Knowledge, Attitudes and Practices on Child Labour and HIV/AIDS in Uganda

Survey Report

Submitted to

ILO/IPEC - UGANDA

By

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Acronyms

ARVs	Antiretroviral
FGDs	Focus Group Discussions
IEC	Information Education Communication
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
IGAs	Income Generating Activities
KAP	Knowledge, Attitude, Practices
KII	Key Informant Interview
LC	Local Council
NGO	Non-Governmental Organizations
OVCs	Orphans and Vulnerable Children
PLHAs	Persons Living with HIV/AIDS
SPSS	Statistical Package for Social Scientists
ToTs	Training of Trainers
UPE	Universal Primary Education
VCT	Voluntary Counseling and Testing

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EXECUTIVE SUMMARY

This survey on Knowledge, Attitudes and Practices on HIV/AIDS and Child Labour in Uganda was commissioned by ILO/IPEC Uganda. The overall aim of the survey was to enable ILO/IPEC Uganda and partners to develop appropriate interventions within Kampala, Mukono, Mbale and Rakai with the view of contributing to the elimination of child labour in society and in particular HIV/AIDS induced child labour. The intent was to generate data and suggestions on appropriate approaches based on the study findings to deal with the causes and socio-economic effects of HIV/AIDS and child labour as well as provide baseline information that would enable follow-up, monitoring and evaluation of the project.

Using a quantitative design, knowledge on HIV/AIDS and child labour, attitudes and practices were analyzed. This was triangulated with a highly participatory qualitative design to allow for the purposive selection of special target groups in the public and voluntary service sectors. Seven hundred and one (701) households and seven hundred and seven (707) children were interviewed in the districts of Mukono, Kampala, Mbale and Rakai. Focus Group Discussions (FGDs) were also held with purposively selected groups of boys and girls, adult women and men, community leaders and elders. Key Informant Interviews (KIIs) were also conducted with local and district officials, opinion leaders such as district level actors involved in HIV/AIDS and child labour related work. Excel and the Statistical Package for Social Scientists (SPSS) computer programmes were used to enter and analyse quantitative data respectively while all notes taken during FGDs and KIIs were analyzed using thematic and content analytical approaches.

On the whole, findings of this study reveal a high prevalence of child labour in the study communities and children are still largely expected to work so as to contribute to family socio-economic welfare and their own. In addition, respondents' knowledge of laws regarding child labour was also very low. Even among those who claimed that they are aware of laws related to child labour, only 55.7 % knew that it is illegal to employ children under 18 years of age, 17% could not mention any specific laws, and the rest (27%) could only generally mention general statements related to the rights of children such as the right to food, health and education etc. without citing any laws.

While the prevalence of child labour in the study communities was frequently described by many FGD participants and KII respondents as "huge, big or widespread", some of the respondents could not distinguish child labour from child work. Such respondents argued generically that it was okay for children to take up any work as long as it earned them a living. The perception of children as easy to employ was high among household respondents though few adults (35.9%) acknowledged having ever employed a child at some point in time. Structured interviews with children on the contrary revealed that more than half (62.2%) of the children interviewed had ever been employed.

While knowledge of HIV/AIDS is high among both household and children respondents in the communities studied, knowledge of its causal-effect relationship with child labour is not as high although most respondents shared the same view that AIDS orphans were likely to be involved in child labour. Findings on the sources of information about HIV/AIDS and child labour reflect an important role played by the radio, teachers, parents/guardians, peers/friends as well as television in educating people about child labour and HIV/AIDS. In essence, the predominance of these sources also reflects their potential as important communication channels worth considering for any future dissemination of information related to child labour. While dissemination of information on HIV/AIDS is high, it is considerably low on child labour leaving a big knowledge gap on child labour and its causal-effect relationship with HIV/AIDS.

Further, while some respondents acknowledged that child labour is to some extent beneficial to needy children and families struggling to survive, most respondents look at child labour as dangerous for children. Commonly cited were health related problems young people face due to engaging in heavy and quite demanding activities above their age and the risky work environments that may lead to injury, inflammation and other hazards.

Respondents placed the role of government and Non Governmental Organisations high in enhancing people's welfare but also acknowledge the important contribution families can make since children immediately belong to families. By implication, for any actor to make a meaningful contribution to the fight against child labour and HIV/AIDS, families have to be involved in all levels of planning, implementation and monitoring of interventions.

Based on the key findings of this study, it is hereby recommended that more efforts be directed toward prevention of entry of children into child labour. All government and civil society actors should prioritize and implement interventions in education and sensitization about the dangers of child labour targeting families, the community and institutions that are concerned with the welfare of children such as schools. Actors should also ensure that the capacity and ability of families and the entire community to respond to the push and pull factors into child labour and the consequences of entry are built on a sustainable basis. Putting in place systems to respond to HIV/AIDS induced child labour in the targeted communities is a good starting point. Local Governments and Community Based Organizations (CBOs) active in other social interventions should direct immediate attention to addressing HIV/AIDS induced child labour by particularly re-emphasizing the role of the extended family and the collective role of the community in the care for HIV/AIDS orphans. New structures need to be built as well. For instance, community level focal point persons at village and parish level, and in institutions such as schools, to work as peer educators, counselor aides, or care givers. On the whole, these resource persons in the community and institutions need to be well equipped in terms of knowledge and ability to be able to support and promote a range of social protection activities and mechanisms that help to limit or totally eliminate the factors that drive children into child labour and consequently expose them to the risk of HIV infection. Such activities and mechanisms would include among others wide spread community sensitization on children's rights and associated laws and legislations as well as existing institutions mandated to enforce such laws, social and economic empowerment of children and their care givers, formation and activation of children clubs in schools and communities.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

This report is an out come of the call for proposals by the ILO/IPEC, HIV/AIDS induced child labour project in Uganda to conduct a baseline survey on "Knowledge, Attitudes and Practices (KAP) on HIV/AIDS and child labour in Uganda". The report provides a background to the study, the study objectives, methodology, findings, conclusions and recommendations.

1.2 Background to the study

Uganda has experienced and continues to experience a myriad of socio-economic problems and development challenges. Poverty, HIV/AIDS, war, rigid social and cultural influences combined and inadequate public policy response[1] have continued to increase the numbers of disadvantaged groups including children. Children that are orphaned and affected by HIV/AIDS constitute some of the most disadvantaged groups in the country.

The 2002 Population and Housing Census showed that the population of children (under 18 years of age) in Uganda was 13,708,263 constituting 56% of the entire population[2] . Owing to the impact of HIV/AIDS, conflict and other causes, over 1.8 million children are orphans[3] having lost both a father and mother or either of the two[4]. Obviously, orphan-hood brings about vulnerability of a child. Such a child either is left under the care of a surviving parent who may him/herself be sick of HIV/AIDS, too poor or too old and weak to be able to cater for the socio-economic well being of orphaned children. Apart from orphans, there are other children rendered vulnerable due to the socio-economic settings within which they live. Such children include those who have been displaced due to conflict, those caring and providing for their sick parents, those living with HIV/AIDS, those forced into child labour to earn a living, those with physical disabilities and those who are sexually abused. All these constitute what is generally termed as the other vulnerable children. The needs of both orphans and other vulnerable children (OVCs) are in many ways similar and sometimes more critical than those of some orphaned children.

Owing to the many and multifaceted socio-economic problems that affect them, many young people have been compelled to engage in work too early[5]. Projections from the Uganda Demographic and Health Survey indicate that there are about 2.7 million working children in Uganda[6] . About 46% of them are in the age bracket of 10-14 years, the proportion reducing with the increasing age. It is also estimated that about 23% of the age group 5-9 years constitutes working children[7] . On the other hand, 70% of working children represent the age groups 5-14 years, with a slightly higher percentage of girls than boys[8] .

The HIV/AIDS pandemic has added another dimension to child labour. The impact of the HIV/AIDS has contributed to the increasing number of orphans currently estimated at about 2.5 million. Rather than by their choice some orphans and other children affected by HIV/AIDS have been drawn into hazardous activities to make a living. Others have been pulled out of school because there is no money and or are compelled to work to assist the family, while others work to meet their own needs. A survey by MGLSD focusing on child labour and HIV/AIDS, 2003 in selected districts found out that among the 929 child respondents, 417 had been affected by the HIV/AIDS and 398 of the affected children were working[9].

[1]Uganda has a number of policy instruments in line with the ILO conventions against child labour but the implementation of these instruments still has a lot to be desired.
[2]UBOS (Uganda Beaureau of Statisics) (2002) National Polulation and Housing Cencus, Kampala Uganda.
[3]This study uses Uganda's definition of an orphan; An orphan in Uganda refers to any child below 18 years who has lost either or all of his/her parents.
[4]ibid
[5]The ILO convention No.138 recommends 14 years as the minimum age of entry into the labour force.
[6]See ILO/IPEC-Uganda (Undated) Child labour in Uganda: A report on the 2000/2001 Uganda Demographic and Health Survey
[7]ibid
[8]ibid
[9]Cited in Ministry of Gender, Labour and Social Development Draft proposals of the national child labour policy (June 2005 Revisions for Orphans and other Vulnerable Children 2005/6-2009/10.

The HIV/AIDS pandemic is one of the major problems Uganda has experienced since the early 1980's when the disease was first reported in Rakai district. By early 1990's, it had covered the whole country with the prevalence rate of 18.8%. The Uganda Demographic and Health Survey (2001) revealed that approximately 20% of Uganda's children have lost one or both parents, mainly as a result of HIV/AIDS.
The advent of HIV/AIDS in the early 1980's led to the death of most breadwinners and left children and grandparents with the responsibility of looking after children and siblings. It is estimated that Uganda has over two million orphans who are forced to work, particularly in harsh conditions such as sand and stone quarrying, brick making, domestic service and entertainment. These put children at the risks of HIV/AIDS infection and entering into the vicious cycles of HIV/AIDS and child labour.

Uganda has put in place a number of programmes for the prevention and control of HIV/AIDS. However, these mainly focus on prevention of infection and care for the sick. Little efforts have been made to mitigate its impact on children such as addressing the link between HIV/AIDS and child labour. In addition, whereas legal and policy frameworks to promote the rights of children are in place (1995 Constitution, Children's Act, 1995), they have largely remained unenforceable due to the large numbers of orphans and vulnerable children that have overstretched the country's capacity.

Both sexes are equally affected, with young girls being employed as house maids/servants, waitresses and entertainers in bars, while boys mainly engage in hard manual labours. Most of these children work under bad conditions: long hours of work, poor pay and in life threatening conditions such as improperly maintained stone/sand quarries and construction sites.

This survey aims at determining the knowledge, attitudes and practices (KAP) of people on HIV/AIDS and child labour in the districts of Kampala, Rakai, Mukono and Mbale. The findings of the survey will provide baseline data/information for programmes aimed at eliminating HIV/AIDS induced child labour in Uganda.

HIV/AIDS and orphan hood in Uganda

Despite the reported decline in the HIV prevalence rate from 18.7% in the early 1990s to 5%, the AIDS related deaths have remained high due to limited access to Antiretroviral Therapy (ART) for the majority infected. The Uganda AIDS Commission (2001) estimated that at least 800,000 people had died of AIDS in Uganda since its onset in 1983 and 600,000 were living with the HIV/AIDS virus and approximately, 10,000 were on ART. Therefore, even though the HIV prevalence rate has dropped, children will continue to be orphaned far into the future unless further gains are made in reducing HIV prevalence and expanding access to ART rapidly.

HIV/AIDS and Child Labour

The link between Child Labour and HIV/AIDS has been established[10] under the following two broad categories:

1. Children through involvement in the labour force are at a risk (or greater risk) of HIV infection and suffering from AIDS related illnesses. The following factors account for the susceptibility to HIV infection:
    - Once in the labour force, children may find life so precarious that survival sex (exchanging sex for food, clothes or small amounts of money) becomes an option.
    - Girls and boys may be drowned into sex work
    - Children may be exploited because of the vulnerability related to their age, location and gender.
    - If HIV-infected, children are less likely (or able) to have access to proper nutrition, health care and treatment for AIDS and its associated opportunistic infections.
2. Children from households affected by HIV/AIDS often must enter the labour force prematurely. This is because such families cannot meet their basic needs without the children's contribution. Children may as a result be subjected to harsh and exploitative conditions and sexual abuse. The above is possiblewhen:
    - Children are withdrawn from school to reduce family expenses and then seek work.
    - Children are placed with extended family members but are forced / expected to work.
    - Children run away from new family arrangements because of depression, neglect or exploitation and have to work.

[10]Amorin A. & Piprel C. (2003) HIV/AIDS and child labour: A state-of-the-art review with recommendations for action synthesis report. ILO/IPEC

1.3 Overall Aim and Objectives of the KAP Survey

1.3.1 Development Objective

The overall aim of the survey is to contribute towards the elimination of child labour in Uganda.

1.3.2 Immediate objective

The immediate objectives of the survey were:

1. To assess people's level of knowledge on HIV/AIDS and child labour;
2. To assess people's knowledge, beliefs and attitudes towards HIV/AIDS induced child labour;
3. To assess existing strengths and capacities in study communities for coping with HIV/AIDS the interface between child labour and HIV/AIDS;
4. To come up with recommendations for both ILO/IPEC Uganda and partners for preventing entry of children into child labour due to HIV/AIDS and also for withdrawal of children from child labour;
5. To provide baseline data that will enable follow-up, monitoring and evaluation of interventions aimed at the elimination of HIV/AIDS induced child labour in the study communities.

1.4 Survey Implementation Process

1.4.1 Pre-field consultations with relevant staff of ILO/IPEC Uganda

The baseline study began with consultations between the team leader and relevant staff of ILO/IPEC Uganda. These consultations discussed the proposal with a view of obtaining consensus on the way forward to the execution this assignment.

1.4.2 Review of relevant documents

All the relevant documents including ILO/IPEC Uganda intervention proposals and other documents recommended by the client (ILO/IPEC - Uganda) were reviewed to adequately prepare for the assignment at hand.

1.4.3 Designing and pre-testing of survey tools/instruments

Following consultative meetings with ILO/IPEC, survey tools were developed and the household and child questionnaires were translated into Luganda, the commonly used local language in the study communities. The tools particularly the two structured questionnaires (household and children's questionnaire) were pre-tested in Nansana Town Council in order to perfect them. The choice of Nansana as place of pre-test was based on the fact that it has a population with more or less similar characteristics to those of the areas targeted by this survey.

1.4.4 Recruitment and training of Research Assistants

A total of 12 Research Assistants were recruited taking into account their previous research experience as well as ability to communicate in the local languages. They were trained in data collection techniques, which enabled them to familiarize with the survey tools before field work. During the training, they were also briefed on the survey objectives, how to identify the appropriate respondents at various levels and how best to fill in the questionnaires.

1.4.5 Study areas

The study was carried out in four purposively selected districts of Kampala, Rakai, Mbale and Mukono representing an urban and rural context. In each of these four districts, the sub-counties/divisions covered by the baseline were also purposively

selected in consultation with ILO/IPEC Kampala office and its local partners. Hence, the divisions/sub-counties that were finally selected for this study had already been targeted for interventions by ILO/IPEC Uganda. Table 1 below presents the areas covered by the baseline study in each of the four districts.

Table 1: Areas covered by the survey

District	Sub-county/ Division	Parish	Village / LC1	Total number of households*	Total number of children 6-17 years old*
Rakai	Kyebe	Kasesero	Kasensero	174	435
	Kakuuto	Mayanja	Kibaale	159	398
			Kyanyonyi	168	420
	Kyotera Town Council	Kasambya	Kasambya	261	653
Kampala	Rubaga	Nakulabye	Zone 5	386	1235
		Lubya	Nabulagala	346	1107
	Central	Kamwokya	Church Zone	296	947
			Market Zone	445	1424
Mukono	Nama	Buliika	Lutengo	166	531
	Kyampisi	Dungu	Kalagala	193	618
	Goma	Seeta	Bagala	219	701
	Mukono Town Council	Namumiira	Kikooza	156	499
Mbale	Industrial	Mooni	Nagudi	186	595
			Nakibiso	179	573
	Wanaale	Namataala	Mvule	284	909
			Sisse	244	781

*Source: UBOS National census 2002

1.4.6 Study design

This baseline study adopted a cross–sectional design and utilized both qualitative and quantitative methods of data collection as they complement each other. It predominantly utilized primary data sources, however, where available secondary data sources were reviewed to complement it. Specifically, the following data collection methods were use namely; structured survey interviews, focus group discussions and key informant interviews.

1.4.7 Sampling procedure and sample size

a) Sample size estimation

This baseline study took an assumption that the probability (p) of finding a household with a child aged between 6 – 17 years old who is at least knowledgeable about the study subject is 0.5. Therefore, using the following formula:

(Sample size of households (household heads) to be interviewed)

Nc = pq/e2 (Sample size of children to be interviewed)
Where

Nh = the desired sample size for household heads;

Nc = the desired sample size for children;

Pc = the probability that a household has a child between 6 – 17 years old is 0.5

(from the above assumption).

Phh = the probability of finding a household with a child aged between 6-17 years in Uganda is estimated to be 0.7 (Uganda HIV/AIDS update, 2005).

e = is the error term, which was estimated at 5% (also derived from the pretest survey)

In order to increase the accuracy of the assumption made about the p-value, we interviewed at least 50% more respondents as shown below (Cochran, 1963[11]).

A minimum sample size of 568 children was determined.

A minimum sample size of 323 household heads was determined. However, given that there were no resource limitations and the fact that there was need to significantly minimize the sampling error, the sample sizes were adjusted upwards. Consequently, the sample sizes of 701 and 707 for household heads and children respectively were considered for the study.

(b) Selection of households/children to be interviewed

For each of the sub-counties/divisions selected (refer to table 1 above), some of the parishes and villages were purposively selected after consultation with ILO/IPEC Kampala office as these were areas already earmarked for interventions by the ILO/IPEC Uganda and their local partners. These included; Nakulabye in Kampala with its two villages (Zone 5 and Nabulagala), Namataala and Mooni parishes in Mbale district. The other parishes and villages included in this survey were randomly selected using a simple random sampling method where by a list of all parishes and villages constituting that particular sub county and list of parishes and villages was obtained from the sub county headquarters. Consequently, for each of the village selected, a list of all households with at least one child aged 6–17 was compiled with the assistance of any LC executive. A proportionate to size sample was calculated as shown below to select the households per village and then simple random sampling procedure (i.e. lottery method) was applied to select one child per selected household. The random selection of the child interviewed per household gave an equal opportunity to appear in the sample interviewed. However, selected respondents who were away from their homes for more than two days was substituted by making random selection from the lists already compiled. The formula below was used to calculate the number of respondents to be interviewed per village.

ns =

Where N is the overall total number of households/children in sampled villages

Ns is the total number of households/children in village s while

ns is the sample size from villages.

[11] Cochran, W. G. 1963. Sampling Techniques, 2nd Ed., New York: John Wiley and Sons, Inc.

Table 2: Sample sizes for household and children respondents interviewed per

village	Parish	Village / LC1 Number of household heads interviewed (ns = nNs/N)	Number of children 6-17 years old interviewed (ns = nNs/N)
Kasesero	Kasensero	32	26
Mayanja	Kibaale	29	24
	Kyanyonyi	30	25
Kasambya	Kasambya	47	39
Nakulabye	Zone 5	70	74
Lubya	Nabulagala	63	66
Kamwokya	Church Zone	54	57
	Market Zone	81	85
Buliika	Lutengo	30	31
Dungu	Kalagala	35	37
Seeta	Bagala	40	42
Namumiira	Kikooza	28	30
Mooni	Nagudi	34	36
	Nakibiso	32	34
Namataala	Mvule	52	54
	Sisse	44	47
Total	701	707	

(c) Methods of data collection

Structured survey interviews

The structured interviews using a questionnaire were conducted among samples of household heads and children. The questionnaires, among other things captured the socio-demographic characteristics of the individual respondents', knowledge, attitudes, beliefs, individual behaviors, practices and past personal experiences of child labour and HIV/AIDS, access to information about child labour and HIV/AIDS as well as prevention of HIV induced child labour.

Focus Group Discussions

A total of 16 focus group discussions were held among adults, youth and children. Participants of adult groups included but not limited to; elders, local and opinion leaders, parents and guardians of children affected by HIV/AIDS and informal sector employees. While for the children, participants were HIV affected children engaged in child labour or at risk of engaging in child labour in urban and rural areas including street children. The purpose of the focus group discussion was to obtain in details the different perspectives about child labour and HIV/AIDS.

Key informant interviews

These were mainly held with relevant district and urban authorities officials such as; Probation and Welfare Officers, Education Officers, Liaison Child Protection Officers as well as politicians. Other respondents included staff of NGOs and CBOs directly involved in programs and projects aimed at the prevention of child labour. The aim of these interviews was not only to share their experiences regarding child labour and HIV/AIDS but also to identify areas of partnership in fight against child labour.

1.4.8 Data processing and analysis

Following field data collection, the questionnaires from the structured interviews with the samples of household heads and children were first cleaned and the open - ended responses coded. Data were then entered into the computer using the Special Program for Social Scientists (SPSS) program. Logical checks and frequency runs were made on all variables to further the accuracy and identify any outliers before actual data analysis. Statistical tests such as; chi square, t-test etc. were performed on all variables of interest to examine the associations based on p-values. Statistical significance was considered when the p-value was below or equal to 0.05. Frequency tables, descriptive statistics, graphs and charts have been used in the presentation of the findings. On the other hand, the qualitative data mainly from the focus group discussions and key informant interviews were assembled and typed into a word processing program. This was done manually and analyzed using content and thematic approaches and it involved classifying responses into meaningful categories so as to bring out their essential pattern. This closely followed the main themes of this baseline. The codes were carefully developed to ensure that they were mutually exclusive, exhaustive and representative.

1.4.9 Other quality control measures

Quality control is important to ensure quality outcome of the data. In this particular baseline study, it was achieved through the following;

- Editing of the completed survey forms (questionnaires) in the field and during the nights of each successive fieldwork to ensure that each relevant question was asked and the response properly recorded.
- The field assistants were supervised by the team leader and his supervisor throughout the entire fieldwork period.
- Tape recording of the focus group discussions helped to capture of all the information being provided by the participants.

1.4.10 Ethical considerations

Participation in this baseline was voluntary. Although, respondents/participants were encouraged to participate, they were free to turn down the invitation if they so wished. In addition, consent from participants before tape recording of the focus group discussions was always sought and for all the sessions it was granted.

CHAPTER TWO

KNOWLEDGE AND SOURCES OF INFORMATION RELATED CHILD LABOUR AND HIV/AIDS

2.1 Introduction

This chapter presents the results of the study on knowledge and sources of information about child labour and HIV/AIDS among study participants. The results are presented and discussed simultaneously. The first part of this chapter highlights the respondents' background characteristics. The second part of this chapter presents people's beliefs and knowledge about child labour, perceived prevalence of child labour in the study communities, the type of work children are involved in, forms of payment and factors pushing or attracting children to work. Finally, the chapter assess the level of information dissemination on issues related to child labour and presents the type of information people have ever received about child labour and HIV/AIDS, the sources of such information and which source they would prefer to receive such information in future.

2.2 Socio-demographic characteristics of respondents

Overall, a total of sample of 701 children and 707 household respondents was covered using semi-structured questionnaires. There were slightly more adult than children respondents. Table 3 below presents the distribution of the total sample per district covered.

Table 3: Total samples of children and adults interviewed in the four study districts

District	Children	Household respondents		
	Frequency	Percentage	Frequency	Percentage
Rakai	176	25.1	177	25.0
Kampala	169	24.1	174	24.6
Mukono	179	25.5	179	25.3
Mbale	177	25.2	177	25.0
Total	701	100.0	707	100.0

The sample sizes for both children and household respondents were almost equally distributed across the study districts as can be seen from table 3 above. Largely, both children and household respondents were urban dwellers (see table 3). This is explained by the fact that the study primarily targeted areas where ILO/IPEC partners already exist and subsequent to this KAP study activities and programmes aimed at withdrawing children from child labour and preventing the entry of others into child labour are hoped to be implemented in those areas. There were also more female respondents in both cases than males. This is also partly explained by the fact that characteristically, males particularly adult males in urban areas rarely keep at home during daytime. Many of them were reportedly working far away from home and only came back in the evening or late in the night. Similarly, majority of the respondents for both cases had attained some education. Table 4 below presents data on place of usual residence of the children and adult respondents by gender.

Table 4: Respondents' sex, educational level and place of usual residence

SEX	Children	Household respondents		
	Frequency	Percentage	Frequency	Percentage
Male	304	43.4	147	20.8
Female	397	56.6	560	79.2
Total	701	100.0	707	100.0
Place of usual residence				
Urban	497	70.9	502	71.0
Rural	204	29.1	205	29.0
Total	701	100.0	707	100.0
Currently in School/ Ever been In School				
Yes	601	85.7	632	
No	100	14.3	75	
Total	701	100.0	707	

The mean age of both children (the target group was 6-<18 years) and household respondents was also computed and are presented in table 5 below. It is apparent from the table that the mean age of children was 13.2±2.53 with the majority falling between 10-15 years of age. The mean age of household respondents on the other hand was 36.26±11.56 with the majority falling between 25 and 48 years.

Table 5: Mean age of respondents

Mean age of respondents	Children	Household respondents
Mean	13.2	36.26
Minimum	6.0	18
Maximum	17.0	80
Standard Deviation (SD)	2.53	11.564
N	701	707

According to tribe, most of the respondents were Baganda. This is because three out of the four purposively selected districts were from the Buganda Region. Whereas all the religious sects were represented in the sample, there were more Roman Catholics and Anglican than any other. Petty trade/vending emerged the main source of income for the majority of the respondents, explained by the fact that the study was largely urban based. Table 6 below combines ethnicity, religion and the main source of income for interviews with adults at household level.

Table 6: Ethnicity, religion and main source of income for households

ETHNICITY	Frequency	Percentage
Munyankole	36	5.1
Muganda	378	53.5
Mugisu	106	15.0
Itesot	22	3.1
Samia	12	1.7
Musoga	36	5.1
Mutoro	15	2.1
Others	102	14.4
Total	707	100.0
RELIGION		
Anglican	237	33.5
Moslem	141	19.9
Pentecostal	81	11.5
Roman Catholic	244	34.5
Seventh Day Adventist	2	0.3
Traditional	2	0.3
Total	707	100.0
MAIN SOURCE OF INCOME		
Business/ commercial	123	17.4
Crop farming	132	18.7
Livestock farming	15	2.1
Vending/ Petty trade	227	32.1
Rental income	12	1.7
Salaried worker	101	14.3
Self-employment	38	5.4
Transfer payments	5	0.7
Wage earner	37	5.2
No income	2	0.3
Other	15	2.1
Total	707	100.0

2.3 Knowledge, Perceptions and Beliefs about Child Labour

In order to assess people's understanding and appreciation of the problem of child labour, this study attempted to explore their level of knowledge and also determine the commonly held beliefs and perceptions about child labour. Findings reveal that there are varied beliefs, perceptions and attitudes regarding children getting involved in work. As shown in table 7 below, nearly the same percentage of adult respondents (49.6%) and (50.2%) respectively agreed and disagreed on a view that children are free to choose to go to look for work in order to survive. On the other hand, (72.6%) disagreed to the opinion that children can do all the work adults can do. Majority of the respondents (61.7%) agreed and only 35.1% disagreed with a view that children are easier to employ than adults. On the other hand, majority of the respondents (78.4%) disagreed and

only (20.9%) agreed with a view that it does not matter if a child is able to get work and be paid even if they chose not to go to school.

Table 7: Beliefs and perceptions about Child Labour Belief/Perception about child labour Percentage

Agree	Disagree	Not sure	
Children in this household are free to look for work	49.6	50.2	.1
Children can work even if they don't go to school	20.9	78.4	.7
It is not illegal for children to work anywhere	31.4	63.8	4.9
Children can do all the work adults can do	26.6	72.6	.8
Children are more easy to employ than adults	61.7	35.1	3.3
Children who work do so to supplement their family incomes	67.8	29.0	3.3
Children involved in work lack parental guidance	63.3	33.5	3.1

Similarly, majority of the respondents (63.8%) disagreed and only 31.4% agreed with a statement that it is not illegal for children to work any where, while majority (72.6%) disagreed and only 26.6% agreed that children can do all the work adults can do. On the other hand, majority (67.8%) of the respondents also agreed and few (29%) and only 3.3% were not sure that children involve themselves in work do so to supplement their family incomes. There were also more respondents (63.3%) who agreed with a view that children who are involved in work lack proper parental guidance and support compared to those that disagreed (33.5%) and 3.1% who were not sure.

On the whole, the findings as presented above in table 7 largely indicate that while some respondents perceived child labour as normal for children, a source of income for their households or a source of "cheap labour", they do not seem to take it as normal if it happens at the expense of children's education. Indeed in most of the FGDs with both children and adults, support of children in school was frequently mentioned as one of key solutions to the problem of child labour:

"…most children work because they lack school fees so they need to be helped with school fees…" (FGD with Adults, Kasensero, Rakai)

Children are also largely expected to work and contribute to the family's socio-economic welfare and their own. In other words, if children do not work, their contribution to the wellbeing of the family is missed by some families, but also, they may not be able to survive on their own because other sources of support for them such as the extended family or community lack the capacity. The perception of children as easy to employ is also likely to keep employers in the informal sector attracted to children. To change this belief therefore would call for interventions that target not only these employers but the entire community from where these 'labourers' come. In addition, the fact that people believe that parental care is critical in preventing children entering into child labour, programmes that would help augment or revitalise the care given to children in families and communities would be good. There is after all a good opening for change of attitude and behaviour since majority of the respondents disagreed that children can do all the work adults can do.

2.4 Perceived prevalence of child labour in the study areas

Prevalence of child labour in the study communities was perceived high in the areas covered by this survey. Of the total sample of adults, majority (85.3%) have ever heard about a child working in their communities. Almost the same number (85.4%) had ever seen a child working. The prevalence of child labour is further reflected in the views obtained from key informants:

"You cannot fail to notice at any time a big number of children busy working in our various town councils "(Probation and Welfare Officer, Rakai district).

"Some children are in school but others are working. Although those in school outweigh those working, the latter is significantly a big number "(Secretary for Social Services, Mbale district).

Despite the perceived high prevalence of child labour, few household respondents (35.9%), acknowledged having ever employed a child to do any kind of work perhaps due to fear that they could be prosecuted if they acknowledged so. Findings from interviews on the contrary revealed that more than half 436 (62.2%) of the children interviewed had ever been employed. Similarly, during focus group discussions with children, they all acknowledged having ever been employed outside their homes for pay.

"Many of us fetch water, others collect scrap, some make and sell chapatti, collect garbage, wash clothes, work as porters on construction sites, some boys ride boda boda etc . Girls work in hotels and others as baby sitters" (FGD with children, Kikooza village, Mukono district).

A 9 years old girl carrying a ten litre Jerrican of water in Nabulagala Zone, Rubagga Division, Kampala District.

A 14 years old boy carrying a local brew on a bicycle in Kasambya village, Kyotera Town Council, Rakai District.

While the distribution of children respondents may have a bearing on this, slightly more females had ever been employed than males. Table 8 below presents findings on children ever been employed disaggregated by sex.

Table 8: Children ever been employed

Ever been in employment	Male	Female	Total Frequency	Percentage	Frequency	Frequency	Frequency	Percentage
Yes	212	48.6	224	51.4	436	100.o		
No	92	34.7	173	65.3	265	100.o		
Total					701	100		

Of the total children (436) who have ever been employed 182 (41.7%) were orphans while non orphans were 254 (58.3%).

The prevalence of child labour in the study communities is much higher than portrayed by the structured interviews. In the key informant interviews as well a focus group discussions, the prevalence of child labour was described by all as *"huge, big or wide spread"* though disguised as a normal practice - a thinking that children have to work if they have to be successful in future. This could be because many respondents could not distinguish between child work and labour. They see nothing wrong with children taking up any work as long as it earns them any income as observed:

"There is a high degree of child labour but people don't recognize it and take it as normal. Many families involve children in work without considering their abilities "(Child Protection Officer, Mbale District)
Indeed during fieldwork, the research team met many children involved in all sorts of child labour some of which was potentially hazardous as the following photographs depict:

A 6 year old girl frying fermented maize flour for a local brew in Mvule Zone, Wanaale Division, Mbale District

Young girls carrying fire wood in Kalagala village, Kyampisisi Sub-County, Mukono District

2.5 Type of work engaged in by children ever in employment

Findings reveal that children who had ever been employed were involved in a wide range of activities as illustrated in the table 9 below.

Table 9: Type of work engaged in by children ever been employed

Type of work	Frequency	Percentage
Domestic work	199	45.6
Farm work	54	12.4
Fuel pump attendant	20	4.6
Manual/ casual/ porter	90	20.6
Hair dressing	6	1.4
Scavenging	21	4.8
Shop attendant	9	2.1
Vending / petty trade	36	8.3
Hotel/ bar attendant	2	0.5
Others	5	1.1

It is apparent from table 9 above that a larger percentage (45.6%) of the children who have ever been employed worked as domestic workers either as house keepers or assisting in any other domestic work including cleaning the house, compound or fetching water, etc. The other significant forms of work reported included but were not limited to: casual work/porter (20.6%) and working on the farm (12.4%). However, key informant interviews as well as focus group discussions with adults and children revealed other types of work children are involved in such as cleaning toilets in the towns, garbage and scrap collection, brick-making, vehicle washing, working in stone and sand quarries, fishing, cattle grazing, carrying luggage, loading and offloading lories carrying produce, transporting people on motorcycles, bicycles as well as working as taxi conductors, engaging in prostitution etc. Others are involved in hawking food stuffs and other items. Most of the jobs were reported putting children's life in vulnerable situations as shared in some of the FGDs with adults and children as well as key informants;

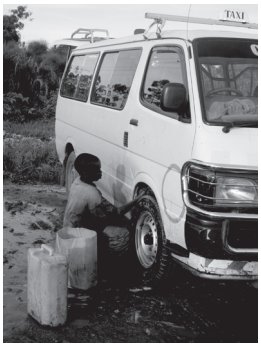
"… they usually do much work for little pay and some are dismissed on making small mistakes" (Adults FGD, Nabulagala Zone, Kampala District).

"The girls who work in hotels and bars are usually paid little money which forces them to indulge in sex for money from the customers" (Children FGD, Kikooza village, Mukono District).

"The most affected category of children is between 10-12 years of age because this category cannot easily bargain for the right pay. We receive complaints of non-payment for their labour by employers. Many of them earn about 15,000/= a month. Some exchange labour for just food" (Child Protection Officer (Police), Mbale District).

A 14 year old girl carrying charcoal with her Mother in Sisse Zone, Mbale district

An 11 years old boy washing a vehicle in Kasambya village, Kyotera Town Council, Rakai District.



2.6 Forms of payment to children

Majority (92.2%) received cash payment. In-kind payments included meeting children's school fees (2.7%) and food (1.2%). Although majority of children employed received money as a form of payment, this was reportedly little compared to the tasks performed. Levels of exploitation of children in employment were reportedly high as shared in one of the key informant interviews:

"Many children have been exploited under the guise of protection. They are relatively young children easy to confuse and cheat. Many of them are not paid their monthly wages and when they ask for money, they are told; we have fed and given you shelter for all this time. So, what is the money for? They work like donkeys but are usually paid peanuts, something like 5,000 shillings month. However, when they do a little mistake like breaking a glass, they are penalized by withholding their wages. Many are mistreated while at work. Despite doing all the heavy work, they usually sleep on the cold cemented floors and others are sexually harassed by their bosses" (Key informant Interview Education Officer, Rakai district).

The exploitation of children could be because majority of them come from very poor families while others are orphans. Children are usually desperate and are therefore ready to accept any payment regardless of the task performed. They lack security because they do not enter into formal contracts with employers. Even when some are not paid or under paid, it is hard for them to seek legal redress.

2.7 Relationship between children and their employers

Majority (44.7%) of children who had ever been employed worked for people whom they did not have any relationship with. A number of children were employed by their neighbours or village mates (28.8%), others by relatives or friends (18.6%), while a small percentage worked for their parents or guardians (6.7%). Those in self employment constituted the smallest percentage (1.8%). Table 10 below presents findings on the relationship between children who had ever worked and their employers.

Table 10: Relationship between children and their employers

Relationship	Frequency	Percentage
Relative/ friend	81	18.6
Neighbour/ village mate	123	28.8
No relationship	195	44.7
Parent / guardian	29	6.7
Self-employed	8	1.8
Total	436	100

2.8 Current employment of children

The current employment status of the children interviewed was also investigated. It was found out that fewer children 149 (21.3%) were currently working as compared to the majority 552 (78.7%) who were not. This is again perhaps because of the fear that they would be prosecuted. Of the total 149 currently employed children, 74 (49.7%) were orphans while 75 (50.3%) were not. In addition, there were more male children 80 (53.7%) currently employed than females 69 (46.3%). The children who were working at the time of the interview were more or less involved in similar work as those children who reported ever having been in employment but were not working at the time of the interview. Table 11 below illustrates that the majority (32.6%) were engaged in domestic work followed by those vending or in petty trade and then manual/casual labour/porters.

Table 11: Type of work currently engaged in by children

Type of work	Frequency	Percentage
Scavenging	13	8.7
Domestic work	49	32.9
Farm work	19	12.8
Hotel / bar attendant / dancer	8	5.4
Manual / casual labour / porter	21	14.1
Vending / petty trade	33	22.1
Others	6	4.0
Total	149	100

In addition, similar to children who had ever been in employment, majority (43%) of children currently working did not have any relationship with their employers. The other significant employers were children's relatives or friends (35.6%) as well as their neighbors or village mates as illustrated in table 12 below.

Table 12: Relationship between children currently employed and their employers

Relationship	Frequency	Percentage
Relative/ friends	53	35.6
Neighbors / village mates	29	19.5
No relationship	64	43.0
Others	3	2.0
Total	149	100

2.9 Forms of payment to currently working children

Cash payment was the major form of payment (86.9%) currently working children received as it was for children who had ever been employed. This was similarly followed by meeting the children's education related costs as well as food (4.0%). Table 13 below presents the various forms of payment to children who reported currently employed at the time of the survey.

Table 13: Forms of payment to employed children

Form of payment	Frequency	Percentage
Accommodation	1	0.7
Clothing	3	2
Food	6	4.0
Money	129	86.6
Nothing	4	2.7
School fees/ scholastic materials	6	4.0
Total	149	100

2.10 Time spent working by children employed per day

Majority of the children (38.3%) currently working reported spending between 3-5 hours per day on their jobs. Very few (16.1%) of currently employed children spent less than 2 hours working. Table 14 below, presents the time input into work by children currently employed.

Table 14: Time input into work by children per day

Hours	Frequency	Percentage
3-5	57	38.3
6-8	23	15.4
9 and above	45	30.2
Less than 2 hours	24	16.1

2.11 Factors pushing or attracting children to work

A number of factors were reported responsible for either pushing or attracting children to work. Of these, poverty and the need for money emerged as the most prominent push and pull factors. The study established that majority of households surveyed were poor and characteristically unable to provide the basic needs to their children:

If the parents are not giving the children anything (food, clothes or school fees) then how do you expect them to survive? They have to look for work to survive (FGD with adults, Nabulagala Zone, Kampala District).

Housing conditions for families of some of the children involved in Child labour in Nakibiso Village, Industrial Zone, Mbale where some of the working children come from

During fieldwork, a number of households were noted in deplorable conditions as can be explained from photograph 7 above. Hence, children look for work to survive or fill the socio-economic gaps their households are experiencing. Other participants attributed child labour to the high costs of keeping children in school.

"The cost of keeping children both in primary and secondary is too high since very many people in this village are not working. When children are not in school, they look for work in order to survive" (Adults FGD, Nabulagala Zone Kampala, District).
"Children here are working because of the situation in town. Many people can't afford school fees despite there being UPE" (Adults FGD, Bagaala Zone, Mukono district).

Another big factor behind child labour was orphan-hood mainly as a result of deaths related to HIV/AIDS. It was noted that many parents have died of HIV/AIDS leaving behind a host of helpless orphans. From the survey 38.5% of the children interviewed were orphans. Whereas the traditional system of extended family has been playing an important role in the care of orphans, the dramatic increase in number of orphans due to the HIV/AIDS epidemic has overwhelmed its capacity to play this important role. As a result, many orphans survive on their own and resort to paid up work for survival. Even orphans taken up by the next of kin, the majority of these are grandparents who cannot adequately provide for them. Related remarks were obtained in focus group discussions and key informant interviews;
"I am overworked because I live with my grandmother who cannot dig. I have to dig in the morning before going to school. At times, I have to work in other people's gardens to supplement food and also raise money for books, pen and other scholastic materials" (FGD with children, Kyanyonyi village, Rakai District).

"AIDS has also caused the problem of child labour. It has killed many parents leaving orphans without meaningful alternative sources of survival. The relatives who would take care of orphans are themselves desperate to live due to poverty. Some have instead precipitated the problem of child labour through overworking or grabbing their property (District Education Officer, Rakai District)
We have so many child headed households and other children whose caregivers are too incapacitated to meet their basic needs. Such children end up in child labour to meet their basic needs" (Adults FGD, Kyanyonyi village, Rakai district)

Other respondents attributed child labour to the current overemphasis of the rights of children;

"The other cause of child labour is the rights of children which are too much. If you find a neighbour's child doing something wrong, you have no authority to correct him or her, unlike in the past when a child belonged to the whole community …children have the right to do what they want. Some parents also encourage it. If you punish a neighbor's child for doing wrong, he or she may call the police for you" (Adults FGD, Nabulagala Kampala, District).

"There is also the issue of the rights of the child. You see this is a town, many children think that they can survive on their own because families don't meet their basic needs. If you try to punish such children, they threaten to report you to police "(FGD with Adults, Bagala, Mukono District).

Another contributing factor pointed out is peer influence. Children attract others into child labour when they share the benefits or perceive those who are working to be better off. This was also shared in one of the FGDs with adults:

"Some of our children are influenced by bad groups around. They have lust for money because they see their peers who work carrying money. Some parents also send their children to work because they see their neighbor's working and earning something" (FGD with Adults, Nabulagala, Kampala District).

Some children were also reported to be involved in paid employment due to neglect of their parents. However, while parents are accused of contributing to child labour due to neglect of their children, a critical analysis of this 'accusation' points to poverty as the main underlying cause:

"The children engage in child labour because their parents neglect them and thus have to look for food. Some work because of poverty and hunger in their homes while others do so because they are orphans. Sometimes parents cannot afford to pay school fees and provide other basic needs due to large numbers of children" (Secretary for Health, Education and Social Services, Mbale District).

"Some men in this village marry many wives and when they realize that they cannot support such big families, they abandon them. The mothers of such neglected children usually have no other alternative but to send them out to search for work to support themselves and their siblings" (Adults FGD, Nabulagala village, Kampala District).

Child labour is also being fueled by increased urbanization and the associated social attractions to entertainment in towns. Some children have taken on child employment in a bid to raise money to enjoy urban entertainment. Similarly, young girls

are employed to attract clients in some of the entertainment places such as clubs and bars.

Lack of parental guidance was also highlighted as cause of child labour. This is partly explained by orphan-hood, the breakdown of the extended family systems and general poverty. Many relatives of the orphaned children are already stretched by large numbers of their own biological children to adequately provide guidance and counseling. Other children run away from home and start work early because of domestic violence as shared in one of the key informant interviews:

"There are families here where husbands and wives fight almost daily. These fights eventually extend to children, remember, when two elephants fight, it is the grass that suffers. Related to this factor is the harassment of children by step parents and in some cases biological parents" (FGD with adults, Sisse, Mbale district)

In many families parents also expect their children to contribute something to the family's welfare. In such cases, parents/guardians do not see any wrong in sending their children to work. More findings on the factors contributing to child labour are presented in table 15 below:

Table 15: Factors pushing or attracting children to work

Factors	Children	Adults		
	Frequency	Percentage	Frequency	Percentage
Poverty	450	64.2	366	51.8
Orphan-hood	204	29.1	208	29.4
Harassment by step parents	53	7.6	0	.0
Peer influence	41	5.8	0	.0
Need to be independent	33	4.7	0	.0
Irresponsible parent-hood	4	0.6	61	8.6
Indiscipline of children	2	0.3	67	9.5
Others	.0	.0	5	0.7
Don't know	2	0.3	.0	.0

2.12 Sources of information on child labour

Very few children (28.7%) compared to household respondents (50.4%) reported having ever received information about child labour. Much (54.5%) of the information accessed by children was on associated dangers or effects of child labour followed by legal issues related to child labour (31.7%). Table 16 below presents type of information ever received by children on child labour.

Table 16: Type of information on child labour ever received by children

Type of information	Frequency	Percentage
Associated dangers/ effects	110	54.5
Causes of child labour	21	10.4
Legal issues related to child labour	64	31.7
Benefits from child labour	22	10.9
Others	5	2.5

Much of the information received by the adults on the other hand was related to laws against child labour (69.9%) and children's rights as can be seen in table 17 below.

Table 17: Type of information on child labour ever received by adults

Information type	Frequency	Percentage
Information related to children's rights	46	12.9
Information on laws against child labour	249	69.9
Dangers of child labour	40	11.2
Causes of child labour	16	4.5
Others	5	1.4

There were various sources of information on child labour. The radio (39.8%), schools/teachers (29.4%), peers/friends (24.9%) as well as open discussion (16.4%) were reportedly, the main sources of information on child labour for children. Table 18 below presents the various sources of information on child labour.

Table 18: Sources of information on child labour by children

Sources	Frequency	Percentage
NGOs/ Government programmes	4	2.0
Peers/ friends	50	24.9
Radio	80	39.8
Teachers/ schools	59	29.4
Television	11	5.5
Religious leaders	1	0.5
Open discussions	33	16.4
Print materials	4	2.0
Direct experience with AIDS	5	2.5
Parents/ relatives	5	2.5

Likewise, for the household respondents, the radio (64.6%) emerged the major source of information about child labour. Others included: community sensitization (21.3%), informal talks among people (6.3%) and newspapers (5.2%).

2.13 Children's most preferred source of information on child labour

The radio (58.8%), schools/teachers (15.7%), television (6.3%) and peers/friends (6.3%) also emerged the most preferred source of information on child labour by children. Table 19 below, presents the most preferred source of information on child labour by children.

Table 19: Most preferred source of information on child labour by children

Information source	Frequency	Percentage
NGOs / Government programmes	3	1.0
Peers/friends	19	6.3
Radio	177	58.8
Teachers / schools	47	15.7
Television	28	9.3
Religious leaders	3	1.0
Open discussion	15	5.0
Print materials	1	0.3
Parents /relatives	7	2.3
Others	1	0.3
Total	301	100.0

The reasons children cited for their preference of radio, television, teachers and schools, peers or friends as their most preferred sources of information on child labour were more or less similar to those they gave on their preference of source of information on HIV/AIDS. They included among others the fact that a source allows free expression (peers and friends, teachers and schools), has good child oriented programmes (radio), allows one to see as well as hear (television), explain better and have children's best interest (parents, teachers and friends).

Given that dissemination of information on HIV/AIDS is high, knowledge levels about HIV/AIDS are also expected to be high. While dissemination of information on HIV/AIDS is high, it is considerably low on child labour. There is therefore a big knowledge gap on child labour that ought to be filled if the relationship between child labour and HIV/AIDS is to be made more understood in the target communities. This finding is part of the evidence that little has been done by either government or non governmental organizations to sensitize people about child labour. Further the findings partly explain why most people targeted by this study could not distinguish between child work and child labour. Findings from focus group discussions reveal similar gaps:

"Such a thing (meaning sensitization on child labour) has never happened here. In the last five years, I have just seen only one sensitization meeting on the rights of children. The meeting did not even directly address child labour. It is also an indication that little has been done to sensitize people about the problems of child labour" (Adults FGD, Kampala District).

The high knowledge levels about HIV/AIDS exhibited among the study participants on the other hand is a result of massive HIV/AIDS educational campaigns that have been going on in Uganda since the early 1980s.

The results on the sources of information about both HIV/AIDS and child labour reflect an important role played by the radio, teachers, and parents/guardians, peers/friends as well as television in educating people about child labour and HIV/AIDS. In essence, the predominance of these sources also reflects their potential as important communication channels as compared to others such as newspapers. Hence consideration of these sources for future dissemination of information related to child labour is important.

CHAPTER THREE

KNOWLEDGE, ATTITUDES AND PERCEPTIONS RELATED TO HIV/AIDS INDUCED CHILD LABOUR

3.1 Introduction

This chapter presents findings of the survey on people's knowledge, attitudes and perceptions related to HIV/AIDS induced child labour. Specifically, it presents findings on people's knowledge on the relationship between HIV/AIDS and child labour, the category of working children perceived to be at a high risk of HIV infection while at work and the reasons for the perceived risk. Findings of the study on the experiences of children who have ever been in employment are also presented with particular regard to their assessment of the circumstances at work that could have led them to the risk of HIV infection. The chapter further presents findings on respondents' views and recommendations on actions that need to be taken to deal with HIV/AIDS induced child labour.

3.2 Knowledge and perceptions about HIV/AIDS

While it is currently well known that knowledge on HIV/AIDS in Uganda is almost universal particularly with regard to modes of transmission, prevention and treatment measures, beliefs and perceptions about it are still varied. This however, may not always be the case with children. In order to assess study participants' knowledge, attitudes and perceptions on HIV/AIDS and child labour, it was important that quick impressions on their level of understanding of the dynamics surrounding HIV/AIDS were obtained. This was mainly done in FGDs with children whom this study assumed to be having a relatively unique level of experience and understanding of issues concerning HIV/AIDS compared to adults. It was not surprising that findings from FGDs with young people who participated in this study reveal a high level of knowledge of the modes of HIV transmission, prevention and its effects both to families and children. Young people are aware that HIV is mainly transmitted through sexual intercourse with an infected partner, through sharing of sharp instruments that would lead to blood contact, from an infected pregnant mother to the child in the womb or through breastfeeding. They demonstrated a lot of knowledge on the different ways of avoiding HIV infection as shared in some of the FGDs:

"AIDS can be avoided by being faithful to our partners…by carefully using condoms, by not going for discos…by not having sex… It can easily spread to you when looking after AIDS patients…you may not know the safest way to give the care" (Children, Nakulabye zone 5)

"….children who are born of parents who have HIV/AIDS are also more likely to be infected through breastfeeding "(Children, Namatala, Mbale)

"We can avoid HIV/AIDS by not loving boys… by using condoms and by not having sex any how…" (FGD with children, Kyampisi Parish, Mukono District)

Knowledge on the effects of HIV/AIDS was also found to be high among the young people in the study communities. Children pointed out prolonged illness and general body weakness, death, discrimination, stigma and poverty in affected families as some of the effects of the disease:

"AIDS has killed many people and it has no cure. I have seen the way people suffer when they get the disease. I am scared of AIDS because you can lose your hair…I am scared of AIDS because it killed my parents" (FGD with children, Kasensero)

"AIDS is a bad disease…it kills and you suffer a lot…people fear to associate with you…and you are discriminated by your friends" (FGD with Children, Namatala, Mbale)

"….when you are sick, every person fears to approach you thinking you will spread it to them…. "(FGD with Children, Kamwokya, Kampala)

"People who are sick look so bad and lack money to pay their children's school fees. It is bad that by the time people die they are so thin… people should use condoms" (FGD with boys, Kikooza zone, Mukono)
While most of the children expressed fears about HIV/AIDS, there were some that seemed to demonstrate some degree of complacency with the disease and did not seem much bothered about it as shared in one of the FGDs with children in Rakai:

We do not fear AIDS so much because we need money…we have to give in to men who want us if they can give us money to survive…we have to move at night in the town to get men…but we try to use condoms. (FGD with girls, Kakuuto, Rakai)

3.2.1 Type and sources of information on HIV/AIDS

Majority (84.7%) of children had ever received information on HIV/AIDS. There was more information received on effects of HIV/AIDS (54.5%), followed by information on prevention and modes of transmission (43.1%0 and (40.2%) respectively. Very few children (2.4%) reported having ever received information on VCT as well as care, support and treatment (4.4%). Table 20 below illustrates the nature of HIV/AIDS information received by children.

Table 20: Type of information on HIV/AIDS received by children

Nature of HIV/AIDS information	Frequency	Percentage
VCT	14	2.4
Modes of transmission	239	40.2
Prevention	256	43.1
Care, support and treatment	26	4.4
Effects of HIV/AIDS	324	54.5

3.2.2 Sources of HIV/AIDS information

Findings reveal that information related to HIV/AIDS came from various sources. Most prominent of these were radio (47.8%) and schools/teachers (45.5%). Table 21 below presents the sources of HIV/AIDS information for children.

Table 21: Sources of HIV/AIDS information for children

Sources	Frequency	Percentage
NGOs/Government programmes	21	3.5
Parents/relatives	48	8.1
Peers/friends	59	9.9
Radio	284	47.8
Teachers/schools	270	45.5
Television	11	1.9
Religious leaders	7	1.2
None	2	0.2
Open discussion in the community	106	17.8
Print materials	15	2.5
Direct experience with HIV/AIDS	3	0.5

3.2.3 Children's preferred source of HIV/AIDS information

Among the children who had ever received HIV/AIDS information, the current main sources namely radio (38.8%) and teachers /schools (33.5%), television (7%) and parents (6.4%) were at the same their most preferred sources as presented in 22 below.

Table 22: Children's most preferred source of HIV/AIDS information

Sources	Frequency	Percentage
NGOs / government programs	11	1.6
Parents / relatives	45	6.4
Peers / friends	29	4.1
Radio	272	38.8
Teachers / schools	233	33.5
Television	49	7
Religious leaders	6	0.9
Open discussions	39	5.6
Print materials	7	0.7
Others	10	1.4
Total	701	100.0

There were varied reasons given by the children as to why these sources were preferred against others. Radio was preferred mainly because it is easy to access, somewhat affordable and that it provides a variety of information some of which is in form of entertainment bringing enjoyment to the listeners. Teachers and schools as a source of information are liked among others because they are perceived by children to be highly knowledgeable, experienced, offer good explanation and the fact that they have the capacity to communicate to very many children at the same time. On the other hand the parents and relatives are also liked as a source of information because of the fact that in many cases they have the best interests of the child, and that they give reliable and correct information.

3.3 Perceived risk and circumstances of HIV infection through child labour

One of the key specific objectives of this study was to asses the level of knowledge on the relationship between HIV/AIDS and child labour among the study target groups and their perception of the risk of HIV infection through child labour. In order to measure the level of respondents' knowledge of the relationship between child labour and HIV/AIDS, a set of questions were asked and statements depicting a variety of relationships between HIV/AIDS and child labour read out for respondents to agree or disagree.

Findings indicate that the perception of the risk of HIV infection through child labour is very high among both household respondents and children. As can be seen in table 23 below, majority (58%) of the children interviewed said it is very likely for children involved in employment to get infected with HIV. Few (22%) of them were not sure about the risk of infection, and only 20% of the children thought that such a possibility is limited.

Table 23: Perceived likelihood of infection with HIV due to work outside home among children

Likelihood of HIV infection due to child labour	Frequency	Percent
Not sure	155	22
Limited chance	143	20
Very likely	413	58
Total	701	100.0

Similarly, as can be seen from table 24 below, majority (77.4%) of the adult respondents agreed to a statement that children in employment can easily be infected with HIV, while only 17.1% disagreed and 3.1% were not sure about the relationship. Findings from FGDs also revealed similar views with those from household interviews:

"Children who work in bars at times are beaten and raped by the drunkards…they may get diseases like AIDS because some bosses resort to having sex with them…children also learn bad behaviours from places where they go to work because they meet other poorly brought up children from whom they learn such behaviours" (FGD with adults, Mooni Parish, Mbale)

In addition, table 24 shows that more respondents (56.9%) agreed to a statement that most children who are working are orphaned by HIV/AIDS compared to those (39.4%) who disagreed and those that were not sure (3.7%) about whether children in employment were mainly HIV/AIDS orphans. In focus group discussions with adults in the communities of Mukono, similar beliefs were expressed:

"…..most children lost parents and some have sick parents who cannot look after them or provide them with food …so the children go and work or do whatever they find to help themselves. Some children work because they are the ones who look after the parents" (FGD with adults Mooni, Mbale)

"When family heads die they leave their children with relatives who have no money. What they do, they ask children especially boys to go and work so that they can get money to buy lunch and supper" (FGD with Adults, Bagala, Goma Parish, Mukono District)

Table 24: Perceptions on the relationship between child labour and HIV/AIDS

	Agree	Disagree	Not sure
Most working children are orphaned by HIV/ AIDS	56.9	39.5	3.7
Most children begging or working in towns are infected with HIV	24.6	57.4	18.0
Children involved in work can easily be infected with HIV/ AIDS	77.4	17.1	5.5

On the contrary however, few (24.6%) respondents agreed and more (57.4%) disagreed to a statement that most children begging in towns are HIV positive. While the results of this study show that knowledge and perception of the relationship between child labour and HIV/AIDS is high, people that do not seem to clearly see this relationship (though statistically few) still exist in the communities targeted by this study. It is very important that such people are targeted with messages that would make them appreciate this relationship as a strategy towards universalising knowledge about the relationship between HIV/AIDS and child labour. Universalising this knowledge would constitute one big stride towards the elimination of HIV/AIDS induced child labour in society.

In addition, while majority of the respondents believe that all children involved in work are at risk of HIV infection, some categories of working children were perceived to be at a higher risk of infection than others. In FGDs and key informant interviews, female children who work in bars or restaurants and those working as house girls featured more prominently as the category that is at a higher risk of HIV infection as shared in some of the focus group discussions with children and key informant interviews with adults:

"Children working in bars can easily be deceived by men who may impregnate them and at times infect them with HIV" (FGD with children, Kasensero, Rakai district)
"Children who work as house girls in most cases are forced into sex by their bosses when their wives are not around…other girls work as prostitutes in bars and these are exposed to so many men who may infect them with HIV" (Children, Kikooza zone, Mukono district)

"The girls are most at risk…they work in people's homes as maids, in entertainment places and are often defiled and not paid by their employers "(Community Development Officer, Rakai District)

Using a gender analysis perspective, working boys compared to working girls were perceived to be at a lower risk of HIV infection while at work unless other factors other than work prevailed, as shared in one of the FGDs with female children:

"With boys it is very hard because for them they are not like girls they can protect themselves very well….they also work and get their money so they cannot easily be seduced by women unless if they are womanizers and they get it from the women who have been infected already"(Children, Kikooza zone, mukono)

The risk of exposure to HIV infection among boys was seen to be low even by key informant respondents, although they acknowledge that some degree of risk exists from female employers who turn out to be sugar mummies as shared by one of the key informant interviews.

"Boys may be at lesser risk. However, a few sugar mummies now force their house boys into sex thereby infecting them with HIV/AIDS "(Police Child Protection Officer, Mbale)

The reasons given for the very high possibility for HIV infection among children in employment varied. As table 25 indicates below, the need for money (31.2%) was more frequently pointed out as a predisposing factor for HIV infection among children in employment. This was followed by sexual advances/demands from employers (29.7%) and limited guidance from parents (21.7%). Other work related reasons pointed out but less frequently are work related accidents (11.4%) and the perception that working children have limited knowledge of HIV/AIDS (4.0%).

Table 25: Perceived circumstances that expose working children to the risk of HIV infection.

Perceived circumstance predisposing working children to HIV infection	frequency	Percentage of Responses	Cases
Accidents at work involving sharp objects	54	9.5	11.4
Limited knowledge on HIV/AIDS by working children	19	3.3	4.0
Sexual advances/demands from employers	141	24.8	29.7
Limited guidance from parents	104	18.1	21.7
The need for money	148	26.1	31.2
Total responses	568	100.0	119.6
Valid cases	475		

*Multiple responses were allowed.

3.4 Knowledge of working children exposed to the risk of HIV infection

This study was interested in assessing respondents' knowledge of working children who have ever been exposed to the risk of HIV infection at their work place(s). To assess this level of knowledge, respondents were asked if they have ever heard about or seen children in employment exposed to the risk of HIV infection. Findings as presented in table 26 below indicate that most of the children interviewed (67.8%) had ever seen or heard about working children at risk of HIV infection. Thirty two percent of the children had never seen or heard about children working who had been exposed to the risk of HIV infection and less than 1 % of the children were not sure.

Table 26: Knowledge of working children at risk of HIV infection

Ever heard or seen children working exposed to the risk of HIV infection	Frequency	Percentage
Yes	475	67.8
No	224	32
Not sure	2	.3
Total	701	100.0

Knowledge of working children exposed to the risk of HIV infection related especially with the circumstances that expose such children to the risk of HIV infection while at work. Most of these circumstances are specific to the nature of work that the children do, the ways in which they are compensated or paid and their gender:
"Girls who work in restaurants are always paid little money by their employers but the customers in such places may pay them about 20,000/= for sex in one day... house girls who are expected to care for kids may be forced into sex by their bosses and get infected with HIV…girls who sell booze in bars at night end up getting money for sex from men" (FGD with Children, Kikooza zone, Mukono)

3.5 Knowledge of working children who are orphaned by HIV/ AIDS

Table 24 already presented data on beliefs and perceptions of people towards working children. The table indicated that majority (56.9%) of the adult respondents agree that most working children are orphans of AIDS. With use of mainly qualitative methods of investigation, this study further assessed respondent's knowledge of orphans of AIDS who are working. In most of the FGDs and key informant interviews, respondents pointed out that most children in employment were either orphans of AIDS or their family support systems had been weakened by AIDS and cannot work to meet their children's needs as shared in some of the FGDs:

"…most of them lost parents due to AIDS and some of them have sick parents who can't look after them or provide them with food. So they leave to go and work or do what they want….some children work in order to look after their sick parents" (FGD with adults, Mooni Village, Mbale District)

"The majority of the children who are working or loitering around are orphans whose parents died because of HIV/AIDS "(FGD with girls, Kyampisi, Mukono)

3.6 Exposure to circumstances that increase the risk of HIV infection among children that have ever been in employment

Children who reported having ever been in employment were asked whether while at work they had ever been exposed to circumstances that could lead to HIV infection. Fewer (40.8%) children who had ever been in employment agreed to

having been exposed to risky circumstances compared to those (59.2%) who had never. Table 27 shows that more female children (58.4%) were exposed to the risk than their male (41.6%) counterparts.

Table 27: Ever been exposed to circumstances that could lead to HIV in infection at work

Ever been exposed to risk of HIV infection	Female		Male		Total
	freq.	%	freq.	%	
Yes	74	41.6	104	58.4	178
No	138	53.5	120	46.5	258

Of the children who reported having been exposed to circumstances that could lead to HIV infection at work, majority (64%) had received sexual advances. Table 28 below shows that more (62.3%) female children than male (37.7%) children received sexual advances at work. The other circumstances the children mentioned included hardships of poverty and lack of money that forced some of them into survival sex.

Table 28: Ever experienced sexual advance at the workplace

Ever experienced sexual advances	Male		Female		Total
	freq.	%	freq.	%	
Yes	43	37.7	71	62.3	114
No	31	48.4	33	51.6	64

To understand further the extent of risk, this study explored whether sexual advances at work could have resulted into sexual intercourse. Results from table 29 below show that majority (62.3%) of the children who reported having received sexual advances at work had actually had sexual intercourse. Of these, majority (60.6%) were female compared to male (39.4%) children.

Table 29: Ever had sex at the work place by gender

Ever had sex at work	Male		Female		Total
	freq.	%	freq.	%	
Yes	28	39.4	43	60.6	71
No	15	21.1	28	39.4	43

3.7 Views on actions against HIV/AIDS induced child labour

Both children and adult respondents were asked to propose some actions that they thought could help to prevent entry of children into child labour due to HIV/AIDS and those that can prevent children engaged into child labour from contracting HIV/AIDS. Table 30 below presents a summary of proposals that were given by both adults and children. The table shows that the two categories of respondents largely share the same views. Majority of the children (43.4%) look at education support for children such as free secondary education, practical skills training or free scholastic materials as the most important action against HIV/AIDS induced child labour followed by economic and financial support to poor households (33.5%). On the other hand, household respondents looked more on economic and financial support to vulnerable households (51.1%) such as through provision of credit or direct support to income generating activities as the most constructive way in which children can be prevented from entering child labour followed by psychosocial support and counseling of households with orphans (35.5%).

Surprisingly, both household respondents (1.1%) and children (4.1%) gave the least priority to actions aimed at promoting

HIV/AIDS related services such as condom distribution,Voluntary HIV testing and counseling. Less frequently mentioned among children (8.6%) compared to adults (21.9%) but quite important was enactment and enforcement of laws against child labour. Only 4.6% adults and 10.9% children were not sure about what should be done to deal with HIV/AIDS induced child labour.

Table 30: Suggested actions against HIV/AIDS induced child labour by both children and adult respondents.
Proposed Actions against HIV/AIDS induced child labour

Proposed Actions against HIV/AIDS induced child labour	**CHILDREN**			**HOUSEHOLD RESPONDENTS**		
	freq.	**Percentage of**		**freq.**	**Percentage of**	
		responses	**Cases**		**responses**	**cases**
Education support for children	304	37.7	43.4	215	21.2	30.4
Promotion of HIV/ AIDS related services	29	3.6	4.1	8	.8	1.1
Economic/ financial support to poor households	235	29.3	33.5	361	35.5	51.1
Enactment/ enforcement of laws against child labour	56	6.9	8.6	155	15.3	21.9
Psycho-social support and counseling to children and households with orphans	106	13.2	15.1	244	24	34.5
Not sure	79	9.7	10.9	33	3.3	4.6
Total responses	806	100.0	129.9*	1016	100.0	143*
Valid cases	701			707		

*Multiple responses were allowed

Similar views were expressed in some of the FGDs with adults and key informant interviews. Emphasis was put on education support for children, legislation, and economic empowerment for vulnerable/poor families as shared in some of the FGDs:

"Parliament should debate on laws to make sure that when children are found working they are taken away and looked after by government …these children should not be taken back to their parents because they will escape again….even a person found employing a child should be taken to the police" (FGD with Adults, Bagala, Mukono)

"….the best way is to empower families so that they are able to generate money to look after children…they should bring income generating programmes but they should not be like micro finance credit which has very high interest rates or loans which are supposed to be paid every week where failure to do so may lead to confiscation of one's property….people should be given low interest loans and allowed some time to pay back" (FGD with Adults, Mivule, Mbale)

Table 31: Proposed actors in elimination of HIV/AIDS induced child labour

Proposed Actors	CHILDREN			HOUSEHOLD RESPONDENTS		
	freq.	Percentage of		freq.	Percentage of	
		Responses	Cases		Responses	Cases
Government	304	26.5	43.4	329	37.8	46.5
Community	10	.9	1.4	61	7.0	8.6
Family	531	46.3	75.7	283	32.5	40.0
NGOs	232	20.2	33.1	181	20.8	25.6
Not sure	55	6.1	9.9	16	1.8	2.3
Total responses	1147	100.0	163.6*	870	100.0	123.1*
Valid cases	701			707		

*Multiple responses were allowed

Interestingly, as table 31 above indicates, while majority (75.7) of the children compared to household respondents (40%) pointed out the family as the institution that should take the lead in dealing with HIV/AIDS induced child labour, more adults (46.5%) compared to children (43.4%) looked at government as the main actor that should take the lead followed by the family. Non governmental organisations were in both of the cases given third priority in taking responsibility for dealing with the problem of HIV/AIDS induced child labour.

While the reasons given by those who viewed the family as key in dealing with HIV/AIDS induced child labour varied, the view that families always have their children at heart more than any other person or institution featured more prominently among both children and adult respondents:

"….parents should counsel their children and make sure they take them to school…children should be removed from the landing site and taken back to their villages to start schooling and their parents and relatives should be responsible "(Kasensero, Adult FGD)

On the other hand, government was perceived to be having money, power and other resources to be able to improve the welfare of children affected by HIV/AIDS and or at risk of infection:

"There is nothing that can be done if the government doesn't put emphasis on those children because even if they are reported to the LCs they will continue working because government has neglected them" (FGD with Adults, Bagala, Mukono district)

Other reasons given with regard to government were that unlike NGOs, government operates everywhere and has a mandate to provide essential services to its people. NGOs were also perceived to be having great access to resources for funding child welfare programmes, not corruptible and known for having special concern for children

Based on the above findings, it can be concluded that bringing together all the actors in the fight against child labour and its attendant consequences would yield the best results. Respondents still place the role of government high in enhancing people's welfare but also acknowledge the important contribution families can make since children immediately belong to families. While it is a known fact that NGOs and government operate differently though in a complementary fashion, for any of the two actors to make a meaningful contribution to the fight against child labour and HIV/AIDS, the family must be brought on board by especially defining its roles in child development and protection. This among others may call for building the family's socio-economic capacity to be able to look after the children.

CHAPTER FOUR

EFFECTS OF CHILD LABOUR AND HIV/AIDS TO THE COMMUNITY AND COMMUNITY PRACTICES TO COPE

4.1 Introduction

HIV/AIDS and child labour have a wide range of effects that apply not only to individuals but to groups of people, the wider society and the nation at large.

This chapter presents respondent's knowledge, perceptions on the socio-economic effects of HIV/AIDS and child labour in the study communities. The chapter further presents findings of the study on the community practices in coping with HIV/AIDS and child labour.

4.2 Perceived effects of HIV/AIDS

During FGDs and household interviews, an attempt was made to differentiate between impacts of the epidemic on the community at large and the youth/young people since this study was on child labour. The cited effects of HIV/AIDS in the study communities are presented:

4.2.1 Impact of HIV/AIDS to the community

Owing to the fact that in Uganda HIV/AIDS is mainly spread through heterosexual relations, it is only obvious that once it enters a family, death of one partner means that the surviving partner is most likely either infected or will get infected and eventually also die. Study respondents expressed concern and fears that the more people get infected with HIV/AIDS the more it will lead to the prevalence of more orphans, poverty, desperate children entering child labour to survive or girl orphans getting married early to possibly infected men as shared in one of the FGDs in Mukono district:

"HIV/AIDS has brought poverty among families because the parents who work to get money to sustain the families end up dying because of AIDS….it has led to family disintegration because when parents die, the children are shared among different people who belong to different families and at times they may not see themselves again" (Adults, Nabulagala Parish, Kampala District)

"People have become poor due to AIDS…imagine even before the government scrapped graduation tax, payment of graduated tax of three thousand shillings per year was a problem" (Community Development Officer, Rakai)

Among the direct effects of HIV/AIDS commonly mentioned by respondents was the problem of increased numbers of orphans. In every focus group discussion and key informant interview conducted, the issue kept coming up among other effects such as reduced family incomes, prolonged sickness and stigma.

"HIV/AIDS has made many children orphans. When their parents die, the children are either left on their own or they go and live with their grand parents who cannot provide adequate care. Thus children go out looking for what to do so as to provide for their needs" (Lutengo Parish, Nama Subcounty, Mukono)

Other effects of the epidemic pointed out which also have a link to child labour included its increased burden and suffering of orphans, increased school drop out rates due to the death of the benefactors and general family disintegration:

"HIV/AIDS has led to break up of families most especially when parents die… so it is a curse….children lack the care and guidance they used to get from their parents…they live and move in any way they want" (FGD with adults, Namatala, Mbale)
Other effects cited included high drop out rate of youth from school, child abuse and neglect, shame to the affected family and psychological torture occasionally leading to some cases of suicide etc. Furthermore, the study revealed that HIV/AIDS poses threat of wiping out some entire families.

Reduced production especially in the agricultural and business sectors, was pointed out as another effect HIV/AIDS has had in communities. There is reduction in incomes of the people due to enormous treatment costs as well as inability to work:

"Business people have died and their businesses have collapsed….people get so weak and are unable to do heavy work as before." (Children, Kikooza zone, Mukono)

"AIDS has reduced agricultural production because families don't work when caring for a terminally ill patient…there is an increased dependency burden on relatives… It has also slackened development, created a weak private sector due to the death of young and productive members of the society….Before the government stopped graduation tax, community members had failed to pay graduation tax of 3,000/=." (Community Development Officer, Rakai)

4.2.2 Perceived impact of HIV/AIDS on children

Anecdotal information in the study communities shows how orphans form the bulk of school dropouts since they can no longer afford education costs. Though UPE is assisting at lower levels, children have to meet other necessities for school such as school uniforms, textbooks and stationery. Besides, the children may themselves be sick and weak to learn well, or they may be withdrawn to look after the patients:

"In HIV/AIDS-affected families, keeping children in school may not be a priority. Normally, girls are withdrawn from school to take care of the patients…the encountered problems while caring for the patients hinder children's emotional development. Some children are HIV positive, constantly weak and thus unable to continue with schooling" (Child Development Officer, Child Restoration Center, Mbale)

Cases of abuse of rights of children by engaging them in odd jobs for instance working as house servants, targeting them for sex because they are considered "safe" or free from HIV or using them as sex slaves are cited:

"Most men think young girls are safe from HIV/AIDS and then rush for them. Others consider them cheap because they can be given little money in exchange for sex. There are also businessmen who employ young girls in bars to boost their businesses. They assign the girls to men for sex and they pocket the money. Unfortunately about ¾ of the girls who search for jobs in bars and hotels know that their employers will ask them to give their bodies to customers" (Child Protection Officer, Mbale Police)

4.2.3 Impact of child labour on the youth

While some respondents acknowledged that child labour is to some extent beneficial to needy children and families struggling to survive, most people interviewed perceived child labour as dangerous for children. Commonly cited were health related problems young people face due to engaging in heavy and quite demanding activities above their age, the risky work environments that may lead to injury or inflammation.

"Children especially boys get problems with their chests and at times get admitted in hospitals due to the work that they do which is above their age and when they eventually get to the right age of working, they fail to do so because of the side effects they get when they are still young. "(FGD with Adults, Mukono District)

Child labour is also known to subject young people to all sorts of abuses at work, to or from work some of which result into a high risk of HIV infection or other health risks:

"Children especially those who work in bars leave work very late and may be kidnapped on their way back home…. at times they also leave work places very early in the morning like at 6:00 am…they don't bathe, they are not given food and this may affect their health" (FGD with children, Kasensero)

"Work exposes children to potential sex customers because it gives them ample time to mix with men and women. Some children use their hard earned money to sleep with girls while others exchange sex for clothes or food" (Secretary for Health, Education and Social Services, Mbale district)

Findings from discussions in both FGDs and with key informants brought out respondents' views that children in employment suffer a lot of psycho-social problems particularly due to the nature of work they are involved in and the way they are handled by their employers:

"Children involved in child labour are overexploited. It is rare for a house girl to get as much as 10,000/= a month despite the time and effort they spend. Those who work in garages and hotels are not paid anything but the skills they acquire. If they are given food in hotels it is just leftovers. Some are sexually exploited by their bosses while others live in constant fear of losing their jobs/income….They are more or less prisoners….house girls are not even allowed to go to churches for prayer" (Community Development Officer, Rakai District)

Those who work while in school risk dropping out. Community people pointed out that such children may fail to progress well and get frustrated along the way and drop out:

"Child labour also makes children miss classes and perform poorly in school. Working children usually don't complete class assignments in time. They may also get unwanted pregnancies or experience work-related accidents, negatively affect their studies" (Secretary for Health, Education and Social Services, Mbale district)

4.3 Knowledge of rights and legal issues related children.

Cases of property grabbing from orphans were reported to exist in the communities studied. Nearly half of the respondents as can be seen from table 32 below agree to having heard of cases where orphans have been dispossessed of their property particularly by relatives of the deceased. Obviously, rather than protect and enhance the welfare of children, such actions push children into child labour exposing them to the risk of HIV infection. Findings regarding knowledge of laws related to child labour are also summarized in Table 32. The table shows that most respondents (55%) are not aware of any laws related to child labour while only 45% claim that they are aware of the laws.

Table 32: Rights of orphans in the context of HIV/AIDS and knowledge of child labour related laws

Aspect of measurement	Frequency	Percent
Ever heard cases where orphans are dispossessed of their property?		
Yes	250	35.4
No	457	64.6
Total	707	100.0
Are there any child labour laws you know?		
Yes	318	45
No	389	55
Total	707	100.0
Knowledge of laws regarding child labour		
Can't mention specific laws	57	17.9
Its illegal to employ under 18's	174	54.7
Children have rights that should be respected	87	27.3
Total	318	100.0

The findings as presented in table 32 above indicate a relatively low level of knowledge of laws regarding child labour. Out of those who claimed that there are laws related to child labour, only 55.7% knew that it is illegal to employ children under 18 years of age, 17 % could not mention any specific laws, and the rest (27%) could only generally mention issues related to the rights of children such as the right to food, health and education etc. without citing any laws. The findings point towards the need for further stepping up sensitization campaigns against child labour highlighting the existing laws and conventions.

Emphasis of the risks working children face, the missed opportunities while at work and the role of the extended family, and the entire community has to also be made. This should call for identification as well as empowerment of community based structures and institutions including youth groups in schools and the community.

4.4 Community actions against HIV/AIDS induced child labour and their constraints

Findings from FGDs and key informant interviews revealed that in most of the communties targeted by this study, there is very little being done to deal with the problem of HIV/AIDS induced child labour. What exist are generic actions to improve the welfare of orphans and other vulnerable children (OVCs) rather than those designed specifically to address HIV/AIDS induced child labour. Besides, these actions themselves face a variety of challenges as shared in one of the FGDs in Rakai district:

"Orphaned children are so many here…there is no way anyone can help them satisfactorily. People in the communities also have their own problems… there is a lot of poverty… if people are not able to look after their families well, how can they help other?…they also have orphans so they can't help other families with orphans" (FGD with Adults, Kakuuto,Rakai District)

In some communities, some individuals are voluntarily taking it upon themselves to support orphaned children using their means and resources. However, the burden of care seems to exist because of the magnitude of the orphan problem:

"Some people have tried to support them in school. For example for me I have three children I look after… but they are many we can't look after all of them. There are others I have taken to UWESO project and one of them has completed a course and is able to do his work" (FGD with Adults, Mooni, Mbale District)

"Most people left behind to look after orphans are financially poor… a grand mother has nothing to do but to leave the children to work so as to survive" (FGD with Adults, Kasensero, Rakai District)

Apart from individual efforts/initiatives, community based arrangements also exist in some communities. Notably, faith based institutions and to some extent the local leadership structures were known in some areas to be linking vulnerable families and children to resources or services as shared in and FGD with adults in Kasensero, Rakai district;

"The church has tried to help but the problem is that they cannot bring all families on board. Local council leaders have also tried to identify needy children and link them to groups formed to assist orphans in the area and elsewhere" (FGD with Adults, Kasensero, Rakai)

Where some local leaders have expressed concerns about children who work in their communities, the support and cooperation they receive from the general community and the care takers of working children is also reportedly not good:

"Let me tell you the truth, we have a weakness of getting together to identify and address our community problems. Many people never turn up for community meetings. Usually 2 to 3 turn up" (FGD with Adults, Nabulagala, Kampala)

"We have tried but parents have made us fail because when we try to question children we find working, they confront us asking whether it is us to provide them food if we stop their children from working." (Local Council Chair person, Mooni, mbale district)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a summary and conclusions on the major findings of the KAP study on HIV/AIDS and child labour. It covers major findings on people's level of knowledge on HIV/AIDS and child labour, their knowledge, beliefs and attitudes towards HIV/AIDS induced child labour and existing strengths and capacities in study communities for coping with HIV/AIDS and its interface with child labour. The chapter also presents recommendations for both ILO/IPEC Uganda and partners for preventing entry of children into child labour due to HIV/AIDS and as well as withdrawal of children from child labour.

5.1 Summary and conclusions

Findings of this study largely show that children are expected to work so as to contribute to family socio-economic welfare and or their own. The prevalence of child labour in the study communities is much higher than portrayed by the structured interviews. The prevalence of child labour was frequently described by FGD participants and KII respondents as "huge, big or widespread". The findings further reveal that while knowledge of HIV/AIDS is high, knowledge of its causal-effect relationship with child labour is not as high. Perception of the risk of HIV infection through child labour is very high among both household respondents and children. Majority (63%) of the children interviewed said it is very likely for children involved in employment to get infected with HIV. Few (20%) of them were not sure about the risk of infection, and 17% of the children felt that such a possibility was limited. Similarly, majority (77.9%) of the household respondents agreed to a statement that children in employment can easily be infected with HIV, while only 17.1% disagreed and 3.1% were not sure about the relationship. Findings from FGDs also reveal similar views to those from household interviews. The perception of children as easy to employ still prevails. Despite the perceived high prevalence of child labour, few household respondents (35.9%), acknowledged having ever employed a child to do any kind of work; perhaps due to fear that they could be prosecuted if they acknowledged so. Findings from structured interviews on the contrary revealed that more than half (62.2%) of the children interviewed had ever been employed. Similarly, during focus group discussions with children, all acknowledged having ever been employed outside their homes for a pay.

Results on the sources of information about HIV/AIDS and child labour reflect an important role played by the radio, teachers, parents/guardians, peers/friends as well as television in educating people about child labour and HIV/AIDS. In essence, the predominance of these sources also reflects their potential as important communication channels compared to others such as newspapers. Hence consideration of these sources for future dissemination of information related to child labour is quite crucial. While dissemination of information on HIV/AIDS is high, it is considerably low on child labour. There is therefore a big knowledge gap on child labour that ought to be filled if the relationship between child labour and HIV/AIDS is to be made more understood in the target communities. This is part of the evidence that little has been done by either government or non governmental organizations to sensitize people about child labour. Further the findings partly explain why some of the respondents in this study could not distinguish between child work and child labour. The high knowledge levels about HIV/AIDS exhibited among the study participants on the other hand is a result of massive HIV/AIDS educational campaigns that have been going on in Uganda since the early 1980s.

Among the direct effects of HIV/AIDS commonly mentioned by respondents was the problem of increased numbers of orphans. More respondents (56.9%) agreed to a statement that most children who are working are orphaned by HIV/AIDS compared to those (39.4%) who disagreed and those (3.7%) who were not sure about whether children in employment were mainly HIV/AIDS orphans. In almost every FGD and KII conducted, the issue kept coming up among other effects such as reduced family incomes, prolonged sickness and stigma.

Other effects of the epidemic pointed out which also have a link to child labour included its increased burden and suffering of orphans, increased school drop out rates due to the death of the benefactors and breakdown in family size and general family disintegration. Others cited included high drop out rate of youth from school, child abuse and neglect, shame to the affected family and psychological torture occasionally leading to some cases of suicide etc. There is reduction in incomes of the people due to enormous treatment costs as well as inability to work.

While some respondents acknowledged that child labour is to some extent beneficial to needy children and families strug-

gling to survive, most people interviewed look at child labour as dangerous for children. Commonly cited were health related problems young people face due to engaging in heavy and quite demanding activities above their age and the risky work environments that may lead to injury or inflammation.

Respondents placed the role of government high in enhancing people's welfare but also acknowledge the important contribution families can make since children immediately belong to families. Therefore the nuclear and extended families and communities at large must be made to understand and play their roles in upbringing and supporting their own children as well as protect them from abuse and exploitation. While it is a known fact that NGOs and Government operate differently though in a complementary fashion, for any of the two actors to make a meaningful contribution to the fight against child labour and HIV/AIDS, the family (nuclear and extended) must be helped to understand and effectively play their roles in childhood development.

Given that poverty is one of the critical challenges families face in the upbringing of children, complementary efforts to strengthen the family's socio-economic capacity to be able to play their roles would yield good results if such efforts are well targeted. Currently, government efforts to build the capacity of families and communities to be able to deal with the socio-economic predicament of disadvantaged are reflected among others in the OVC (orphans and other vulnerable children) policy. This policy acknowledges the plight of OVCs and the different causes of orphan hood and other vulnerabilities among children. The policy also lays out a number of strategies to address the plight of OVCs including their education needs as well as the special needs of their care givers[12].

Findings further show that there is a relatively low level of knowledge of laws regarding child labour. Out of the respondents who claimed that there are laws related to child labour, only 55.7 % knew that it is illegal to employ children under 18 years of age, 17 % could not mention any specific laws, and the rest (27%) could only generally mention issues related to the rights of children such as the right to food, health and education etc. without citing any laws. The findings point towards the need for further stepping up sensitization campaigns against child labour highlighting the existing laws and conventions. Emphasis of the risks working children face, the missed opportunities while at work and the role of the extended family and the entire community has to also be made. This should call for identification as well as empowerment of community based structures and institutions including youth groups in schools and the community to report any cases of child labour and ensure that appropriate actions are taken.

5.2 Recommendations

The recommendations drawn from the findings of this study are hoped to be useful in guiding ILO/IPEC and her partners to design appropriate interventions to address the problem of HIV/AIDS induced child labour in targeted communities of Uganda. The recommendations are partly drawn from the dominant views of the respondents and key informants that participated in the study, and mainly from the analysis the Consultant made from the findings of the study. For purposes of clarity, they are categorized under general and specific recommendations and as much as possible, the relevant actors for some of the recommendations are specified. District specific recommendations are not given mainly because the findings largely overlap. However, some of the recommendations are specific to the urban environments because of their unique economic characteristics that attract children into child labour.

5.2.1 General Recommendations

Generally, more effort needs to be put in prevention of entry of children into child labour. All actors, government and civil society should prioritize and implement interventions in education and sensitization about the dangers of child labour, and in building the capacity and ability of families and communities as a whole to work towards elimination of the push and pull factors into child labour and the consequences of entry. In all the communities that participated in this KAP survey, the starting point is to put in place systems to respond to HIV/AIDS induced child labour. Existing structures in local government and CBOs active in other social interventions should direct immediate attention to addressing HIV/AIDS induced child labour by particularly re-emphasizing the role of the extended family and the collective role of the community in the care for HIV/AIDS orphans. New structures will need to be built as well, for instance, community level focal point persons at village and parish level, and in institutions such as schools, to work as peer educators, counselor aides, or care givers. Training and capacity building programmes are major entry points for the targeted communities of

[12]For details, see Ministry of Gender, Labour and Social Development (2004) National Orphans and other Vulnerable Children Policy, Kampala, Uganda. See also, The National Strategic Programme plan of Interventions for Orphans and other Vulnerable Children 2005/6-2009/10.

the four districts covered by this KAP survey.

5.2.2 Specific recommendations

Specifically, the following are recommended:

- Communities should be reached with more IEC strategies to increase awareness and correct knowledge about child labour so as to tackle the misconceptions surrounding it. Community sensitization should be prioritized, and the capacity of all relevant actors in child rights advocacy and community work strengthened through recruitment and training of child labour advocacy workers in both urban and rural communities. Building community awareness will require concerted efforts and resources in programme design, and implementation by ILO/IPEC in partnership with other relevant actors and targeted communities including local governments. Although the general community should be served with IEC messages, the strategy should target specific categories in the general population such as:
    - The growing urban informal sector employers such as bar owners, restaurant owners and employers of house girls. Apart from acting as sources of income, these places of employment have been seen to increase susceptibility to HIV infection. Besides, the children who work there are exploited;
    - Orphans out of school. These children are quite vulnerable mainly due to lack of opportunities owing to the harsh socio-economic situation, limited opportunity for self fulfillment, and serious threat of poverty in households;
    - Parents/guardians should be helped to acquire appropriate communication skills to be able to talk to children under their care and support.
- Sex education should be promoted in the community generally and in specific informal sector activity centres where children tend to work. It should also be promoted in schools and other centres for young people to allow free discussion of HIV/AIDS in institutions including the family. This should include life-skills training for increased self-efficacy of vulnerable children. Some of the deliberate activities to achieve this will include:
    - Sensitization of urban informal sector employers and workers in the targeted urban areas of Kampala and Mbale about HIV/AIDS;
    - Training of selected teachers as Training of Trainers (ToTs) empowered to talk to students, and to liaise with student leadership to address concerns of young people in relation to their sexuality as well as work related risks.
    - Encouraging regular open forums for discussion of relevant HIV/AIDS issues and appropriate debates of matters of adolescent sexuality and health both at work and in school;
    - Life-skills training through peer support and building self awareness among young people should be prioritized for children in and out of school;
    - Occasional showing of films and videos on HIV/AIDS and the dangers of child labour to young people to learn, and to develop risk perceptions of likely infections in their different environments will go a long way in enhancing awareness of the relationship between child labour and HIV/AIDS. Video halls found in trading centres and towns should be specifically targeted to do that.
- Actors in government and civil society should prioritize enhancement of economic and material support to poor and vulnerable families particularly those with people living with HIV/AIDS and those generally affected by HIV/AIDS. Promotion of legal support particularly to orphans and widows will be of great importance in prevention of property grabbing which exacerbates vulnerability. These could be achieved by:
    - Facilitating and supporting Persons Living with HIV/AIDS (PLHAs) to organize themselves into support groups or clubs to make it easier for agencies to address their needs as a collective, rather than scattered individual clients;
    - Bringing PLHAs on board in the fight against child labour by helping them to undertake activities such as drama and related activities for peer support and for sensitization of the wider community on matters of HIV/AIDS, orphan hood and child labour;
    - Provide income support to poor households with orphans and other vulnerable children to engage in micro-economic activities to generate resources to support themselves, meet their immediate basic survival needs and their families;

- Support home based care initiatives and other community outreach activities targeting families with orphans and people living with HIV/AIDS.

- Adopt a Human-Rights Based Approach in HIV/AIDS and child labour work. It is important to identify the duty bearers and to determine the extent of their accountability in addressing HIV/AIDS induced child labour and human rights. Similarly, rights-holders should be supported with information and skills through training about their rights. They should be further empowered to claim their rights. Enhancement of the protection of human rights in the context of HIV/AIDS and child labour should be addressed in, among others: Right to property of the family by surviving members, especially the orphans and widows as well as child custody. Sexual and reproductive rights of both boys and girls should also be emphasized and promoted within the community but more specifically targeting the informal sector employers.
- Advocacy campaigns should especially bringing out the critical aspects of the relationship between child labour and HIV/AIDS should be prioritized by ILO/IPEC and partners to bring out more enlightenment about the problem and more concerted attention to the need to address the two vices through concerted efforts. Areas of advocacy should include:
  - Recognition of HIV/AIDS as an eminent social problem for which all stakeholders should be prepared to address in a multifaceted and integrated approach. There is still a tendency to treat HIV/AIDS as an entirely health problem for which Health Service institutions are solely concerned. To the contrary, HIV/AIDS should be recognized more broadly as a devastating social, economic, and development challenge tied in a cultural fabric and social milieu of entire humanity;
  - Resource mobilization and lobbying of local and international programming institutions to prioritize issues of HIV/AIDS and child labour should also be given great priority so as to increase sustainability of interventions to deal with child labour and HIV/AIDS. At best local governments should be seen to be willing to take the lead to address their area context specific issues that pull or push children into child labour coupled with the kinds of jobs children are attracted towards.

APPENDIX
RESEARCH INSTRUMENTS

HOUSEHOLD QUESTIONNAIRE

Introduction

I am called ---------- (Name of interviewer)

I am coming from Makerere University. We are implementing a survey on knowledge, attitudes and practices about child labour and HIV/AIDS on behalf of the International Labour Organisation/International Programme on the Elimination of Child Labour (ILO/IPEC). ILO/IPEC would like to contribute to this by focusing on the causes and consequences of HIV/AIDS induced child labour starting with this area. But before this is done, ILO/IPEC is seeking views and information on HIV/AIDS and child labour from selected persons in this area. You are one of these persons.

You have been selected not because of anything related to the disease (HIV/AIDS) and child labour about you, but randomly to represent the views of other people in this community, because we cannot ask everybody. We are being helped by the local leaders to identify the people we intend to visit in this area.

The reason for coming here is to get your views and ideas related to HIV/AIDS and Child Labour. I request you to allow me to write down your responses. Whatever you tell me will be treated with utmost confidentiality i.e. it will not be revealed to anyone, nor will your name be mentioned anywhere.

SECTION 1: IDENTIFICATION	
District…… Sub-county:……..…….. County:…….…… Parish:…….…….. Village/LC 1:…….…… Location (Rural/Urban)…….……	Interviewer's Name:…….……..…… Date of Interview:…….……..…….. Result of the Interview: 1. Completed 2. Not Completed Time Interview started…….…… Time Interview ended…….……..

SECTION 2: INDIVIDUAL BASIC DATA

Qn.1 Age of respondent **in complete** years *(Olina emyaka emeka?)*	**Qn.2** Sex of the Respondent 1. Male 2. Female	**Qn.3** What is your tribe? *(Oli wa gwanga ki?)*	**Qn.4** What is the highest level of education you completed? *(Obuyigirize bwo)* 1.None 2. lower primary (p1-p4) 3. Upper primary (p5-p7) 4. Lower secondary 5. Upper Secondary 6. Post secondary 7. Others (specify)……	**Qn.5** What is your religion? *(Eddini yo)* 1. Roman Catholic 2.Protestant/Anglican 3.Moslem 4.Traditional 5. Pentecostal 6. Others (specify)

SECTION 3: HOUSEHOLD PROFILE

Qn.6 Household headship: *(Ani akulira amaka gano?)*

1. Parent headed (husband and wife)
2. One parent headed (Mother)
3. One parent headed (Father)
4. Grandparent(s) headed
5. Child headed
6. Others (Specify)……..

Qn.7 Household's main source of income: *(Mulimu ki ogusinga okuyimirizaawo amaka gano?)*

1. Crop farming
2. Livestock farming
3. Salaried Worker
4. Business/commercial
5. Petty Business
6. Rental income
7. Others (Specify)……

Qn. 8 The Table below is designed to elicit data on members of the household living together with at least a child of 6 years and above at the time of this interview. This excludes visitors.
Request the respondent to provide information on members of the household, and fill accordingly.

Initials *(Erinya)*	**Sex** 1.Male 2. Female	**Age in complete years** *(Emyaka)*	**Current level of Schooling** *(Osoma)* 1. Not in school 2. Primary 3. Secondary 4. Post-secondary	**Educational level Attained** *(obuyigirize bwo)* 1. None 2. Primary 3. Secondary 4. Post-secondary	**Marital Status** *(Ebyobufumbo)* 1. Never married 2. Married 3. Divorced/ separated 4. Widowed	**In gainful employment in the last one month?** ***(Akola)*** 1.Yes 2. No	**Occupation/Source of Income** *(Akola mulimu ki)* 1.Peasant farmer 2.Salaried worker 3.Business/Driver 4.Student 5.Other (specify)	**Relationship to Household Head** *(Akulira amaka gano omuyita otya)* 1.Head of the Household 2.Spouse 3.Child 4.Relative 5.sibling 6.Others (specify)

I would like to read some statements on which I would like you to feel free to "agree" or "disagree" with or if you "don't know" you also feel free to say so. (TICK AS APPROPRIATE)

(Ngenda kukusomerayo ebigambao oluvanyuma ombuulire oba okiriziganya nabyo oba nedda)

(Note to enumerators: Please inform the respondents that a child in the context of this study is defined as someone in the age group 6-17 years)

	STATEMENT	RESPONSE		
		Agree	**Disagree**	**Not Sure/Don't know**
9.	Children in this household are free to choose go to look for work so as to survive *(Mumaka muno abaana baddembe okusalawo okunoonya emirimu okusobola okweyimirizaawo)*			
10.	In this household every one including children has to work so as to contribute to meeting family needs. *(Buli omu nga nabaana mwebali atekeddwa okukola okusobola okuyimirizaawo amaka gano)*			
11.	It does not matter if a child in this household is able to get work and be paid even if they choose not to go to school *(Temufaayo mu maka gano singa omwana asalawo okufuna omulimu nakola nebwekiba kitegeeza nti alekayo okusoma)*			

SECTION 4: KNOWLEDGE, BELIEFS AND ATTITUDES ABOUT CHILD LABOUR AND HIV/AIDS

Qn.12 Have you ever heard about any children working for money in this community? *(Wali owuliddeyo ku'baana abakola emirimu ne babasasula mu kitundu muno?)*

1. Yes
2. No

Qn.13 Have you ever seen children working for money in this community? *(Wali olabyeko abaana ngabakola mu kitundu muno?)*

1. Yes
2. No

Qn.14 Have you ever employed a child? *(Wali okozesezaako ku mwana?)*

1. Yes
2. No (skip to qn. 17)

Qn. 15. What kind of work did the child do for you? *(Omwana yakukolera mulimu ki?)*

……

Qn. 16. How did you compensate the child? *(Omwana gwe wakozesa wamusasula otya?)*

1. Gave money

2. Paid his/her school needs
3. Gave food
4. Other (specify)…….

Many people think in different ways about children and HIV/AIDS. I would like to read some of the things people think about HIV/AIDS and Child labour, which you are free to "agree" or "disagree" with or if you "don't know" you also feel free to say so. (TICK AS APPROPRIATE *(Abantu balina endowooza ezenjawulo ku baana n'obulwadde bwa sirimu Ngenda kukusomerayo ku ndowooza z'abantu zino, oluvannyuma onziremu oba okuliziganya nazo, oba nedda)*

Qn	Statement	Response		
		1. Agree	2. Disagree	3. Don't Know /not sure
17	It is not illegal for children to work anywhere *(Tekimenya mateeka abaana okukozesebwa awantu woona)*			
18	Children can do all the work adults can do *(Abaana basoobola okukola emirimu gyonna egikolebwa abantu abakulu.*			
19	Children are more easy to employ than adults *(Abaana bangu okukozesebwa okusinga abantu abakulu)*			
20	If children do not work they will not be able to meet their needs. *(Abana tebasobola kweyimirzawo singa tebakola)*			
21	Children who work for money have failed to listen to people's advice. *(Abaana abakola bagaana okuwulira amagezi agabaweebwa abantu)*			
22	Most children who are working are orphans of HIV/AIDS *(Abaana abakola abasinga bamulekwa kulwa sirimu/mukenenya)*			
23	Most children who are begging in towns are infected with HIV *(Abaana abasinga obungi abasabiriza sente ku ngudo zomubibuga balwadde basirimu/mukenenya)*			
24	Children who are working in the informal sector such as garages or salons can easily get infected with HIV *(Abaana abakola mu bulimu obuttonotono nga mu galagi, oba mu saluuni bangu bakukwatibwa bulwadde bwa sirimu/mukenenya)*			
25	Children who work do so to supplement their family incomes *(Abaana bakola kubanga balina okuyamba amaka gaabwe okufuna ku kasente)*			
26	Children involved in work lack proper parental guidance and support *(Abaana abakola tebafuna kubuulirirwa kulungi okuwa mu bazadde baabwe)*			
27	Children who are involved in work can easily be infected by HIV/AIDS (*Abaana abakola bangu bakukwatibwa bulwadde bwa siriimu/mukenenya.*			

Qn.28 What are the possibilities that you might employ a child?
Would you say that it is**: (Read out the answers)**. *(Olabawo embera eyinza okukuwaliriza okukozesa omwana?)*
1. Very likely
2. Not likely
3. Limited chance
4. Not Sure

Qn.29. Please explain your answer in 28 above *(Lwaki?)* …….....

.....……

Qn. 30. Is there a place you know of where one could easily get a child to employ? *(Olina ekifo kyomanyi omuntu wayinza okwanguyirwa okugya/okufuna omwana owokukozesa?)*

1. Yes
2. No -------- (skip to qn. 32)

Qn.31 Which place(s)? *(Kifo ki)*

1. Villages
2. Towns
3. You can get him/her anywhere
4. Not sure

Qn.32 Is there anything that can be done to avoid employment of children when they are still very young? *(Waliwo ekiyinza okukolebwa okutangira okukozesa abaana?)*

1. Yes
2. No (skip to qn. 34)
3. Don't know (skip to qn. 34)
4. Not Sure (skip to qn. 34)

Qn.33 What do you think should be done to make sure that people stop engaging children in work? *(Kiki kyolowooza ekisobola okukolebwa okukomya okukozesa abaana?)*

.....……

Qn. 34 What has the government done to stop employment children of a tender age? *(Kiki government kyekoze oku komya okukozesa abaana?)*

.....……

Qn.35 Which of these do you think has most caused the phenomenon of children working in dangerous conditions/ circumstances? *(Kiki kubino gwe kyolowooza nti kyekisingidde ddala okuleta omuze ogw'okukozesa abaana mumirimu egikosa obulamu?)*

1. Poverty
2. Death of parents
3. Irresponsible parenthood
4. Children' failure to listen to their parents
5. Others (specify)…….....……

Qn.36. Which of the following categories of children do you think are in **most** danger of being infected with the HIV virus? *(Ku mitendera gy'abaana bano wa mmanga guliwa gw'olowooza nti gweguli mubuzibu bw'okukwatibwa sirimu)*
(Read out the answers)

1. Children whose parents have died and are living and surviving on their own.
2. Children working in places such as garages or salons and are not paid
3. Children who are working in the informal sector even if they are paid for their work
4. Children who are begging on the streets of big towns such as Kampala
5. All of the above

Qn. 37. Please explain your answer in 36 above *(Lwaaki?)*

……

Qn 38. What problems do you think a child who is working or begging on the streets faces?
(Olowooza buzibu ki omwana akola oba asabiriza sente kunguudo bwa sanga)

[The respondent mentions all the ways he/she knows without interruption or probe to let him/

her mention all the ways known, and record accordingly]

……

Qn.39 How can children be prevented from working so that they don't face the problems you have listed above *(Kiki ekiyinza okukolebwa okutangira abaana obutakola nebewaala obuzibu obwo bwoyogendeko wagulu?)*

[The respondent mentions all the ways he/she knows without interruption or probe to let him/ her mention all the ways known, and record accordingly]

……

Qn.40 What is being done in this community to prevent or discourage employment of children or engaging them in hazardous work? (probe for bye laws, regulations and rules or programmes) *(Mukitundu kino, kiki ekikoleddwa okutangira okukozesa abaana mumrimu egikosa obulamu?)*

……

SECTION 5: COMMUNITY SUPPORT, LOCAL STRUCTURES AND STIGMATIZATION

Qn.41. Who provides care for children affected by HIV/AIDS in this community? *(Ani alina obuvunanyizibwa okulabir ira abaana abakoseddwa obulwadde bwa sirimu mukitundu muno)*

(Please accept multiple Responses)

1. None
2. Family
3. Community members
4. Government
5. NGOs/international agencies
6. Individual volunteers
7. Local NGOs/CBOs/Self help groups
8. Don't know
9. Others (specify)……

Qn.42. Who do you think should provide care for children affected by HIV/AIDS in this community?
(Please accept multiple responses) *(Ani ggwe gwolowooza nti yalina obuvunanyizibwa bw'okulabirira abaana aba koseddwa obulwadde bwa mukenenya?)*

1. None
2. Family
3. Community members
4. Government
5. NGOs/international agencies
6. Individual volunteers
7. Local NGOs/CBOs/Self help groups
8. Don't know
9. Others (specify)……

Qn.43. How can families with children affected by HIV/AIDS be supported to cope with the impact of AIDS by the: *(Amaka agalina abaana abakoseddwa obulwadde bwa sirimu gayinza kuyambibwa gatya?)*

1. Community: *(Abantu bo mukitundu)*……
2. Government *(Govumenti)*……
3. NGOs *(Ebibiina byanakyewa)*……

SECTION 6: LEGAL RIGHTS ISSUES

Qn. 44. Have you ever heard of cases where orphans were dispossessed of their property by their relatives in this community? *(Mukitundu muno wali owuliddeko nti bamulekwa bagibwako ebintu abegganda zabwe?)*

1. Yes
2. No *(skip to Qn. 46)*

Qn 45. What eventually happened to these orphans? (Probe as necessary *(Kiki ekyatuuka ku bamulekwa bano nga bamaze okubagyako ebintu?)*

Qn. 46 Are there laws that protect orphans and other children from child labour that you know? *(Waliwo amateeka gwe gomanyi agatangira okukozesa bamulekwa nabaana abalala?)*
1. Yes
2. No….(skip to question 48)

Qn. 47 Can you mention some of these laws? *(Mbulira kwago gwe g'omanyi?)*

Qn. 48 Have you ever received any messages/information regarding child labour? *(Wali owuliddeko ku mawulire agakwata kukozesa abaana?)*
1. Yes
2. No.... (skip Qn. 50)

Qn.49 What kind of information have you obtained/received? *(Mawulire ki ge wawulira?)*

Qn.50 What was the source of this information? (Accept Multiple Responses)*(Amawulira ago wagafuna otya / kuwawa?)*
1. Radio
2. News paper
3. Community sensitization Programmes
4. NGO sensitization Programmes in the community
5. Television
6. Others (specify)

Interviewer's comments about the interview

Thank you very much for your participation in this study

QUESTIONNAIRE FOR CHILDREN

Introduction

I am called ----------

I am coming from Makerere University. We are implementing a survey on knowledge, attitudes and practices about child labour and HIV/AIDS on behalf of the International Labour Organisation/International Programme on the Elimination of Child labour (ILO/IPEC). ILO/IPEC wants to contribute to this by focusing on the causes and consequences of HIV/AIDS induced child labour starting with this area. But before this is done, ILO/IPEC is seeking views and information on HIV/AIDS and child labour from selected persons in this area. You are one of these persons.

You have been selected not because of anything related to the disease (HIV/AIDS) and child labour about you, but randomly to represent the views of other people in this community, because we cannot ask everybody. We are being helped by the local leaders to identify the people we intend to visit in this area.

The reason for coming here is to get your views and ideas related to HIV/AIDS and Child Labour. I request you to allow me to write down your responses. Whatever you tell me will be treated with utmost confidentiality i.e. it will not be revealed to anyone, nor will your name be mentioned anywhere.

Note to the Interviewers: Please remember to seek consent from the parent/guardian to interview the child.

SECTION 1: IDENTIFICATION

District……..……	Interviewer's Name:……
County:……..……	Date of Interview:……..……..
Sub-county:……..…..……	Result of the Interview: 1. Completed 2. Not Completed
Parish:……...…..……	
Village/LC 1:……....……..……	
Location (Urban/rural)……...……	Time Interview started …….....…….
	Time Interview ended…….....……

SECTION 2: SOCIO-DEMOGRAPHICS

Qn 1. Sex of child
1. Male
2. Female.

Qn 2. Age in complete years *(Olina emyaka emmeka?)*……

Qn 3. Are you currently in school? *(Osoma?)*
1. Yes
2. No (skip to qn. 5)

Qn. 4. Which class / level?

1. Lower primary (p1-p4)
2. Upper primary (p5-p7)
3. Lower secondary
4. Upper Secondary
6 Others (specify)……

Qn. 5. Have you ever been in school? *(Wasomako?)*
1. Yes
2. No (skip to qn. 7)

Qn.6. At what level did you drop out? *(Wakoma mu kibiina ki?)*
1. Primary
2. Secondary
3. Others (specify)……

Qn. 7. What is your relationship with the household head *(Akulira amaka gano onuyita otya?)*

……..

Qn. 8 Are your biological parents alive? *(Olina bazadde bo?)*
1. Living
2. Both Dead
3. One living (which one……)

Qn. 9. What is your tribe? *(oli waggwanga ki?)*……

SECTION 3: KNOWLEDGE, ATTITUDES AND PRACTICES ABOUT CHILD LABOUR.

(Note for the interviewers: Qns 10- 14 apply to children not currently working but have ever worked for a pay)

Qn 10. Have you ever been employed by any one to work for any form of payment (*Wali okozesedwako n'osasulwa??*
1. Yes
2. No. (skip to qn. 15)

Qn 11. What kind of work did you do *(Wakola mulimu ki)?*

…….

Qn 12. When did you last work for a pay? *(Di lwewasembayo kukola nebakusasula?)*

……

Qn 13. What form of payment did you receive *(Wasasulwa mungeri ki)?*

……

Qn 14. What form of relationship(s) did you have with your employer(s) *(Gw'ewakolera omuyita otya)?*

…….

Qn 15. Are you currently working for any one for a pay *(Kati olina gw'okolera)?*
1. Yes
2. No. (skip to qn. 23)

Qn 16. What work/jobs are you doing currently *(Kati okola ki)?*

……

……

Qn 17. What form of relationship do you have with your current employer (s) *(Gw'okolera kati omuyita otya)?*

……

Qn 18. What form of payment (s) do you receive *(Akusasula mungeri ki)?*

……

Qn. 19 On average, how many hours do you work per day *(Bwogerageranya mulunaku okoleramu esaawa meka)?*

1. Less than 2 hours
2. 3-5
3. 6-8
4. 9+

Qn 20. How many days do you work in a week *(Okola enaku meka mu wiiki)?*

1. 1-2
2. 3-4
3. 5-7

Qn 21. Thinking over the last 4 weeks, how many times have you talked about your work in your family *(Mu bbaga ery'omwezi ogumu emabega mirundi emeka gwe gyoyogeddeko ku mirimu gyokola nabawaaka wobera?)*

1. Never…….(Skip to qn. 23)
2. Once in a while
3. Several times
4. Others (specify)……

Qn 22. What is commonly talked about your work *(Biki byemutera okwogerako kubikwata kumirimu gyokola*

……

……

Qn 23. Have you ever seen/talked to any child who works/ever worked for any one for payment *(Wali olabyeko oba oyogeddeko n'omwana akola oba eyali akozeeko gasasuluwa)?*

1. Yes
2. No. (Skip to qn. 25)

Qn 24. What kind of work was he/she doing *(Yali akola mulimu ki)?*

……

Qn 25. What do you think forces children to indulge in work outside their homes *(Gwe olowooza kiki ekiwaliriza abaana okwenyigira mu mirimu egivamu sente)?*

1. Lack of school fees
2. Lack of money.
3. Influence by peers
4. Need to be independent.
5. Orphaned by HIV/AIDS
6. Absence of school within close proximity
7. Harassment from step parents
8. Others (specify)……

I would like to read some statements on which I would like you to feel free to "agree" or "disagree" with or if you "don't know" you also feel free to say so. (TICK AS APPROPRIATE)

–*(Ngenda kukusomerayo ebigambo oluvanyuma ombuulire oba okiriziganya nabyo oba nedda)*

Qn	Statement	Responses		
		1. Agree	2. Disagree	3. Don't know/ not sure
26	I can work for pay if I have no money *(Nsobola okukola omulimu nebansasula singa mbagasirina sente)*			
27	There is no problem with children working for pay *(Tikirina kabi abaana okwenyigira mu mirimo nebasasulwa)*			
28	Any kind of work is appropriate for children regardless of age.*(Buli mulimu gusobolwa oku-kolebwa omwana yenna awatali kusosola mu myaka gyalina)*			
29	Children should be involved in all domestic work *(Abaama batekeddwa okwenyigira mu mirimu gyawaka)*			
30	If paying, children should be left to work outside home*(Kasita omulimu guba nga gusasula, abaana babaleke bakole)*			
31	So long as it is for the benefit of the family, chil-dren should be allowed to do any kind of work *(Singa amaka gaba gaganyulwa mu mulimu ogwo, abaana babaleke bakole)*			

SECTION 4: SOURCES OF HIV/AIDS AND CHILD LABOUR INFORMATION

Qn 32. Have you received information about issues concerning child labour in the last three months *(Olina amawulire gonna agakwata ku kukozesa abaana g'owulidde mu myezi essatu egyiyise)?*

1. Yes
2. No…….. *(Skip to qn. 37)*

Qn 33 What kind of information was it *(Wafuna mawulire ki)?*

…….....……
.....……

Qn 34. Through what means did you get the information *(Mikutu ki mwewagafunira)?*
(Please accept multiple responses)

1. Radio
2. Television
3. NGOs and government programmes
4. Posters/leaflets
5. Community discussions/drinking place/group discussions
6. Teachers/school
7. Community leaders
8. Religious Leaders
9. Peers / friends
10. Others (specify)……..

Qn 35. Which one source would you prefer to get information on child labour *(Mukutu ki gwe gwosinga okwagala okufuniramu amawulire agakwata ku kukozesa abaana)?*

1. Radio
2. Television
3. NGOs and government programmes
4. Posters/leaflets
5. Community discussions/drinking place/group discussions
6. Teachers/school
7. Community leaders
8. Religious Leaders
9. Peers / friends
10. Others (specify)……

Qn.36. Why do you prefer this source to others *(Lwaki gw'osinga okwagala)?*

……..…….....…….

……..…….....

Qn 37 Have you received information on issues concerning HIV/AIDS three months *(Olina amawulire gonna agak wata ku siriimu / mukenenya gofunye mu myezi essatu egyiyise)?*

1. Yes
2. No…(*Skip to qn. 42)*

Qn 38. What kind of information did you receive *(Wafuna mawulire ki)?*

…….....……..……..

.....……..……..

Qn 39 Through what means did you get the information *(Mukutu ki muwewagafunira)?*
(Please accept multiple responses)

1. Radio
2. Television
3. NGOs and government programmes
4. Posters/leaflets
5. Community discussions/drinking place/group discussions
6. Teachers/school
7. Community leaders
8. Religious Leaders
9. Peers / friends
10. Others (specify)……

Qn 40 Which source would you prefer to get information on HIV/AIDS (*Mukutu ki gwe gwosinga okwagala okufu niramu amawulire agakwata ku siriimu /mukenenya)?*

1. Radio
2. Television
3. NGOs and government programmes
4. Posters/leaflets
5. Community discussions/drinking place/group discussions
6. Teachers/school
7. Community leaders
8. Religious Leaders
9. Peers / friends
10. Others (specify)……

Qn.41. Why do you prefer this source to others *(Lwaki ogwo gwosinga okwagala)?*

.....……..…….

.....

SECTION 5: CHILD LABOUR AND HIV/AIDS

Qn 42. Have you heard or been exposed to any circumstances that can spread HIV/AIDS at work *(Wali owulidde oba wali obadde mu mbeera eyiza okukuletera okukwatibwa obulwadde bwa sirimu / mukenenya ng'oli ku mirimu gyo)?*

1. Yes
2. No *(Skip to qn. 44)*

Qn 43 What circumstances are these *(Yali mbeera ki)?*

.....

.....

Qn 44. Have you seen any child working outside home who has been exposed to circumstances that could expose him/her to HIV/AIDS *(Wali olabye ku mwana akolera awatali wabwe ng'akolera mu mbeera eyinza okumuletera okukwatibwa obulwadde bwa sirimu / mukenenya?)*

1. Yes
2. No

Qn 45. What circumstances do you know of that expose working children to HIV/AIDS *(Mbeera ki z'omanyi eziyinza okuleteera omwana akola okukwativwa obulwadde bwa sirimu / mukenenya?)*

.....

.....

Qn 46. Has any one where you have ever worked ever made sexual advances on you *(Waliwo omuntu yenna gyewali okoledde eyagezaako okukusendasenda okwegatta naye mu kaboozi akekikulu?)*

1. Yes
2. No (*Skip to qn. 48)*

Qn 47. Did you eventually have sex with that person *(Wamala newagatta naye?)*

1. Yes
2 No

Qn 48. Have you had a boy/girl friend at any of the places you have ever worked *(Wali ofunyeyo ku mwagalwa mu kifo kyonna gyewali okoledde?)*

1. Yes
2. No

Qn 49. Do you think that working outside the home increases the risks of working children getting HIV/AIDS *(Oloowoza omwana okukolera awatali wabwe kimuletera obulabe bwo kukwatibwa obulwadde bwa sirimu / mukenenya?)*

1. Yes
2. No

Qn 50. If yes, why do you think so *(Lwaki bwotyo bw'olowooza?)*

.....

.....

Qn 51. What is the possibility that a child working outside the home may get HIV/AIDS *(Omwana akolera awatali wa bwe alina chance ki eyokufuna obulwadde bwa sirimu / mukenenya)* (Read out the answers)

1. Very likely
2. Not likely
3. Limited chance
4. Don't know

Qn 52. What can be done to help children working from exposure to HIV/AIDS *(Kiki ekiyinza okukolebwa okutangira abaana abakola obutakwatibwa bulwadde bwa sirimu / mukenenya?)*

1. Sensitise them about HIV/AIDS
2. Remove them from child labour
3. Others (specify)……

Qn 53. What can be done to ensure that children affected by HIV/AIDS do not get involved in work that is harmful to their lives *(Kiki ekisobola okukolebwa okutangira abaana abakoseddwa obulwadde bwa sirimu / mukenenya obutanyigira mu mirimu egy'obulabe eri obulamu bwa bwe?*

……

……

Qn 54. Who do you think should provide support for children affected by HIV/AIDS so that they don't enter employment early? *(Olowooza ani alina obuvunanyizibwa obw'okulabirira abaana abakoseddwa obuluwadde bwa sirim / mukenenya obutenyigira mu mirimu ng'abakyali bato?)*

(Please accept multiple responses)

1. None
2. Family
3. Government
4. NGOs/international agencies
5. Individual volunteers
6. Local NGOs/CBOs/ self help groups
7. Don`t know.

Qn 55. Among these who do you think can help children affected by HIV/AIDS better *(Ani kwabo bomenye waggulu gwolowooza nti yasinga okulabirira abaana abakoseddwa obulwaddwe bwa sirimu obulungi)?*

(**Read out the answers)**

1. None
2. Family
3. Government
4. NGOs/international agencies
5. Individual volunteers
6. Local NGOs/CBOs/ self help groups
7. Don`t know.

Qn 56 Why do you think so *(Lwaki olowooza bwotyo)?*

……

Qn.57. How can families with children affected by HIV/ AIDS be helped to cope by *(Amaka agalina abaana abakoseddwa obulwadde bwa sirimu / mukenenya gayinza kuyambibwa gatya)*

a. Community *(abantu b'omukitundu)* ……
b. Government *(Govumenti)*……
c. NGOs *(Ebibiina byanakyewa)*……

Thank you very much for your participation in this study

Interviewer's Comments

……

FOCUS GROUP DISCUSSION WITH CHILDREN (IN AND OUT OF SCHOOL)

Introduction

- I am called ..... and my colleague is called…….
- We are coming from the Department of Social Work and Social Administration-Makerere University. We are implementing a survey on child labour and HIV/AIDS knowledge, attitudes and practices on behalf of the International Labour Organisation/International Programme on the Elimination of Child labour (ILO/IPEC). ILO/IPEC is intending to contribute to this by among others focusing on the causes and consequences HIV/AIDS induced child labour starting with this area. But before this is done, ILO/IPEC is seeking views and information on HIV/AIDS and child labour from selected persons in this area. You are one of these persons.
- You have been selected not because of anything related to the disease (HIV/AIDS) and child labour about you, but randomly to represent the views of other people in this community, because we cannot ask everybody. We are being helped by the local leaders to identify the people we are visiting in this area.
- The reason for coming here is to get your views and ideas related to HIV/AIDS and child labour. I request you to allow me to write down your responses. Whatever you tell me will be treated with utmost confidentiality.

Facilitator/Note-taker, clearly indicate the following at the beginning of your notes:

Districts: ……..……..

Sub-county:……..…..……

School:……...……..

1. What do you think are factors that lead the children to get involved in paid employment in this community? [Probe on economic factors, Orphanhood due to HIV/AIDS, cultural factors, redundancy, peer influence etc]

2. What do you think are the factors that lead the children who are working to be at high risk of exposure to HIV/AIDS?

3. What are your fears regarding HIV/AIDS? [Probe on the perceptions of risks, and reasons, and perceptions of AIDS as a threat/problem]

4. What are you doing to avoid getting HIV? [Probe on abstinence, protected sex, faithfulness, and impediments to behavioral change etc]

5. How has HIV/AIDS impacted on the children in the community? [Probe on problems faced by the youths resulting from the AIDS epidemic].

6. How do the youths cope with the problems created by HIV/AIDS? [Probe on Child labour and strengths and limitations of it and other coping/strategies in place]

7. What are the factors that lead children affected with HIV/AIDS to get involved in paid employment?

8. What are the existing programmes or activities targeting the youth in this community/school about
   a) HIV/AIDS
   b) Children in informal employment?

9. What is your opinion about these initiatives (skills training, guidance, and education)

10. What do you think can be done to address the factors that expose children to HIV/AIDS and child labour on the youths in this community?

HIV/AIDS----------

Child labour----------

11. What do you think should be or is the responsibility of youths in the fight against
    a) HIV/AIDS
    b) child labour?
    [Probe on prevention, care and support, and mitigation of the impact]

12 How can the youths help fellow youths who are affected by HIV/AIDS who are involved in child labour and those who are likely to be pulled into child labour? [Probe if nothing, how can the youths help or be helped to get out of this hopeless situation]

Facilitator, ask the group whether they have any question to ask or comments to make.

I thank you very much for coming

FOCUS GROUP DISCUSSION WITH COMMUNITY MEMBERS

Introduction

- I am called ----------and my colleague is ----------

- We are coming from the Department of Social Work and Social Administration-Makerere University. We are implementing a survey on child labour and HIV/AIDS knowledge, attitudes and practices on behalf of the International Labour Organisation/International Programme on the Elimination of Child labour (ILO/IPEC). ILO/IPEC is intending to contribute to this by among others focusing on the causes and consequences HIV/AIDS induced child labour starting with this area. But before this is done, ILO/IPEC is seeking views and infor mation on HIV/AIDS and child labour from selected persons in this area. You are one of these persons.

- You have been selected not because of anything related to the disease (HIV/AIDS) and child labour about you, but randomly to represent the views of other people in this community, because we cannot ask everybody. We are being helped by the local leaders to identify the people we are visiting in this area.

- The reason for coming here is to get your views and ideas related to HIV/AIDS and child labour. I request you to allow me to write down your responses. Whatever you tell me will be treated with utmost confidentiality.

Facilitator/Note-taker, clearly indicate the following at the beginning of your notes:

District…….

Sub-county:……...……..……..

LC 1 Name:……..……..……..

1. How big a threat is child labour in this community? [Facilitator, Probe on the categories of children involved, what they do, AIDS orphans,other children affected by HIV/AIDS and are involved in child labour etc]

2. What factors contribute to the increased child labour in this community? [Probe on cultural practices, economic factors, categories of children considered to be at greater risk of exploitation, and reasons]

3. How in you view is the increase in child labour related to the problem of HIV/AIDS in this area?

4. What are you doing as women and elders in this community to reduce the number of children affected by HIV/AIDS from getting involved in exploitative work situations?

5. What are the limitations/constraints you face in trying to encounter threat of HIV/aids to children and the problem of child labour?

6. What has been the impact of HIV/AIDS in this community in the recent past? [Probe on changes in family structure, agricultural production, education of children etc]

7. What are you doing or what can you do to help in the care and support of children affected by HIV/AIDS in the community? [If nothing is being done, probe for the reasons, and how best the women and elders can be helped to support children affected with HIV/aids]

8. What programmes/interventions are in place to mitigate the impact of HIV/AIDS and child labour? [Probe on programmes for guardians, orphans, widows etc., if none ask what women and elders can do to help in the mitigation of the impact]

9. What has your community done to support orphans and aged guardians of orphans? [If none, probe on what

can be done e.g., type of relevant skills, appropriate Income Generating Activities etc.]

10 What kind of help or information do you receive from LC III and district to help in the fight of HIV/AIDS and child labour, care and support, and mitigation of their impact?

11. Where do you normally channel your problems in relation to HIV/AIDS and child labour? [Probe on whether problems are channeled to the next administrative level or NGOs, and whether help is received]

12. Have you ever received any HIV/AIDS and child labour training or sensitisation? [Probe on the nature of training, when, nature of the training and what use has it been put to]

13. What areas of HIV/AIDS and child labour would you need sensitisation or training so that you can contribute in the fight against HIV/AIDS induced child labour, care and support, and mitigation of the impact?

Facilitator, ask the group whether they have any question to ask or comments to make.

I thank you very much for coming.