14 years age range, and 76.9 percent to those aged 15 to 17 years. Other important reasons for leaving school were non-availability of school in the vicinity and the desire to work. There were no major differences among the boys and girls on the reasons for leaving school.

It is worthy noting that even those who were still attending school, some children (27.6%) were missing some of the days of the school. Figure 3.1 presents the percentage distribution of children currently attending school by frequency of attendance. The main reason for missing some days of school was to support family (58.1%), other reasons were to support sick caregivers (10.8%), while to 31.1 percent of the children were working to earn a living.

At least 2 out of every 8 children in the FGDs reported combining schooling with work. For those who reported combining work and school, they were utilising the weekends, evenings, and day time of the school days. Absenteeism was cited to be common in qualitative interviews in addition to late arrivals for school programmes and spending less than six hours at school, so as to go and care for the sick family members.

Figure 3.1: Distribution of Children Currently Attending School by Frequency of Attendance (%)

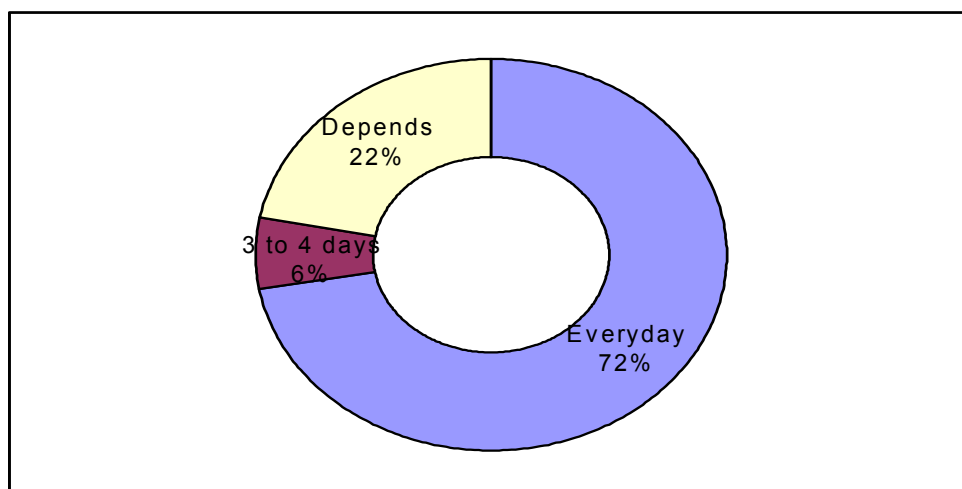


Table 3.5 presents data on the children's highest level of education attained. It is indicated that of the majority 85.5%, had not gone beyond primary seven at the time of the study. The biggest proportion had not gone beyond P4 (49.1%). Those (children) who had reached senior secondary one and beyond constituted 14.4 percent.

Table 3.5 Percentage Distribution of Children by Highest Level of Education Attained

Education level attained	Left school	Currently attending	Total
	Percent	Percent	Percent
P1 – P4	43.9	52.1	49.1
P5 – P7	44.2	32.0	36.4
S1 and above	12.0	15.9	14.4
Total	100.0	100.0	100.0
Total Responses	285	503	788

Out of the 285 children respondents who had dropped out of school, 201 (95 males and 106 females) expressed a willingness to go back if an opportunity arose. The proportion willing to go back to school was high for the younger children than for the older children. Close to 90 percent (88.9%) of the children aged 5 to 9 years were willing to go back to school. Among those aged 10 to 14 years who had left school, 87.3 percent were willing to go back. On the other hand, 62.3 percent of those aged 15 to 17 years who had dropped out of school were willing to go back.

For those children who had dropped out of school and were not willing to go back the main reason for not wanting to go back to school among the male respondents was loss of interest in

studies (37.2%) while among the female respondents, it was because they considered themselves over age for school (44%). Other reasons were; poor academic performance, illness and the need to help in household chores.

Of the 604 children who responded to the question on vocational training, 512 (84.8%) had never received any training (formal or informal), while only 92 (15.2%) had received some informal vocational training.

3.5 Housing and Household characteristics

There were 101 parents/guardians who were interviewed. Out of the total, 52 parents/guardians were males, while 49 were females. Information collected about their education, type of house, employment status and economic activity are presented below. It should be noted that thorough analysis could not be done given the few observations.

Among the interviewed parents/guardians, 70 fell in the 20 – 49 years age brackets, which is the most active age bracket sexually and economically. This has obvious implications on the children in terms of work burden and risks to sexual abuse.

With regard to the marital status of parents/guardians interviewed, 62 were married, 32 were divorced and widowed respectively while 6 lived a single life. On average the parents/ guardians had 4 children (aged 5 to 17 years) staying with them.

The parents/guardians staying in owner occupied dwellings were 66. Those in rented houses were 22, while 16 had other tenure arrangements. The households of 60 parents/ guardians were staying in the main house, 36 were in rooms, while 5 were in basements. The average number of rooms for the dwellings was 2.

3.6 Households Socio-economic Status

The Child Labour and HIV/AIDS study collected information on the activity status of the parents/guardians of the selected children. Collection of information on activity status enables the researcher to assess the pull and push factors in the context of child labour. Households where the head is engaged in any activity are more likely to push children in labour. Fifty-two respondents out 101 were self employed, 29 were employees, while 20 were not employed.

3.7 Highest Educational Level attained and School attendance

The educational attainment of the parents/guardians of the selected children was assessed. Education plays a vital role in shaping of a person's behaviour and enables him/her to compete favorably on the labour market. The educated guardian is likely to educate the orphans than the uneducated one.

Out of the total 101 parents/guardians interviewed, 54 had attained primary level education, 39 had studied beyond primary, while 8 had never been to school.

3.8 Conclusion

Over 38 percent of the children aged 5 to 17 years were staying with relatives at the time of the study. A high proportion of children were staying with relatives suggesting that HIV/AIDS has impacted negatively on the households of those children. This is also supported by the findings on migration where the main reason for moving according to those children who had shifted was as a result of deaths of a parent/ guardian. It is evident that the guardians are literate but they lack funds to support the orphans.

An educational policy catering for orphans who work in order to survive is needed to allow children to engage in light work as they study. If this is put in place with proper supervision and restriction, it may reverse the current trend of children dropping out of school in order to work.

CHAPTER FOUR

MAIN ECONOMIC ACTIVITY AND WORKING CONDITIONS OF THE RESPONDENTS

The study elicited information on the main economic activity of the households and working conditions of the respondents. This chapter presents the findings of the study and covers the type of work, parents' working status, reasons for work, workplace, status of employment, mode of payment, earnings, and time of work. In this section an attempt is made to distinguish between working children, child labourers and those in the worst forms of child labour.

4.1 Type of Work

The working children were asked to indicate the kind of work they were involved in. Those participating in more than one type of work stated many kinds of work. The main occupations of the male children in descending order were found to be cattle keeping and gardening, collecting water from the well, cleaning household utensils, hawking, extracting and digging sand and crushing stones (table 4.1). The two major activities for the girls were cleaning the house and cooking/ serving food. On the other hand, more boys than girls were in cattle keeping and hawking business. .

Table 4.1: Distribution of Respondents by Type of Work and Age

Type of Work	5 to 9 Years	10 to 14 Years	15 to 17 Years	Total
Cooking/ Serving Food	11.7	11.1	11.7	11.4
Cleaning House	30.4	24.8	19.5	24.1
Going to the Market	13.2	9.9	9.2	10.3
Child Caring	4.4	5.3	5.2	5.1
Hawking	5.6	4.9	3.3	4.5
Collecting Water	22.5	18.1	14.0	17.6
Domestic Servant	0.9	3.6	5.3	3.7
Crushing stones	2.0	2.8	2.8	2.6
Cattle Keeping/ Gardening	5.3	7.8	12.4	8.8
Other	4.0	11.7	6.6	11.9
Total	100.0	100.0	100.0	100.0
Total based on multi-response analysis	350	827	635	1812

4.2 Parents' Working Status

The study investigated the employment status of the parents/ guardians with the aim of establishing the linkages between the activity status of the parents/ guardian to that of the children. Fifty-nine parents/ guardians out of 101 were working at the time of data collection, while 42 were not employed.

4.3 Reasons for Work

Table 4.2 presents data about reasons given by respondents (children) for starting to work. Overall, helping in household enterprise featured as the commonest reason (27.6%), closely followed by gaining experience (19.7%), being self reliant and looking for school fees in that order. Among the urban respondents, there is no major difference in the reasons for starting to work between boys and girls. However among the rural respondents, more girls start to help in household work than boys while fewer girls go to be self reliant as compared to the boys.

Table 4.2: Percentage Distribution of Working Children by Reasons for Working

Reasons for starting to work	Urban		Rural		Total
	Male	Female	Male	Female	
	%	%	%	%	%
To gain experience	16.5	16.2	25.10	22.60	19.7
Supplement family income	14.1	13.6	11.40	11.30	12.8
Help in household enterprise	30.1	28.1	19.90	33.30	27.6
To be self reliant	16.1	15.7	19.90	10.10	15.8
Look for school fees	9.6	8.9	8.50	4.40	8.2
To help family farming	1.6	1.3	6.60	6.30	3.6
For survival after mother fell sick from HIV/AIDS	1.6	3.0	1.40	0.60	1.8
For survival after father fell sick from HIV/AIDS	1.2	3.4	2.40	3.80	2.6
Others	9.2	9.8	4.70	7.50	8.0
Total	100.0	100.0	100.00	100.00	100.0
Total Responses	250	234	212	158	854

The distribution of working children by main reason for work and age is shown in table 4.3. Irrespective of age the main reason for work was to help in the household enterprise. This reveals that most of the working children participate in work within their household.

Table 4.3: Percentage Distribution of Working Children by Reason for Work and Age

Reasons for starting to work	5 to 9 Years		10 to 14 Years		15 to 17 Years	
	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%
To gain experience	19.0	18.3	19.2	15.7	22.3	23.5
Supplement family income	4.8	6.1	15.8	15.2	13.1	13.6
Help in household enterprise	40.5	53.7	29.1	28.1	14.3	18.2
To be self reliant	2.4	1.2	13.8	14.6	30.3	18.9
Look for school fees	6.0	3.7	6.9	6.7	13.1	9.8
To help family farming	8.3	1.2	4.4	4.5	1.1	3.0
For survival after mother fell sick from HIV/AIDS	2.4	0.0	1.5	2.2	1.1	3.0
For survival after father fell sick from HIV/AIDS	1.2	3.7	1.5	3.4	2.3	3.8
Others	15.5	12.2	7.9	9.6	2.3	6.1
Total	100.0	100.0	100.0	100.00	100.00	100.0
Total (n=854)	84	82	203	178	175	132

4.4 Workplace

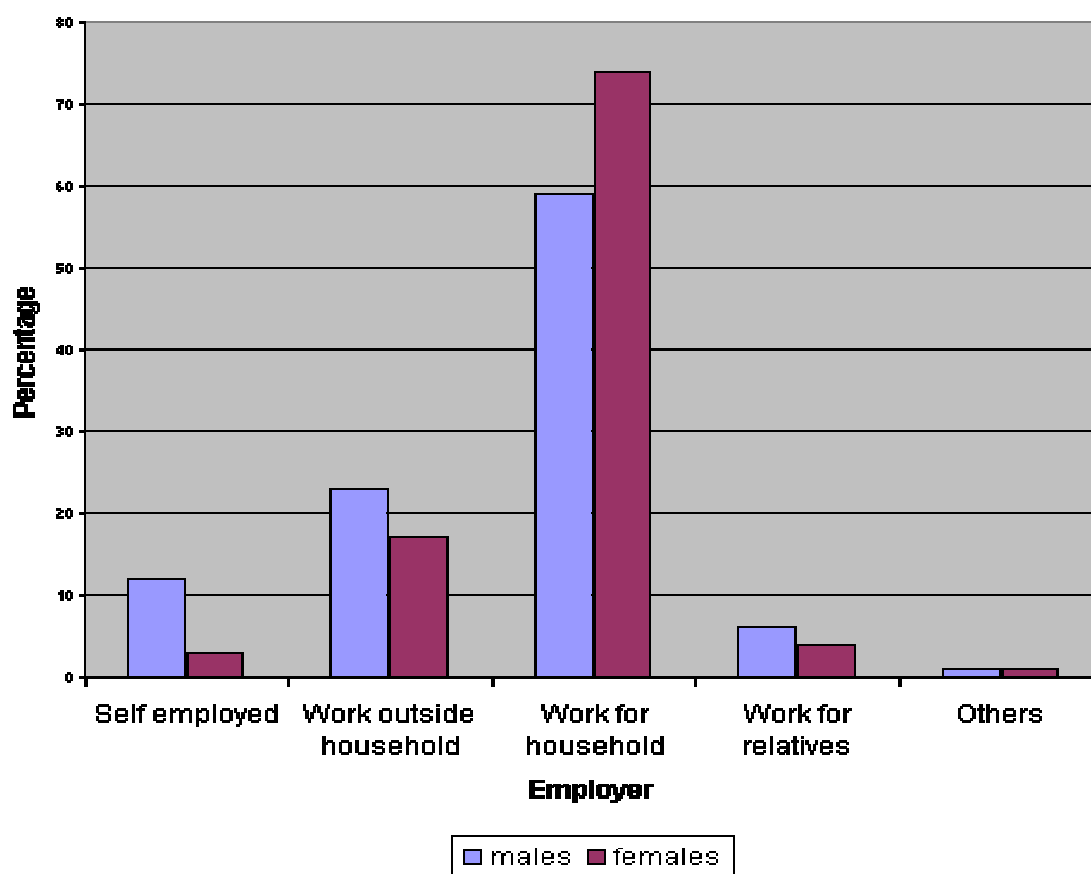
Households were the workplaces of 78.7% of the children; 62.1% worked at family dwellings while 16.6% worked at employers' home), 7.5% were working on the streets, 1.7% worked at construction sites while 1.3% worked in industries/factories.

The sectors where these children worked were domestic (78.7%), the informal (7.5%) and construction/industry (3%) sectors respectively.

4.5 Status in Employment

There were 257 children who were working outside their households. Out of these 42.4% were employed as casual labourers, 20.6% were in irregular employment, 20.2% had no defined terms of employment and 16.7% were on permanent terms (figure 4.1),

Figure 4.1: Percentage Distribution of Children by Activity status



4.6 Mode of Payment, Earnings and Its Use

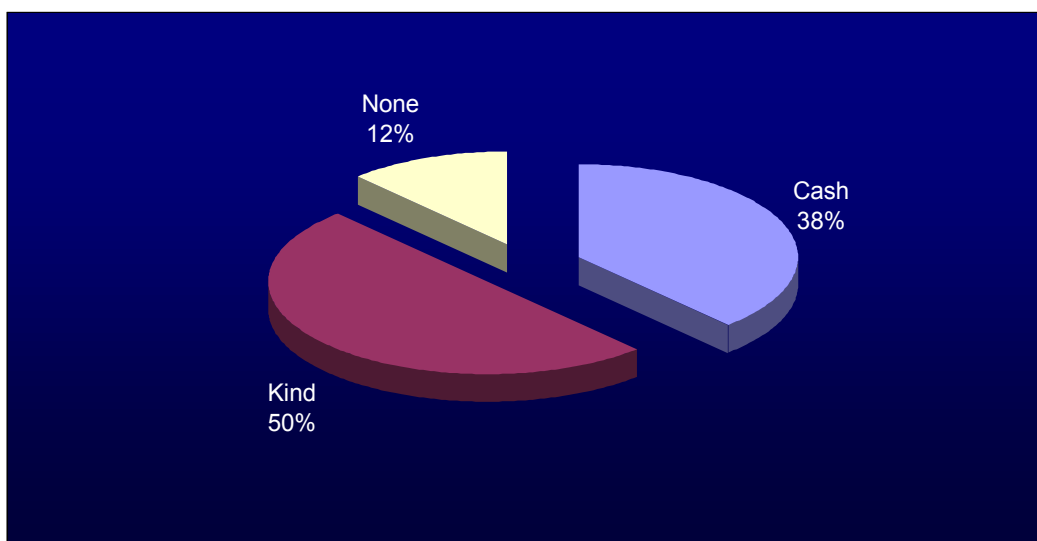
Figure 4.2 presents data on the children respondents' mode of payment. The majority of the respondents (50%), are paid in kind (clothing, food, shelter, school fees, etc.), 38% are paid by cash and 12% work for no pay.

Table 4.4 presents data on the child respondent's use of earnings by sex. It is indicated that among males most of the earnings are used to support self (78.6%) followed by support to parents (10.7%). While among females, 78.9% use the earnings to support themselves, followed by supporting parents 10.6% and 5.5% support relatives. Overall, 78.7% of the children interviewed spent their income on supporting themselves. The working children saving part of their earnings constituted 61.6 percent.

Table 4.4: Percent Distribution of Children by Use of earnings and Sex

Use	Male	Female	Total
	%	%	%
Support self	78.7	78.7	78.7
Support a child	2.4	1.6	2.1
Support parents	10.7	10.6	10.7
Support relatives	5.4	5.7	5.5
Others (specify)	3.0	3.3	3.1
Total	100.0	100.0	100.0
Total Responses	169	122	291

Figure 4.2 Nature of payment for working children



The table below shed light on the exploitation of working children by their employers. The younger the children the more she/he is likely to be exploited. The majority of the children aged less than 15 years were being paid in kind. Similarly, the younger children according to the findings were more likely not be paid.

Table 4.5: Percentage Distribution of Working Children by Mode of Payment

Characteristics	Cash	Kind	None	Total
Sex of Working Child				
Male	40.4	47.2	12.4	100.0
Female	34.5	53.4	12.1	100.0
Age in Groups				
5 to 9 Years	12.2	61.6	26.3	100.0
10 to 14 Years	32.2	55.3	12.5	100.0
15 to 17 Years	57.7	37.6	4.7	100.0
Total	37.7	50.0	12.3	100.0
Total Responses	172	115	14	301

Table 4.6 presents data on the children respondent's monthly cash earnings and type of work done. It is indicated that out of 626 children who are paid by cash, 482 (77%), earn below shillings (20,000) (approximately US\$10), per month for activities such as cooking food/serving food, cleaning house/ utensils, going to/working in the market and shops and collecting water to mention but a few. This is regardless of the sex of the respondents.

This amount is too low compared to the cost of living in the country and the amount of work.

Table 4.6: Cash earnings by nature of work of respondents (Ushs)

	Below Ushs 20,000		Ush 20000 and above	
	Male	Female	Male	Female
Type of work	%	%	%	%
Domestic duties	37.6	74.7	40.6	71.3
Selling goods/Items	18.6	17.6	20.3	21.3
Agricultural activities	15.6	4.1	17.2	1.3
Brick Making/Metal fabrication	18.1	2.0	14.0	3.6
Others	10.1	1.6	7.8	2.5
Total	100	100	99.9	100
Total Responses (n)	237	245	64	80

Close to two-thirds of the working children were happy with their employers (table 4.7). The employers were treating these children in a parental way. Worthy noting is a proportion of 13.7 percent of the employers who were harsh, indifferent, physically confrontational and others seductive.

Table 4.7: Percentage Distribution of the Working Children by Attitude toward Employer

	<u>Sex</u>		<u>Age in Groups</u>			<u>Total</u>
	<u>Male</u>	<u>Female</u>	<u>5 to 9 Years</u>	<u>10 to 14 Years</u>	<u>15 to 17 Years</u>	
<u>Friendly</u>	<u>24.6</u>	<u>26.0</u>	<u>12.9</u>	<u>22.3</u>	<u>35.6</u>	<u>25.3</u>
<u>Parental</u>	<u>60.9</u>	<u>58.7</u>	<u>76.4</u>	<u>64.3</u>	<u>45.9</u>	<u>59.9</u>
<u>Very harsh</u>	<u>7.5</u>	<u>7.7</u>	<u>6.4</u>	<u>8.2</u>	<u>7.4</u>	<u>7.6</u>
<u>Indifferent</u>	<u>3.6</u>	<u>3.2</u>	<u>2.1</u>	<u>3.0</u>	<u>4.6</u>	<u>3.5</u>
<u>Physically confrontational</u>	<u>1.5</u>	<u>2.4</u>	<u>1.4</u>	<u>0.9</u>	<u>3.3</u>	<u>1.9</u>
<u>Seductive</u>	<u>0.0</u>	<u>1.5</u>	<u>0.0</u>	<u>0.6</u>	<u>1.1</u>	<u>0.7</u>
<u>Other</u>	<u>1.5</u>	<u>0.6</u>	<u>0.7</u>	<u>0.6</u>	<u>1.9</u>	<u>1.1</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

4.7 Working Hours and Time of Work

On average, the children were spending 3 hours working and 2 hours on the school activities. The desire to work at the expense of education leads to drop out. As the age of the child increases, more time is spent working and less at school. Over 70 percent (73.1%) were working during the day time, 16.8 percent of the children were working both day and night (table 4.8).

Table 4.8: Distribution of Working Children by Time of Work

	Day Time	Both Day and Night	Total
Male	76.1	(13.2)	100.0
Female	69.6	(21.0)	100.0
5 to 9 Years	77.4	(11.3)	100.0
10 to 14 Years	72.1	(16.6)	100.0
15 to 17 Years	72.0	(20.1)	100.0
Total	73.1	(16.8)	100.0
Total Response	226	63	226
<i>NB: Eight children were working at night only, 13 over the weekends, and 4 did not state their working time.</i>			

4.8 Child Labour and Its Worst Forms

The study attempted to identify the children in child labour. For the purposes of this study identification of children in child labour is based on the following criteria:

- Children aged 12 to 14 years working for more than 2 hours a day and those aged 15 to 17 years working for more than 43 hours a week.
- Children engaged in activities which by their nature or the conditions under which they work are abusive and hazardous
- Work for long hours.
- Work that jeopardises education
- Work at night

Using this criterion the children who were engaged in hawking, hair dressing salon, bar attendants, casual labourers and fishmongers were considered as child labourers. In addition, all children working for cash or kind, outside their households, for long hours more than 4 hours and working for 5 days or more in a week were child labourers. The children involved in such activities and conditions of work have no time for studies.

Based on the above definition of child labour and categorisation, out of the 929 children sampled, 179 (19.3%) were in child labour. A total of 94 of the child labourers were females, while 85 were males.

Furthermore, the study attempted to isolate the working children in the worst forms of child labour (WFCL). Using the definition of the unconditional forms of child labour and hazardous sectors, working children whose average time worked was a total of 8 hours per day, and at least 6 days worked in a week; those exposed to several abuses such as in domestic work; those working at night; those involved in crushing stones and children working to support siblings (child headed households) were categorized in the worst forms of child labour.

Based on the above definition, the analysis of the data revealed that 166 out of 929 children (17.9%) were in the worst forms of child labour. Among the working children in the worst forms of child labour, 91 were females, while 75 were males.

4.9 Conclusion

The main places of employment of the working children were the domestic sector, followed by informal sector. In light of the fact that the biggest sector employing these children is domestic service. It means that they (children) work for long hours than one is supposed to work. It is worthy noting is that domestic work outside the household falls under the worst forms of child labour.

The main reason for starting to work were support to household, gaining experience and look for school fees. The reality that children work in order to support their families, is indicative of the collapse of the social capital thereby forcing children to venture into the adult roles and to provide for their basic needs.

Out of the 929 children sampled, 179(19.3) were in child labour. A total of 94 of the child labourers were females, while 85 were males. 91 female children and 75 male children were categorized in the worst forms of child labour.

CHAPTER FIVE

CHARACTERISTICS OF CHILDREN AFFECTED BY HIV/AIDS

In the context of this report, children affected by HIV/AIDS are those whose parents/guardians/key family members have died or are suffering from HIV/AIDS. While 14% of all children less than 18 years in Uganda are orphans (Socio-economic Report 2002/03) it is believed that the majority of these are HIV/AIDS orphans. The actual figure of HIV/AIDS affected children in Uganda is unlikely to come out because of fear (of stigmatization), ignorance of the causes of death or sickness of the parents and denial. Such HIV/AIDS affected children therefore, have peculiar characteristics which need to be captured, if any meaningful policy/legislation or intervention is to be introduced for their benefit.

5.1 Relationship With The Guardian

In this sub-section the relationship of the child affected by child labour to the parents/ guardian is assessed. The children affected by HIV/AIDS comprised 44.9% (417) of the total respondents. Out of the 417 children affected by HIV/AIDS, 222 were males, while 195 were females.

Overall, as shown in Table 5.1, there were more children affected by HIV/AIDS staying with their mothers (20.9%) than fathers (6.3%). It should be noted that the majority of the orphans were staying with relatives forming 46.6 percent of the total. Also worthy noting is close to 23 percent of the orphans who were staying with non-relatives and employer. Orphanhood had forced some of the children to head households. There are problems associated with child-headed households.

The care that older siblings can provide for younger children is likely to be inadequate because of the increased poverty of the household and the lack of maturity and experience of the caretaker, leading to poor health, hygiene and nutrition; absence from school, and developmental delays. The loss of material, emotional and developmental support from an adult exposes children to the distress which results from lack of affection, insecurity, fear, loneliness, grief or despair. It limits the possibility of a successful childhood, which, in turn, affects the future as adults.

Table 5.1: Distribution of Children Affected by HIV/AIDS by Relation to Head

Relationship to the Head of Household	Sex		Age in Groups			Total
	Male	Female	5 to 9 Years	10 to 14 Years	15 to 17 Years	
Father	9.5	2.6	6.5	8.5	3.7	6.3
Mother	20.8	21.0	20.6	23.3	18.4	20.9
Relative	48.4	48.7	55.6	44.3	49.7	46.6
Guardian no relationship	10.9	7.7	9.1	11.9	6.7	9.4
Employer	7.7	19.5	6.5	11.9	17.8	13.2
Head	2.7	0.5	1.3	0.0	3.7	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses (n)	222	195	78	176	163	417

5.2 Religion

Close to 74.0% of the HIV/AIDS affected children were christians. This finding is not of significance to this study because the population distribution of this country by religion is over 70% Christian. It would have been considered significant if the contrasting results were obtained.

5.3 Migration

Of the 417 children that had been affected by HIV/AIDS, 60.6 percent had shifted after the death of a parent. The reasons for migrating were; deaths of parents (48.3%), look for jobs (33.5%), and other reasons that included security reasons and convinced by friends. The findings confirm a link between child labour and HIV/AIDS and comment by the assistant community development officer presented below:

“The deaths of the parents due to HIV/AIDS leaves children orphaned and some with no attachments like relatives capable of meeting their needs and thus forced to work and support themselves. This has increased the problem of child abuse and the office receives between 10 to 15 cases a month” Assistant Community Development Officer, Kampala District.

The majority (39.9%) had moved to other districts, while 17 percent had gone to the rural area of the same district. The death of a parent exposes children to exploitation under the disguise of assisting the orphans. This is reflected in the case study of Lilian⁴.

⁴ Uganda Participatory Poverty Assessment, Kakabagyo Site Report, Rakai District

Case Study of Lilian a Female Child Labourer

Lilian (17 years) never saw any of her parents, she was just told. Her mother died when she was 8 months old and the father died 4 months later. She and her elder brother were left to be looked after by the paternal grand mother. When Lilian was 16 years, a businesswoman requested her grand mother to release Lilian to work as a house maid and be paid Shillings 15,000 per months. Her grand mother agreed and lady took her to work.

As mentioned earlier, a bigger percentage (over 60 percent) of the children reported having been affected by HIV/AIDS following the deaths of at least of the parent/ guardian. The children affected by the death of the mother constituted 67.7%, while those affected by the death of the father formed 87.4%. On the other hand 54.7 percent (228 children) of the orphaned children had lost both parents as a result of HIV/AIDS.

The orphan hood due to loss of father was higher than that from loss of mother. This could possibly be explained by the polygamous cultures and better economic empowerment, which increases the fathers' risks to HIV/AIDS. The findings from the qualitative assessment show that wives tend to live longer than their spouse when all are infected by HIV/AIDS.

5.5 Schooling Status

Out of 417 children affected by HIV/AIDS, 220 were attending school. About 67 percent of the children currently attending were attending on a daily basis, 26.8% were attending depending on the situation of the day, while 5.9% of the children attended on average 3 to 4 days in a week. It can be deduced from this finding that the impact of HIV/AIDS affects even the school attendance, which leads to poor academic performance on part of the child. A total of 116 children affected by HIV/AIDS had dropped out of school, 83 confirmed that if given an opportunity they were willing to go back to school.

Several reasons were floated by the HIV/AIDS affected children for not attending school fully. The main reasons were the need to support the family. Other reasons included, lack of school essentials, and looking after a sick relative. It is clear that HIV/AIDS impacts heavily on the orphans by assigning them adult roles thereby making their future uncertain. A case study of Ronald throws some light on how the orphans end up in adult roles.

Case study of Ronald, Bugalanyi Zone, Bwaise parish, Kawempe Division, Kampala District

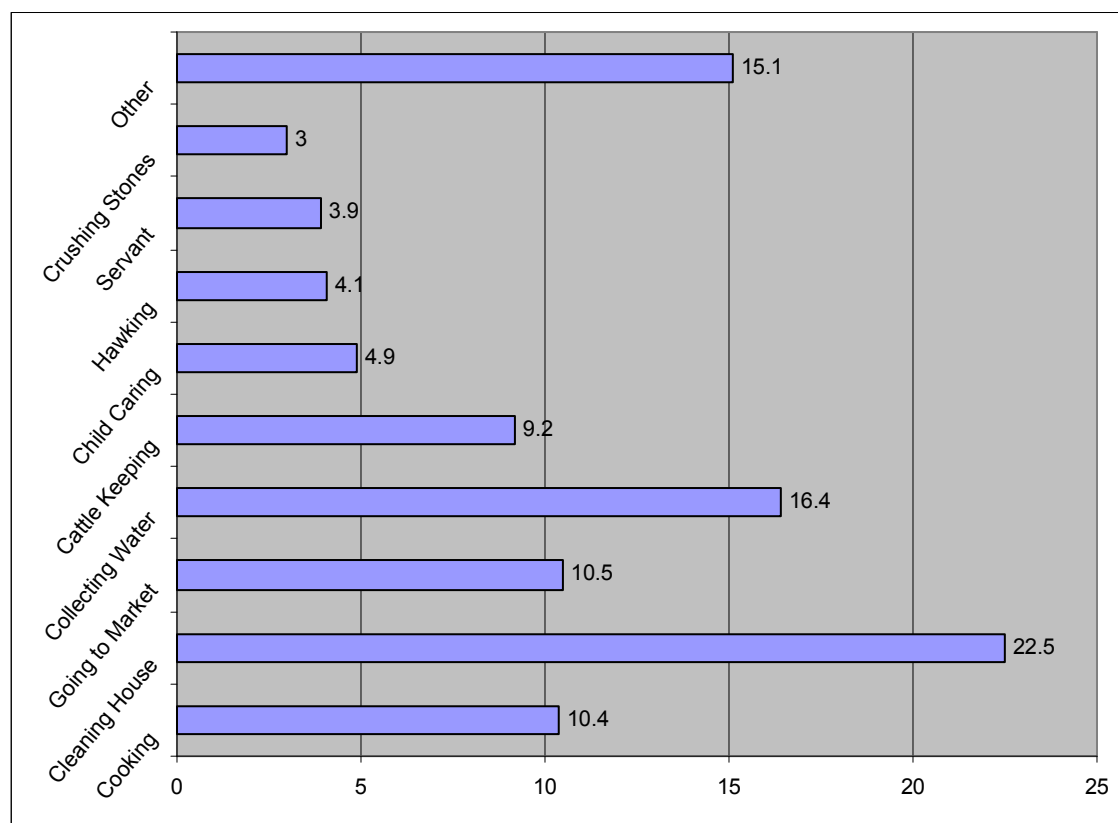
Ronald is aged 16 years. His parents died of HIV/AIDS when he was in primary two. He was the third born of his parents. The elder sister stayed with him until when she got married and "disappeared for him." He was forced out of school and started to work in order to pay for the one-roomed house, which they were renting. He started working when he was 11 years and became a head of household.

His source of income is casual labouring, carrying bricks at construction sites, fetching water and collecting garbage from households for a fee. He estimates his daily income at Shs. 3,000. His future plan is to become a mechanic

5.6 Type of Work

Out of 417 children affected by HIV/AIDS, 398 were working, forming 95 percent. Figure 5.1 presents the distribution of children affected by HIV/AIDS by type of work. Most of the children (22.5%) working were involved in cleaning household utensils, this is followed by those who were engaged in collecting water. Those in dangerous engagements (crushing stones and hawking) constituted 7.1 percent of the total.

Figure 5.1: Distribution of HIV/AIDS Affected Children by Type of Work



5.7 Reasons for Work

The main reason for work to the majority of the children was helping in household enterprises (23.3%), followed by gain experience (18.4%). About 16 percent of children gave their reason for participation in the work as being self-reliant. Another striking reason given by 10.2 percent of the children affected by HIV/AIDS was looking for school fees. Other reasons were survival after the death of parents and supplementing the family income.

5.8 Work Place

The study elicited information on the workplaces of the working children affected by HIV/AIDS. The findings revealed that 64 percent of these children were carrying out the work at the family dwelling, while 20.4 percent at the employer's house. Other places were; street (8.6%), construction site (2.5%) and factory (1.8%).

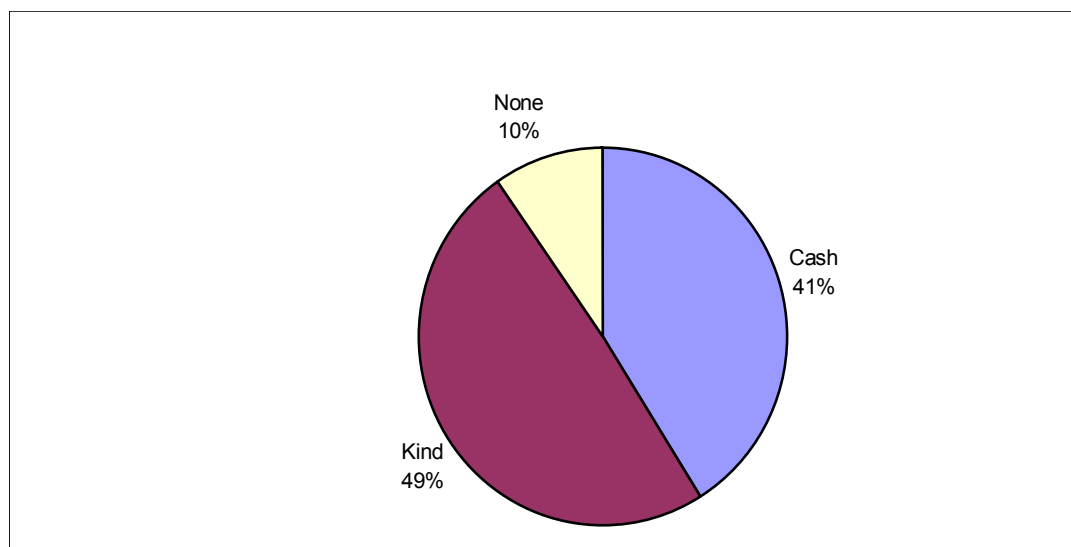
5.9 Status in Employment

The status of employment was assessed for all those children who were not working for their households. Out of the 398 children affected by HIV/AIDS who were working, 120 (30%) were not working for their households. Fifty-six (56) children were casual workers, 21 were irregular, 17 were permanent, while 25 did not have clear terms of employment.

5.10 Mode of Payment

The study assessed the terms of payment for the working children (Figure 5.2). The majority (49.3%) of the children were being paid in kind in form of clothing, food, shelter, and school fees. The children being paid in cash constituted 41.1 percent of the total.

Figure 5.2: Percent Distribution of Children by Terms of Payment

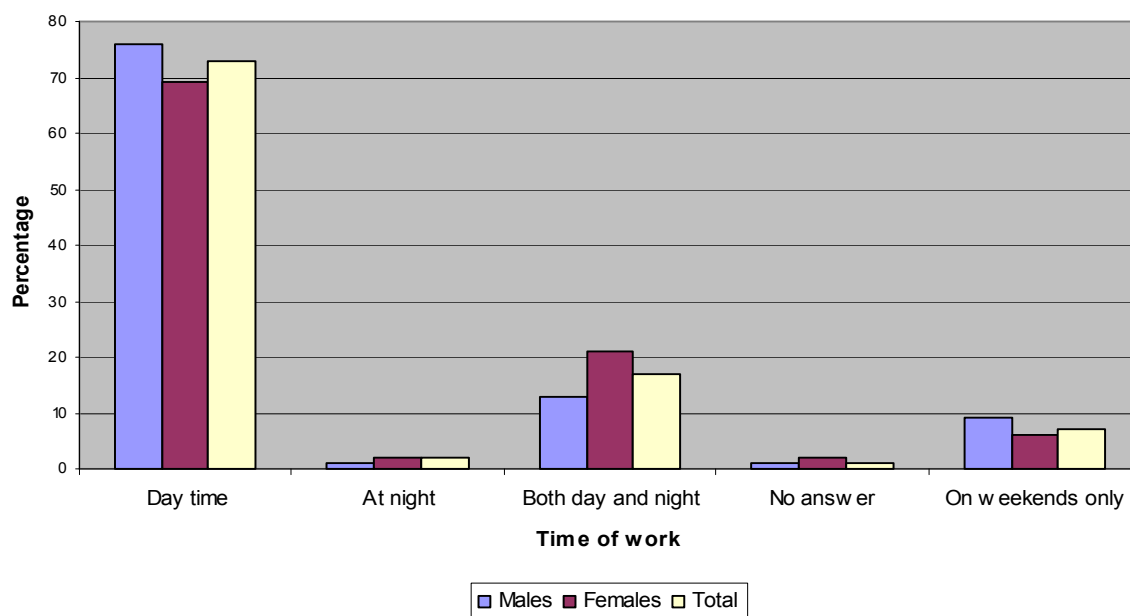


For the children paid in cash, the money was being used to support themselves (82.2%), and to about 18 percent of the working children they reported supporting others (siblings, parent and relatives). The average monthly earnings varied from Shs. 1000 to Shs. 110,000. On average the working children were earning shs. 11,700 per month.

5.11 Time of Work for the children affected by HIV/AIDS

A total of 391 out of the 417 children affected by HIV/AIDS were working. Figure 5.3 presents the percentage distribution of children affected by HIV/AIDS by time of work.

Figure 5.3: Percentage Distribution of Children Affected by HIV/AIDS by Time of work



In a typical day, 36.1% of the children affected by HIV/AIDS reported to spend up to four hours on personal activities, 13.3% reported to spend up to four hours on caring for the sick, 4.2% reported to spend up to four hours on family work. On average the orphans were working for 7 days with varying number of hours worked. Of the 417 children affected by HIV/AIDS, 24 percent were in child labour, while 21.8 percent were in its worst forms.

Overall (86.9%) reported to be working over 16 hours per day; (70%) reported that they usually work during the day while (16%) worked both day and night. This latter category is mostly dominated by females, exposing them to risks of sexual abuse and other associated risks of working at night. Work during daytime means that they either forego education or do part time schooling. Even for those who are reported to work at night, their school performance will be negatively affected. Less than 10% of the children were found to be working on weekends only.

Only 32% were spending between 5-9 hours on school activities assuming an eight hour school day, this means that non attendance and absenteeism were high since 54.1% of the children respondents were reported as currently enrolled in school.

Regarding the number of days a respondent is involved in a type of activity (Annex 9), it is indicated that these children were involved almost on a daily basis (i.e. 5-6 days in a week). Children respondents were involved in many activities but predominantly in the domestic sector; for example – cleaning household utensils, collecting water from the well, cattle keeping/gardening, etc. Some jobs were predominantly female like cooking/serving food while hawking, stone/sand digging, brick laying and fish mongering were male dominated. Below is the case study of Catherine a factory work.

Case Study of Catherine a Child Labourer in a Factory

Catherine is a girl aged 16 years who lost both parents due to AIDS at a young age. She originates from Soroti district. She attended primary school up to 1999 when her guardian couldn't afford to pay school fees. Due to the insurgency of the Lord's Resistance Army (LRA) the family moved into a camp. When the rebels attacked the camp all her brothers were abducted. Her uncle who lives in Jinja picked her. When she reached Jinja she started looking for work. She got a job at Garden Tea Factory of packing tea. She works for 4 days in a week and the remaining three days of the week does domestic work at her uncle's place.

She has been working in the factory for about two months. She is happy with the job because life is better than staying in the camp.

Overall, 27.9% of the female and 25.6% of the male children affected by HIV/AIDS respectively chose the type of work they are doing because they could not find any other job or had to help other family members (31.9% for males and 38.1% for females), respectively (Annex 2.1).

Further examination of the problem orphan hood in light of HIV/AIDS by exploring the relation and attitude of the employer towards the child revealed that the children were happy with their employers. Fifty-seven percent of the children indicated that the employers were treating them as their children, 27.8 percent indicated that the employers were friendly. It should also be noted that 15.3 percent of the working children affected by HIV/AIDS were not happy with their employer.

5.12 Conclusion

HIV/AIDS affected children constituted 44.9% of the sample. They were affected in the sense that many had lost at least a parent; others were caring for the sick relatives. Close to unity (95%) of the HIV/AIDS children were working. The main reason for work was helping in household enterprises (23.3%). They were found to be living mostly with relatives, having lost their parents. They work almost daily and for long hours, 80.6% work for over 16 hours while 16% especially female work both day and night. These long working hours have serious implications on orphan's health, education and therefore future opportunities.

The findings in this chapter have unveiled how the effects of HIV/AIDS propel victims into extra burdens of work, exploitation and hazardous activities.

Over fifty percent (58.3%) of the HIV/AIDS orphans were fending for themselves through child labour. To these poor children child labour is a coping strategy. They (children) enter labour market when they are not prepared to negotiate their terms of employment. Many end up being exploited. About a quarter of the children affected by HIV/AIDS were in child labour, while 21.8 were in its worst forms.

CHAPTER SIX

RISKS, SAFETY, AND HEALTH OF WORKING CHILDREN

Children are sometimes exposed to extremes of conditions at work places that pose serious dangers to their physical, social and mental health and development. This may be through oversight or ignorance of the law by the parents/guardians or employers. Working under such conditions would necessitate standby facilities to address injuries or illnesses arising from these harsh working conditions. It was considered important to find out under what conditions these children worked, what risks they faced and how they were attended to in case of illness/injuries at places of work.

6.1 Incidence and type of injury during the last 12 months

Table 6.1 presents data on the respondent's incidence and type of injury/illness suffered by children at workplaces during last 12 months by sex. It is indicated that males suffered more from trauma than their female counterparts except in cases of burns. This can be explained from section 5 where girls are seen to be more involved in domestic work for long hours than the boys. Common injuries among males include; chest pain (22%) and deep cuts (40%), while females suffered deep cuts (34.6%) and burns (31.9%). Among the illness suffered while at work, females were affected by cough (39.3%) and stomach problems (19.9%), while boys suffer from cough (34.6%), flue (20.6%) and stomach problems (17.3%).

Table 6.1: Injuries suffered by working children in last 12 months by sex

Injuries	Male	Female	Total
	%	%	%
Chest pain	22.0	14.1	18.6
Deep cuts	40.0	34.6	37.6
Burns	11.8	31.9	20.6
Fractures	(3.3)	(2.6)	(3.0)
Swollen feet	(6.5)	(1.6)	(4.4)
Backache	12.7	(9.9)	11.5
Other(specify)	(3.7)	(5.2)	(4.4)
Total	100.0	100.0	100.0
	245	191	436
Illness	%	%	%
Flue	20.6	13.8	17.5
Cough	34.6	39.3	36.7
Stomach problems	17.3	19.9	18.5
Genital discomfort	(0.8)	(4.1)	(2.3)
Eye problems	(5.8)	(1.5)	(3.9)
Allergies/skin problems	(3.7)	(3.1)	(3.4)
Respiratory problems	(1.6)	(2.0)	(1.8)
Other(specify)	15.6	16.3	15.9
Total	100.0	100.0	100.0
Total Responses (n)	243	196	439

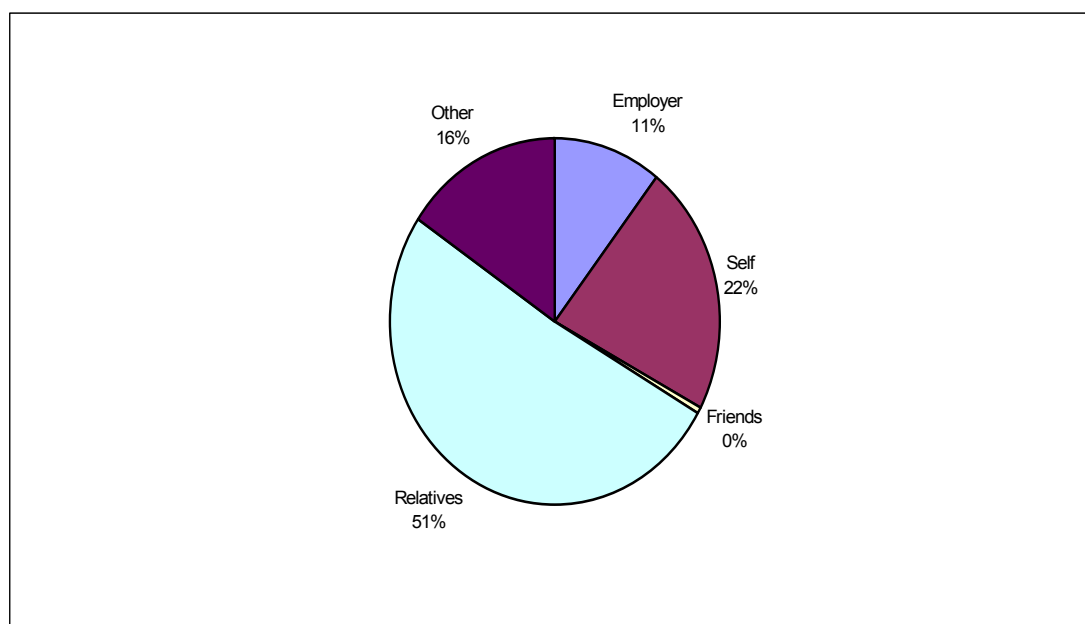
The common injuries to the working children were deep cuts, burns and chest pain (table 6.2). These were common among children of all age groups. Other injuries included fractures, swollen feet and backache.

Table 6.2: Percentage Distribution of Working Children by Injuries Suffered

Injury Suffered	Age			Total
	5 to 9 Years*	10 to 14 Years	15 to 17 Years	
Chest Pain	4.2	23.8	16.7	18.2
Deep Cuts	33.3	26.2	41.1	33.8
Burns	29.2	26.2	18.9	23.2
Fractures	8.3	2.4	2.2	3.0
Swollen Feet	16.7	4.8	4.4	6.1
Backache	8.3	15.5	11.1	12.6
Other	0.0	1.2	5.6	3.0
Total	100.0	100.0	100.0	100.0
Total Responses	56	190	190	436
*-Percentage based on a small sample				

6.2 Incidence, type of illness and provider of medical treatment

Figure 6.1 presents data on the provider of medical attention for children at workplaces by district. It is indicated that, in 51 percent of the cases, the burden falls on the relatives. The employer provides care in only 11 percent of the cases. A fifth of the working children were treating themselves when injured.

Figure 6.1: Percent Distribution of Injured Working Children by Provider of Care

6.3 Risks at work and knowledge of relevant laws and policies

Table 6.3 presents data on the risks encountered by the respondents at their places of work by sex. It is indicated that among both males and females, fatigue 22.7%, exposure to heavy tools/equipments and heavy loads feature as the common risks, 14.1% and 13.4% respectively. Noise, exposure to excessive temperatures, Sexual abuse, exposure to smoke/fumes/gas and beatings are among other forms of risks at work places. Females stand out to be more exposed to verbal abuse, burns, beatings and sexual abuse/harassment than their male counterparts.

Table 6.3: Percent Distribution of Working Children by Risks at work

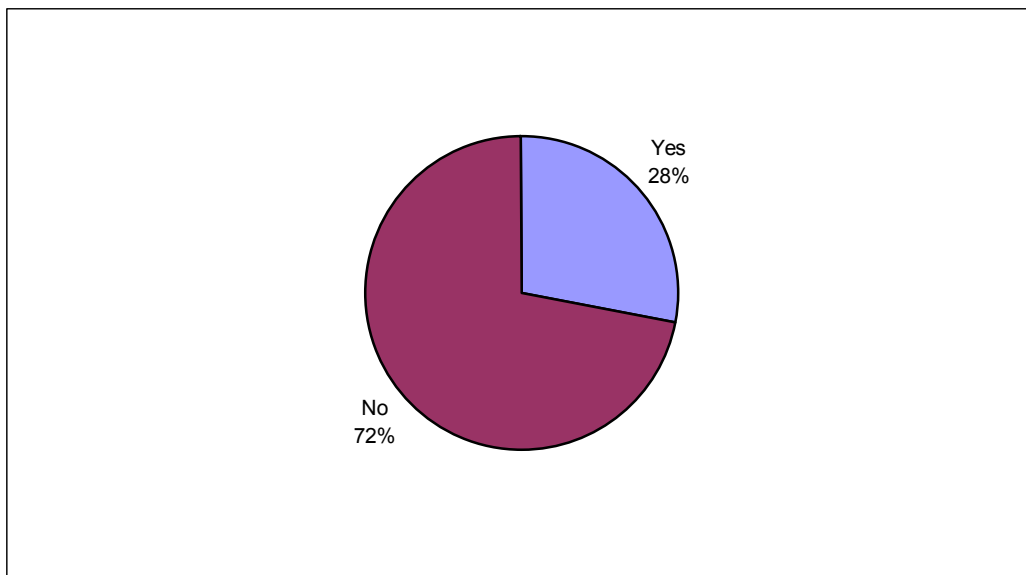
	Male	Female	Total
Risk at work	(%)	(%)	(%)
Dangerous tools/equipment	15.1	12.7	14.1
Noise	4.5	1.9	3.4
Exposure to smoke/fumes/gas	2.3	3.4	2.7
Heavy loads	15.3	11	13.4
Exposure to dust	5.9	2.6	4.3
Beatings	6.5	9.1	7.6
Verbal abuse	8.9	11.9	10.2
Burns	4.2	11.4	7.3
Fatigue	23.3	21.8	22.7
Other	14.0	14.2	14.3
Total	100.0	100.0	100.0
Total Responses based on a multi-response question.	707	537	1244

These findings are supported by the results from Key Informants who admitted that these children are exposed to risks, such as drowning while fishing (Nebbi and Jinja), electric shocks, snakebites in sugar canes and gunshots while smuggling at border posts (Mbale and Nebbi). For females sexual abuse and early pregnancy were cited especially for children working late at night.

Figure 6.2 presents data on the parents' awareness on the safety of children at work places. It is indicated that most parents interviewed, expressed ignorance about the policy and legal requirements for protection of children at workplaces.

These findings are supported by information from Key Informants, most of who expressed ignorance about laws relating to children's rights and protection against child labour. The ignorance of the surveyed parents/employers possibly explains why only 6% of the children respondents had been given any form of protective gear at places of work.

Figure 6.2: Percent Distribution of Parents by awareness about child safety laws



Among the few interviewed children who received protective gear, aprons and gloves were found to be the most common (35.6% and 33.3%) respectively while ear plugs featured as the least provided (2.2%) protective gear.

6.4 Conclusion

The children were found to be exposed to risks at work. Risks included exposure to heavy loads, sharp tools and instruments and exposure to fumes, chemicals and extremes of temperatures and noise. This is hazardous work and characteristic of the worst forms of child labour. Unfortunately there were no protective gears provided. A low level of awareness about safety laws on the side of employers compounded this problem. No medical facilities were provided at the places of work.

CHAPTER SEVEN

EFFECTS OF SEXUAL ACTIVITY AND HIV/AIDS

ON CHILDREN AND PARENTS

Children, especially those out of school, through curiosity, redundancy, peer pressure, or through substance abuse are more likely to engage in casual sexual intercourse than those in school. It is important to know how children at work or in a domestic environment behave in relation to sexual activity and therefore risks to HIV/AIDS. The highest prevalence of HIV/AIDS is reported among the 15-24 years age group which age bracket includes part of the age bracket of the study group.

7.1 Sexual intercourse

At the time of the interview, only 291 (31.3%) of the children had already had their first sexual intercourse. The age at first involvement ranged from 6 - 17 years; 5.8% were aged 5 – 9 years, 60.5% were aged 10 – 14 years and 33.7% were aged 15 – 17 years at first sexual intercourse. This age of first sexual intercourse is important because it indicates the age at which one get exposed to the risk of contracting HIV/AIDS since over 90% of the transmission is through sex. At the time of first sexual intercourse, 25.7% of the children were living with both parents and 6.7% and 1.9% were living with father and mother respectively while 12.9% were living with employers. The majority of the children interviewed showed ignorance about the laws that protect them against sexual abuse.

Out of the 929 children covered by the survey, 54 had been induced by their employers into sexual intercourse. More girls (40 cases) than boys (14 cases) had been induced. Overall, children were lured into sex by promise of material things followed by money. Females were induced into sex mainly, by money and promises of material gains compared to males who were mainly induced by material things.

Information on reasons for involvement in sexual intercourse was sought from respondents. Of the 236 surveyed children who are sexually active (71.2%) say that peer pressure is a major factor pushing them into sex (table 7.1). More boys than girls are driven by peer pressure to have sex. Given the limitation of the small sample other reasons leading children into sex could not be explored.

Table 7.1: Reasons for sexual involvement at workplace by sex

Reasons for sexual involvement	Male	Female	Total
	%	%	%
Peer pressure	86.5	53.6	71.2
Others	13.5	46.4	28.8
Total	100.0	100.0	100.0
Total Responses	126	110	236

7.2 Awareness of children on HIV/AIDS

Table 7.2 presents data on the children respondents' level of awareness about the methods of HIV/AIDS prevention. It was established that among both males and females all the methods of avoiding HIV/AIDS virus, including, abstinence from sex, protected sex, safe blood and avoidance of sharp piercing instruments were known. However, the level of awareness about each particular method of prevention was generally low. Protected sex was the mostly widely known method followed by abstinence.

Table 7.2: Levels of awareness about methods of HIV/AIDS prevention

Method	Male	Female	Total
	(%)	(%)	(%)
Abstain from sex	26	32.8	28.9
Protected sex	32.2	29.9	31.2
Avoid sex with other partners	2.8	4.9	3.7
No marriage	1.1	1.3	1.2
Safe injections	10.1	6.8	8.7
No sharing sharp objects	12.1	11	11.6
Safe blood transfusion	5.9	3.4	4.8
Avoid multiple sexual partners	6.5	5.5	6.1
Others	3.3	4.4	3.8
Total %	100.0	100.0	100
Total of Responses based on a multi-response question	818	616	1434

7.3 Other risky behaviours

Table 7.3 presents data on the children respondent's behaviour on the use of condoms and substance abuse during last sexual encounter by sex. It was established that some respondents had used substances like alcohol and drugs before their last sexual intercourse, 48.3 percent of the males had used alcohol and condoms, 21.7% had used drugs and condoms and 48.3% of

male respondents had never used condoms, alcohol and drugs. 55.4% of female respondents had never used alcohol, drugs and condoms.

Table 7.3: Condom use during last sexual intercourse by children and use of other substance of abuse

	Used a condom			Never used a condom		
	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%
Alcohol	48.3	(34.1)	42.3	48.6	40.5	44.4
Drugs	(21.7)	(4.5)	(14.4)	(20.0)	(4.1)	(11.8)
Never	(30.0)	(61.4)	43.3	(31.4)	55.4	43.8
Total	100.0	100.0	100.0	100.0	100.00	100.0
Total Responses	60	44	104	70	74	144

NB- () analysis based on a small sample

7.4 Effects of HIV/AIDS on households

The effects of HIV/AIDS on the school attendance of children from HIV/AIDS affected families were investigated. The data was collected using a parent/ guardian questionnaire. Out of 101 parents/guardians, only 69 respondents reported their households had been affected by HIV/AIDS scourge. The small sample could not facilitate a reliable analysis. The parents/ guardians reported the effects as children dropping out of school due to the loss of the bread winner in the household, inability to pay school fees and the high cost of scholastic materials, and therefore children working to fend for themselves.

7.5 Support to HIV/AIDS affected households

Only 6 out of 101 parents/ guardians had ever received support as a result of the HIV/AIDS effect. The support provided included food, medicine counseling and money.

7.6 Institutional and community support to HIV/AIDS affected households

Overall, the parents/ guardians feel that the government should develop a policy on HIV/AIDS affected families. They also suggested that religious organizations should take up more responsibility and proposed free and un-conditional education for HIV/AIDS affected children. This information was collected through focus group discussions.

7.7 Conclusion

Sexual experience starts early among the children orphaned by HIV/AIDS due to lack of proper guidance and supervision by the guardians. About half of the children gain sexual experience from their work places. Peer pressure and inducements were cited as the major driving forces. Persistent demand for sex at places of work was also cited. There seemed to be a high level of awareness about HIV/AIDS issues, however the use of substances of abuse like alcohol and drugs threatens to wipe out the benefits of the high awareness.

The death of key family members from HIV/AIDS has very negative effect on the schooling of the children. The respondents still have hope of getting support from the Government and NGOs to support HIV/AIDS affected families.

CHAPTER EIGHT

CHARACTERISTICS AND PERCEPTIONS OF EMPLOYERS, FAMILIES AND COMMUNITIES ON THE ISSUES OF CHILD LABOUR AND HIV/AIDS

Communities, and individuals of various age groups perceive child labour differently. Some perceive it as part of social cultural training for the benefit of the children in the future, others perceive it as an essential contribution of the growing children to the household economic activities.

These perceptions usually do not take into account the age and capacity of the child to carry out particular tasks, for how long and at what cost to the child's education, health and development. It was therefore important for the study to capture the perceptions of the children, parents/guardians and employers on child labour since they are considered key players in the strategies to eliminate child labour.

8.1 Children perceptions on child labour and future plans

Table 8.1 below presents data on the children respondents' perceptions on whether children below 18 years should be employed or not by sex. A total of 326 children indicated that children below 18 years should be employed in contrast to 542 who were opposed. The male children were more supportive of child employment than the females. Overall out of the 326 who felt that children should be employed, 45.4% wanted to continue working while 14.4% wanted go back to school. More boys (50.5%) than girls (38.7%) wanted to continue working. Among those who did not want children below 18 years to be employed, 30.3% wanted to go back to school which is in line with the FGDs where most of the children among school dropouts expressed interest of returning to school in case chance arose, while 23.6% had no future plans.

Table 8.1: Distribution of Children Respondents by Reasons why children below 18 years should be employed and future plans

Future plans	Should be employed			Should not be employed		
	Male	Female	Total	Male	Female	Total
	%	%	%	%	%	%
To continue with work	50.5	38.7	45.4	10.8	12.5	11.6
To go back to school	15.2	13.4	14.4	30.4	30.1	30.3
I don't have any plans	10.3	19.7	14.4	21.7	25.8	23.6
Others	23.9	28.2	25.8	37.1	31.6	34.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total Responses	184	142	326	286	256	542

NB- () Analysis based on a small sample

The children respondents who supported the employment of children, had their future plans as follows; continue to work, (50.5%) males, (38.7%) females, go back to school (15.2%) males, (13.4%) females.

8.2 Attitude of employers

Table 8.2 presents the views of the interviewed children about their employers' attitude towards them. The majority of these children said that their employers (60%) were parental, 25% said the employers were friendly while only 1.9% answered that their employers were confrontational physically.

Table 8.2: Attitude of employers towards children employees by sex

Attitude	Male	Female	Total
	%	%	%
Friendly	24.8	26.0	25.3
Parental	60.9	58.7	59.9
Very harsh and rude	7.5	7.7	7.6
Indifferent	(3.8)	(3.2)	3.5
Physically confrontational	(1.5)	(2.4)	(1.9)
Seductive/sexually manipulative	-	(1.5)	(0.7)
others(specify)	(1.5)	(0.6)	(1.1)
Total	100.0	100.0	100.0
	399	339	738

NB – () Analysis based on a small sample

8.3 Parents/Guardians and Key Informants perceptions on child labour and HIV/AIDS

The findings from the key informant interviews reveal that child labour exists in both rural and urban areas and is on the increase. HIV/AIDS through the death of parents was singled out as the biggest cause of child labour followed by poverty. These are compounded by the increasing breakdown of traditional extended family safe nets that used to protect children.

The demand for cheap labour in exchange for ready cash money was cited as a pull factor catalyzed by juvenile delinquency, and the unaffordable cost of education. In reality respondents were ignorant about the relevant laws. Therefore most of the parents while appreciating the dangers of child labour, did totally condemn employment and exploitation of children and suggested introduction of viable sustainable alternatives and policies.

8.4 Risks of Child Labourers to HIV/AIDS

The key informants interviewed acknowledged the high risk of exposure to HIV/AIDS faced by the child labourers. This was attributed to the nature of their work especially in urban areas where some children have taken on commercial sex. Some boys and girls are sexually harassed at places of work and often succumb to pressure. Some children are raped/defiled and the matter is often swept under the carpet.

According to the interviewees, many of such cases are not reported and even those, which are reported, are “*bought out of LC Courts or Police*” because complainants are poor to afford hiring lawyers or the law enforcers are corrupt.

8.5 Conclusion

Many children perceive child labour as undesirable and a third of the total would opt for return to school life if an opportunity arose. However those children who support child labour less than a half want to continue working. Male children are more interested in going back to school than their female counterparts. Children perceive their employers as parents. Parents and opinion leaders acknowledge existence of child labour and point to HIV/AIDS as the single biggest causative factor. They attribute this state of affairs to “absence” or “silence” of relevant laws and policies. They suggested introduction of viable alternatives to child labour for the HIV/AIDS affected children and addressing the issue of household poverty.

CHAPTER NINE

CONCLUSIONS AND RECOMMENDATIONS

The summary of the major findings of the study, the evidence of the relationship between child labour and HIV/AIDS and suggested interventions as recommendations are presented in this section.

9.1 Conclusion

The devastating aspects of HIV/AIDS epidemic have impacted heavily on the children aged 5 to 17 years as revealed by the findings of the study. Out of the 929 children sampled for the purpose of the study, 417 had been affected by HIV/AIDS. HIV/AIDS was the main reason for orphanhood. Close to two-fifths of these children were staying with relatives, and about 2 percent were heads of households.

It is also clear that HIV/AIDS effects had influenced school attendance leading to absenteeism, and drop out. The affected children were attending school irregularly due to lack of school essentials, the need to attend to the sick in the family or to work for survival or supplement family income.

The majority (95%) of the affected children were working in order to support their families and themselves. As a result of HIV/AIDS, the orphaned children had assumed adult roles of working for the survival of their families at the expense of education. The findings of the study revealed a strong link to orphanhood as a motivating factor to child labour.

In light of orphanhood, education competes with need to work to support the immediate family and self and eventually the working orphan drops out of school. This study finding has confirmed that the reasons that push children out of the classroom into work and subsequently child labour are related to child labour. Clearly the 2% children who were recorded as heads of households are a true manifestation of the tragic victims of the worst forms of child labour.

The results have further shown that the working children are grossly underpaid. Their pay is less than Shs. 20,000 per month yet they work long hours. In the course of their work they are exposed to a range of physical abuse and injuries as revealed in the chapter on risk, safety and health of working children. Exposure to dangerous tools and equipment, chemicals etc and risks of sex abuse at their workplaces in the domestic, informal and construction sectors is rife. In fact

many children (Over 50%) perceived child labour as undesirable and would opt for continuing with school life if an opportunity arose.

The majority of the children interviewed showed ignorance about the laws that protect them against sexual abuse. Over 70 percent of the sexually active children had been lured into sex by peer pressure. These findings support the proposition that children affected by HIV/AIDS have propensity to sexual abuse thereby placing them at the risk of infection of the HIV/AIDS.

Overall the study results have shown evidence that there is a relationship between child labour and HIV/AIDS. This calls for action that encompasses child labour and HIV/AIDS in an integrated manner.

9.2 Recommendations

In order to mitigate the effects of HIV/AIDS as a preventive measure to child labour the following recommendations are made:

- A nationally representative sample survey should be conducted to throw more light on the linkages between child labour and HIV/AIDS. The nationally representative sample will facilitate the determination of the numbers of children affected, magnitude of the problem and their different situations.
- Existing programmes on child labour must of necessity integrate HIV/AIDS concerns in their planning implementation monitoring and evaluation. It is equally important that the opinion and views of the people affected by HIV/AIDS and the children especially the orphans who are at risk of child labour are taken into consideration.
- The Draft National Child Labour Policy and the Orphan and Vulnerable Children Policy need to be inextricably linked to tap the opportunities that the two policies may offer to address the twin problem. Inevitably alliances and increased coordination of all the relevant stakeholders including civil society is paramount in this process.
- Government should extend support to the HIV/AIDS orphans to keep them in school. Special educational schemes such as Complimentary Opportunities for Primary Education (COPE) catering for children who have to work to survive should be strengthened. However, these schemes have to be implemented with close supervision to ensure that there is a balance between school and work and protection from hazardous work.
- Vocational training and apprenticeship schemes especially for older children should be promoted to compliment formal education.

- Government should intensify HIV/AIDS counseling, testing and provision of drugs to enable the patients cope up with the disease.
- Awareness raising has been going on for both child labour and HIV/AIDS programmes. However, Government should promote more campaigns targeted at the relationship between child labour and HIV/AIDS and explaining the risks and potential threats to the lives of the children affected.
- At the same time an adolescent friendly HIV/AIDS/Child Labour awareness programme should given special attention. This will enhance the newly introduced Presidential HIV/AIDS initiative for schools.
- While Universal Primary Education (UPE) increased enrollment of children in primary school, retention rates remain a challenge because UPE is not universally accessible due to some latent costs such as cost of scholastic materials and transport. It is therefore recommended that government makes UPE compulsory. This is the only way the HIV/AIDS affected children and child labourers can be retained in primary schools and prevent them from joining the labour market prematurely.
- A number of laws exist to protect children's rights and prevent child labour. Unfortunately there is inadequate sensitization and advocacy of these laws. Government should harmonize the laws that protect children from child labour and simplify them for the general public consumption. This should go hand in hand with strengthening the different enforcement structures and the labour inspectorate in particular.
- Government should sensitise the communities on the various poverty eradication programmes, encourage self-help groups within the communities to provide more strength and solidarity to one another. The gender aspects should run through the entire programme.
- It goes without saying that the complex issues surrounding child labour and HIV/AIDS demand strengthening the capacities and skills of service providers at the various levels through appropriate training and infrastructural development.

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APPENDICES

Annex 1: Methodology

Originally designed methodology

The sampling frame we are using consists of households with any form of child labour (family, commercial and self employed). A household unit used is according to the definition by Uganda Bureau of Statistics (UBOS). The study is designed to generate estimates at Regional level. (Regional indicates the study area of the districts of Jinja, Nebbi, Kampala and Mbale). Multiple survey sampling methods aimed at reducing bias and increasing precision have been used. A two stage, cluster, stratified, systematic sampling design with Enumeration areas as primary sampling units and the household as ultimate sampling unit has been used. The frame of enumeration areas and number of households per enumeration area used is according to the 2002 Population and Housing Census frame (UBOS).⁵

Sample size

The total sample of 1095 households will be used. This is arrived at using the HIV/AIDS prevalence rate of 5% (Ministry of Health, 2003).⁶ A 2% precision rate with 80% response rate and a design effect of 2 at 95% confidence interval has been used.

Using the formula, $n = \{(Z_{\alpha/2}^2 X p X q) / e^2\}$

with n is the sample size
 p=0.05, q = 0.95
 $Z_{\alpha/2}$ value of 1.96
 e = 2% at group level
 Design effect= 2
 A response rate of 80%

The sample obtained at group level was proportionately allocated to the different strata at different levels. The number of households to be enumerated from selected enumeration areas has been equally allocated to the enumeration areas after considering the rural and urban proportional allocation.

⁵ Obtained from the Uganda Bureau of Statistics.

⁶ Protocol for the Uganda HIV/AIDS sero-behavioral survey, March 2003

Sample selection

The districts under study were used as separate strata and the total sample was proportionately allocated to each stratum. The number of enumeration areas (EAs) from each stratum was allocated while considering rural and urban bias proportionately. Different systematic values were used per stratum since different strata have different number of total enumeration areas from which different number of EAs is selected into the sample. In every selected EA, a listing of all households will be done noting the specific characteristics of presence of child labour and HIV/AIDS effects. From this listing, households with characteristics of the study interests will be systematically selected. 10 households are to be selected in each enumeration area.

Considering the parity in presence of characteristics under study between the urban and rural areas, more households will be enumerated from the urban EAs selected than the rural EAs (Table 1).

Table 1: Sample Allocation

District	Sample allocation		No of EAs	
	Rural	Urban	Rural	Urban
Jinja	96	49	18	9
Kampala		523		50
Mbale	246	30	36	4
Nebbi	137	14	25	3
Total	479	616	79	66

Annex 2: Household Listing Questionnaire



THE REPUBLIC OF UGANDA
Ministry of Gender, Labour and Social Development

THEMATIC STUDY ON CHILD LABOUR & HIV/AIDS

THE HOUSEHOLD LISTING AND SAMPLE SELECTION QUESTIONNAIRE

SECTION 1A: Identification Particulars		CODES			
1. DISTRICT:					
2. COUNTY:					
3. SUB-COUNTY					
4. PARISH:					
5. EA/ LC1:					

INTERVIEWER'S COMMENTS

NAME & SIGNATURE OF SUPERVISOR

START TIME ----- END TIME -----

THIS SURVEY IS BEING CONDUCTED BY MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT IN CONJUNCTION WITH ILO's INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR (IPEC)

Ministry of Gender, Labour
And Social Development
P.O Box 7136, Kampala (U)

International Labour Organization/ International
Programme on the Elimination of Child
Labour (ILO/IPEC)
P. O Box 29734, Kampala, Uganda.

Social Development Consultants (U) Ltd
P.O.Box 4726,
Kampala

THE HOUSEHOLD LISTING AND SAMPLE SELECTION QUESTIONNAIRE

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

THEMATIC STUDY ON CHILD LABOUR AND HIV/AIDS

[illegible]

Annex 3: Children Survey Questionnaire



THE REPUBLIC OF UGANDA
Ministry of Gender, Labour and Social Development

THEMATIC STUDY ON CHILD LABOUR & HIV/AIDS

CHILDREN (5-17 YRS) SURVEY QUESTIONNAIRE

SECTION 1A: Identification Particulars	CODES			
1. DISTRICT:				
2. COUNTY:				
3. SUB-COUNTY				
4. PARISH:				
5. EA/ LC1:				
6. NAME OF HEAD OF HOUSEHOLD /NUMBER				
7. NAME OF CHILD				
8. DISTRICT OF BIRTH:				
9. NATIONALITY:				

INTERVIEWER'S COMMENTS

NAME & SIGNATURE OF SUPERVISOR

START TIME ----- END TIME -----

THIS SURVEY IS BEING CONDUCTED BY MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT IN CONJUNCTION WITH ILO's INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR (IPEC)

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International Labour Organization/ International
Programme on the Elimination of Child
Labour (ILO/IPEC)
P. O Box 29734, Kampala, Uganda.

Hello, My name is _____ and working with Ministry of Gender, Labour and Social Development. We are conducting a survey about activities Children do in Uganda. We would very much appreciate your participation in this survey. I would like to ask you about your life. This information will help the government to plan for those children affected. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me any thing about the survey?
May I begin the interview now?

Name & Signature of Interviewer: _____

Date _____

Section B:

BACKGROUND INFORMATION

1.	Sex	1 = Male 2 = Female	
2.	Age in Complete years		
3.	Religion	1. =Moslem 2. =Catholic 3. =Protestant 4. =Adventist 5. =Revival Churches 6. =Traditional 7. =Other	
4.	How are you related to the head of the household where you currently stay?	1= Father 2=Mother 3=My Relative 4= Guardian, no relationship 5= My employer. 6= Head	
5.	Where were you/parents staying before coming to this place?	1= Never shifted 2= Rural area but same district 3= Other district 4= Other country 5= Others (specify).....	
6.	If not 1 in Qn5 above, what made you/family to shift/migrate to this new place?	1= Look for job, 2= Security reasons 3= Running away from home 4= Convinced by friends 5= Just dumped in town 6= Death of Parents/Guardian 7= Other (specify).....	

7.	Of the following people with whom do you stay? (Multiple answers possible).	1. = Father 2. = Mother 3. = Sister-Younger-Older 4. =Guardian 5. = Employer 6. =Brothers-Younger-older 7. = Grand Parent 8. =Non relative 9. = Uncle 10. = Aunt 11. = By myself 12. = Other (specify)...		
8.	Are your parents alive? 1 = Yes 2 = No 3 = Don't know	Mother	Father	
9.	If response to Qn 8 above is NO (2), were you orphaned by HIV/AIDS? 1 = Yes 2 = No 3 = Don't know	Mother	Father	
SECTION C: EDUCATION				
10.	What is your Current schooling status?	1= Never attended [Skip to 16] 2 = Left school 3 = Currently attending		
11	If currently attending, how often do you attend school?	1= Every day 2= Three times a week 3= Four times a week 4= It depends on the situation (specify).		
12	If not attending full time give reasons for part time attendance.	1= So as to support my family 2= So as to support the sick parent(s) 3= To earn a living/income		
13.	If in school but currently not attending, what is the reason for not attending school?	1= Sick 2= Lost parent/guardian recently 4= Attending to sick person 5= Orphaned 6= Lack of essential school materials 7= Insecurity 8= Need to work 9= Others (specify).....		

14.	If left school, why did you decide to leave school? (Multiple Answers)	1= Completed desired level 2= Need to work 3= Lack of school fees/essential school material 4= Lost bread-winner 5= Pregnancy 6= Internal displacement 7= Poor academic performance 8= School too far 9= Illness 10= To take care of ill family members 11= Loss of interest in studies 12= Orphaned 13=Other (specify).....	
15.	What is your highest level attained? (Only those with Code 2 and 3 in Q10)	1 =Completed P1 8= Completed P7 2 =Completed P2 9 = Completed S1 3 =Completed P3 10= Completed S2 4= Completed P4 11= Completed S3 5 =Completed P5 12 = Completed S4 6= Completed P6 13 = Completed S5 7 =Completed S6 14 =Completed post primary Training 15 =Completed Post Secondary Training	
16.	If respondent has never attended school (Code 1 in Qn10), why?	1=Lack of school fees/essential materials 2=Disability (self) 3=No school available nearby 4=Need to work 5=Other (specify)	
17.	Did you ever have any informal vocational training in trade/skills?	1 = Yes 2 = No	
18.	If an opportunity arose, would you go back to school? (For those with Code 2 in Qn10)	1 = Yes 2 = No	If yes skip to Sec. D
19.	If answer to Qn18 above is No, what is the main reason that would prevent you from going back to school?	1= To help in the house chores 2= Because I am a girl 3= Family instability/divorce of parents will not allow me to study well 4 = I am over age for school 5 = Pregnancy 6= Internal displacement 7= Poor academic performance 8= School too far 9= Illness/Disability (self) 10=To take care of ill family members 11= School not suitable or safe 12= Loss of interest in studies 13= My business would collapse 14= Other (specify)	

SECTION D: MAIN ECONOMIC ACTIVITY AND WORKING CONDITIONS OF THE CHILDREN			
20.	What type of work do you do that gives you income/do spend most of the time? State what exactly s/he does among all the options?	1= Cooking/serving food 2= Fish monger/vendor 3= Cleaning the house/utensils 4= Going to the market and shops 5= Caring for the sick 6= caring for the aged members of the family 7= Child caring (feeding, taking to school, etc) 8= Hawking 9= Collecting water from the well 10=Prostitution (sex for gain-probe carefully) 11=Hair dressing salon 12=domestic servant 13=Bar/restaurant attendant 14= Small business/trading assistant 15= Crushing stones 16= Cattle keeping/gardening 17= Workshop/garage attendant/black smith 18= Sell cutex 19= Brick laying/baking 20= Scavenging old shoes 21= Metal scavenging 22= Luggage carrier (casual labour) 23= Carpentry work 24=Extracting/digging sand 25=Other (specify).....	
21	Where do/did you carry out the work?	1= At family dwelling 2= At employers house 3= On the street 4= Industry/factory 5= Construction/Quarry sites 6= Other (specify).....	
22.	If child answered that parent(s) is/are alive (in Q8), is she/he working normally? 1= Yes 2 = No 3 = I don't know	Father 	Mother
23.	Under which circumstances were your parents in (terms of health) when you started to work?	Father 1 When father was well 2. When father fell sick 3. When father died	Mother 1. When mother was well 2. When father fell sick 3. When father died
24.	What was the main reason why you started to work?	1= To gain experience 2= Supplement Family Income 3= Help in household Enterprise 4= To be self reliant 5= Look for school Fees 6= To help family farming 7= For survival after mother fell sick from HIV/AIDS 8 = For survival after father fell sick from HIV/AIDS 9= Others Specify.....	

25.	Are you self-employed or do you work for someone else? (Multiple answers)	1= Self employed 2= Work outside household 3= Work for the household 4= Work for relatives 5= Other (specify.....)	
26.	In a typical week, how many days do you work?	1=7 days 2=6 days 3=5 days 4=4 days 5=3 days 6=2 days 7=1 day	
27.	How long have you been doing this type of work?	1= Days..... 2= Weeks..... 3= Months..... 4= Years.....	
28.	What made you choose to do this kind of work? -More than one answer is possible. If s/he states 'other', fill in	1= Could not find other work 2= Prefer working for myself 3= I just like it 4= Help other family member 5= I am sick 6= Am a foreigner here 7= It is light/less energy 8= My friends do it 9= Don't know 10= Other	
29.	If answer to Qn28 above is 2, are you related to the person you are working for?	1=Yes 2 = No	
30.	If answer to Qn 29 above is Yes, state the relationship	1= Father 2 =Mother 3 = G/parent 4 = Brother 5=Sister 6=Uncle 7=Aunt 8=Other (specify)	
31.	If not working for household, on what terms are you employed?	1= Permanent 2= Casual 3= Irregular 4= Not defined, at mercy of employer	
32.	How are you paid?	1 = Cash 2 = Kind (clothing, food, shelter, school fees) 3 = None	
33.	If paid in cash, regarding the most recent payment, what was the amount paid by the employer?	Specify exact amount -----	
34.	Do you save part of your earnings?	1=Yes 2=No	

35.	How many people work with you?	Specify exact number -----	
36.	What is the attitude of your employer towards you?	1= Friendly 2= Parental 3= Very harsh and rude 4= Indifferent 5= Physically confrontational 6= Seductive/sexually manipulative 7=Other (specify) -----	
37. On a typical day (of 24 hrs), how many hours do you spend on the following or other activities?			
Activity		Total Number of hours	
A: Personal care [includes bathing, dressing and eating]			
B: Domestic duties in the home [includes cooking cleaning and washing clothes, running errands, fetching water and firewood for home use etc].			
C: Care for children, sick and elderly.			
D: Home construction, repair and maintenance.			
E: Helping with subsistence production on family farm or business.			
F: Employment outside family [includes wage work such as water and firewood for sale etc or looking for work].			
G: In transit to and from work.			
H: transit to and from school.			
I: In school.			
J: Social and recreational [includes play, family gatherings, gossip, religious activities, parties, meetings, TV & radio].			
K: Rest/sleep [includes time spent sick].			
L. Other activity (specify)			
Total number of hours			
38.	When do you usually work?	1= Day time 2= At night 3= Both day and night 4= No answer 5= On weekends only	
39	What do you use your earnings for? (Ask this question if the child answered Qn32 with code 1)	1= Support self 2= Support a child 3= Support parents 4= Support relatives 5= Other (specify).....	
SECTION E: RISKS, SAFETY AND HEALTH			

40.	Have you ever had any, injuries at your workplace in last 12 months?	1=Yes 2=No [skip to Qn-45]	
41.	If suffered injuries, state the Injury.	1=Chest pain 2=Deep cuts 3=Burns 4=Fractures 5=Swollen feet 6=Backache 7=Other (specify) -----	
42.	Do you experience any problem at your work place?	1=Yes 2=No	
43.	If yes to Q42, state the illness.	1-Flue 2=Cough 3=Stomach problems 4=Genital discomfort 5=Eye problems 6=Allergies/skin problems 7=Respiratory problems 8=Other (specify)	
44.	If Yes to Q42, did you receive medical attention?	1= Yes 2= No [skip next question]	
45.	Who provided it?	1= Employer 2= Self 3= Friends 4= Relatives 5= Other (specify).....	
46	Does the work you do, or the conditions in which you do it, expose you to any risk/s?	1= Yes 2= No	

47	If Yes above, state the risks? (Multiple answers possible)	1=Very bright light 2=Dangerous tools/equipment (e.g. knives, pangas, hammers) 3=Exposure to chemicals/substances (e.g. pesticides, glue, drugs) 4=Noise 5=Exposure to smoke/fumes/gas 6=Heavy loads 7=Exposure to dust 8=Electrocution 9=Beatings 10=Verbal abuse 11=Sexual abuse or harassment 12=Punishments (including insufficient food) 13=Burns 14=Fatigue 15=Poor ventilation 16=Poor lighting 17=Extreme temperatures (excessive heat or cold) 18=Fighting/violence 19=Isolation 20=Other (specify)	
48.	Are you provided with any protective gear?	1=Yes 2=No	

49.	If Yes to Q48, which ones?	1=Ear plugs 2=Goggles 3=Apron 4=Boots 5=Overall 6=Head gear 7=Gloves 8= Others (specify)	
SECTION F: SEXUAL ACTIVITY & HIV/AIDS			
50.	How old were you when you first had sexual intercourse (if ever)? (If never put a dash and skip to Qn 60)	AGE	
51.	Was the first Intercourse before or after you started working?	1= Before 2= After	
52.	Why did you decide to go for sexual Intercourse?	1=Economic security reasons (desperate) 2=Out of emotion after death of Parents 3=Peer pressure 4=Pressure from employer 5=Other (specify).....	
53.	Whom were you staying with when you had first sexual Intercourse?	1 = Both Parents 2= Father only 3= Mother only 4= Brothers & Sisters 5= Other Relatives 6= My employer 7= Other (specify).....	
54.	Was the sex by choice, inducement or forced?	1= Own decision 2= Inducement 3= forced	
55.	If induced or forced, where did it happen to you?	1=At work place 2=At home 3=On the way from work	
56.	If child was induced (in Qn54), state the nature of the inducement.	1= Money 2= Promises of material things 3= Further training/better job 4= Promised job security 5= Other (specify).....	
57.	If answer to Qn54 is 3, was the incident reported to anybody in authority or older than you?	1 = Yes 2 = No	

58.	If No to Qn57 above, state why the incident was not reported?	1 = I feared losing the job 2 = I was threatened 3 = I was paid money 4 = I thought it was normal 5 = I was praised for behaving well 6 = Other (specify)	
59.	Has the demand for sex been repeated/persistent at the work place or setting?	1= Yes 2= No 3=Non-existent	
60.	Are you aware of any law that can protect you from forced sex?	1=Yes 2=No	
61.	Have you ever heard of an illness called HIV/AIDS?	1=Yes 2=No	
62.	Does the work you do, or the environment in which you do it, expose you to any risk/s of contracting HIV/AIDS/, or dying from it?	1 = Yes 2 = No 3 = Never heard of such illness	
63.	If answer is Yes to Qn62 above, How?	1 = Persistent sexual harassment 2 = Absence of preventive services/programmes 3 = No counseling services 4 = No HIV/AIDS testing facility 5 = Pornography 6= Exposure to immoral practices by adults 7 = Late night return from place of work 8 = Other (specify.....)	
64.	Are there existing HIV/AIDS related facilities /services at the work place or setting?	1= Yes 2= No	
65.	If Yes, what facilities/services are these?	1 = Discussion/Education 2 = Condoms available for sale 3 = Voluntary counseling and testing 4 = Care and support for the sick 5 = Others (specify)	
66.	If Yes, do you use any of such existing HIV/AIDS related facilities at your work setting or neighbourhood?	1 = Yes 2 = No	
67.	If answer to Qn66 above is No, Why?	1= Very distant 2= There is no confidentiality 3= Children are not well handled 4 = Employer restriction. 5= I am not interested.	

68.	Is there anything a person can do to avoid AIDS or the virus that causes AIDS? (Multiple answers)	1= Abstain from sex 2= Protected sex 3= Avoid sex with older people 4= No marriage 5= Safe injections 6= No sharing sharp piercing instruments 7= Safe blood transfusion 8= Avoid multiple sexual partners 9= Other specify).....	
69.	The last time you had sexual Intercourse did you use a condom?	1 = Yes 2 = No	
70.	Have you ever used any of these substances?	1= Alcohol 2= Drugs 3= Never	
SECTION G: PERCEPTIONS AND FUTURE PLANS OF CHILDREN			
71.	Do you think it is good for children below 18 years of age to be employed?	1=Yes 2=No	
72.	If Yes to Qn72, why?	1=To improve living standards of the household 2=To be independent 3=To meet the costs of education 4=Other (specify)	
73.	What do you think should be done to ensure that children under 18 years of age are not employed?	1=Address the issue of household poverty 2=Make all education free for all 3=Sensitize the public 4=Other (specify)	
74.	What plans do you have for your future?	1=To continue with work 2=To go back to school 3=I don't have any plans 4=Other (specify) -----	

Thank you so much for your information, patience and time.

Response Rate:

- (1) Interview fully completed.....
(2) Interview partially completed.....

Annex 4: Parents Survey Questionnaire



THE REPUBLIC OF UGANDA

Ministry of Gender, Labour and Social Development

THEMATIC STUDY ON CHILD LABOUR AND & HIV/AIDS

PARENT/GUARDIAN'S SURVEY QUESTIONNAIRE (Parents/Guardians)

SECTION 1A: Identification Particulars	CODES			
1. DISTRICT:				
2. COUNTY:				
3. SUB-COUNTY				
4. PARISH:				
5. EA/ LC1:				
6. NAME OF HEAD OF HOUSEHOLD /NUMBER				
7. DISTRICT OF BIRTH:				
8. NATIONALITY				

INTERVIEWER'S COMMENTS

NAME & SIGNATURE OF SUPERVISOR

START TIME ----- END TIME -----

THIS SURVEY IS BEING CONDUCTED BY MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT IN CONJUNCTION WITH ILO's INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR (IPEC)

Ministry of Gender, Labour
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P. O Box 29734, Kampala, Uganda.

Social Development Consultants (U) Ltd
P.O.Box 4726, Kampala

Report of the Thematic Study on Child Labour and HIV/AIDS _____ **June 2004**

Hello, My name is _____ and working with Ministry of Gender, Labour and Social Development. We are conducting a survey about activities Children do in Uganda. We would very much appreciate your participation in this survey. I would like to ask you about your life. This information will help the government to plan for those children affected. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me any thing about the survey?
May I begin the interview now?

Name & Signature of Interviewer: _____

Date _____

RESPONDENT AGREES TO BE INTERVIEWED1 RRESPONDENT DOES NOT AGREE. .2
END

1.	Sex	1 = Male 2 = Female	
2.	Age in Complete years		
3.	Religion	8. =Moslem 9. =Catholic 10. =Protestant 11. =Adventist 12. =Revival Churches 13. =Traditional 14. =Other	
4.	How are you related to the head of the household where you currently stay?	1= Father 2=Mother 3=My Relative 4= Guardian, no relationship 5= My employer. 6= Head	
5.	Where were you/parents staying before coming to this place?	1= Never shifted 2= Rural area but same district 3= Other district 4= Other country 5= Others (specify).....	
6.	If not 1 in Qn5 above, what made you/family to shift/migrate to this new place?	1= Look for job, 2= Security reasons 3= Running away from home 4= Convinced by friends 5= Just dumped in town 6= Death of Parents/Guardian 7= Other (specify).....	

7.	Of the following people with whom do you stay? (Multiple answers possible).	13. = Father 14. = Mother 15. = Sister-Younger-Older 16. =Guardian 17. = Employer 18. =Brothers-Younger-older 19. = Grand Parent 20. =Non relative 21. = Uncle 22. = Aunt 23. = By myself 24. = Other (specify)....		
8.	Are your parents alive? 1 = Yes 2 = No 3 = Don't know	Mother	Father	
9.	If response to Qn 8 above is NO (2), were you orphaned by HIV/AIDS? 1 = Yes 2 = No 3 = Don't know	Mother	Father	
SECTION C: EDUCATION				
10.	What is your Current schooling status?	1= Never attended [Skip to 16] 2 = Left school 3 = Currently attending		
11	If currently attending, how often do you attend school?	1= Every day 2= Three times a week 3= Four times a week 4= It depends on the situation (specify).		
12	If not attending full time give reasons for part time attendance.	1= So as to support my family 2= So as to support the sick parent(s) 3= To earn a living/income		
13.	If in school but currently not attending, what is the reason for not attending school?	1= Sick 2= Lost parent/guardian recently 4= Attending to sick person 5= Orphaned 6= Lack of essential school materials 7= Insecurity 8= Need to work 9= Others (specify).....		

14.	If left school, why did you decide to leave school? (Multiple Answers)	1= Completed desired level 2= Need to work 3= Lack of school fees/essential school material 4= Lost bread-winner 5= Pregnancy 6= Internal displacement 7= Poor academic performance 8= School too far 9= Illness 10= To take care of ill family members 11= Loss of interest in studies 12= Orphaned 13=Other (specify).....	
15.	What is your highest level attained? (Only those with Code 2 and 3 in Q10)	1 =Completed P1 8= Completed P7 2 =Completed P2 9 = Completed S1 3 =Completed P3 10= Completed S2 4= Completed P4 11= Completed S3 5 =Completed P5 12 = Completed S4 6= Completed P6 13 = Completed S5 7 =Completed S6 14 =Completed post primary Training 15 =Completed Post Secondary Training	
16.	If respondent has never attended school (Code 1 in Qn10), why?	1=Lack of school fees/essential materials 2=Disability (self) 3=No school available nearby 4=Need to work 5=Other (specify)	
17.	Did you ever have any informal vocational training in trade/skills?	1 = Yes 2 = No	
18.	If an opportunity arose, would you go back to school? (For those with Code 2 in Qn10)	1 = Yes 2 = No	If yes skip to Sec. D
19.	If answer to Qn18 above is No, what is the main reason that would prevent you from going back to school?	1= To help in the house chores 2= Because I am a girl 3= Family instability/divorce of parents will not allow me to study well 4 = I am over age for school 5 = Pregnancy 6= Internal displacement 7= Poor academic performance 8= School too far 9= Illness/Disability (self) 10=To take care of ill family members 11= School not suitable or safe 12= Loss of interest in studies 13= My business would collapse 14= Other (specify)	

19.	If answer to Qn18 above is none, why?	1= Too old 2= Disabled and not able to work 3= Community/voluntary work 4= Pensioner 5= Rentier 6= Not interested 7= Illness/injury 8= Retrenched/dismissed due to disagreement with employer 9= Permanent closure of enterprise 10= Completion of contract 11= Other (specify).....	
20.	What is the household's most important source of earning?	1= Agriculture 2= Self employment 3= Wage employment 4= Transfers (pension, allowances, social security benefits, remittances) 5= Profits and interest (profits, dividends, interests, royalties) 6= Other (specify).....	
SECTION E: WORKING CHILDREN			
21.	Do you have any children aged 5-17 years working with/assisting you?	1 = Yes 2 = No	
22.	Do you have any children aged 5-17 years working/assisting outside of this household?	1 = Yes 2 = No	
23.	If Yes to Qn21 or Qn22, why is the child/children working/assisting?	1= So as to support family 2= So as to support the sick parent(s) 3= To earn a living/income; 4=Other	
24.	Are you aware of the risks children face at their place of work?	1 = Yes 2 = No	

25.	If Yes, What are they? (Multiple answers)	1=Very bright light 2=Dangerous tools/equipment (knives, pangas, hammers) 3=Exposure to chemicals/substances (pesticides, glues, drugs) 4=Poor lighting 5=Extreme temperatures (excessive heat or cold) 6=Noise 7=Exposure to smoke/Fumes/Gases 8=Heavy loads 9=Exposure to dust 10= Poor ventilation 11=Fights/Violence 12=Isolation 13= <i>Sexual Abuse or harassment/unwanted pregnancy</i> 14=Punishments (including insufficient food) 15=Other (specify)	
26.	Are you aware of any law that can protect children from such risks?	1=Yes 2=No	
27.	If Yes, indicate which law?		
SECTION G: HIV/AIDS – AFFECTED PARENTS/GUARDIANS			
28.	Has this household been affected by HIV/AIDS in any way?	1=Yes 2=No	
29.	If Yes, how?	1=Loss of husband 2=Loss of wife 3=Loss of bread winner other than the above (specify)	

30.	Has school attendance of children in your household been affected as a result of HIV/AIDS problems above?	1 = Yes 2 = No 3 = Not sure	
31.	If Yes to Qn 24 above, How?	1= stopped school 2= Now study part time 3= Working to earn money 4= Unable to pay for school fees due to high cost of medical care 5= Children stay home to care for the sick	
32.	Has the household received any support following the effect of HIV/AIDS?	1 = Yes 2 = No	
33.	If Yes to Qn32 above what type of support? (Multiple answers)	1= Food 2= medicines 3= Home care support 4= Counseling 5= Money 6=To keep children in school 7= Other (specify).....	
34.	Has this support been enough to keep your children in school?	1 = Yes 2 = No	
35.	Are your children aware of your HIV/AIDS status?	1 = Yes 2 = No	
36.	If Yes to Qn35 above, are they aware of its likely affect on the household?	1 = Yes 2 = No	
37.	If No to Qn35, why have you not informed them?	1= Children still too young 2= I am disappointed 3= It is difficult to talk about 4= It is shameful to talk about 5= The news of the infection it too recent	
38.	What do you think should be done to support HIV/AIDS affected families?	1= Government develop policy on HIV/AIDS families 2= Religious organizations should take up more responsibility 3= communities should establish fund for orphans 4= Economic empowerment of HIV/AIDS affected families 5= Free and un conditional education for HIV/AIDS affected families 6= Other (specify).....	

Response rate:

- (1) Interview fully completed
- (2) Interview partially completed.....

Annex 5: Focus Group Discussion Guide



THE REPUBLIC OF UGANDA

Ministry of Gender, Labour and Social Development

THEMATIC STUDY ON CHILD LABOUR & HIV/AIDS

FOCUS GROUP DISCUSSION GUIDE

INSTRUCTION:

Administer the Guide to FGDs of working children, other than those that would have been interviewed using the Children's questionnaire. Participants in these FGDs will include such children like the street children who cannot be easily traced through the household procedure. The purpose is to gain in-depth knowledge concerning, among other things, working children, their activities, their characteristics and potential risks including HIV/AIDS in their places of work.

SELF-INTRODUCTION

Greetings! My name is ----- and my colleague is -----We are working as researchers for Social Development Consultants (U) Ltd, of P.O. Box 4726 Kampala, which is undertaking a study on child labour and HIV/AIDS in the districts of Kampala, Jinja, Mbale and Nebbi on behalf of the Ministry of Gender, Labour and Social Development and ILO. The results of the study will be used for possible intervention on child labour among children orphaned/ affected by HIV/AIDS and their families. In order to design appropriate interventions, we are looking into the living and working conditions of children, their schooling, the activities they do and their hope for the future. These are the issues that we would like to discuss with you and I want to assure you that all your responses will be treated/kept in strict confidence. The discussion will take approximately 1 to 1 ½ hours during which time I/We will be noting down your answers. I would greatly appreciate if you would spare the time to participate in this very important discussion.

DISCUSSION TOPICS

(1) Ask/Probe about the activities /tasks that the children do.

- **Family context** - (whether their parents are alive, whether living together, number and age of siblings, who is the primary care-giver).
- **Schooling:** (whether ever attended school (type), and if so, for how long, when attending now (how many hours per day/week, why stopped if no longer attending, whether wants to return).
- **Present living situation:** (living with family or others, sleeping, what times, where
- **Work** – (age at which child started to work for the first time, length of stay at this work, and age started, doing how many jobs now, and which kinds, work history

(2) Why are the children working? (Probe for work history first, then link it HIV/AIDS).

(3) Is there anything in the children's work, situation which exposes it to the risk of HIV/AIDS? Which risks or dangers are these – Probe among other things for dangers or activities /tendencies which are likely to expose children to HIV/AIDS - type of work, time of work, conditions of work, etc?).

(4). Have the working children entered into a sexual relationship or have sex? Why? Who are their partners? (Probe whether it is voluntary or forced? Where? Who are the culprits? What actions have been taken, if any?

(5). Is the working child interested or feels motivated to access/use HIV related services in his working environment, where they exist? If not why? (Probe for more information)

(6). In their work situation/setting, do the children have opportunities to learn about how to protect themselves against HIV/AIDS? (What opportunities do they have in form of facilities, services, motivation, information, education or communication? - Probe) .

(7). Are the working children aware of HIV/AIDS? (Knowledge of cause, prevention, counseling, support, care etc.-probe) What are their sources of information"? (Radios, seminars, brochures - Probe). Is this information about HIV/AIDS sufficient to the children?

(8). In their work setting, do they have enough services or any services at all to protect themselves against or treat HIV/AIDS? What services do they have?

(9). Does employer/any one in child's working situation encourage them to learn about HIV/AIDS"? Probe how.

(10). Does employer/any one in child's working situation encourage them to seek HIV/AIDS-related protection services? (In which way? Probe) If no why? If yes, which services and facilities exist?

(11). Does the working child have the capacity/means to access/use HIV related services in his working situation, where they exist? If not why? (Probe for more information).

Annex 6: Key Informant Questionnaire



THE REPUBLIC OF UGANDA

Ministry of Gender, Labour and Social Development

THEMATIC STUDY ON CHILD LABOUR & HIV/AIDS

KEY INFORMANT QUESTIONNAIRE

Introduction

Administer this questionnaire to opinion leaders at the district headquarters and in the study areas. These are the influential people who may not necessarily be employers or guardians of child labourers, but are knowledgeable about factors regarding Child Labour and HIV/AIDS in the district/study areas. The purpose is to gain in-depth knowledge concerning, among other things, working children, their activities, their characteristics, extent of the problem and potential risks including HIV/AIDS in their places of work and what initiatives are on ground to address the problem.

Nature of Respondents

In so far as the strength of qualitative interviews derives more from the depth of analysis than the number of units studied, we have not put a specific number of KIs to be covered in every district/study area, but as many as are available and are relevant to the objectives of the study will be interviewed. In principle, such KIs will as much as possible include the following: DDHS, A-CAO, District labour officer, Probation Officer, District HIV/AIDS Focal point person, L.C III Chairpersons of the two sub-counties in which the study will take place, Chairpersons of parishes in which the study will take place, and Heads of identified relevant NGOs in the study areas as stated in this report.

TOPICS FOR DISCUSSION

1. Are there working children in this area?

Probe:

- What activities are they mostly engaged in? Which sectors are they working in (formal, informal, hidden), in households or outside the households?
- How big is the problem of child labour in this area?
- Why are children working? (Probe for HIV/AIDS in the family, sickness/death from HIV/AIDS)?
- Under what circumstances do they work – for pay or for no pay, in cash or in kind?

2. In what ways are the lives and the health of the working children affected by the activities/work they do? What risks do they face in the work or activities they do?

Probe: Are the children who are working at risk of sexual exploitation and HIV/AIDS infection?

- If yes, how, where, in which ways and why?
- Is there anything in the child's work setting which exposes it to any danger of contracting HIV/AIDS? If yes, which are these? (Probe for activities/tendencies which are likely to expose children to HIV/AIDS, type work, time of work etc).
- Do the working children enter into a sexual relationship or have sex? Why? Who are their partners? (Probe whether it is voluntary or forced? Who are the culprits? Are there legal proceedings?)

3. What services/opportunities are available for working children in the districts/study areas/work areas to protect against HIV/AIDS?

Probe:

- In their work setting, do the children have opportunities to learn about how to protect themselves against HIV/AIDS? (What opportunities do they have in form of facilities, services, motivation, information, education or communication?-probe)
- Are the working children aware of HIV/AIDS? (Knowledge of cause, prevention, counseling, support, care etc.-probe) What are their sources of information"? (Radios, seminars, brochures- Probe)
- In their work setting, do they have services to protect themselves against or treat HIV/AIDS? What services do they have?
- Are working children encouraged to learn about HIV/AIDS? Probe how.
- Does the working child have the capacity/means to access/use HIV related services in his working setting, where they exist? If not why? (Probe for more information).

4. **What programmes, and policy/advocacy activities exist in the study areas to address HIV-related child labour issues/problems?**

Probe:

- Are there, for example, out-of-school HIV/AIDS awareness programmes; HIV/AIDS care and support programmes - social protection programmes for vulnerable children; Livelihood interventions with children affected by HIV/AIDS (e.g. skill-training and income generation initiatives as part of programming interventions); programmes targeting specific vulnerable groups, such as sex workers; child labour interventions focused on the link with HIV/AIDS or on the health risks related to child work, including increased risks of HIV/AIDS infection as a result of exploitation and hazards associated with work?
 - Is there any ongoing child labour and HIV/AIDS advocacy? What advocacy activities around Child Labour and HIV/AIDS are available? Which NGOs are engaged in advocacy work with governments/employers, unions raising awareness of the problems of HIV/AIDS and of child labour in the study areas?
5. What can be done to change the sexual attitudes of males and females towards working children?
6. What other problems do working children have in your district/locality/area? What are the societal attitudes, taboos and beliefs in these areas regarding the aspect of children working?
7. What recommendations/suggestions do you have to improve the welfare and opportunities of the working children affected by HIV/AIDS?

Annex 7: Institutional Interview Guide

To be Administered to Institutions that Care for Children Affected by HIV/AIDS or Potentially at Risk of HIV/AIDS.

Section A : Identification Particulars

- (1) DISTRICT
- (2) COUNTY
- (3) SUB COUNTY
- (4) PARISH
- (5) NAME OF PERSON INTERVIEWED/DESIGNATION.....
- (6) NAME OF INSTITUTION
- (7) FOUNDATION BODY.....
- (8) PERIOD OF ORGANIZATION'S OPERATION IN CHILDRENS
ACTIVITIES.....
- (9)SOURCE OF FUNDING.....

Section B: Activities of the Institution

1. Do you have special programmes focusing on Children aged 5-17 years in your organisation?

Probe: - if existent why started, if not why? What type of programmes, how long, areas of interest with children, does it include HIV/AIDS.

2. From which areas of the country do the children you care for come from?

Probe- method of identification, gender perspective, background, reform rates (desired outcomes).

3. What are the Major Activities of this Institution?

4. What are the roles of children in your activities.

5. What are major challenges your Institution faces in dealing with this age group 5-17 especially with regard to HIV/AIDS?
6. How have you been able to deal with some of the above challenges?
7. In your activities do you have any specific intervention geared towards tackling child labour - probe for past interventions, present and future.
8. What linkages could there be between child institutionalisation and HIV/AIDS among the children who joined your organisation.
9. What future plans do you have concerning vulnerable children and HIV/AIDS and child labour.

Thank you for your precious time.

ANNEX 8: TYPE OF WORK OF CHILDREN RESPONDENT BY DAYS WORKED PER WEEK BY SEX

	1-2 days				3-4 days				5-6 days			
	Males		Females		Males		Females		Males		Females	
Type of work	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domestic servant	69	40.4	98	72.6	50	44.2	61	57.5	99	40.2	139	63.8
Selling goods	37	21.6	13	9.6	24	21.2	24	22.6	47	19.1	32	14.7
Agricultural	18	10.5	8	5.9	11	9.7	8	7.5	30	12.2	20	9.2
Brick making/Construction	36	21.1	10.0	7.4	25.0	22.1	11.0	10.4	59.0	24.0	25.0	11.5
Others	11	6.4	6	4.4	3	2.7	2	1.9	11	4.5	2	0.9
Total	171	100.0	135	100.0	113	100.0	106	100.0	246	100.0	218	100.0

Annex 9: Reasons for respondents choosing type of work by sex

	Urban				Rural				Total			
	Males		Female		Males		Female		Males		Female	
Reason	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Could not find other	81	24.8	97	31.1	87	26.4	56	23.6	168	25.6	153	27.9
Prefer working for myself	12	3.7	4	1.3	22	6.7	7	3.0	34	5.2	11	2.0
I just like it	37	11.3	32	10.3	53	16.1	38	16.0	90	13.7	70	12.8
Help other family	113	34.6	116	37.2	96	29.2	93	39.2	209	31.9	209	38.1
I am sick	6	1.8	3	1.0	5	1.5	2	0.8	11	1.7	5	0.9
Am a foreigner here	3	0.9	7	2.2	5	1.5	2	0.8	8	1.2	9	1.6
Its light/ less energy	21	6.4	15	4.8	20	6.1	19	8.0	41	6.3	34	6.2
My friends do it	19	5.8	15	4.8	26	7.9	11	4.6	45	6.9	26	4.7
Don't know	8	2.4	5	1.6	6	1.8	4	1.7	14	2.1	9	1.6
Other	27	8.3	18	5.8	9	2.7	5	2.1	36	5.5	23	4.2
Total	327	100.0	312	100.0	329	100.	237	100.0	656	100.	549	100.0

Annex 9: Research Team

1. Dr. T. Mutesasira - Team Leader
 2. Mr. R. Maate – Statistician
 3. Mr. F. Kintu – Principal Researcher
 4. Mr. J. Luggya – Research Assistant
 5. Mr. P. Mutesasira – Research Assistant
- Mr. F. Byaruhanga – Research Assistant