

HIV / AIDS AND CHILD LABOUR IN TANZANIA: THE CASE OF DAR ES SALAAM AND ARUSHA REGIONS

A Research Report submitted to IPEC-ILO

Regarding SECTOR Specific Analysis: Similarities and Differences of
Children Working in Domestic Service, Self-Employment,
Prostitution, and Quarrying

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Introduction

This Rapid Assessment research was executed by a team of researchers from the Institute of Development Studies (IDS) and Kiota Women Health and Development (KIWOHEDE) during the month of March to June 2002. The study took a Case study approach whereby two regions in Tanzania, Dar es Salaam and Arusha were involved - two district from each region.

The selection criteria based on:

- (i) existence of a sizeable influx of child migrants
- (ii) involvement of many children in petty business.

Objective of the Study

The main objective of the study was to examine the link between HIV / AIDS and child labour. In this aspect we assessed:

- (i) the impact of HIV / AIDS on orphahood; and
- (ii) the effects of growing numbers of orphans on child labour in Tanzania.
- (iii) intervention strategies aimed at dealing with both HIV / AIDS and child labour.

Methodology

A combination of research methods and techniques were necessary to achieve the stated objective.

Sampling

We made two separate random selection of households:

- (i) households for parent / guardian respondents 10 from each district; and
- (ii) households for child respondents 50 from each district.

- Several questions were posed to both main categories - from Parents / guardians we wanted to know -

- (i) Is there any relationship between HIV / AIDS and child labour?
 - (ii) How children should be prepared in a situation when parents fall victims of HIV / AIDS?
 - (iii) What is to be done to educate the children about the scourge?
 - (iv) Are parents aware of the environment / circumstances which may put children at high risk of HIV infection.
- Children - HIV/AIDS orphans, children living with HIV or at high risk of HIV infection, children dropped out of school.
 - (i) What is the fate of HIV/AIDS orphans and children living with HIV/AIDS?
 - (ii) What are the characteristics of children who dropped out of school, and what is their fate?
 - (iii) Who are children at high risk of HIV infection and why?

Data collection techniques

- (i) Interviews through use of questionnaires each for parents-guardians and children;
- (ii) Discussion with Key informants using semi structures questionnaire;
- (iii) Focus group discussion;
- (iv) Observation

Data analysis

An SPSS data processing and analysis computer package was employed to get statistical presentation of the quantitative data while qualitative information gathered through focus group discussion, discussion with key informants and observation were subjected to contextual meaning to add flavour to statistical representation of the sample.

Gender analysis of the data was also undertaken to inform about the pattern of social behaviour and the kind of solutions those needs to be made.

PROBLEMS ENCOUNTERED

- (i) sensitivity of the key concepts
 - Stigma attached to HIV / AIDS – people are not happy talking about it.
 - Orphans – we raised expectation of orphans and guardians for immediate/ short term solutions of their problems.
- (ii) Threatening those employing children
 - Resistance of some guardians / employers to interview the children as they feared legal action.
 - Lies from suspecting children and so we had to crosscheck and make follow-ups for observation.

Characteristics of the Sample

This study has drawn on a sample of:

- 191 children;
- 44 parents/guardians;
- 42 local leaders; and
- several other informants.

Children who were interviewed were:

- 74 had both parents alive (38.7%);
- 50 had both parents dead, double orphans (26.2%);
- 47 single orphans, female parents alive (24.6%);
- 20 single orphans, male parents alive (10.5%);

- Children sample aged between 10 to 17 years,
- while parents / guardians aged between 24 and 72 years.

Of those parents – guardians

- 52.3% were married;
- 22.7% were single;

- 13.6% were widows; and
- 11.4% were divorced.

This data suggest that both mortality and divorce rates to be high, and have devastating effects on children development.

Migration:

- 51.3% of the children interviewed originated from the area where the interviews were conducted;
- 48.7% migrated from other parts of the country.

Most of those migrated (78.5%) it was mainly because of seeking for alternative income because family problems and difficulties in earning a living.

Family size:

- 56.4% of parents/guardians were staying with 1 to 4 children;
- 41.1% of parents/guardians were staying with 5 to 10 children;
- 2.5% above 10 children.

Every parent/guardian interviewed was staying at least with one dependant child up to five.

Reasons for staying with dependants:

- death of parents, 60%;
- attending school, 9.1%;
- poor parents, 6.8%; and
- sick parents, working married, seeking employment, training opportunity 2.3% each

Life experiences in orphanage

- 65.5% of orphans reported miserable life;
- 13.8% of orphans reported unchanged life standard.

- 13.8% of orphans reported experiencing relatively better life standard
- 6.9% had no experience because parents were not living together.

School attendance

- Only 33% of children interviewed were attending school;
- 37.7% dropped out of school;
- 23.6% never attended school;
- 5.8% completed/graduated primary education.

School attendance by parenthood status;

- over 66% of children who never attended school were double or single orphans;
- over 60% of children who dropped out of school were double or single orphans;

In order to reduce school dropouts parents/guardians recommended:

- free education, 41.7%;
- reduce cost-sharing programmes, 25%;
- teacher – parents closer cooperation, 12.5%;
- free education for orphans, 8.3%.

Long working hours:

- about 40% worked between 11 and 15 hours
- over 81% worked 6 hours and above.
- About 63% of those worked were not paid, only 34.0% were paid wages ranging from 3,000 to 20,000 Tsh (about 3.05 – 20.30 US\$).
 - 43.2% were paid between 3,000 and 5,000
 - 9% were paid between 5,500 and 7,000
 - 20.5 were paid between 8,000 and 10,000

The rapid assessment tested the respondents' awareness of HIV – AIDS-related issues:

- ❖ About 74.3 per cent of the children interviewed said they were aware of protective measures. Another 20.9 per cent indicated that they did not know of any, while 4.7 per cent responded they were not aware.
- ❖ More than a half (58.6per cent) indicated that mosquitoes could not infect a healthy person with the HIV virus, while 10.5 per cent said that this was a means of transmission, and 30.9 per cent said they did not know.
- ❖ The majority also indicated that it was possible for a healthy-looking person to be infected HIV (69.1 per cent), while only 8.9 per cent were ignorant of the fact that a healthy looking person might be a HIV / AIDS victim, and 22 per cent did not know that a healthy looking person could be a victim.
- ❖ Again, 68.6per cent believed that HIV / AIDS could be transmitted from mother to child, while 5.8 per cent did not realize this, and 25.7 per cent did not know about transmission of viruses from mother to child

MAIN FINDINGS

The study produced a number of significant findings. The main ones are outlined below.

Orphaned children and child labour

- orphaned children were compelled to enter the labour market to survive and/or to help support other family members.

The study revealed that

- more than 60 per cent of children working in the informal sector were either single or double orphans. (Most of the dead parents had died from HIV / AIDS-related complications.)

- about 70 per cent of the children involved in the self-employed sector, 60 per cent of those in domestic work, and 55 per cent of those in prostitution were either single or double orphans.
- Most of these children had dropped out or never attended school. More than 65 per cent of the children involved in self-employment, 60 per cent of these in domestic service, and 77 per cent of those in prostitution had dropped out of school.
- Among those engaged in prostitution, close to 60 per cent of the children were aged 15 years or younger. In domestic service this was true of about 30 per cent, and of about 40 per cent in self-employment.

Family structure and responsibilities

- About 60 per cent of parents/guardians said they were supporting at least one dependant child. Death of children's parents was given as the main reason. Again, most of the parents had reportedly died from HIV / AIDS- related causes.
- Children from poor households were more vulnerable to child labour than those from relatively affluent households. The majority of the families surveyed were too poor to meet the demands, including schooling, of supporting the extra children. They themselves worked in the informal sector, and they introduced the children, especially orphans, to income-generating activities to supplement family labour resources and income.
- Once accustomed to working, these children often went on to seek independent employment outside the family boundaries. In this way children become exposed to worst forms of employment and HIV / AIDS infection.

Gender dimensions

- Most of the girls worked as domestic or in prostitution

- In self-employed activities, girls were found in hairdressing saloons, kiosks, shops, food stalls.
- In mining, they were engaged in crushing stones and carrying gravel and clay. Otherwise, the majority of child workers in mining and most self-employment activities were males.
- Female children were also required to shoulder heavy household chores, and thus were most vulnerable to dropping out of school to take care of the family whenever parents fall sick or died.
- Girls, furthermore, tended to experience the most hazardous work environments, since they were often exposed to forced sex by employers and others and, eventually, to HIV / AIDS infection.
- Hence it can be concluded that girls, in Tanzania, are more vulnerable to Child labour and consequently to HIV / AIDS compared to boys.

Educational dimensions

- About 67 per cent of single- or double-orphan respondents never attended school, and about 62 per cent had dropped out of school. The majority of dropouts said that they had left school before engaging in child labour. The major reason cited was lack of money to meet the cost of necessities for themselves and their families. The death of one or both parents due to HIV / AIDS or other causes was another major factor behind dropping out.
- Many of the dropouts showed interest in returning to school if educational costs could be met. These data suggested that orphans were most vulnerable to lack of educational opportunities and, when enrolled, were more likely to drop out of school and go to work.

Nature of jobs

- The children worked without clear contracts stipulating terms and conditions of employment. Consequently, they worked more than eight hours a day.
- At the same time, they received little payment or were merely provided with meals and accommodation plus other basic human requirements such as clothes and medicine when fall sick.
- In many instances, their employers or customers refused to pay them as (orally) agreed. Some were forced into sexual relationships with their employers or other members of the family.
- Their working environments exposed the children to health hazards including physical stunting, and social-psychological problems that impaired or obviated their development into responsible adults.

HIV / AIDS awareness

- Over 90 per cent of the respondents indicated awareness of HIV / AIDS.
- They said that mass media, friends, and workplace communications were the main means of promoting HIV / AIDS awareness
- The safest means of preventing HIV / AIDS infection, it was widely assumed, was abstinence from sex. The majority of respondents also recognized condom use as another means.
- Girls engaged in prostitution, however, sometimes found it difficult to insist on the use of condoms with customers who said it interfered with their pleasure.
- A substantial proportion of respondents (30 per cent) believed that supernatural power was one means of HIV / AIDS transmission, while others considered mosquitoes to be a vector. Community mobilization is evidently needed to ensure people are fully aware of HIV / AIDS modes of transmission and their consequences.

- Although the majority of children in the study knew the location of HIV testing centers, they did not take advantage of such services. The main reason cited was fear. They said that many people died soon after becoming aware that they were affected, so it was better to live without having the test. Other reasons included the costs or, since the children were too busy earning an income, the logistics of getting to the centre.
- It was suggested that parents or guardians needed to discuss the HIV / AIDS pandemic with their children, sharing knowledge regarding modes of transmission and means of avoiding infection.

Main policy implications and recommendations

Tanzania has formulated a national policy on HIV / AIDS, and the Tanzania Commission for AIDS (TACAIDS) has been established to regulate the roles of the various actors in containing the HIV / AIDS pandemic. Nevertheless, other issues require the attention of the government and the society in general.

Orphanage and HIV / AIDS situation

- ❖ The society and the government need to develop clear plans to help and support those affected by the scourge, especially orphans and children living with the disease.
- ❖ Existing centres should be improved, and more established to provide as many orphans as possible with access to basic education and other skills training. The available centres have inadequate facilities and are overcrowded.

- ❖ More effective community sensitization programmes are needed to ensure that HIV / AIDS orphans and other people living with the scourge, especially children, live in harmony in society, free from discrimination or stigmatization.
- ❖ Action-oriented social and economic programmes should be designed to involve communities in working against the spread of HIV / AIDS and in dealing with HIV / AIDS orphans and those infected.
- ❖ More informed and more effective participation of religious organizations and other social groups should be sought in community mobilization campaigns against the spread of HIV / AIDS.
- ❖ A national campaign should aim at educating communities about the effects of HIV / AIDS, not only to individuals but also on the society and nation at large.

Child labour and its effects

- ❖ Practicable child labour laws addressing the real issues need to be passed and enforced.
- ❖ The general public needs to be empowered on the social, economic, political, and legal dimensions of the issue, if they are to support measures against child labour.
- ❖ Basic education should be provided free of charge at all levels to children who cannot afford to meet the costs of education.

- ❖ If the Government and NGOs provided more and better facilities to deal with the growing number of orphans, the number of child labourers would be reduced.

- ❖ A job-training programme should be designed and established for HIV / AIDS orphans and children who have completed their basic education before the age of 18 years.

Appendix

Table 1: Number of respondents, by districts

Region	District	Children				Parents				Local leaders ¹	
		Respondents			% of	Respondents			% of	Respondents	%
		M*	F*	T*	total	M	F	T	total		
Dar es	Ilala	15	34	49	25.7	2	8	10	22.7	10	23.8
Salaam	Temeke	25	27	52	27.2	8	7	15	34.1	11	26.2
Arusha	Arumeru	25	25	50	26.2	5	5	10	22.7	10	23.8
	Arusha	16	24	40	20.9	6	3	9	20.5	11	26.2
TOTAL		81	110	191	100.0	21	23	44	100.0	42	100.0

Source: HIV/AIDS and child labour research data from rapid assessment, 2002

Note: * "M" stands for "Male"; "F" for "Female"; and "T" for "Total"

Table 2: Status of children's parents

Parenthood status	Number of respondents			Percentages of
	Male	Female	Total	total
Both parents alive ²	33	41	74	38.7
Double orphans ³	17	33	50	26.2
Single orphans (female parent alive)	22	25	47	24.6
Single orphans (male parent alive)	9	11	20	10.5
TOTAL	81	110	191	100.0

Source: HIV/AIDS and child labour research data from rapid assessment, 2002

¹ Identification by sex was not done.

² Because they were too young at the time of death, some children could not understand that their biological parents had. This information was disclosed by informants and some parents interviewed. Thus they understood their guardians as real parents.

³ "Double orphans" are here construed as those children who have lost both parents.

Table 3: Distribution by age (both children and parents/guardians)

Children				
Age Group	Number of respondents			Percentages of total
	Male	Female	Total	
Children (10 - 12 years)	10	12	22	11.5
Middle childhood (13 - 15 years)	33	26	59	30.9
Late childhood (16 - 17 years)	38	72	110	57.6
TOTAL	81	110	191	100.0
Parents				
Age Group	Number of respondents			Percentages of total
	Male	Female	Total	
24 - 30 years	4	7	11	25.0
31 - 35 years	4	5	9	20.5
36 - 45 years	4	8	12	27.3
47 - 55 years	5	2	7	15.9
56 - 72 years	4	1	5	11.3
TOTAL	21	23	44	100.0

Source: HIV/AIDS and child labour research data from rapid assessment, 2002

Table 4: Reasons for rural-urban migration

Reasons for child migration	Number of children			Percentage of total
	Male	Female	Total	
Seeking for employment	32	41	73	78.5
Taken by relatives/guardians	5	4	9	9.6
Following parents	2	3	5	5.4
Matrimonial conflicts	3	-	3	3.2
Attending school	1	1	2	2.2
Seeking treatment	-	1	1	1.1
TOTAL	43	50	93	100.0

Source: HIV / AIDS and child labour research data from rapid assessment, 2002

Table 7: School attendance by parenthood status

(Figures in parentheses represent percentages)

Status	Both parents	Double orphans	Single female parent	Single male parent	Row Total (Percentages)
Never attended school	15 (20.3)	17 (34.0)	9 (19.1)	4 (20.0)	45 (23.6)
Absconded ⁴	28 (37.8)	20 (40.0)	14 (29.8)	10 (50.0)	72 (37.7)
Attending school ⁵	28 (37.8)	11 (22.0)	19 (40.4)	5 (25.0)	63 (33.0)
Completed	3 (4.1)	2 (4.0)	5 (10.6)	1 (5.0)	11 (5.8)
Column Total (Percentages)	74 (38.7)	50 (26.2)	47 (24.6)	20 (10.5)	191 (100.0)

*Source: HIV / AIDS and child labour research data from rapid assessment, 2002*⁴ This is referred to in the text as “dropped out of school”.⁵ A substantial number of children who claimed they were attending school were doing so through the Complementary Basic Education (Programme) in Tanzania (COBET). This programme enrolls children who have passed enrollment age.

Table 9: Categories of child labour, as reported by children and parents/guardians

Children respondents				Parent / guardian respondents				
Job Category	Number of respondents			Percentages of total	Number of respondents			Percentages of total
	M	F	T		M	F	T	
Household work	7	38	45	46.4	4	6	10	50.0
Self-employment	29	12	41	42.3	2	6	8	40.0
Commercial sex	-	9	9	9.3	1	1	2	10.0
Quarrying	2	-	2	2.0	-	-	-	-
TOTAL	38	59	97	100.0	7	13	20	100.0
Others								
Family work	8	14	22	100.0	-	-	-	-
Hair-dressing/ saloon cut	-	-	-	-	1	1	2	66.7
Labourer	-	-	-	-	1	-	1	33.3
TOTAL	8	14	22	100.0	2	1	3	100.0

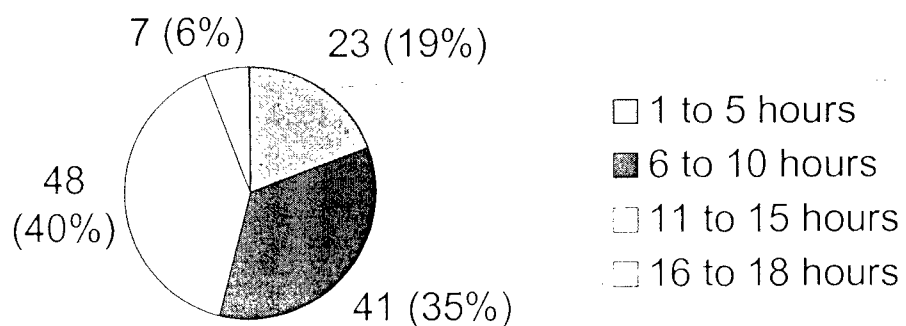
Source: HIV / AIDS and child labour research data from rapid assessment, 2002

Table 12: HIV / AIDS awareness among children and parents/guardians

Issue	Among children			% of total	Among parents / guardians			% of total
	Number of respondents				Number of respondents			
	Male	Female	Total		M	F	T	
Have you heard about HIV / AIDS (YES)	76	102	178	93.2	21	23	44	100.0
HIV / AIDS programme at School/Workplaces (YES)	51	72	123	64.4	16	19	35	89.7
Existence of any means of protect against HIV / AIDS (YES)	58	84	142	74.3	19	21	40	90.9
Infection of HIV / AIDS through mosquitoes (NO)	49	63	112	58.6	16	20	36	81.8
Possibility of healthy-looking person can be HIV positive (YES)	60	72	132	69.1	19	20	39	88.6
Transmission of HIV / AIDS from mother to child (YES)	60	71	131	68.6	20	20	40	90.9
Knowledge of a place which can test for HIV (YES)	46	65	111	58.1	17	18	35	79.5
Proper usage of condom can protect against HIV / AIDS (YES)	41	66	107	56.0	12	14	26	59.1
Transmission of HIV / AIDS through witchcraft (NO)					15	14	29	69.0
Protection through one uninfected Partner (YES)					17	19	36	81.8

Source: HIV / AIDS and child labour research data from rapid assessment, 2002

Chart 2: Number of hours worked per day



Source: HIV/AIDS and child labour research data from rapid assessment, 2002

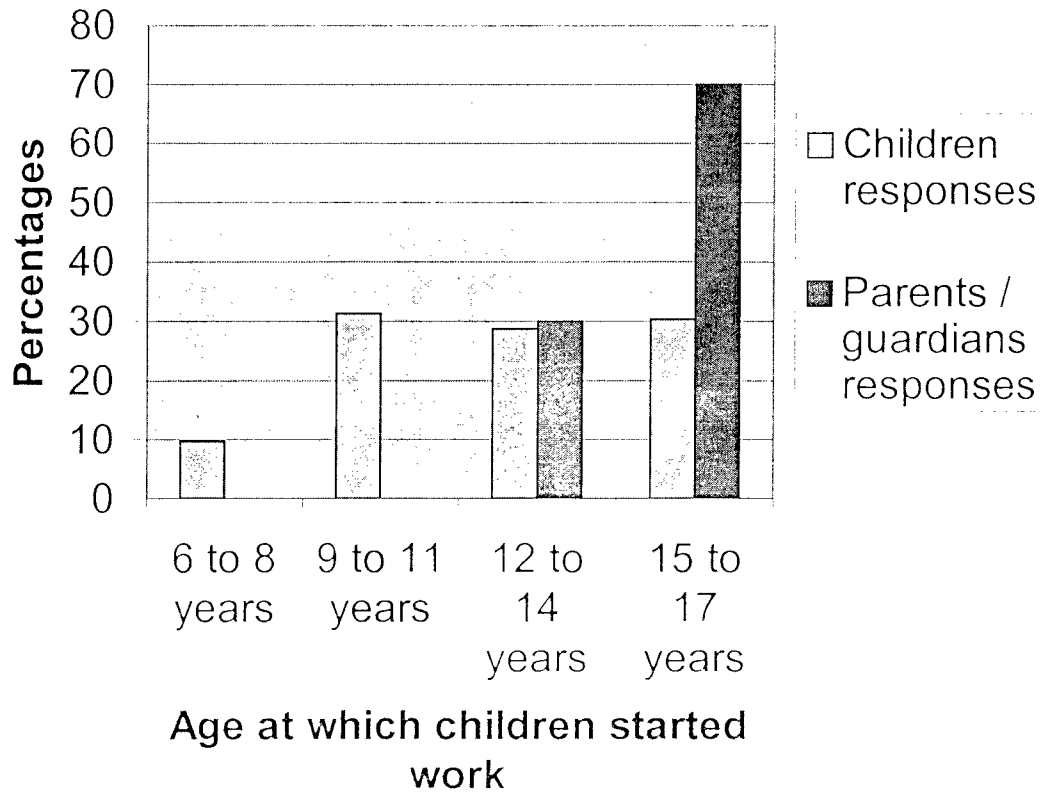
Table 10: Monthly wages for working children

<i>Amount Paid</i> <i>(in Tanzanian shillings*)</i>	Number of respondents	Percentages
3,000-5,000	19	43.2
5,500-7,000	4	9.0
8,000-10,000	9	20.5
15,000 and 20,000	9	20.5
30,000, 35,000 and 50,000	3	6.8
TOTAL	44	100.0

Source: HIV/AIDS and child labour research data from rapid assessment, 2002

* US\$ 1 is equivalent to 210 Tanzanian shillings.

Chart 3: Children's versus parents / guardians' responses regarding ages at which children started work



Source: *HIV/AIDS and child labour research data from rapid assessment, 2002*

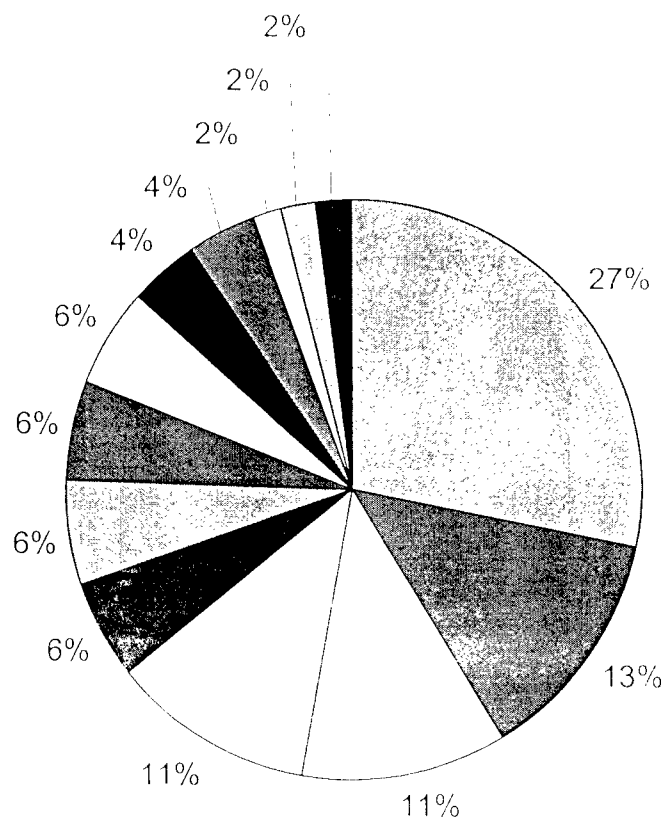
Table 11: Child labour involvement by children parental status

(Figures in parentheses represent percentage)

<i>Child labour sectors</i>	Both parents alive	Double orphans	Single orphans, female parents	Single orphans, male parent	Row total (percentages)
Domestic work	18 (41.9)	9 (31.0)	12 (34.3)	6 (50.0)	45 (37.8)
Self-employment	13 (30.2)	7 (24.1)	16 (45.7)	5 (41.7)	41 (34.5)
Commercial sex	4 (9.3)	3 (10.3)	2 (5.7)		9 (7.6)
Quarrying	1 (2.3)		1 (2.9)		2 (1.7)
Family work	7 (16.3)	10 (34.5)	4 (11.4)	1 (8.3)	22 (18.5)
TOTAL	7 (16.3)	10 (34.5)	4 (11.4)	1 (8.3)	119 (100.0)

Source: HIV/AIDS and child labour research data from rapid assessment, 2002

Chart 4: Previous jobs performed by children



- Petty trading
- Food vending
- Bar work
- Farming
- Prostitution
- House work
- Porter
- Casual labour
- Sand/water fetching
- Saloon
- Cloth vending
- Theft

Source: HIV, AIDS and child labour research data from a rapid assessment, 2002