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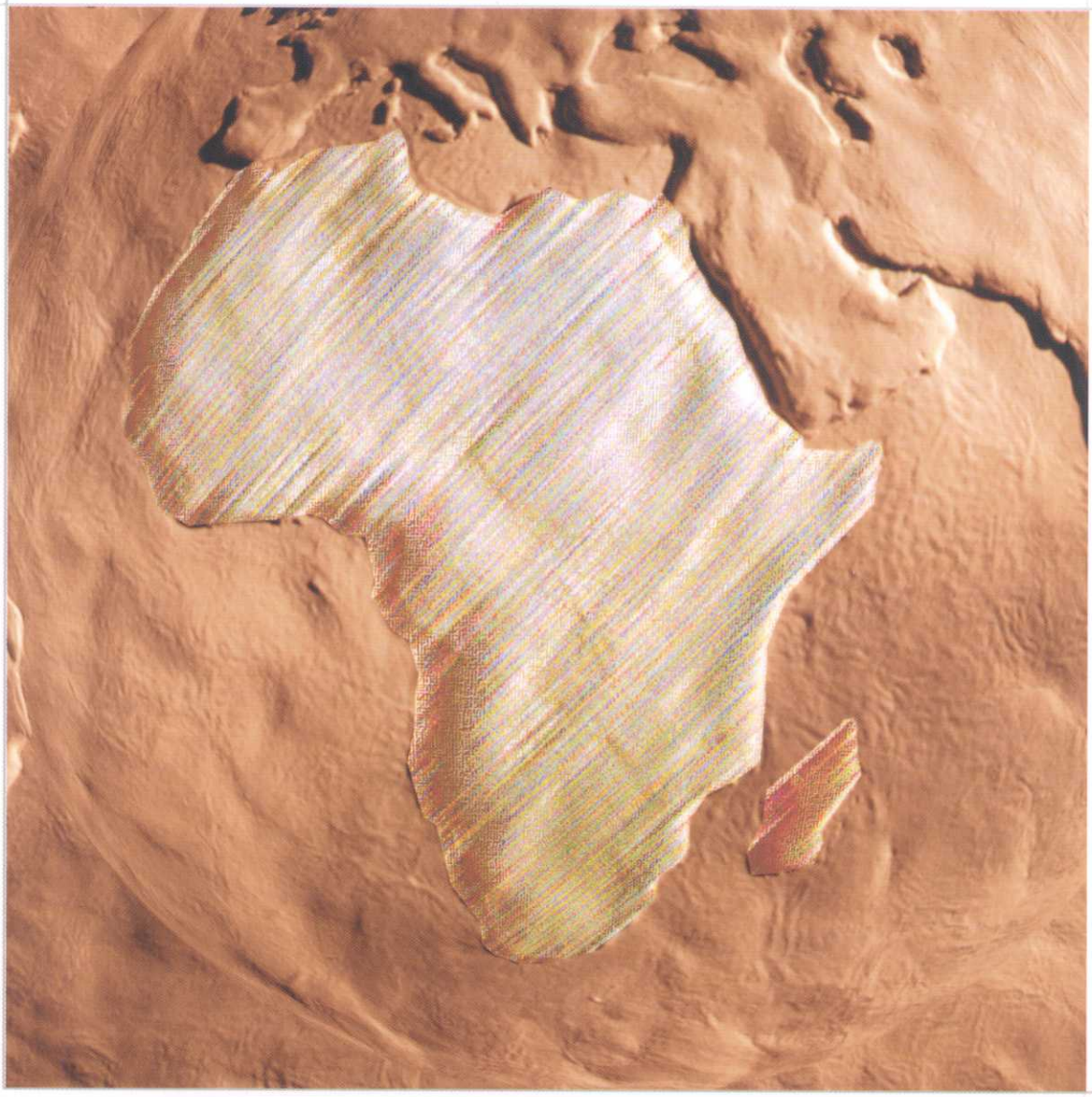

IPEC - INTERNATIONAL PROGRAMME ON THE ELIMINATION OF CHILD LABOUR

HIV/AIDS and child labour in South Africa: A rapid assessment

The case study of KwaZulu-Natal

Prepared by

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Contents

		Page
Acknowledgements		v
Executive summary		vii
1.	Background	1
2.	Review of the literature	3
	Overview of child labour	3
	AIDS orphans	5
	Child labour social policies in South Africa	8
3.	Methodology and fieldwork experience	10
	Methodology	10
	Research instruments and training fieldworkers	11
	The target population and study areas	12
	Fieldwork experience and the sample	13
4.	Factors associated with child labour in Kwazulu-Natal	15
5.	Survival status of parents and family relations	19
	Parents' survival status	19
	Family relations	20
6.	Education	23
	Introduction	23
	Child labour and schooling	23
	Coping with school activities	24
	Reasons for leaving school	25
7.	Safety and security issues	27
	Introduction	27
	Hazards in the streets, domestic work, the fields and prostitution	27
	Coping strategies	30
8.	HIV/AIDS awareness and risk behaviour	31
	Introduction	31
	Knowledge about HIV/AIDS	31
	Protection against HIV/risk behaviour	32
	The image of a person with HIV/AIDS	33
	AIDS-awareness campaigns	34

HIV status of children and victimization 35

9. Gender aspects of vulnerability 36

10. Summary and conclusions 38

Summary of results 38

Recommendations 40

Bibliography 47

Appendix 51

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[1] IPEC, HIV-AIDS and Child Labour Focal Research Coordinator.

Executive summary

The study investigated the link between HIV/AIDS and child labour in South Africa, covering selected towns and rural areas in KwaZulu-Natal Province.

Main finding. This rapid assessment indicates that a strong relationship exists between HIV/AIDS and child labour.

Method. The rapid assessment methodology was applied to 12 focus group discussions and 128 in-depth interviews conducted with children engaged in prostitution, girls and boys working on farms, child domestic workers and girls and boys working on the streets. With the exception of children involved in prostitution, who were younger than 18 years, those who took part in this study were 15 years of age or younger. In addition, interviews were conducted with ten key informants, including AIDS counsellors, police officers, social workers, and employers of girls and boys.

Aids orphans. Of the girls and boys interviewed, 38 per cent had lost at least one parent. Some children had a parent (or parents) who was very ill. Among those children whose parents had died, an estimated 85 per cent were AIDS orphans.

Family integrity. Family ties remained strong, however, especially in rural areas. Even where child-headed households existed, girls and boys in those households depended on their extended family members to help solve their major problems. The situation was rather different in Durban and other towns, however. Those who commuted from nearby townships stayed with their families. Other working girls and boys did not have a home to go to, and stayed in organized orphanages or (mainly those engaged in prostitution) rented rooms.

HIV/AIDS awareness among child respondents. Working girls and boys, judging by their responses, were aware of the HIV/AIDS epidemic. They knew what it was, how it was transmitted, and how to avoid it. Our assessment uncovered anomalies in the responses, however. While children engaged in prostitution provided many details regarding HIV/AIDS, children in other occupations knew very little and, in some cases, the information they provided was inaccurate.

School dropouts. Over 60 per cent of the girls and boys who took part in this study were enrolled in school. Most were working only part-time during weekends and school holidays. Some had dropped out of school temporarily so they could work full time to raise money for school fees and uniforms. Others had dropped out of school permanently, but intended to return if their circumstances changed.

Hazardous work conditions. Some girls and boys were involved in hazardous work which, in some cases, did not depend so much on the type of occupation per se as on the circumstances in which girls and boys were working. Child prostitution, for example, is notoriously hazardous because it exposes children to HIV infection. Children engaged in prostitution in KwaZulu-Natal also reported other risks they faced when dealing with clients. Other occupations reportedly hazardous to girls and boys included guarding cars, farm work and domestic work.

Recommendations

- The Government should raise the ceiling for the child support grant, currently available only to children younger than 7 years. In the interests of combating child

labour, the ceiling should be 15 years, especially since the majority of children work because of poverty.

- The Government should design ways of transferring cash so that the grant can cater for the welfare of children.

- The Government ought to establish more orphanages and train more caregivers to cope with the ever-increasing number of AIDS orphans.

- HIV/AIDS programmes based on the ILO code of practice should be established in the workplace, and HIV/AIDS interventions should focus on mitigation for infected and affected girls and boys, with a special emphasis on the girl child.

- A nationwide campaign is needed to inform poorer parents and school authorities about the legal rights to keep girls and boys in school even if they cannot pay the fees.

- Finally, the Government needs to develop a clear policy specifically designed to combat child labour.

1. Background

Over 4 million South Africans live with HIV (United Nations, 2001), and the HIV/AIDS epidemic in South Africa is one of the fastest growing in the world (National Department of Health, 2000). By the year 2005, an estimated 6 million South Africans will be infected with HIV, and almost 1 million children under the age of 15 will have lost one or both parents to AIDS (National Department of Health, 2000; Whiteside and Sunter, 2000; UNAIDS/WHO, 1999).

Since 1990, compared with other provinces, KwaZulu-Natal has consistently shown the highest levels of HIV infection (Whiteside and Sunter, 2000).[1] The number of orphans in KwaZulu-Natal is increasing, moreover, which suggests that the number of vulnerable girls and boys is also increasing. AIDS-orphaned girls and boys in KwaZulu-Natal find they have to serve, at an early age, as household heads, economic providers and substitute parents.[2] This is a gross violation of girls' and boys' rights and may encourage new forms of social pathology in children. Their vulnerability to child labour may also be exacerbated by factors such as the collapse of the family and other social support systems, dependence on the pensions of poor grandparents and lack of opportunity-enhancing policies for AIDS-orphaned or potentially AIDS-orphaned girls and boys.

In most African settings, girls and boys are assigned certain duties and tasks as part of the construction of childhood (Ncube, 1998). The tasks assigned usually depend on the gender of the child, with different duties being assigned to boys and girls. It is commonly assumed that males should be more active and aggressive, while females should be more passive and nurturing (Goslin, 1969). These gender roles and assumptions are initiated in childhood and reinforced through every stage of human development.

Sex differentiation is one of the few remaining cross-cultural phenomena in an era of social change. Society promotes such role differentiation and perceives deviation from them as taboo – as abnormal and to some extent punishable. During childhood, boys and girls commonly receive different treatment and are "taught" to behave differently. From infancy, boys wear blues and darker colours, while girls adopt pink and other bright colours. This kind of gender differentiation is found worldwide, but it is very strongly part of South African societies. This is an expression of sex differentiation embedded in social practices that in part socialize new members. Pitcher and Schultz (1983) argue that, even after infancy, boys and girls further assimilate their roles during the next stage of growth by engaging in "sex-role playing", where developmental and stylistic differences are adopted in their play. Girls are encouraged to play with dolls and kitchen utensils, while boys are encouraged to play with cars and outdoor objects.

In KwaZulu-Natal, child socialization that establishes and reinforces these patriarchal gender roles encourages boys to develop leadership and family-provider responsibilities, while it steers girls towards nurturing and supportive roles. This is evidenced by the duties usually assigned to each. In rural areas, for example, a boy is expected to herd cattle, whereas girls fetch water and perform household duties such as housecleaning and cooking. Despite differences noted in urban areas, the main trend remains that of

[1] Administratively, the Republic of South Africa is divided into nine provinces: KwaZulu-Natal, Eastern Cape, Western Cape, Northern Cape, Free State, Gauteng, North-West, Limpopo (Northern), and Mpumalanga.

[2] AIDS orphans are defined as those children who have lost their mother or both the mother and the father before reaching age 15.

leadership for boys and nurturing roles for girls. In preparation for marriage, girls are generally encouraged to be docile and compliant members of the family. They are often expected to assist mothers and other female relatives with domestic duties such as childcare and food preparation (Mensch, 1998: 17). Boys, on the other hand, are encouraged to develop some degree of autonomy and independence from the family.

Where social welfare measures for those unable to care for themselves are not in place, children are expected to look after their parents during times of need, especially in old age and during sickness. When parents are ill or die prematurely, these obligations impose themselves even earlier than they normally would. This has led many children, especially girls, to drop out of school to augment the family income, and the number of children-headed households has been steadily rising (UNAIDS/UNICEF, 1999).

Family links, relations and interactions therefore play a key role in the dynamics of child labour. Where there is an extended family, girls and boys are sent to live with them while their parents are sick or after they have died. Given the high rate of HIV/AIDS infection and deaths, however, the number of potential caregivers is diminishing as facilities are stretched to the breaking point. Widespread unemployment and poverty mean that financial constraints also present a major problem in South African families. This places a financial/economic burden on other families who would normally be prepared to care for these orphans. Another factor may be the reluctance of most African families to adopt children, especially boys, who are not of the same family lineage or clan (Seepamore and Ngkatho, 2000).

These problems diminish the chances of girls and boys attending school, and those who continue to attend school spend less time in school than they did before losing the parent(s). In Uganda, studies have demonstrated that, following the death of the parent(s), the chance of a child attending school diminishes by half (UNAIDS, 2000). These studies also indicate that the orphans faced serious malnourishment and stunting in addition to short-term negative health effects. This jeopardizes the children's chances of schooling and later, in adulthood, of contributing effectively to society. In addition, children often lose their right to inherit family property such as houses and land. Relatives may move in and exploit assets left behind by the parent(s), at the same time refusing to care for the orphans. Those girls and boys are then forced to engage in child labour as a means of survival and to support their families.

This study aimed to determine whether there is a link between the HIV/AIDS epidemic and child labour, and to explore the family, community, gender and socio-economic implications of this relationship. Study data, conclusions and recommendations are being made available to professionals in human services, with the following goals:

- generating more effective psycho-social interventions for families and girls and boys orphaned by AIDS;

- engaging in prevention, advocacy, and national/provincial strategies to alleviate socio-economic burdens imposed upon girls and boys by HIV/AIDS; and

- utilizing the data – in the context of children's rights, socio-economic development, and fair labour practices – to protect girls and boys, moving towards the eradication of child labour, and setting up multidisciplinary, "child-friendly" programmes engaging health, education and labour issues in a holistic manner.

2. Review of the literature

Overview of child labour

Children's work may be categorized as either work done from home, or that involving outside employment.

Work done from home

Family work is viewed primarily as skills development and assistance to parents, and often goes unremunerated. This may be referred to as "child work". In South Africa, socio-cultural factors mean that girls are more likely to be helping the mother and other female members of the family in performing household chores and child-rearing duties. Boys, on the other hand, assist with cattle herding and other outdoor household activities (Goslin, 1969). In the African context, children are there to assist the family in agricultural production (whether subsistence or commercial) and in other household activities. The importance of family labour among children in Kenya is such that many parents entirely depend on it (Onyango, 1988). Although this type of child labour is often considered non-hazardous for children, it does tend to delay or deny the possibility of schooling.

Work involving outside employment

Another form of domestic work involves children who are paid, in monetary or some other form, to perform chores for other households. This is usually considered to be one form of "child labour", as opposed to "child work". Child domestic workers are often rural girls recruited by employers in urban areas. Like most types of child labour, child domestic work tends to be hidden, and thus makes it difficult to estimate how many children are really involved.[1] Many children in Africa are employed thus, with 11 per cent of child domestic workers in Kenya and 16 per cent in Togo aged just 10 years or younger (ILO, 1996).

One of the most pressing problems associated with child labour – especially while dealing with its worst forms, as defined in the ILO's Worst Forms of Child Labour Convention, 1999 (No. 182) – is the growing involvement of children in prostitution and pornography, which is now prevalent even in traditional Asian and African countries.

African countries identified by the mid-1990s as having a child sex trade problem included Burkina Faso, Côte d'Ivoire, Ghana, Kenya, Zambia and Zimbabwe (ILO, 1996). Girls and boys are not only exposed to commercial sexual exploitation,[2] "one of the most brutal forms of violence against children, as the victims suffer extreme physical, psychological and emotional abuse which have lifelong and life-threatening consequences, … they risk early pregnancy, maternal mortality and sexually transmitted diseases" (ILO, 1996). Other forms of child labour include girls and boys engaged in commercial agriculture, manufacturing, construction and mining industries. In some countries,

[1] Studies have estimated that about 22 per cent of working children in Brazil and about 24 per cent in Bangladesh are employed in this service. Venezuela, where the service employs about 60 per cent of employed girls (between 10 and 14 years of age), has the highest incidence (ILO, 1996).

[2] In this report, child commercial sex workers are referred to as children engaged in prostitution.

especially in cities, children are engaged in scavenging, rag-picking, and jobs that expose them to drugs, violence, criminal activities, and physical and sexual abuse.

South Africa has one of the highest incidences of child labour in Africa. Various forms of problems are evident throughout the country, particularly in the three big cities of Johannesburg, Durban and Cape Town (O'Loughlin, 2000). In addition, high levels of work-related child abuse are reported. Girls and boys increasingly have to leave school and search for work due to home situations that include illness or death. A number of cases identified in Mpumalanga Province involved children as young as 6 years of age employed on farms (*Afro News*, 26 May 2001). Other children, reportedly, are engaged in prostitution or drug trafficking.

Unfortunately, little related research has been conducted in South Africa. The October 1994 *Household survey* estimated that approximately 200,000 children aged 10-14 years were working around the country. Of these girls and boys, 21 per cent were working in the agricultural sector, despite the fact that employment of children in this sector had been prohibited in South Africa since 1992 (Mathambo, 2000). In 1999, the first-ever *Survey of activities of young people* (SAYP) in South Africa was commissioned by the Department of Labour and conducted by Statistics South Africa (Stats SA). The study distinguished between economic and non-economic activities engaged in by children aged 5-17 (Statistics South Africa, 2000). The SAYP estimated that 36 per cent of children were engaged in child labour in South Africa.[3] Black South Africans were the most affected population group (41 per cent), and the proportion of girls was higher than that of boys (38.6 per cent as opposed to 33.2 per cent). The most common economic activity reported by children was fetching water and/or wood. Other activities included working on farms, domestic work and helping with family businesses (Statistics South Africa, 2000).

Child prostitution is singled out here because it is viewed, both in South Africa and globally, as a worst form of child labour. Molo Songololo (2000) has shown that there are children engaged in prostitution for survival because their parents have died of AIDS and they have no other means of support.[4] The report on child trafficking in South Africa reveals that, beyond being pushed into prostitution or bondage by situations at home, children are also being sold by parents and other family members (Molo Songololo, 2000). In addition, this study suggests that poverty is a major contributing factor in school dropouts and children engaged in prostitution.

Budlender and Bosch, in a further analysis of SAYP (2002), have looked at child domestic workers. In South Africa, this occupation attracts mainly black Africans, and is classified as potentially hazardous child labour (Rau, 2002). Budlender and Bosch examined paid and unpaid child domestic workers separately. The study showed that most child domestic workers in South Africa were engaged in household chores while still attending school. But only a small number of children among paid domestic workers were still in school. The majority of paid child domestic workers were boys, who typically received very low wages. It was estimated that over 60 per cent of the paid child domestic workers received a monthly salary of 100 rand (about US$10) or less. Contrary to observations elsewhere, none of the child domestic workers who took part in the SAYP reported sexual harassment in the workplace.

[3] Children are engaged in child labour if they are involved in at least one of the following three activities: three hours per week in economic activities; five hours working in school; and seven hours of household chores (Statistics South Africa, 2000).

[4] Molo Songololo is a non-governmental organization (NGO), based in Cape Town, that works on child welfare issues and child abuse.

AIDS orphans

Although the adult HIV prevalence rate is not one of the highest in the world, South Africa has the largest number of people living with HIV/AIDS. The United Nations estimates that more than 4 million South Africans, or 9 per cent of the population, live with HIV/AIDS (United Nations, 2001). A recent Medical Research Council report has shown that AIDS accounted for about 25 per cent of all deaths in the year 2000, making it the single biggest cause of death in South Africa (Dorrington et al., 2001).

The relative global silence on HIV/AIDS and its consequences is based on ignorance, fear and denial. However, there have been some developments in breaking the silence in many countries especially after the 1999 world AIDS conference. Life expectancy in affected countries is rapidly declining; the number of AIDS orphans who need attention is increasing every day in southern Africa; and poverty in households is escalating because people who would otherwise have generated income have died or are ill. HIV/AIDS is producing types of families that were rare prior to the epidemic. Both parents die or are too ill to earn a living, so the elder children work to support their siblings. According to a UNICEF rapid assessment (Kimane and Mturi, 2000), this is the main reason for girls and boys working under age in Lesotho.

More orphans and fewer resources. The HIV/AIDS epidemic has contributed steadily to the rising number of orphans in the whole world. People dying from AIDS tend to be in their prime years and are often parents. They leave behind children in societies already weakened by underdevelopment, poverty and the HIV/AIDS epidemic itself (Mukoyogo and Williams, 1991; UNAIDS/UNICEF, 1999; Department of Welfare, 1997). Before the HIV/AIDS pandemic, the number of orphans worldwide was estimated at 2 per cent in developing countries (UNAIDS/UNICEF, 1999). By 1997, rates in some countries had risen as high as 11 per cent (UNAIDS/UNICEF, 1999). Estimates at the end of the 1990s suggest that the HIV/AIDS pandemic had already left behind 13.2 million orphans (UNAIDS, 2000). This has stretched resources and capacity to their limits and beyond, especially in countries that are already impoverished. Since it mainly kills young, economically active adults, the HIV/AIDS pandemic has also severely weakened infrastructure, while government resources, due to the great number of people affected, have been seriously depleted.

Failure of traditional safety nets. The traditional safety net provided by the extended family structure in countries such as South Africa, meanwhile, is no longer able to cope with the number of orphans. The number of AIDS orphans in South Africa rose from about 100,000 in 1998 to an estimated 420,000 by the end of 1999 (Department of Social Welfare, 1999). Recent studies for KwaZulu-Natal alone have projected a total of between 759,000 and 833,520 maternal orphans by 2010 (Howell, 2001; Whiteside et al., 1995).

Stigma-related abuses. The stigma associated with HIV/AIDS poses a different set of problems. UNAIDS and UNICEF studies conducted in Kenya and other parts of Africa have shown that fewer relatives are now willing to take in orphans. Where orphans are taken in, moreover, they are often treated as second-class family members. They tend to be discriminated against in everything from schooling to allocation of food; they are sometimes abused and often forced to work (UNAIDS/UNICEF, 1999).

Grandparents as caregivers. A number of studies suggest that grandparents are more frequently recruited as caregivers in areas where the HIV/AIDS epidemic is more severe, for example in Kenya, the Masaka District of Uganda and Zimbabwe, or where the extended family is weakened, as in Kenya and Zimbabwe (Saoke et al., 1996; Ntozi, 1997; Foster et al., 1995). Grandparents, however, are often too old and frail to cope with the demands of raising young children, aside from the financial difficulties involved.

Proliferating orphanages. Due to this breakdown of the extended-family safety net, orphanages are proliferating. At the same time, these institutions often lack sufficient resources, since the country's finances are generally insufficient to sustain social services. For the past three decades, social services in South Africa have attempted to reduce the number of orphans or children in difficult circumstances living in orphanages or organized homes. The rapid increase of AIDS orphans and compromised extended families may warrant a reconsideration of orphanage-type institutions in the twenty-first century. More research is essential in the area of caregiving, addressing the educational and socio-economic needs and general welfare of AIDS orphans.

More households headed by girls and boys. Child-headed households commonly arise in cases where a teenage child lives in a household close to an adult relative who could provide supervision; but children in these households nevertheless usually lack close supervision. One study in Zimbabwe also found that some relatives were reluctant to foster older children (Foster et al., 1997). This was often because siblings wanted to remain together as a family after the death of a parent, or a dying mother wanted her children to stay together on their own.

Migration to cities. Rural-urban migration of children has been common for some time in many African countries. In West Africa, evidence increasingly reveals the commercialization of children and of children being recruited by placement agents to work for city families (Harper and Marcus, 1999).

Street children. Some of these working children wind up as street children. In studies conducted among children living on the street, the main reasons elicited for leaving home were poverty, parental divorce, death and parental neglect, and physical and sexual abuse. It has been hypothesized that AIDS orphans seeking employment, better services, support and care may increase the rate of rural-urban migration.

In the city of Durban, in 1997, about 1,500 children were identified as street children by the Durban city police. These children were routinely referred to the Thuthukani Harm Reduction Centre in Durban, where a number of basic services were provided. About 19.5 per cent of the 1,587 were placed in different care centres. Of these, 9.7 per cent were placed in shelters, 2 per cent in places of safety and 7.8 per cent in homes, with the rest remaining in the centre (Zingu, 2000). Another survey showed that 65.6 per cent of these children were from the Durban Metropolitan area and surrounding townships, and they were probably migrating back and forth from nearby townships to the city. Only about 5.2 per cent, reportedly, were from rural areas. There was insufficient data to link the street children directly to HIV/AIDS orphanhood, even though it remained a strong assumption (Zingu, 2000).

Violence against children. In South Africa, violence, especially sexual assaults against children, has been on the increase. Largely to blame have been myths surrounding HIV/AIDS such as the claim that sleeping with a virgin or a child will cure a person infected with HIV (*SABC News*, 2002). According to Redpath (2000), there were 138,683 rape cases in South Africa in the last six months of 1999 alone. The number of cases reported and dealt with by the Child Protection Unit more than doubled between 1994 and 1998 from 7,559 to 15,732.

Poverty. A number of socio-economic effects have been associated with orphanhood, including HIV/AIDS-related orphanhood. Death of a father has been associated with loss of income, as he is often a breadwinner; inheritable property, meanwhile, is often grabbed by adult relatives upon the death of parents (World Bank, 1997). In any case, many children in Africa are already living below the poverty line. In South Africa, over 50 per cent of households receiving an old-age or disability pension are supporting one or more children, compared to 37.5 to 43 per cent of households that are not receiving pensions.

Children are thus forced to drop out of school and work to help maximize household income. The workload of children affected by HIV/AIDS may start from the time their parents become sick. In Uganda, among children aged 15-19 years whose parents had died, only 29 per cent continued their schooling undisrupted; 25 per cent lost school time; and 45 per cent dropped out of school (Sengendo and Nambi, 1997).

Health. In West Africa, foster children were found to have a higher mortality rate than other children because of poorer care, malnutrition, and reduced access to modern medicine (Oni, 1995). Children from child-headed households and orphans looked after by grandparents were expected to be even worse off. Stunting had reportedly increased in the United Republic of Tanzania and Zambia, but orphans were no more likely to be wasted than non-orphans (Poulter, 1997). In Kenya, however, orphans were more malnourished than non-orphans (Nduati et al., 1993). On the other hand, a study conducted in the Democratic Republic of the Congo (formerly known as Zaire) found no differences in morbidity between children orphaned by AIDS and other children (Ryder et al., 1994). This might be attributed to the operation of a viable extended-family safety net. Children affected by HIV/AIDS suffer the following key stresses: parental illness, death and the stigma associated with AIDS; dropping out of school; change of friends; increased workload; and social isolation and discrimination (Foster and Williamson, 2000). A study commissioned by the Nelson Mandela Children's Fund in KwaZulu-Natal found, among other things, that adult productivity falls with onset of illness, increasing the burden on children and they have to take on adult roles and responsibilities, increasing their levels of stress (Wood and Mason, 1997). Internalized behaviour such as depression, anxiety, and low self-esteem was noted by several studies conducted in Uganda and Zambia (Naerland, 1993; Poulter, 1997).

Gender issues. Inadequate social support systems in many sub-Saharan African countries leave orphans more vulnerable than they would be in developed countries to malnutrition, denial of education, sexual exploitation, child labour and other disadvantages.

The girl child, however, is at greater risk:

- Most child-headed households are headed by girls.
- The girl child is more likely to drop out of school so as to look after her younger siblings.
- The girl child more often becomes involved in domestic work for neighbours to earn a living.
- The girl child is more vulnerable to HIV infection, since they are at greater risk of sexual exploitation in return for money or of being taken care of within abusive foster households (Wood and Mason, 1997). A study in Accra, Ghana, found that most street children were sexually active, and most of them had misconceptions about HIV/AIDS and were doing little to protect themselves (Anarfi, 1997). A small study conducted in South Africa in 1997 found that 9.5 per cent of pregnant girls under the age of 15 were HIV positive (UNAIDS/UNICEF, 1999). Other studies conducted in African countries also show that girls aged between 15-19 are eight times more likely to be HIV infected than boys of the same age (UNAIDS/UNICEF, 1999).
- The girl child more often suffers with regard to inheritance practices, since in most African cultures the boy child has exclusive right to inherit property.

Child labour social policies in South Africa

The South African Constitution, and article 9 of the Children's Charter of South Africa, states that children have the right to protection from child labour or any other economic exploitation that endangers their lives. It especially emphasizes that children should be protected from engaging in prostitution, and that rural children should be protected from hard labour on farms as well as domestic or manual labour. It further states that no child should be forced to leave school due to work, and that penalties should be applied to those who violate these rights (International Children's Summit, 1992). The South African Constitution, the Basic Conditions of Employment Act, 1997 (No. 75) and the Child Care Act, 1983 (No. 74) prohibit employment of children under 15 years. The Basic Conditions of Employment Act further regulates employment of children over 15, but prohibits employment of children for work that is inappropriate for that age and that could compromise the health, development, and educational attainment of the children involved (South African Government, 1997).

Since its inception in 1994, the Government of National Unity, together with NGOs, community-based organizations (CBOs), professional associations and labour and other representatives of social organizations in South Africa, has engaged in fundamental and dynamic policy change. South African public and social policies are informed by the Constitution of the Republic of South Africa, the Bill of Rights, and a range of international Conventions.

The clearest and most utilized policy regarding children is embodied in the Child Act, amended in 1996. This Act is complemented by the National Programme of Action for Children Framework in South Africa (NPA, 1996). The amended Child Act borrows heavily from the Convention of the Rrights of the Child. The legislation and the frameworks espouse the principles of a "first call for children" – in particular, Article 32 of the Convention on the Rights of a Child, which states that the child has a right to be protected from work that threatens his or her health, education or development and that the State shall set minimum ages for employment and regulate working conditions (UNICEF, 1990). South Africa ratified the Minimum Age Convention, 1973 (No. 138), in 2000, specifying 15 years as the general minimum age for admission to employment. It also ratified the Worst Forms of Child Labour Convention, 1999 (No. 182), in 2000.

Rather than stipulating any clear policy or strategic guidelines when it comes to child labour, the National Programme of Action only mentions it as an issue for the attention of the Ministry of Labour (NPA, 1996). In other words, South Africa has acknowledged the existence of child labour in the context of its Constitution and in national development frameworks such as the NPA, but has not yet engaged in a dynamic process of developing clear policy and mechanisms regarding child labour, employment practices, minimum wages and protection of children from commercial and sexual exploitation for economic gain.

Although South Africa has taken policy positions and outlined broad strategy areas to combat child labour and to protect working children, the country still has to meet the great challenge of developing a national policy addressing the exploitation of children. Only a few countries have recently developed national policies on child labour, the United Republic of Tanzania being the only instance in Africa (ILO, 1996). It should be noted, however, that South Africa's Department of Labour has initiated a dialogue for establishing a child labour policy. The first meeting that included all stakeholders to discuss strategies for establishing such a policy took place on 26 February 2003.

Child labour studies remain few in South Africa. The most recent *Survey of activities of young people* (SAYP) was a nationally representative survey conducted in South Africa in 1999 to generate necessary information for the understanding of child labour. The SAYP has not covered all aspects of the issue, however. One critical area that remains unexamined concerns the effects of the HIV/AIDS epidemic on child labour in South Africa. The current study intends to fill this gap.

3. Methodology and fieldwork experience

Methodology

Based on the 2000 guidelines developed by the United Nations Children's Fund (UNICEF) and the ILO International Programme on the Elimination of Child Labour (ILO/IPEC), this study has applied the rapid assessment (RA) methodology.[1] RA is a fast, low-cost, participatory, responsive and adaptable method seeking qualitative data about a particular group of people or issue. As an approach to learning, RA methodology borrows heavily from both anthropology and ethnography, where attempts are made to learn about "the other", to gain more of the "insider's" perspective on particular aspects of life.

As with any research methodology, the RA approach has both strengths and weaknesses. Its strengths include these:

- the method allows the researchers to engage in discussions and dialogues with a range of people not typically involved in surveys and other research;
- the informality and flexibility of the methodology allows children, some of them very young, to participate in the conversations (the recent Child Labour in Lesotho RA involved children as young as four years old [Kimane and Mturi, 2000]).

Weaknesses include the following:

- it may not be useful where research intends to quantify occurrences of the issues under inquiry (Jensen and Pearson [2001], however, have extended the RA by developing the RA+, a methodology for acquiring quantitative information);
- given the rapidity of the technique, it sometimes fails to develop a rapport with respondents.

In any case, recent applications of the RA methodology in various countries in southern and eastern Africa have provided policy-makers with information that has proved most helpful in addressing child labour and related issues (UNICEF/ILO, 2000; UNICEF, 2001).

Semi-structured interviewing (SSI) is one of the main RA tools. This is a form of guided interviewing where only some of the questions are predetermined. This study uses two different SSI approaches: focus group discussions (FGDs); and in-depth interviews (IDIs).

The FGD technique is a unique method of qualitative research involving a group of people who discuss a specific set of issues, problems or research questions. Focus groups are different from other methods of qualitative research in their purpose, composition and procedure. The purpose of a focus group is to explore the range of perspectives around a particular issue and to obtain detailed qualitative data from a predetermined group of people.

[1] *Investigating child labour: Guidelines for rapid assessment – A field manual*, draft (January 2001), www.ilo.org/public/english/standards/ipec/simpoc

FGD involves carefully planned discussion in a permissive, non-threatening environment, and is designed to obtain perceptions on a defined area of interest. It is conducted with approximately seven to ten persons, and two skilled research assistants (a chairperson and note-taker) are present at each focus group. The chairperson follows prepared guidelines in introducing the issues to be discussed, asks open-ended questions to get the discussion under way, encourages participants to talk and interact with one another and tries to keep the discussion on track. The note-taker takes notes and keeps track of what has been covered. The session is usually tape recorded and transcribed, with transcripts serving as the data for analysis (Knodel, 1997; Hennink and Diamond, 1999).

In this RA, the in-depth interviews targeted two groups of people.

- Individual interviews were conducted with working children. Information obtained from individual interviews is more personal than that from focus groups and, since respondents may feel they can speak more freely without being shy of their peers, it is more likely to reveal other pertinent information. An opportunity sample of respondents was selected, including children engaged in prostitution, domestic workers and childminders, street vendors and children working on farms. Given the practical constraints on working children, it was decided that in-depth interviews would be the main data collection procedure.

- In-depth interviews were also used with key informants. For the purposes of this research, a key informant was anyone who had special knowledge regarding child labour and who was willing and able to pass that knowledge on to a researcher. Key informants were expected to answer questions about the knowledge and behaviour of working children. The key informants included social workers, directors of programmes providing services to children, employers of working children, police officers and counsellors.

The first task was to gather as much information as possible from key informants; researchers then went on to collect information from working children.

Research instruments and training fieldworkers

This research project used three types of data collection instruments. (These are presented in the appendix.)

- The first is the interview guide for key informants. Questions in this instrument were divided into five sections: background information about the key informant; working conditions among children; education of working children; parent's survival status; and HIV/AIDS awareness.

- The focus group discussion guide for children was divided into various sections including working conditions, education, parent's survival status, HIV/AIDS awareness, stigma and discrimination and special questions for children engaged in prostitution.

- The third type of research instrument is the interview guide for children's individual in-depth interviews. Questions presented in this guide are similar to those given in the guide for focus group discussions.

Four research assistants were recruited to participate in data collection: a fieldwork supervisor, two fieldworkers and a driver. Three days (29 November–1 December 2001) were chosen for training, and a training manual (see the Appendix) was prepared in order to facilitate this exercise. All principal investigators took part during the training.

- During the first day of training, fieldworkers were told about the aims and goals of the research project. Discussions covered the RA methodology and how this research project was going to apply this approach. Ethical issues were also discussed. A consent form for children was prepared and discussed.

- The second day was devoted to the discussion on research instruments and fieldwork logistics. It was emphasized that the instruments should be used only as guides, that is, fieldworkers were encouraged to be flexible during the interviews, asking additional questions when necessary.

- A pilot study was conducted during the third day of training.

The target population and study areas

Research focused on two groups:

- children engaged in any form of work for economic gain, and working for reasons related to the HIV/AIDS epidemic; and

- children at high risk of contracting HIV due to the nature of their work.

The study included children working in commercial agriculture and those working in the urban informal sector (street children engaged in prostitution, street vendors, child domestic workers and childminders).

Relevant groups included:

- AIDS orphans;

- children living with HIV/AIDS [2] or who suffered a high risk of becoming infected with HIV due to the nature of their work; and

- children forced to drop out of school and enter the labour market due to the HIV/AIDS pandemic.

The study focused on both girls and boys, but – since girls are more likely to suffer from sexual exploitation and abuse or to be forced by circumstances to engage in prostitution – special attention was extended to the girl child.

The cut-off age for interviewing child labourers was 15 years, the minimum legal age for employment in South Africa, or up to 17 for those children engaged in prostitution. [3]

KwaZulu-Natal (KZN) Province was chosen as the study area both because it has the highest HIV prevalence rate in the country and because it was easier to locate children working in different occupational categories. Two major areas in KZN were selected. The

[2] Children living with HIV/AIDS are those who are infected, vulnerable to infection, live in or come from households with people living with HIV/AIDS, or are otherwise adversely affected by the epidemic in their community.

[3] Since 15 is the minimum age for admission to employment, the implication is that 15-year-olds are allowed to work. However, 15-year-olds were interviewed for the purpose of this assessment. The cut-off age for children engaged in prostitution was raised to 17 because it was not easy to identify many children under age 15 in this occupation.

first was Durban Metropolitan, where all occupational groups aside from children working on farms were found. The second was Empangeni Town, about 200 kilometres north of Durban. Some rural areas between Durban and Empangeni were also covered, including small towns such as Mtubatuba, Richards Bay, Mtunzini, and Kwa-Dlangezwa. The latter areas targeted children working on farms.

Fieldwork experience and the sample

The fieldwork[4] was conducted in December 2001. The first week was devoted to collecting data from children who were easiest to access – those selling various items along the streets and guarding vehicles in Durban city centre. Close supervision by the principal investigators (PIs) during the first week helped to familiarize fieldworkers with their day-to-day activities. During the second week, fieldworkers and two PIs travelled to Empangeni, where the whole week was devoted to data collection. Researchers visited both rural and urban areas around Empangeni, Richards Bay, Mtubatuba, Mtunzini and Kwa-Dlangezwa. Target groups in these areas included children working on farms as well as children working in other sectors. The fieldwork team returned to Durban Metropolitan (Durban city centre and the surrounding areas) during the third week. The main task for that period was to collect data from domestic workers and childminders. The fourth week was devoted to children engaged in prostitution working on the streets of Durban and surrounding areas. The key informant interviews were conducted throughout the month.

Baseline information about working children was collected during interviews with ten key informants, including four AIDS counsellors, two social workers, and one person from each of the following categories: police officer, shop manager, Childline director, and Durban Children's Society coordinator. In collecting data, it was always necessary to countercheck so that no subgroup of working children were omitted.

Tables 1 and 2 present the distribution by occupation of working children who took part in the rapid assessment. This study was able to collect and process data from 128 individual in-depth interviews (IDIs) with working children. About 52 per cent of the respondents in IDIs were girls.

Table 1. Distribution of working children who took part in in-depth interviews by their occupation

	Boys	Girls	Total
Children engaged in prostitution	0	21	21
Domestic workers	13	9	22
Farm workers	2	15	17
Other occupations	47	21	68
Total	62	66	128

[4] Various problems were identified during the process of data collection. Focus group discussions were often difficult to organize. This problem was anticipated during the planning stage, but became serious because this was the busiest period of the year in Durban. Many respondents were unhappy to spend time talking to us instead of conducting their business. This made it difficult to arrange for focus groups, and working children failed to honour the appointments on various occasions. The festive season also affected data collection from key informants. A substantial number of targeted key informants were either on holidays or unavailable for an interview. Various other problems were faced during data collection, including failure to identify respondents, dealing with problematic employers and parents, and rainy weather. The proposed number of individual in-depth interviews and focus group discussions were therefore not realized.

All occupations were covered, but not to the same extent: 21 children engaged in prostitution; 22 domestic workers; 17 farm workers; and 68 working in other occupations such as street hawking or vending, washing cars, guarding cars and pushing trolleys. Twelve focus group discussions were conducted, involving 90 working children (see table 2). Fifty-one per cent of the focus group participants were girls. As indicated above, the fieldwork team had problems arranging focus groups with working children. It was only possible to complete two focus groups with domestic workers, two with children engaged in prostitution, and none with children working on farms. The other eight focus groups were conducted with street vendors, car guards, car washers and children working in other occupations. [5]

Table 2. Distribution of working children who took part in focus group discussion by their occupation

	Boys	Girls	Total
Children engaged in prostitution	0	13	13
Domestic workers	3	12	15
Farm workers	0	0	0
Other occupations	41	21	62
Total	44	46	90

[5] A few more problems observed during processing and analysis of data deserve mention. Ten transcripts of key informants' individual interviews, 128 transcripts of in-depth interview with working children and 12 transcripts of focus group discussions with working children presented researchers with a great deal of data. Opportunities for error were multiplied, moreover, by the fact that transcripts passed through a variety of processes involving transcribers, translators, data entry clerks and the principal investigators. Nevertheless, only one transcript was lost, and in-depth interview number 33 was saved twice, as both IDI31 and IDI33. This misleadingly suggested a total of 128 in-depth interviews rather than 129. In addition, some initial conversations were not recorded, resulting in the loss of data. For instance, age was used as a filter question in deciding whether to interview a child or not. Consequently, ages were not recorded in the transcripts because some respondents were only asked this question before the tape-recording began.

4. Factors associated with child labour in Kwazulu-Natal

Poverty is the main reason for working children in many countries in southern and eastern Africa (UNICEF, 2001). This is true of most working children in KwaZulu-Natal, and this can be generalized to the whole of South Africa. Recent research shows that three children in every five live in poor households in South Africa, while in KwaZulu-Natal 59.3 per cent of children live in poor households (May et al., 2000). [1] Working children reported needing an income, whether monetary or otherwise, for a variety of reasons.

Supplementing the family income. Many said they had to work to supplement an otherwise inadequate family income.

> *I do not have any reason but we do not get food. So we go to the Workshop [a small shopping mall in Durban] to help people with their parcels and, in turn, they give us money.* FGD with trolley attendants, aged 13-15 years.

> *My father just disappeared, and we are a big family of nine members. My mother's income is not enough for all our needs. I work so as to buy food and clothes.* FGD with children engaged in prostitution, aged 16-17 years.

> *Sometimes we do not have food at home, so we find casual jobs to help our parents.* FGD with girls employed as domestic workers.

> *We are poor at home, and my mother asked us to look for jobs.* FGD with boys working on the streets, aged 7-10 years.

> *My grandmother earns a pension. We are a big family, and she can't support us all. That is why I am doing this job in order to help myself.* IDI with 16-year-old girl engaged in prostitution.

> I *am assisting my mother because my stepfather is unemployed. All he does is drink alcohol. My mother is doing casual jobs in the suburbs.* IDI with boy working as a trolley attendant.

Self-support/caring for siblings. Other children have to work because there is no one to support them. These children are in a difficult situation because some of them also have to care for their younger siblings. Some are also head of their households, undertaking serious responsibilities at a tender age. Their parents have died, disappeared, or for some other reason are not there to look for them, and no member of the extended family will care for these children.

> *I do not have a father and there is no one to support me.* IDI with a girl working on a farm.

> *I was poor and do not have parents. I don't know their whereabouts. I decided to come to the streets to make money [for survival]*. IDI with a 17-year-old girl engaged in prostitution.

> *My mother does not live with us, so there is no one to support us.* IDI with a boy working as a hawker.

[1] Researchers discovered that many children went very hungry, and that their most immediate need was to get something to eat and drink. With this in mind, fieldworkers offered food and drink as incentives. The cost of a piece of bread and a drink was about US$0.50 for each participant.

I work to support myself as I have no parents. IDI with a boy working on the street.

I am an orphan just released from a home. I have to support myself. IDI with a 15-year-old girl engaged in prostitution.

I am trying to support my family. Our mother died and there is no one to support us. IDI with a 15-year-old boy working as a street vendor.

My mother died and my father is an alcoholic and irresponsible. IDI with a boy working as a street vendor.

The problem is that I was living in the bush. I was also eating food drawn from the dustbin. Food from the dustbin is unhealthy. So I am working to support myself. I have no parents. IDI with a 17-year-old girl engaged in prostitution.

Mother and father passed away. We are so many in the family. I am working to support myself and also save for school fees. IDI with a 15-year-old girl working on a farm.

There are situations wherein only one parent has died but the remaining parent is no longer able to take care of the family. In other cases, parents disassociate themselves from the family altogether. Some children have reported that their father is alive, but he does not provide support for his children because he does not live with them. After remarrying, in these cases, the father establishes another family and ignores the old family. Life for children from the old family becomes difficult, forcing them out to look for work.

My mother has died. My father is alive but he is living somewhere else. IDI with a 14-year-old girl selling on the street.

My mother passed away and my father is now staying with another woman and he is no longer supporting us. IDI with a 17-year-old girl engaged in prostitution.

My mother is dead. My father is alive but has remarried and is neglecting me. IDI with a 15-year-old girl engaged in prostitution.

I am working to support my family because my father is dead. My mother has TB and is unemployed. IDI with a boy working as a hawker.

The death of my father made the family poor, so I failed to pay my school fees. I am trying to support myself and the family. IDI with a 17-year-old girl engaged in prostitution.

My father is dead. My mother is retired. I therefore live in the street and support myself. IDI with a 15-year-old boy working as a trolley attendant.

A number of children reported leaving home because of irresistible push factors. These ranged from family illness to situations where both parents were alive but not earning income to support the family. These children went to the streets to look for a job. In most cases, they sent back part of their income to support the family.

My father and mother are not working. I need money to support [our] family. IDI with a 13-year-old boy working on the streets.

Mother has cancer so I don't want to be around and see her suffer. IDI with a 17-year-old girl engaged in prostitution.

Need to provide for own schooling. Some children, where their parents or guardians cannot provide, work to support their own schooling. [2]

> *We like to work in homes. The money earned is used at school.* FGD with girl domestic workers.

> *I left school while I was still prepared to learn. My mother was involved with the [school] principal and later separated. I had to leave school. I decided to do casual jobs to raise money in order to go back to school.* IDI with a 15-year-old girl domestic worker.

> *I need money so that I can afford school fees, because there is no one at home who is employed. I want to make money so that I can go back to school next year.* IDI with a boy hawker.

> *I stay at home with my mother but I need school fees.* IDI with a 13-year-old girl street vendor.

> *Father does not support us. The family income is not enough so everybody helps by buying his/her own clothes and paying school fees.* IDI with a 17-year-old girl engaged in prostitution.

> *I am working to raise transport fares and sometimes money to buy food. I work part time as still in school.* IDI with a 13-year-old boy sellers of clothes.

Need to provide for schooling of siblings. A few children living in rural areas and small towns were working in order to raise school fees for their siblings.

> *I assist my mother, as we are a big family, and then I pay school fees for my brothers and sisters.* IDI with a girl farm worker.

> *I want to help my sisters who are still schooling because I am about to complete.* IDI with a girl farm worker.

Escaping abuse at home. Some children run away to look for a job because of mistreatment at home. This often happens when a child moves in with a member of the extended family. But cases were also reported where biological and step-parents mistreated their children. The story given below was narrated by a girl who was sad because mistreatment by her biological mother forced her to run away from home and live on the streets.

> *I had a problem at home. I had two stepfathers, and both of them were having sex with me. When I told my mother, she used to say that I wanted to take her husband. I therefore decided to leave home because my mother was not treating us well. She used to beat us even for a minor problem. She was also not providing us with school needs.* IDI with a 17-year-old girl engaged in prostitution.

In another case, a boy ran away from home because he could not cope with staying with his stepmother.

> *My mother is dead but my father is alive. He has married another woman. I did not have a good relationship with my stepmother, so I decided to come stay here and work.* FGD with boys working as car guards in Durban.

[2] This reason has been offered elsewhere as a factor explaining child labour. In Lesotho, for example, children working on the streets and domestic workers cited the cost of education as the chief impetus towards employment (Kimane and Mturi, 2000).

Deception/encouragement from peers. Other children were involved in unfortunate circumstances that left them helpless on the streets. One girl was tricked by a friend who was running away from home and wanted company. She found herself with no choice other than engaging in prostitution for survival.

> *What brought me here is that my mother disappeared in 1999. I was coming from church at Nongoma. My friends and I got a lift from a white man who was coming here [to Durban]. I realized later that my friend had set me up, because she was also not staying in her home. She was running away from home, and wanted to take me with her dirty tricks. We went as if we were going to church, and the white man bought nice things for us on the way. I later realized that we were in Durban. When I ask my friend what was going on, she started to behave badly. I lived on the street for about a year and I saw other girls who were doing this job. A certain gentleman who was called Rosta told me to this job too. I did the job for one day and I left it because I did not like it. I decided to sit down and thought about this job. After two months I joined it because I needed money. … It is very dangerous here – sometimes the boys try to rape us on the streets and try to take our money.* IDI with a girl engaged in prostitution, Stamford Hill, Durban.

Other motives. Other reasons that the children gave for working include these:

- having children out of wedlock and having to find ways to support them; and
- working for the family business (most of these children were working part time).

A few children did not give any good reason for working, other than that they enjoyed it or that they wanted to have money and do what they wanted with it. [3]

[3] Similar observations were made in Lesotho. Some children reported that they left home to go and work on the streets because they wanted independent lifestyles and control over their own life (Kimane and Mturi, 2000).

5. Survival status of parents and family relations

Parents' survival status

As indicated in section 4, a lack of responsible adults to provide care is one cause of child labour in KwaZulu-Natal. Children must assume responsibility for themselves and, in some cases, for younger siblings or their own children.

One hypothesis tested in this study suggests that an increase in the number of AIDS orphans in KwaZulu-Natal has led to more child labour. Interview questions thus had to first determine the survival status of parents and then establish the cause of death among those who were dead. The children could not be expected to report the cause of death of their parents accurately. Nevertheless, their accounts of sickness suffered by parent(s) prior to death helped researchers to say, with some degree of probability, whether a given death was AIDS related. The results presented in this section, therefore, only point to the magnitude of the HIV/AIDS epidemic and its relation to child labour.

Associating parental deaths and HIV/AIDS. Following are quotes from working children who helped to associate the death of their parent(s) with HIV/AIDS.

They bewitched her [the mother]; we were not allowed to see her when she was sick. IDI with a 13-year-old boy selling on the street.

My mother died. She was very sick; she became thin and had sores. IDI with a 15-year-old girl engaged in prostitution.

My mother had pain in her body. She was very thin, with stomach pains and coughing. IDI with a 15-year-old boy selling on the street.

My father was very sick; he vomited blood. IDI with a 14-year-old girl selling on the street.

My father was bewitched. He was vomiting, and had tongue problems and yellow eyes. IDI with a 14-year-old boy working as a crafter.

My father passed away. They say he was bewitched and suffered from TB. FGD with 16- to 17-year-old girls engaged in prostitution.

My mother and sister passed away. I did not know the cause of death, but later I heard that they died of AIDS. FGD with 7- to 10-year-old boys selling on the street.

My father passed away. He used to be sick, get better, and then get sick again. Then he became thin and he ended up dying. FGD with 8- to 13-year-old girls in domestic work.

Table 3 (below) presents the distribution, by cause of parental death, of children engaged in child labour.

This rapid assessment includes information collected from 218 working children. Of these, 82 (37.6 per cent) had lost by death at least one of their parents. About 85 per cent of these children, according to our working definition, were AIDS orphans. These data make sense, given that most of these parents died in their prime – between 30 and 50 years of age. Before the HIV/AIDS epidemic in Kwa Zulu-Natal, deaths of people, especially

women, from this age bracket were rare.[1] But the HIV/AIDS epidemic has changed the situation. Nine of the children interviewed reported that at least one of their parents was very sick. Again, most of these parents were suffering from AIDS-related illnesses. Table 3 shows that there were more girls who lost their parents or whose parents were ill than boys.

These results support the hypothesis that the HIV/AIDS epidemic has exacerbated the problem of child labour in KwaZulu-Natal, and perhaps in South Africa as a whole.

Table 3. Distribution of children respondents according to the survival status of their parents

	Boys	Girls	Total
Both parents are dead: AIDS	7	5	12
Not AIDS	0	0	0
One parent is dead: AIDS	25	33	58
Not AIDS	3	9	12
At least one parent is very ill	3	6	9
Both parents alive; not seriously ill	68	59	127
Total	106	112	218

Family relations

The living circumstances of working children differ. The study found that those staying in rural areas and small towns had stronger family ties than those who lived in the city. (The small towns in question include townships located near Durban.) A large number of children working in the Durban city centre commuted from KwaMashu and Umlazi townships. The children staying in KwaMashu, Umlazi, Empangeni, Mtunzini, Richards Bay and the rural areas were reportedly living with families.

These families were of different types. A few working children stayed with both parents at home in a nuclear family. Many said they were staying with only one parent, usually the mother, in a single-parent family. In most cases, the other parent was either dead or staying somewhere else, i.e. working elsewhere as migrant labour or looking after another family. Most of these children were supported by their parent(s).

> *My mother is supporting us, and we are a family of three.* IDI with a 13-year-old boy in Empangeni.

> *Life is terrible. I stay with my mother and four other children in a small shack.* IDI with a 15-year-old boy in Chatsworth.

> *My mother supports us, and we are a family of five. Life at home is not right; this is why I am working.* IDI with a 15-year-old girl in Empangeni.

> *We are a family of seven, and my father is working as a policeman. He earns little money. I can say my mother is the one supporting us because she earns some money from the farm.* IDI with a 14-year-old girl in Empangeni.

Most working children reported that they lived with members of their extended families. These families sometimes included one or both parents, but in most cases they

[1] Male deaths were more frequent prior to 1994 due to violence as a result of apartheid policies.

did not. Often both parents were either dead or one parent was dead and the other one had established another family elsewhere. Traditionally, the extended family system in Africa was supposed to take responsibility for children in difficult circumstances. Some children who took part in this study, however, reported that the extended family system does not seem to work very well. Some orphans could not cope staying with members of the extended family because they were abused or ignored. There follow typical excerpts from working children:

> *I lost my parents, and my stepmother who was staying with me was treating me badly. My friend came and told me I could make my own money as a sex worker.* FGD with 16- to 17-year-old girls engaged in prostitution.

> *I do not get everything I need since my father passed away. I live with my grandmother, who is unemployed, and sometimes we sleep without a meal.* FGD with 7- to 10-year-old boys working on the street.

> *My parents passed away, and I was left with my grandmother who also passed away. I was then left with my uncle and aunt, who are not helping me.* FGD with 16- to 17-year-old children engaged in prostitution.

> *I live with my sister, who treats me badly and sometimes does not want to buy food.* IDI with a 14-year-old boy selling on the street.

> *I stay with my sister, who has a baby. We live with another sister who is now pregnant, and she treats me badly and sometimes does not want to buy food.* IDI with a 13-year-old trolley attendant.

The extended family structure appears in a variety of forms. The simplest version occurs when a child moves in with an elder sibling, perhaps a sister. Another increasingly common type of extended structure is that where grandparents care for grandchildren, omitting a whole family generation that has probably died of AIDS. Sometimes the children go to live with their grandparents after the death of one parent but before the death of the other.

> *I live at Ntseleni with my mother and grandmother. My mother is sick, and can't do anything, so my grandmother assists her. I don't know my father.* IDI with a 13-year-old girl working on the streets.

In Durban, researchers found a mixed situation. Many working children reported that they stayed on their own, and were responsible for themselves. The majority of children engaged in prostitution belonged to this category. Typically, they formed a group of two to four and shared rented accommodation. Effectively, these urban children had established their own families. Others reported that they still respected home family ties, sending back part of their income. Many others, however, cared only about their own life. In one focus group conducted in Durban with girls engaged in prostitution, three of them were staying together, sharing the monthly rent and other utilities.

Two types of families needing special care were identified in this study. The first, observed mainly in rural areas, were child-headed families. Children looked after their siblings following the death of both parents. The second type involved families (parents and children) who lived on the streets.

At work I stay alone. At home there are five children that I am supporting. I am playing the role of a parent. IDI with a 15-year-old girl in Empangeni.

We are a family of five and my mother supports us. We all live at Clairwood under the bridge. IDI with a 12-year-old boy working on the street in Durban.

Although many of the children working in Durban either commuted from the townships, where they lived with families, or lived in administered shelters in the city, others lived on the streets without any proper care.

6. Education

Introduction

Universal education is one of the most important social provisions worldwide. Commitment to this ideal was reaffirmed at the highest level in April 2000 at the World Education Forum in Dakar.

The South African Schools Act of 1996 stipulates that every child between the ages of 7 and 15 should attend school. Parents and guardians must ensure that all learners of this age are registered to attend (South African Government, 1996b).

The Government has further indicated its commitment to educating the young. Of all government departments, the Department of Education receives the largest annual budget. This is to ensure that all South African children and adults have access to education. By law, every South African has a right to a basic education (South African Government, 1996a), and every child should be given a chance to attend school. Where a child is not in school, the parent or legal guardian is responsible for providing reasons.

Child labour and schooling

Child labourers are unable to attend school regularly. (Many children drop out of school, and many others combine the burdens of employment and schooling.) They often leave school at a very early age and, for the following reasons, enjoy little prospect of returning.

- The factors that forced them to leave school and seek employment are unlikely to disappear over subsequent years. For most, they never disappear.

- An age limit for school attendance applies at each grade level. Dropouts have only a period of about two years during which they will still be at an age appropriate to the grade they left. Child labourers usually do not manage to return within this period, in which case they may have missed the boat, never to resume their schooling. (Only a few children attend grades at an older age than officially permitted.) The important point here is that many working children who leave school never go back, or have difficulties in readapting to the schooling system once they have been excluded from it.

A clear relationship exists between child labour and school attendance. Surprisingly, however – although working *street* children tended not to be involved in any form of education – over 60 per cent of all the working children interviewed were enrolled in school. This was a very positive finding, especially since child labour had been documented as one of the important factors taking children out of school. Table 4 also shows that the proportion of children respondents who are enrolled in schools is lower for girls (52 per cent) than boys (71 per cent). The majority of boys (88 per cent) working as domestic workers are enrolled in schools. But only half of girls in the same occupation are enrolled in schools. Girls engaged in prostitution are less likely to be enrolled in schools.

Table 4. Distribution of working children according to enrolment in schools

	Boys	Girls	Total
Children engaged in prostitution	0 (0)	3 (34)	3 (34)
Domestic workers	14 (16)	10 (21)	24 (37)
Farm workers	1 (2)	9 (15)	10 (17)
Other occupations	60 (88)	36 (42)	96 (130)
Total	75 (106)	58 (112)	133 (218)

Note: Number in parentheses is the total number of respondents in the category.

Most of these children, furthermore, did not report any interruption of schooling due to work. Most children worked over weekends and school holidays.

> *I work during school holidays. I am a taxi conductor.* IDI with a boy working as a taxi conductor.

> *It is a month now, and I come during weekends. I am trying to assist my mother because she is the only one who is working. I am doing Standard 2.* IDI with a girl street hawker.

Many children, according to respondents, worked to assist their families or to pay for their own educational needs. A number of children worked to help their families and pay school fees.

> *I want to add to my school fees. I save it [money earned] towards paying school fees, and I buy what I like.* FGD with girls working as hawkers.

> *I want to assist my parents, for example if they want to buy food and electricity cards or pay my school fees.* FGD with girls working on farms.

Although there were signs of poverty in households where these children were raised, their optimism regarding school was encouraging. Most children attending school said they were doing well and did not mention any problems.

It has been part of the African culture for centuries that older children have to look after their younger siblings in instances when the parents are unable to do so (Goody, 1990). Employment of children may interrupt their schooling but benefit the schooling of their siblings. The following quotes show instances where children are working for the benefit of younger siblings.

> *I want to help my sisters who are still schooling because I am about to complete.* IDI with a girl working on a farm.

> *I was schooling while I was still young, but now I'm old and working. I assist my mother because we are a big family. I then pay school for my brothers and sister.* IDI with a girl working on a farm.

Coping with school activities

Working children who attend school may lack the time and energy to cope with their studies. Surprisingly, however, most of the children interviewed did not report any problems at school.

> *Everything is fine [at school] and I do not think I am going to fail. It is nice at school and we do mathematics and science.* IDI with a boy working as a hawker in Durban.

Things are fine at school, and I am using this money to pay my fees and buy food. I come here [to work] after school. IDI with a boy working as a hawker.

For a variety of reasons – most of them related to poverty at home – some children have had their schooling interrupted. Unemployment levels in South Africa are high, and households that have no employed members must survive on very little.

My mother is unemployed and my grandmother pays my school fees. I have not been in school the whole of this year. By the time my grandfather died, I was doing Sub A. He then passed away. I continued with Sub B, then this year I was supposed to do Standard One, but I did not go back to school. There was no money. IDI with a boy hawker.

It sometimes happens that there is no money to pay my school fees, and I have to stop attending school. At the moment everything is all right. FGD with a girl farm worker.

The Government provides every public school with funds. Schools usually ask that parents pay fees, however, and they have a right to enforce this payment. According to the South African Schools Act of 1996, if a parent or a guardian cannot afford to pay school fees or can only pay a lesser amount, he or she can write a letter to the school's governing body requesting a waiver of payment. If the exemption is not granted, then appeal may be made to the Head of Department in the province (South African Government, 1996b). It seems that parents are either not informed of this right or are refused exemption from school fees.

Reasons for leaving school

The great majority of reasons given by children for leaving school could be linked to household poverty. Poverty, in this regard, manifested itself in a number of ways. In some instances, children gave reasons such as the inability of parents or guardians to pay school fees; but when the living arrangements of these children were examined, other effects of high levels of poverty became evident.

My grandmother and I are poor. My mother passed away, and I do not know my father. I leave the house without eating even if food is available. I do not eat so that my other brothers and sisters can have food. This is because I eat at work. [I left school because] my mother passed away and she did not have money. IDI with an 11-year-old garden boy.

[I left school because] I was not getting all the school needs all the time. IDI with a 16-year-old girl engaged in prostitution.

My grandmother used to support us because my other sister is not working. My father is unemployed and is not living with us but instead stays at Umbumbulu. [I have stopped going to school because] I had problems in paying fees and buying a uniform. IDI with a 15-year-old boy working as a car washer.

Despite the documented decline in fertility in the developing world, childhood and teenage pregnancy remains high (Mensch et al., 2001; Kaufman et al., 2001). Because having a child is also perceived as a sign of adulthood, the parents often have to leave school to provide care for the child. For boys, this takes the form of financial care; for girls, it is child rearing. Evidently, this marks the end of schooling, particularly for girls.

Recognizing the high pregnancy rates among girls, however, South Africa is one of the few developing countries allowing pregnant girls to resume their schooling after giving birth (Kaufman et al., 2001). This has helped to give these children a second chance in life. But the social circumstances surrounding childbirth is more complex for young girls. Strong family support is needed to provide an environment that enables the girl to return to school after giving birth; and this is not always possible where a household is suffering from the effects of the HIV/AIDS pandemic (sick family members, funeral expenses, etc.).

Indeed, our findings suggest that, even though these girls would like to return to school, they are often unable to do so due to child care-related responsibilities.

> *I have a baby, and the father of my baby passed away. I do not have money and at home they are poor. They therefore cannot support me. I do not attend school.* IDI with a 17-year-old girl engaged in prostitution.

> *My mother is not working. I want to buy clothes for my child and my younger sister. [I do not go to school because] there was no one who was going to support me.* IDI with a 15-year-old girl working on a farm.

Similar findings were obtained in a study conducted in Agincourt, a rural area in northern South Africa. Girls reportedly left school because families were not willing to accommodate the schedule of a young mother attending school and take up the responsibility of raising the child (Kaufman et al., 2001).

It is important to note that the respondents here are young children. Most responses they gave had to be examined closely to see whether underlying household structural factors were forcing them to work or leave school. Merely looking at a child's response could sometimes cloak the real reason why the child was not in school. Some children said they left school because they disliked or even hated school. For others, when their home situations were viewed closely, it became clear they were living in unfavourable conditions.

> *At home there are five children that I am supporting. There is no one who is working at home. So, I find it important to work for them. I had no reasons to leave school. I decided to leave school because I did not like it.* IDI with a 15-year-old girl working on a farm.

> *[I left school because] my mother and father passed away, so I have no one I can stay with. [If I have a chance I can go back to school] if I can have a uniform, exercise books and other needs for school.* IDI with a boy hawker.

Household and family-related problems also caused children to leave school. Child abuse emerged as one issue during the interviews and group discussions. Especially in the Durban area, where the line between child labour and working street children was unclear, some children left home due to circumstances unrelated to school but which affected schooling. For example, the unfortunate consequences of running away from home could lead to dropping out of school. These children found themselves on the streets with no home and no one to care for them, so they had to work to provide for themselves.

> *I stay in the bush/veld. I stay with a certain grandmother and other brothers and sisters. [I stopped school because] they use to treat me bad at home because my parents died. My grandmother cannot help me because she cannot walk. My uncle used to beat me, telling me that I am not his son. His children use to steal money and they would say it was me. My uncle would beat me without asking me any questions.* IDI with a 14-year-old boy hawker.

A connection, however uncertain, was also established between child labour, school discontinuation and HIV/AIDS. Some children reported having to leave school because they had to care for the sick.

> *I was doing Sub A when I was 8 years old. My grandmother became sick, and they asked me to look after her until she died.* IDI with a girl employed as a domestic worker.

The interview data indicate that girls were indeed those most likely to give care to children, the elderly and sick family members. This tends to confirm the assumption that girls shoulder a greater care burden resulting from HIV/AIDS in the family. Unfortunately, this often forces them to interrupt or even completely discontinue their schooling.

7. Safety and security issues

Introduction

Working children are often exposed to living conditions that are either dangerous or have the potential to compromise their physical health. The global literature on child labour has documented the extent to which children are exposed to life-threatening working conditions (International Labour Organization, 1996). In South Africa, children may be severely injured at work (*SABC News*, 4 February 2002). Girls and boys are exposed to conditions that contravene international and national safety regulations for conditions of work. They have no protection from trade unions, providing them with no forum for voicing grievances and other problems.

The South African Constitution and article 9 of the Children's Charter of South Africa state that children have the right to be protected from child labour and any other economic exploitation that endangers their lives. It especially emphasizes that children should be protected from prostitution, and that rural children should be protected from hard labour on farms or in domestic and manual labour. The Occupational Health and Safety Act of 1993 states that every employer shall provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of his employees (South African Government, 1993). This protects all employees from hazardous work environments that may expose workers to danger to their persons, psychological well-being, or general health. Other legislation, including the Basic Conditions of Employment Act and the Child Care Act, 1983 (No. 74), protect employees from work that is potentially harmful.

A lack of protection for working children, however, denies access to these basic rights.

Hazards in the streets, domestic work, the fields and prostitution

Children are exposed to various types of work environment. Safety and security concerns are here examined with regard to specific occupations.

Car guards, the majority of them boys, look after parked cars on the streets. This occupation originated with a notable increase in the theft of cars parked in public parking areas. That, together with high unemployment levels, presented car guarding as one more informal sector job. Car guards work without any protection from potentially dangerous people. The working environment alone exposes these children to the following threats or potential threats:

- working without guaranteed remuneration;
- working on the streets;
- working late at night; and
- dealing with car robbers, those people from whom they are protecting the cars.

Children working as car guards reported high-level threat to their safety and security. Coupled with the threats they receive from people on the streets, police and their clients,

they have been frequently beaten, stabbed, and threatened with guns and other dangerous objects.

> *They once pointed a knife at me and they gave me 40 rand, telling me they were taking the car, and I called the police.* FGD with boys working as car guards in Durban.

> *I have just been stabbed for a car and recently came back from hospital. They wanted to break into the car and steal goods that were inside.* FGD with boys working as car guards in Durban.

Domestic work is typically undertaken by girls, although a few boys are also engaged in this occupation. Employed to carry out routine domestic chores such as housecleaning, childminding and food preparation, many of these children have endured physical, emotional, and sexual exploitation by employers.

> *What we refer to as child labour for girls used to take two forms. One was domestic work, especially taking care of children while their bosses were at work, and you find that some of these girls were exploited. The other was sexual exploitation, where the girls were engaged in some form of prostitution.* Key informant, Empangeni.

No incidences of sexual exploitation were reported by the domestic workers who took part in this study. As stated in the literature review, this was also the case with the SAYP data (Budlender and Bosch, 2002). Some of the girl domestic workers interviewed were from Mtunzini and Empangeni, both of them semi-urban areas. The children either worked with their mothers, or in a household which was familiar to a family member. When asked what they would do if they had accidents, most said they would call their mothers, aunts, or grandmothers. The close link with home might have been the only form of protection that these children had, preventing abuse by employers. Because sexually abused children tend to be inhibited and unwilling to discuss the situation, however, it is difficult to say with confidence that these children were not being abused in the workplace.

Boys employed in domestic gardens were exposed to working environments that were conducive to accidents. For example, some reported being provided with inappropriate tools and equipment that exposed them to potential injury.

> *They do not give us tools, and our hands suffer.* FGD with boy domestic workers in Empangeni.

> *They do not provide us with the tools we need in order to be safe.* FGD with boy domestic workers in Empangeni.

Incidences where children were physically abused by their employers were reported, especially among boys.

> *The boss once beat me with a sjambok [long stick], and he bribed me with bread and coconut cake.* IDI with a boy domestic worker.

> *If he [the employer] does not like your work, he does not pay. If you complain, he wants to beat you.* IDI with a boy gardener in Empangeni.

These cases illustrate exploitation of and assaults on children. Unfortunately, it is not easy for these children to protect themselves, since they may lose their jobs if they voice their unhappiness.

Farm workers also work under unfavourable conditions. Their work is physically demanding, requiring strength, endurance and concentration. Some reported fatigue at work, which posed threats to their health and overall development:

We weed while the sun is hot. I get dizzy when I am tired from work. IDI with a girl farm worker.

Even more hazardous are the potentially harmful plants and chemicals, for example, agrochemicals such as pesticides and fertilizers that these children must work with. One respondent reported having come in contact with poisonous circumstance that harmed him:

I was in contact from my feet and legs with poison while I was working. They called the ambulance at work. IDI with a 15-year-old farm worker.

Children engaged in prostitution are exposed to harsh and unsafe conditions. This occupation has the potential to harm their lives permanently. These children shared such experiences as threats to their lives from men with weapons, including knives and guns. Girls working in this occupational group reported the highest level of abuse from their clients.

A client refused to pay and then I swore at him. He chased me and I ran. When I was about to cross the road a car hit me because I was not aware that there was a car coming. IDI with a girl engaged in prostitution.

There are a lot of problems, as when a person refuses to pay you. Sometimes he threatens to shoot you. IDI with a girl engaged in prostitution.

Sometimes you argue or fight with a client, and I am talking from experience. It happened that I agreed with a client that a "round" was 50 rand. But when we were in the room he beat me, asking for a second round. He was not going to pay for it. I reported the matter to the security guard, and he was beaten. IDI with a girl engaged in prostitution.

To make matters worse, this group also reported no protection from the general public or from police. People are prejudiced against them because of their work and stigmatize them.

Being abandoned in foreign and dangerous places was also common for these children.

One client threw me out of his car, and I fell on the road. He also pointed his gun at me. He did not want to pay. IDI with a girl engaged in prostitution.

The clients sometimes refuse to pay. They will take you in a car and, on the way, they will push you out while the car is moving. Other clients beat us and others take you in a car and drop you somewhere you do not know. They sometimes have sex with you forcefully. I have experienced all that. IDI with a girl engaged in prostitution.

These voices of children engaged in prostitution are just a few of the many that said that their lives were in danger every day they worked. (Reports indicate that this is true worldwide with children involved in this industry.)

Some children engaged in prostitution suggested that they were safer because they did not operate on the streets. They did not allow their clients to take them anywhere, conducting business only in hotels where they worked and where there were guards to look out for their safety:

It is safe inside. There are no thugs because there is a police guard. The problem is when you are outside the hotel. FGD for girls engaged in prostitution.

We are always together. We use a building and we have a security guard. He fights with the guys that refuse to pay. IDI with a girl engaged in prostitution.

Although this provides a safer environment, it does not protect these children from the dangers of sexually transmitted diseases including HIV/AIDS.

> *Yes, [I have been sick because of this job] but I got treatment. I had a sexually transmitted disease.* IDI with a girl engaged in prostitution.

> *They are working under bad conditions. They are used to being exploited – there is sexual exploitation and dangers of acquiring HIV.* Key informant, Durban.

All types of occupations where children are working on the streets require special attention. Some children work in busy cities such as Durban and towns such as Empangeni, where they have to be careful crossing the streets. Some have had accidents, and others reported nearly being hit by cars.

> *I had an accident, I was collecting scrap metal and the car hit me.* IDI with a boy hawker.

> *It once happened to me when I was crossing at the traffic lights in Musgrave Road. The car hit me as I was crossing.* FGD with boys working on the street, Durban.

Frequent abuse from older males was one of the main concerns among children working on the streets. Some reported theft of their belongings, money and work gear. Physical threats and assaults were also reported, some of which threatened their lives.

> *Older guys take our trolleys from us and sometimes beat us. They want money.* FGD with boys working as shop assistants.

> *Sometimes older guys take our money and beat us. We run away and if they run after us we get inside the bush and also become afraid that we are going to get lost in the bush. It [the bush] is big like gumtree bush. It is a traditional bush.* IDI with a boy working as a shop assistant.

Coping strategies

Working children have adopted coping strategies to deal with day-to-day challenges and avoid potential dangerous situations. Working at night was cited by most children as one of the environments exposing them to the greatest danger. Although some respondents, due to the nature of their work (mostly children engaged in prostitution), could not avoid working at night, most said that they stopped work before dark.

> *[To avoid being injured], we finish early in order to avoid leaving late.* FGD with girls in domestic work, Durban.

Where injuries occurred, most called the police, ambulances, or family relatives. Some employers, on the other hand, did provide facilities to care for employees who are injured at work.

> *If you get injured, they take you to a hospital based on the farm. If you get injured while at work they pay for you. I have never been injured, but I used to see this if someone got injured while at work – they take him or her to the hospital and pay the person.* IDI with a 15-year-old girl farm worker.

The apparent consensus was that the police and other security personnel could be called upon when one was faced with danger. Children working on the street, however, reported some instances of abuse from police officials.

> *When police find us here, they chase us because they want kwerekweres [foreigners] to be ones who look after the cars.* FGD with boys working as car guards, Durban.

8. HIV/AIDS awareness and risk behaviour

Introduction

The HIV/AIDS epidemic is beginning to show indelible social imprints on the South African population. The rising number of children living under difficult circumstances is evidence of this. Given household poverty and absence of parents, more children are living on the streets, exposing themselves to dangerous survival strategies that leave them susceptible to HIV infection.

Of all children engaged in child labour, about 40 per cent have no parents (a key informant, Durban). Five to ten years ago, many orphans were victims of the political violence which killed large numbers of people. Between 1999 and 2000, however, 17-33 per cent of all adult deaths were instead due to HIV/AIDS (Dorrington et al., 2001). In one key informant's opinion, in fact, about 90 per cent of deaths are HIV related (a key informant, Durban). Orphans find themselves trapped in activities that leave them vulnerable to the disease, no matter how aware of the dangers they might be.

The critical need to address the underlying issue of poverty was echoed by every respondent, and is here summarized by one girl engaged in prostitution.

> *Poverty causes AIDS because people sleep around in order to get money.* FGD with girls engaged in prostitution.

Knowledge about HIV/AIDS

The awareness variable in the study was constructed using responses to questions on risk factors and modes of HIV transmission, symptoms of AIDS and preventive measures. Of the 128 in-depth interviews held with working children, 81 per cent indicated awareness of the HIV/AIDS epidemic. Generally, there seems to be a high degree of awareness regarding HIV/AIDS issues among working children. Table 5 shows that the proportion of both boys and girls who are aware of HIV/AIDS is well over 90 per cent (96 per cent for girls and 92 per cent for boys).

> *You can prevent it by not sleeping around with many boys without using a condom. That is all. There is nothing more I can say. Even if you trust your boyfriend, if you can sleep with him you must use a condom because you do not know whether he slept with another woman and what her HIV status is.* IDI with a 15-year-old girl working on the streets.

The degree of awareness is even higher among children engaged in prostitution. All respondents engaged in prostitution were aware of the epidemic, its modes of transmission, and preventive measures. Relative to other occupational groups, nevertheless, they had a higher risk of being infected. Child farm workers indicated the lowest degree of awareness (table 5).

Table 5. The proportion of working children who are aware of HIV/AIDS

Occupation	Boys	Girls
Children engaged in prostitution	– (0)	100 (34)
Farm workers	50 (2)	87 (15)
Domestic workers	100 (16)	90 (21)
Other occupations	92 (88)	90 (42)
Total	92 (106)	96 (112)

Note: Number in parentheses is the total number of respondents interviewed in each category.

Relatively high awareness among domestic workers might have been attributed to their access to radios and televisions in the workplace. Farm labourers, on the other hand, had the advantage of working in groups where topics of HIV/AIDS were of interest. In general, the more isolated the job, the lesser the degree of awareness. Given the high level of awareness among working children, it is interesting to observe their behavioural patterns in protecting themselves against HIV/AIDS.

Protection against HIV/risk behaviour

Most children appeared to be aware of various modes of HIV transmission. The next important question was whether this knowledge translated into protective action. The researchers thus assessed risk behaviour among working children.

The information in this section was reported mainly by children engaged in prostitution. (One part of the research guides specifically targeted risk behaviour in this group.) Working children knew that transmission of HIV could be avoided by using condoms during sexual intercourse, wearing gloves if handling blood and having a faithful partner. When abstinence was brought up as an alternative in focus groups, the participants all seemed to think this recourse was impracticable. One interview respondent expressed this standpoint ironically:

> *We must use condoms, and doctors must at least find a cure in order to fight the virus for those who are already infected. There is nothing we can do because sex was made by God for us to do. We cannot run away from it.* IDI with a 16-year-old girl engaged in prostitution.

The children engaged in prostitution were also aware that HIV/AIDS was incurable and that, once people contract it, they eventually die. Those engaged in prostitution seemed to be using condoms, and knew where to obtain them. They also knew where to access help in case of sexually transmitted diseases (STDs). They spoke of going for check-ups and treatment at clinics.

> *I am always protected, and every after three months I go for check ups.* IDI with a 15-year-old girl engaged in prostitution.

On the job, however – despite their knowledge of the risk factors – children engaged in prostitution had to defer to client demands. As one key informant remarked:

> *Definitely they are exploited. Now that goes for ordinary child labour as well as sex child labour, because a child is not strong enough to insist on the use of a condom.* Key informant, Durban.

While children engaged in prostitution were aware of transmission modes and protective methods, their occupation still left them susceptible to HIV infection. They admitted that clients often refused to use a condom, or even forced them to have

unprotected sex. A girl in one focus group discussion succinctly described their desperation:

> *I can say none of us like this job. We only want money.* FGD with girls engaged in prostitution.

Desperate for money to satisfy their basic needs, they found themselves selling the only commodities they possessed – their bodies. They risked HIV infection so they and their families might survive.

> *Other clients do whatever they like, they do not care. They just tell you they are going to pay.* FGD with girls engaged in prostitution.

> *Some refuse condoms.* FGD with girls engaged in prostitution.

> *Most of the time people do not want to use condoms. They argue that they cannot eat food while it is in plastic.* FGD with girls engaged in prostitution.

> *They say it is not nice to have sex with a condom.* FGD with girls engaged in prostitution.

Girls engaged in prostitution often understand that they are at high risk of HIV infection.

> *I just risk my life. I expect anything, so to say.* IDI with an 18-year-old girl engaged in prostitution.

> *No, I would not [accept sex without a condom] because I know that there is a lot of risk involved.* FGD with girls engaged in prostitution.

Most children engaged in prostitution are potential HIV carriers, and are at greatest risk of being HIV infected compared with other child labour occupational groups. While they are aware that condom use is advisable, most do not have the power to insist on compliance with an unwilling client.

The image of a person with HIV/AIDS

The children engaged in prostitution had an idea of what someone with AIDS looked like, especially in the later stages of the disease. Infected persons, many of them believed, were thin and appeared malnourished, and had sores or abscesses on their bodies. There follows one respondent's description of an AIDS victim she knew.

> *She was a young lady and had a thin body. Her hair was unhealthy, and she had a rash all over her body. She used to suffer from stomach ache.* FGD with girls engaged in prostitution.

Other respondents acknowledged that an infected person might be asymptomatic. They noted that some HIV carriers might appear healthy. One respondent with an HIV-positive relative had this to say.

> *She looks good and fat. I asked her how she could be infected with AIDS, because I believed that a person who had AIDS became thin. That lady told me you cannot see that a person has AIDS in its early stages. She told me that she got infected in 1998, but she was not sure because you do not feel it when it is only starting. You feel it when it is full blown. She told me that, if you have AIDS, you should eat healthy food unless you do not like it. Like myself: I do not like beans because they make me suffer from stomach ache. But I do eat a lot of other healthy stuff so that AIDS cannot run fast should I contract it.* IDI with a 15-year-old girl working on the street.

It is important to note that the majority of children had lost one or both parents. Although a large number of children chose to attribute parental deaths to witchcraft, the descriptions of their parents' illnesses seemed to indicate that most had actually succumbed to AIDS. The very symptoms the children had suggested were typical of HIV/AIDS in interviews were the same as those they described when reporting their parents' illnesses. But the children did not want to acknowledge that their parents had had AIDS. In describing her mother's illness before her death, one child said this.

> *I do not know [the cause of her death], but she used to say she had feet problems. She became skinny, and her clothes became loose and people from the clinic used to visit her.* IDI with an 11-year-old boy working as a car guard.

Moments later, the same child was asked to describe a typical person with AIDS. This is what the child replied.

> *She was skinny and had many ribs.*

Perhaps because of the commonly attached stigma, few children admitted that their parents had died of AIDS. They might also have feared being themselves seen as HIV infected, and facing ostracism. Another factor, of course, would have been where the parents did not reveal their HIV-positive status to their children.

> *My mother had AIDS, and they did not tell us at home. We later saw her hospital card, which indicated that she had AIDS. They gave my grandmother some gloves to use when she touched her. She was very sick and she was skinny.* FGD with girls working on the street.

AIDS-awareness campaigns

The main channel of information is the schools, although other media such as the radio and television are also effective. In addition, posters, books and clinical staff have contributed to AIDS-awareness campaigns. A number of NGOs offer information in such forms as workshops and posters.

> *We have learned about it at the Place [Place of Safety], and we know how one gets it. You do not get it through shaking hands with infected persons. You get it through unprotected sex. If you assist a person with wounds without using gloves, you also could get it. You also get it if you touch the blood of an infected person without using gloves.* FGD with boys working as car guards.

> *I hear about it on the radio and television. In there [pointing] are pictures and books that talk about AIDS, and the clinic sisters talk about it.* FGD with girls engaged in prostitution.

Given the emphasis on HIV/AIDS projects, it is disturbing to note that only about 40 per cent of the working children were aware of any such activity in their areas. Those who did know of any were mainly aware only of school projects, and the majority of children who knew about AIDS projects were still enrolled in school.

One girl engaged in prostitution reported getting the information from a regular client, a retired doctor. This pointed to another concern: responsible people who should be in the forefront of child protection are sometimes themselves the perpetrators of child prostitution. Numerous complaints emerged from the study wherein girls engaged in prostitution spoke of abuse by the police, for example, who pretended to be doing the girls a favour in not arresting them in exchange for sex.

HIV status of children and victimization

Respondents who had multiple sexual partners, or close friends and relatives who were dying of AIDS, were asked if they felt in danger of becoming HIV infected. Most thought not, but they were interested in being tested. Most respondents reported not being HIV infected, however, as they had no AIDS symptoms. As one respondent said:

> *You are able to notice that you have AIDS. You become thin, and there is no other disease that make a person thin besides AIDS.* FGD with boys working as trolley attendants.

No child respondent acknowledged being HIV positive, there being no question requiring them to state their status. But there seemed to be no problem of victimization among these children. The respondents, however, did report knowing other people who were HIV infected and who were being victimized – ostracized or otherwise treated badly.

> *Yes, it was my aunt. She was very thin and became black. They used to cut other parts of her body so as to patch damaged parts. They said she had AIDS, and then she died. They were treating her nice at home. The community neglected her because they thought that if they got close to her they were going to be infected. Her friends also neglected her and they made her feel unhappy. FGD with girls working on the street.*

9. Gender aspects of vulnerability

Non-working children under the age of 15 often alternate between home, school and playing with peers. Sometimes they visit relatives and family friends. All of this plays an important role in their socialization, contributing to their well-being and development. Ideally, such a background protects children from a harsh world, and prepares them to take up responsible roles when they become young adults.

Working children, however, often leave their protective home environments and seek work in faraway places. This uprootedness, coupled with their youth, makes these children vulnerable to unfavourable treatment from employers, fellow employees and the public. The demands of work alone deny children the pleasures of youth and forces them to assume onerous responsibilities at an inappropriate age.

The city of Durban appears to present a harsher environment for working children than do small towns and rural areas. More children reported living on the streets in Durban than in other areas. And they were exposed to more dangers on the streets than were other children. Children engaged in prostitution, children working on the streets and car guards – three of the most hazardous occupations – were mostly living in Durban and some parts at Empangeni.

The reasons they gave for working revealed their extreme vulnerability. High levels of poverty push children to take up any job that provides money, irrespective of the hazards.

> *We need money so that we can make a living. We need money to buy food. We need money so that we can buy bread.* FGD with boys working as car guards in Durban.

The girl child needs special attention. High levels of abuse towards the girl child has been reported worldwide. Girls engaged in domestic work, for example, make easy targets for sexual assaults by employers, employers' relatives or co-workers. Such abuse ranges from lewd innuendoes and unwanted physical contact to sexual molestation, actual or attempted rape and introduction to prostitution. Research suggests that these children often suffer from low self-esteem, and are often inclined to accept abuse they encounter at work as part of the job (Flores-Oebanda, 1998).

When girls live and work in an unprotected environment, they suffer the highest vulnerability to exploitation. The vulnerability of working girl children in this rapid assessment varied according to location and type of work. Fewer girls lived on the streets in non-urban areas, for example. Instead, they worked on farms, in homes and, if they were employed as vendors, they tended to work with parents or relatives. These circumstances appeared to minimize vulnerability to exploitation.

These children, nevertheless, are often abused in their places of work. Most respondents cited incidents where they were not paid as agreed by employers or clients. Terms of employment changed without prior notice or any agreement between employer and child. For children engaged in prostitution, this was common, but it was also noted among children involved in domestic work.

> *White people do not give us a job description. They sometimes tell you to do this and that, and they do not increase your salary.* FGD with girl domestic workers in Kenville.

> *They do not pay me. They say I am the one who causes them not to.* FGD with girl domestic workers in Kenville.

Boys are often excluded in discussions of gender and vulnerability. This assessment, however, saw boys as being very vulnerable to exploitation and abuse. Many worked on the streets, and had neither family nor home. This was especially evident in Durban. Most car guards there were street children. They slept in institutional homes, where it was safer than on the streets. Still, they reported high levels of abuse in these homes where, for example, older residents took their earnings when they come back from work.

> *They just gave us shelter because there was nowhere to go, and it is safer to be here than on the street. Grown-ups use to beat the young ones and take their money.* FGD with boys working as car guards in Durban.

Sometimes, these children also received abusive treatment from care-givers at the shelters.

> *I do not like to live in that place because Othisha [Sir] punishes us with a punch. If we report to mother, she punishes us with a sjambok, asking us why are we here; we must go back to where we came from.* FGD with boys working as car guards in Durban.

> *Othisha bethu [our sirs] do not treat us equally. If the boys come out and come back with money and cigarettes, and if you do not give it to them, they beat you. FGD with boys working as car guards in Durban.*

Children working on the street also reported abuse from the general public.

> *I do not like to work here because they sometimes leave me outside. One day I was beaten by* omalume *[older males] accusing me of stealing from the cars that I was guarding. If we are in the toilets, they come and make us bathe, claiming to be social workers. There is a person who carries a* sjambok *he uses to make us bathe with a* jeyes *fluid. He makes us a laughing stock with the people, taxi drivers and other street kids, because he makes us go out naked. He also makes us pick up papers in West Street while naked.* FGD with boys working as car guards in Durban.

10. Summary and conclusions

Summary of results

This rapid assessment examined the relationship between HIV/AIDS and child labour in South Africa. Qualitative data based on 128 in-depth interviews with working children, 12 focus group discussions with working children, and ten in-depth interviews with key informants were collected in December 2001 in Durban Metropolitan and other selected urban and rural areas in northern KwaZulu-Natal.

Four categories of working children were chosen:

- children engaged in prostitution;
- child domestic workers;
- children working on farms; and
- children working on the streets – these included such occupational groups as street vendors, car guards, trolley attendants, shop assistants and taxi conductors. These are the main categories of working children in South Africa. (A few other occupational groups, among them children working in the construction and mining sectors, do exist in South Africa but were not covered in this study.)

Poverty. The majority of the children said they were working because of poverty. They volunteered to find work in view of deteriorating situations in their households. Their contributions were either the only income to support themselves and their families or it supplemented household income. A few children reported that their biological parents or members of their extended family sent them out to work, usually because there was no food in the household. Several girls reported that they had children out of wedlock, and they needed to work to look after them.

The working children either commuted from nearby townships (such as Umlazi and KwaMashu) to Durban city centre or migrated from rural areas to Durban or nearby towns. Other children worked in rural areas, mainly on farms.

Orphanhood and HIV/AIDS. Many children were working because one or both of their parents were dead. Thirty-seven per cent of the children interviewed had lost at least one parent. Some children reported that their parents were very ill. AIDS-related illness, it was estimated, was the cause of death among the parents of 85 per cent of those children. This suggests a direct link between HIV/AIDS and child labour. Judging by the interviews with the working children, most would not have been working had their parents still been alive.

Emerging family patterns. The death of the parent(s) left these children with limited options. Some stayed together in the home with an elder child assuming responsibility as head of household. (Child-headed households are on the increase in KwaZulu-Natal.) Others joined members of their extended families. Many in this category expressed dissatisfaction with their new families. The extended families were of different types, but this report focused on those where both parents were dead and the child went to live with the grandfather and/or grandmother.

Family ties apparently remained strong in rural areas. Even where child-headed households existed, the children involved depended on their extended family members

when dealing with various issues. Other working children in rural areas stayed either with their biological parent(s) or with members of the extended family. In urban centres, especially in Durban, the situation was different. Those who commuted from the township stayed with their families, and family ties remained strong. But most of those who lived by themselves in the city centre did not care what was happening back home. Many reported that they stayed in the city because their families could not care for them, so there was no point in maintaining contact. This group of working children comprised street children with nowhere else to go to, those who stay in organized homes or those who were able to rent shared accommodation. The only working children who could afford rented accommodation were those engaged in prostitution.

Working children and education. The major surprise in this study related to education. About 60 per cent of the participating children were enrolled in school. Most of them were only working part time during weekends and school holidays. Interruption of schooling among these working children appeared to be minimal. Others were still enrolled in school, but were currently not attending because they were working to pay for school fees and uniforms. Some children had dropped out of school but intended to return if changing circumstances permitted.

Obviously, these children or their parents/guardians were not familiar with the law that learners were exempted from school fees if they cannot afford them. A campaign to publicize this law would go a long way towards reducing the extent of child labour in KwaZulu-Natal. Special attention needs to be given to those working children who have dropped out of school and have no intention of going back.

Reported patterns of schooling did not significantly differ either between boys and girls, or between those staying in rural and urban areas.

Hazardous work. A number of the children were involved in hazardous labour. The dangers were factors of both work environment and occupational type.

Guarding cars, farm work and domestic work all entail hazards. Child prostitution is notoriously hazardous under any circumstances. In KwaZulu-Natal, the children are exposed to especially harsh conditions because they work on the streets at night. Respondents reported risks faced routinely in dealings with sometimes cruel clients.

Any work that exposes children to HIV infection can be considered hazardous. Children engaged in prostitution, who do not have the power to negotiate safe sex, were found to be the most vulnerable. Since they are desperate for income, clients can easily refuse to use a condom, especially if they promise to pay more for their services.

Given that girl children engage in prostitution more commonly than do boys, and that they conduct business mainly on the streets of Durban, we can conclude that vulnerability to risk varies between girls and boys and between occupational types.

HIV/AIDS awareness. The interviews showed that the working children were aware of the HIV/AIDS epidemic. They knew what it was, how it was transmitted and how it could be avoided.

A detailed assessment of their responses, however, revealed discrepancies by sex and occupational group. For example, children engaged in prostitution were more knowledgeable regarding matters related to HIV/AIDS than were children in other occupations. This was mainly because of a lack of HIV/AIDS-awareness campaigns in workplaces. In fact, the only such campaigns the children were aware of were those conducted by schools.

There is a clear need to make working children and their employers aware of the ILO code of practice regarding HIV/AIDS and the world of work (ILO, 2001). This code is intended to make employers, workers and governments more aware of the disease, and to provide precise guidelines on how to deal with it. Most issues mentioned in the code have an impact on child labour in one way or another. [1]

Recommendations

Further research

The study has provided much useful information on the causes of child labour and its relation to HIV/AIDS. It has also provided valuable background concerning the living and working circumstances of working children in the sample area. The rapid assessment does

[1] The key principles of the code of practice:

4.1 Recognition of HIV/AIDS as a workplace issue
HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

4.2 Non-discrimination
There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.

4.3 Gender equality
More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4.4 Healthy work environment
The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

4.5 Social dialogue
A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between employers, workers, and governments.

4.6 Screening for purposes of employment
HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified in this code.

4.7 Confidentiality
Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

4.8 Continuing the employment relationship
HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

4.9 Prevention
The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

4.10 Care and support
Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

not quantify these observed relationships, however. Any figures included in this report are intended only to help readers better understand how the sample was used.

- Further surveys are needed to quantify these findings. The study results can inform research in other parts of the province and the country as a whole – since, in itself, this rapid assessment is by no means a representative account of child labour in the whole of KwaZulu-Natal or South Africa.

- Studies are also needed that can better explain emerging family structures in KwaZulu-Natal, including the documented increase in skipped-generation families – household structures comprising an older and a younger generation, but where, often because of AIDS, the middle, parental generation is missing. As the epidemic progresses and more people die (mostly during their middle age), households incorporating only children are also expected to become more prevalent. This study has identified these families through the children's own accounts of their living arrangements, but this is not enough. We need to know the extent and distribution of these families, what proportions are headed by children or have skipped a generation, and what the most urgent needs are among the associated children.

- Research and academic institutions will likely be responsible for the necessary further research. They have limited financial resources, however, and UN agencies including the UNDP, UNFPA, UNICEF, UNESCO and the ILO need to provide these institutions with assistance. For instance, the African Social Research Programme (ASRP), administered by UNFPA, Africa Division, in New York, has indicated that family structure is one of their three main research themes (UNFPA, 2002). ASRP could provide research grants for academic institutions in South Africa for studies of the effects of HIV/AIDS on emerging family structures in South Africa. The ILO and UNICEF can continue their focus on the interests of children, especially child labour, while UNESCO can concentrate on research into children's issues related to education. The UNDP, on the other hand, is expected to lead in research on poverty alleviation.

Government intervention

The Government has adopted policies targeting poverty. But the number of households living below the poverty line is expected to increase as the epidemic kills more and more economically active members of the population. Immediate effects will include an increase in child labour. As more children become exposed to poor living conditions, we can also expect that fewer and fewer working children will remain enrolled in school, nullifying the prevailing positive situation referred to above (section 6, subsection "Child labour and schooling"). More children leaving school and taking up work will challenge poverty alleviation programmes, and policies and programmes need to take account of the impacts of the HIV/AIDS epidemic now. The Government should consider two initiatives in combating child labour:

- where elimination of child labour is not possible, improve conditions for working children; and

- the child-support grant currently extended to under 7-year-olds by the Department of Welfare should be revised to include older children.

In 1996, the Lund Commission was given the task of investigating and advising the Government on a child and family support grant system to be adopted in South Africa. On the basis of Commission recommendations (Lund et al., 1996), the Government established a child support grant. Under the terms of this grant, poor families are paid 130 rand per month (approximately US$13) for each child under 7 years of age. This

government initiative has been instrumental in assisting those families. Two concerns remain, however:

- No provision is made for the family after a child turns 7 years of age and ceases to qualify for the grant.

- Parents/guardians are the actual recipients of the money, and there is no assurance that this money is applied to the welfare of the child. The grant may be used for other purposes, since these families are poor and have many other financial problems. Case and Deaton (1996) have demonstrated, using data regarding old-age pensions, that in South Africa people mix any additional income with existing resources and spend it in much the same way regardless of its source.

Both shortcomings exacerbate child labour. The Government should link the child support grant with other initiatives designed to combat the latter problem.

- We recommend that the eligibility ceiling be raised from 7 to 15 years. The majority of children engaged in child labour are aged between 7 and 15, and most of them want to return to school. Such an initiative, although it would involve a lot of money, could take many children out of work and put them back in schools.

- One way to ensure that the money is used properly and effectively might be to establish banks where children can open accounts, operate those accounts themselves and even apply for loans.

  Obviously, this would involve only older children. Grants to younger children could be routed through schools. This could also motivate children to stay in school longer than they would otherwise in the absence of a grant.

- A study should be commissioned to investigate and recommend the best ways to manage a revised child support grant. The terms of reference for the commission should specify these measures:

  – finding ways of integrating child-support grants with the campaign to reduce and eventually eliminate child labour;

  – investigating the logistics of paying children directly;

  – suggesting other potential sources of money; and

  – find ways of keeping children in school.

The number of AIDS orphans is growing. Studies of the impact of HIV/AIDS in the province and in the country as a whole, moreover, show that orphan numbers can be expected to escalate quickly. Strategies are needed to see that these children are accommodated.

Two options have emerged from discussions:

- The Government can assume responsibility by establishing more orphanages and training more caregivers.

- Communities can mobilize their resources, with government assistance, to provide local home-based care for orphans. The national Department of Social Development and provincial Departments of Social Welfare already have a number of initiatives and programmes under way aiming to provide for children affected by and infected with HIV. In KwaZulu-Natal, the Department of Social Welfare has committed itself

to developing care for orphaned children through sponsorship of organizations such as Agape and Nqaba Yokucasha Children's Home, in Pietermaritzburg, to alleviate the burden of establishing increasing numbers of orphanages. Government assistance in this regard, however, remains limited and inadequate to the looming crisis.

National policy and legislation clearly stipulate that everyone of school-going age should be in school. The law also requires parents and legal guardians to ensure that their children are in school; but there is inadequate provision for effective enforcement.

- High levels of poverty and unemployment, together with the constraints this places on households, must be acknowledged. But sanctions should nevertheless be applied to parents/guardians who fail to ensure that children under their care are in school. A nationwide campaign is needed to inform poor parents of their rights to send their children to school even where they cannot meet such requirements as school fees. South Africa's Minister of Education has expressed this especially forcefully.

  I should say here categorically that the denial of any child to attend school because of not paying school fees is unacceptable and will not be tolerated. I urge my colleagues, the members of the Executive Councils responsible for education, to ensure that this does not occur in any of our schools. I require and expect school governing bodies and school principals to comply with legislation, to act responsibly and compassionately to ensure that all children are able to remain at school, particularly those that are not able to pay school fees because of their circumstances. [2]

These policies can only benefit the public if they know about them and then take steps to ensure that their rights are respected.

- The elimination of child labour cannot be accomplished overnight. But, as an initial step in this direction, the Government needs to formulate a clear policy on child labour. We recommend that a multidisciplinary committee comprising people from various ministries (e.g. Labour, Health, Education and Social Welfare), NGOs and CBOs should be established to draft a child labour policy. The committee should also address the link between child labour and HIV/AIDS and propose appropriate policy measures.

  The findings of this rapid assessment can contribute to these initiatives.

NGOs and CBOs

Most orphanages and other child-support initiatives are run by NGOs and CBOs. The most widely known NGOs catering for AIDS orphans are Nkosi's Heaven, in Johannesburg; God's Golden Acre, in KwaZulu-Natal; and Nazareth House, in the Western Cape. With the help of donors, these homes, among others, have provided assistance for children in distress.

A number of other organizations care for children on a smaller scale. Molo Songololo, in the Western Cape, is one that provides assistance in sharing information, and distributes a magazine – one that has become an important resource for teachers – in the urban and peri-urban areas of the province. Teachers are neither councillors nor social workers, but they are the first outside of the family to deal with children affected by the

[2] Closing address by the Minister of Education, Professor Kader Ismail, at the conference on "HIV/AIDS and the education sector: An educational coalition against HIV/AIDS", held at the Gallagher Estate, Johannesburg, South Africa, in 2002.

epidemic.[3] They need guidance in dealing with the effects on the children in their classrooms, and resources such as those provided by Molo Songololo are important. Molo Songololo is operating only in the Western Cape. If they can get the needed assistance, however, they intend to expand the programme to the rest of the country.

- This is where funding from international agencies can help to identify programmes that work at the grass-roots or provincial levels, and then assist them in expanding nationally.

The Government also encourages initiatives on the part of local individuals and CBOs, where progress can be demonstrated. The KwaZulu-Natal Provincial Department of Welfare has set aside a budget to support projects and volunteers that provide community and home-based care for children infected with and affected by HIV (KwaZulu-Natal Provincial Government, 2001). CINDI, a locally oriented NGO based in Pietermaritzburg, KwaZulu-Natal, assists communities with care for orphans. This NGO is funded by the KwaZulu-Natal Welfare Department and Nelson Mandela Children's Fund. One CINDI activity is that of providing home-based care training – training for community volunteers in providing care for their neighbours.

Such initiatives ensure that orphans are socialized by the communities they know, thereby helping to maintain local value systems and culture.

Home-based care provision lacks government assistance, however, and in consequence tends to be slow-paced. Government social welfare attention in most communities, especially rural areas, is generally weak. The types of initiative referred to above will not work unless they are conducted in conjunction with preventive measures regarding HIV. This should go beyond HIV/AIDS-awareness campaigns. More HIV/AIDS projects are needed if children are to be equipped with the life skills that can help them survive difficult circumstances. They may be aware that condom use is advisable, for example, but orphans and working children are often not in control of their own lives – children engaged in prostitution being a signal case in point – and find themselves engaging in risky behaviour despite their better judgement.

HIV/AIDS is producing more orphans, which will likely lead to growing numbers of street children, and more research is needed into ways of dealing with the problem.

- Homes have been designated to care for these children; but, as our respondents noted, they tend to experience unfavourable conditions in these establishments. Government intervention is needed to ensure that these homes provide safe refuge.

- Systems are also needed to put these children back in school. Beneficial effects would include:

  – reducing child labour;

  – reducing vulnerability to risk; and

  – eliminating a growing concern that a lost generation will be inadequately socialized.

- Children should also be made aware of available facilities. Life-line and Child-line are among the largest and oldest NGOs in South Africa dealing with children in

[3] ibid.

difficult situations. Children may call toll-free lines and talk to professional social workers, or present themselves for counselling in any Child-line office. Government assistance is needed in advertising these NGOs widely so that children know where to go in times of need.

- Special attention must be directed to the girl child. Child abuse, including sexual abuse, is reportedly on the increase. Child molesters often go unprosecuted, meanwhile, because of complexities involved in rape trials that alienate children and prevent the legal system from prosecuting offenders. As mentioned earlier, some children have been raped in the belief that sleeping with a virgin cures AIDS. Such cases clearly suggest the need for public education. Beyond addressing popular myths, such campaigns should explain to the community what steps to take in case of rape or other abuse.

  Commendable initiatives in KwaZulu-Natal include the University of Natal Street Law programme and the Community Law and Development Centre (CLDC). These NGOs have paralegals with whom community members may consult free of charge. CLDC puts extra effort into making visits and have established offices in more remote rural areas of the province to inform people of their rights and to ensure that they provide legal advice when required. Such initiatives are important, especially where child labour is involved. Often the community knows of places employing children, but no steps are taken against employers because the community does not have information regarding where to seek help. National and international agencies could provide invaluable assistance to these NGOs in broadening their scope of operation.

  One of the key findings of the rapid assessment is the vulnerability of the girl child.

Prostitution, illegal in South Africa, is nevertheless practised. This suggests a failure of law enforcement and of efforts to ensure that no one, especially young girls, engage in prostitution.

Children involved in this activity require special care, since their work exposes them to physical danger from their clients, including the danger of contracting HIV. Together with the fight to eliminate prostitution, the Government should help provide alternatives for children.

- Social welfare provisions could be enhanced that encourage children, without fear of stigma and prejudice, to seek assistance.

- The HIV/AIDS epidemic has put new burdens on departments already short of resources. The solution may include changing the terms of reference for these departments. The focus has so far been on providing institutionally based assistance. Although community-based offices exist, they are overworked and too few and far between. The most accessible social services are in institutions such as hospitals, old-age homes, children's homes, and even prisons.

- The impact of HIV/AIDS suggests that more attention should be paid to households. In rural areas, there are poverty relief programmes where social workers visit households regularly. Because facilities such as vehicles are in short supply, however, these visits are not as frequent as they should be. This is where local government should be working together with provincial governments in identifying areas in need and then providing help. The importance of encouraging home-based care cannot be overemphasized.

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Appendix

Training manual

HIV/AIDS and child labour in South Africa: A rapid assessment

The case study of KwaZulu-Natal

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Contents

1. Introduction
    - 1.1. Background
    - 1.2. Research goals
    - 1.3. Target population
    - 1.4. Study area
2. RA methodology
    - 2.1. What is a rapid assessment?
    - 2.2. Features of a rapid assessment
    - 2.3. Semi-structured interviews
    - 2.4. Focus group discussions (FGDs)
    - 2.5. In-depth interviews (IDIs)
3. Logistics for fieldwork
    - 3.1. How to behave in the field
    - 3.2. Working as a team
    - 3.3. Conducting research with children in difficult circumstances
    - 3.4. How to identify participants for FGDs and IDIs
4. Ethical issues
    - 4.1. Informed consent
    - 4.2. Confidentiality
5. Research instruments

1. Introduction

This training guide was inspired by the generic questionnaire provided by IPEC Research Team on HIV/AIDS and Child Labour, developed in August 2001.

1.1. Background to the research

Studies in South Africa show that the population infected with HIV or suffering from AIDS-related diseases is expanding, and that AIDS deaths are on the increase. In 1999, there were 2.6 million deaths from HIV/AIDS globally; 470,000 of these deaths were children who were 15 years old or younger (Whiteside and Sunter, 2000; UNAIDS/WHO, 1999). In addition, half of the people who acquire HIV/AIDS become infected before the age of 25 and die before reaching 35.

By the end of 1999, the epidemic had left behind a cumulative total of 11.2 million AIDS orphans, i.e. children who had lost either their mother or both parents before reaching the age of 15 years (National Department of Health, 2000; Whiteside and Sunter, 2000; UNAIDS/WHO, 1999). In South Africa, it is estimated that by year 2005 almost 1 million children under the age of 15 will be AIDS orphans (National Department of Health, 2000; Whiteside and Sunter, 2000; UNAIDS/WHO, 1999).

It has been found in many African countries that AIDS orphans, compared with other children, experience many difficulties in coping with life. Many join the workforce prematurely to earn income for themselves or for the whole household. Since 1990, KwaZulu-Natal, compared with other provinces, has consistently shown the highest levels of HIV infection. This has resulted in a growing number of children orphaned because their parents died of HIV/AIDS. This suggests that the number of children vulnerable to serving as cheap labour in the commercial, agricultural and other sectors (including commercial sex) could be on the increase.

Among other things, AIDS-orphaned children are required to serve as household heads, economic providers and substitute parents at a tender age. This study intends to assess the situation of AIDS orphans in Kwazulu-Natal and better understand their lifestyles.

1.2. Research goals

This study aims to demonstrate that there is a link between the HIV/AIDS epidemic and child labour. At the same time, it means to investigate the scope of the problem while exploring its nature, causes and consequences.

This study is expected to yield results that will expose abuse of children as labour, providing a demographic profile of child labour in relation to HIV/AIDS in South Africa. The information acquired through this study may be used by professionals in human services to generate more effective psycho-social interventions for families and children who may be orphaned by HIV/AIDS and to engage in more effective preventive, advocacy and national/provincial strategies to alleviate the socio-economic burdens that HIV/AIDS imposes upon children. In the context of children's rights, socio-economic development and fair labour practices, we can use the data to protect children and help to eradicate child labour.

1.3. Target population

Who are the respondents?

This study will focus on children engaged in any form of work for economic gain who are working for reasons related to the HIV/AIDS epidemic. In addition, it focuses on those at high risk of contracting HIV due to the nature of their work. The target groups, then, will be children working in commercial agriculture and those working in the urban informal sector (street sex workers, street vendors, child domestic workers and childminders).

Who are these children?

The study targets the following groups of working children:

- AIDS orphans;
- children living with HIV/AIDS or who suffer a high risk of becoming infected with HIV due to the nature of their work; and
- children affected by HIV/AIDS and/or forced to drop out of school and enter the labour market due to the pandemic.

Their sex

Both girls and boys are important in this study. However, special attention will be devoted to girl children, since they are more likely than boys to suffer from sexual exploitation and abuse or to be forced to work in prostitution.

Their ages

The definition of a child that will be used in this research project include those who are 15 years old or younger, since this is the legal minimum age for employment (or under 18 years for children engaged in prostitution).

1.4. Study area

KwaZulu-Natal (KZN) province has been chosen as the study area because it has the highest HIV prevalence rate in the country, and it is relatively easier to locate children working in the target occupations. Two main areas in KZN have been selected for the study:

- Durban Metropolitan, where all occupational groups are found except children working on farms; and
- certain rural areas located between Durban and Empangeni, and two small towns, Mtunzini and Kwa-Dlangezwa, where children working in farms can be located.

2. Rapid assessment methodology

2.1. What is a rapid assessment?

Rapid assessment (RA) is a specific, more rapid, less costly research technique developed by ILO/IPEC as an alternative and complement to conventional sample surveys. RA is a way of learning from, and with, concerned respondents while investigating, analysing, and evaluating constraints and opportunities, and making informed and timely decisions regarding development issues. It is a method by which a research team can quickly and systematically collect information for:

- the general analysis of a specific topic, question, issue or problem (e.g. child labour);
- needs assessments;
- feasibility studies;
- identifying and prioritizing projects and policy; and
- project or programme evaluations.

The RA approach owes more to anthropology and ethnographic research methods than to sociology and sample survey research. Its purpose is more to gain an understanding of the complexities of a topic, rather than to gather highly accurate statistics regarding a list of variables. With RA, moreover, understanding qualitative nuances within a topic is just as important as finding general averages. RA methods can be used to obtain a differentiated understanding of a population's attitudes, beliefs and behaviours concerning a social issue. RA is applied most effectively in relatively homogenous communities that share common knowledge, values and beliefs, although it has also been used in more complex urban environments. Its short duration and low cost also make it possible to carry out a series of RAs with different groups of people, rather than having to rely on the results of one large survey.

2.2. Features of a rapid assessment

The main features of a rapid assessment (RA) include these:

- ***Triangulation.*** This refers to a form of cross-checking where accuracy is achieved through use of diverse information collection techniques and different kinds of sources of information, rather than through statistical replicability. Triangulation is performed in relation to:
  - research team composition;
  - sources of information (people, places, etc.); and
  - a mix of information collection techniques.
- ***Multidisciplinary team.*** The members of the RA team should have different skills and backgrounds. The different viewpoints of team members will complement each other, providing a more comprehensive picture. In this way, the team will approach the topic of the assessment from different viewpoints, yielding new and deeper insights. All members of the RA team are involved in all aspects of the study: design, data collection and analysis (not merely in data collection, as with conventional surveys). The RA team should always be balanced, including both women and men and, whenever possible, community members. RA is a learning experience in which the participants also learn from each other.
- ***Mix of techniques.*** The RA techniques are taken from a wide range of possible tools tailored to the specific requirements of the study. In this study, the techniques include in-depth interviews and focus group discussions. Both of these are semi-structured methods.
- ***Flexibility and informality.*** Plans and research methods are semi-structured and are revised, adapted and modified as the RA fieldwork proceeds.
- ***Immersion in the community.*** The main advantage of the RA is learning through interactions with the sample population and among members of the team. The team should empathize with the members of the population under inquiry, striving to see their lives and their problems through the eyes of those members. (In anthropology, this is known as an emic [1] perspective.) Most of the inquiry is conducted jointly with the respondents (e.g. through discussion of issues). RAs are generally too short in duration for *outsiders* to become *insiders*. Therefore it is important to have respondents *(insiders)* involved in the assessment. Involving the population under study can greatly facilitate interpretation, understanding and analysis of collected data.
- ***Optimal ignorance and appropriate impression.*** The RA team avoids what is, for its purposes, the unnecessary detail, accuracy and over-collection of data typical of sample

[1] Emic: "Of or relating to features or items analysed with respect to their role as structural units in a system, as in behavioral science or linguistics" (*The American Heritage Dictionary of the English Language*, Fourth edition, 2000).

surveys. (What is needed is decided through on-the-spot analysis.) The team asks itself: "What kind of information is required, for what purpose and how accurate does it have to be?"

- ***On-the-spot analysis.*** Learning takes place in the field, and the analysis of the information gathered is an integral part of the fieldwork itself. The team constantly reviews and analyses its findings in order to determine in which direction to proceed. It builds up understanding and narrows the focus of the RA as knowledge is accumulated.

2.3. Semi-structured interviewing

Background information

Semi-structured interviewing (SSI) is one of the main tools used in RA. This is a form of guided interviewing where only some of the questions are predetermined. RA interviews do not use a formal questionnaire. At most, a checklist of topics/questions is employed as a flexible guide. In contrast to the formal survey questionnaire, many questions are formulated during the interview, and some topics/questions that turn out to be irrelevant may be skipped. Topics/questions are determined in part by the interviewee's response, the respondent's environment, alert observation of chance incidents and ideas and the RA team's own background and experience.

Guidelines for semi-structured interviews

Before the interview

- **Choose appropriate samples.** Choose appropriate interviewees for the topic of the RA based on age, gender, status, ethnicity, etc. Obtain a broad overview of the socio-economic structure of a community in the following way: find someone familiar with the community (community member or community development worker) who can draw a map of the community indicating the different quarters and socio-economic, ethnic and religious groups. Select a number of interviewees from each category based on availability (opportunity sample).

- **Keep as low a profile as possible.** Use a small team, small notebooks and few vehicles (walk as much as possible). Avoid the "opinion-poll syndrome", where the researchers drive up to the respondent and jump out with notebook in hand ready to interview. The best strategy entails blending into the local context as much as possible.

- **Adapt research activities to local routines.** Be aware of the daily schedule of the community members so that researchers do not interfere with important activities on the part of the target respondents. Use the time between interviews for other RA activities.

During the interview

- Be sensitive and respectful. Take a seat on the same level as the interviewee, not above, and begin the conversation with what is locally accepted as polite conversation. Indications of contempt or disbelief to responses given by community members, such as smiling between team members or even criticism of the responses must be entirely avoided. Inappropriate behaviour may result in inaccurate information.

- Use the same language as the interviewee to reduce barriers. Interact with respondents to ensure that questions are relevant and phrased in a meaningful and sensitive manner. Make all efforts to find the appropriate language.

- The interview should be a dialogue or process where important information develops out of casual conversation. The quality of the gathered information depends in large part on the rapport between the interview and the informant. Build trust by showing interest in what is important for the respondent.

- **Observe.** Stay alert for patterns, behaviours, differences and anything out of the ordinary. Observe non-verbal cues such as facial expressions, use of space, body language, tone of voice, touch and eye contact. These can reveal a great deal about the respondents' concerns or

reservations, and provide valuable clues for interpreting the answers. In practice, observation and interviewing will most often be undertaken together. In recording your observations together with the responses of informants, however, clearly distinguish between them for easy analysis later. This can be achieved by dividing the pages of the notebook into two columns: one for responses, and the other for observations. Another method is to record your observations and interviewee responses using different colours.

- Questions that start with why, who, what, where, when and how, always help to establish the basic situation. Not all of these six queries need be asked on any given point, but interviewers should frequently run these over in the back of their mind, trying to ensure that nothing of importance has been omitted. Properly used, the "six helpers" always generate a lot of information for RA interviewers.

- Questions should always be phrased in such a way that they require explanation (open-ended questions), rather than allowing the interviewee to answer with a simple "yes" or "no".

- Formulate questions clearly and do not ask more than one question at a time.

- Most interviews should be opened with a broad question to allow respondents to discuss the topic in their own terms, not the interviewer's. Narrow questions predetermine the frame in which the topic is discussed, and may often restrict possible answers. Follow this with a series of specific questions to get more detail and depth. For example, after asking "Can you give us an overview of the background of children who work and why they are working?", follow with specific questions to find out more about the working children. With sensitive topics, however, or in cases where the interviewee has strong feelings about an issue, opening with a broad question may result in an interview where all subsequent answers are biased in light of the first answer. In such a situation, begin instead with narrow questions.

- Use "why" questions sparingly. They may put the informant on the defensive and stop the flow of information.

- Make questions short and easy to understand, but aim at consistently eliciting more details.

- Do not ask leading questions, be objective and avoid value judgements. Leading questions make further probing for details much more difficult and subsequent answers less reliable (instead of "Why is it important to send children to school?" ask "What do you think about education?").

- Avoid arriving at conclusions for the interviewees or helping them to finish their sentences, even when they appear to have difficulty expressing themselves. Keep your own comments, knowledge and conclusions separate from information obtained from the interviewee. The natural tendency to rephrase the response in one's own words is usually very strong, and therefore the interviewer must consciously guard against this.

- Avoid lecturing and advising. The interviewer is there to learn, not to teach.

- Lead up to important or sensitive questions cautiously. If necessary, visit an informant several times to establish rapport before discussing more sensitive issues.

- Choose proxy indicators for sensitive questions (e.g. household expenses and listing of sources of income as proxy indicator for amount of household income).

- Probe (cross-check) each topic to obtain increasing detail and depth on a subject of study during an interview. Listen closely to what is being said, challenge answers (where appropriate), and ask for backup information and more details. If you realize that you failed to probe on certain important issues, go back to those questions until you understand the issues clearly. Probing should involve subtle cross-checking, not cross-examination.

  Experiment with different probing strategies:

  – show interest and encouragement by nodding or saying "yes";

- pause to let the interviewee add more information, but do not make the pauses so long they cause embarrassment;

- repeat the question in slightly different ways (e.g.: “What are the main dangers facing your children?”; “Which problems do you face in bringing up your children?”; “What do you worry about most when it comes to your children?”); and

- use neutral questions, such as: “Could you tell me more about that?”; “Could you give an example?”; “Could you explain that to me?”.

- Weigh responses and do not rely on too few informants. First impressions are often wrong. Test your understanding of an issue, term or concept by using or describing it in subsequent discussions and interviews. If you have misunderstood the issue, the informant will probably correct you.

- Use sequences or chains of interviews (e.g. alternate between group, individual, and key informant interviews).

- Accurate and comprehensive note-taking is essential for RA. Number questions and mark answers clearly. Designate one member of the interview team as note-taker (but rotate this task). This allows the other team members to concentrate on the interview and not be distracted by writing. Design recording tools which facilitate later analysis of the collected data. Examples of recording tools include blank forms or tables (diagrams) for each tool and topic which can be arranged and sorted by topic/sub-topic.

- Record what is being said and what you see; do not mix this with your own interpretations.

- Use literal quotations in notes and reports. This is more accurate and adds human colour.

- In situations where note-taking is difficult or impossible, write down a few quick notes as a memory aid immediately following the interview or observation. Later, in the evening of the same day, write up complete and detailed field notes. Do not delay this, as you will quickly forget.

- Finish the interview politely. Thank the interviewee.

2.4. Focus group discussions

What is a focus group discussion?

A focus group discussion (FGD) is a unique method of qualitative research which involves a homogenous group of people discussing a specific set of issues, problems or research questions. Focus groups are different from other methods of qualitative research in their purpose, composition and procedure. The purpose of a focus group is to explore the range of perspectives around a particular issue and to obtain detailed qualitative data from a predetermined group of people.

The technique involves a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. It is conducted with approximately seven to ten people. Two skilled research assistants (chairperson and note-taker) have to be present in each focus group. The chairperson follows prepared guidelines in introducing the issues to be discussed, asks open-ended questions to get the discussion under way, encourages participants to talk and interact with one another and tries to keep the discussion on track. The note-taker records what has been covered. The session is usually tape-recorded and transcribed, with the transcripts serving as the data for analysis.

Why use focus group discussions?

The focus group research emerged in response to limitations in other interview methods, for example, the influence of interviewers on responses, including the tendency of predetermined, closed questions to discourage spontaneous responses or the identification of new issues. The

emphasis in focus groups on non-directive interviewing shifts the attention from the interviewer's agenda to the interaction between group participants. This enables important issues to be identified by group members rather than imposed by the researcher. There are both benefits and drawbacks in using FGDs:

Benefits	Drawbacks
Participants comfortable, enjoy the process	Requires skilled chairperson
Provides detailed information	Less controlled
Large volume of information	
Provides considered responses	
Interactive process	Influence of social pressure
Issues identified by group	Requires permissive environment
Used to understand decision-making	Variation between groups
Provides context for issues	
Exploratory, explanatory, evaluative research	Poor generalizability
Generates hypotheses/new ideas	Not suitable for data on individuals
Flexible	Data analysis difficult
	Time-consuming
Identifies feelings/behaviour	Costly
Complements quantitative research	

Are FGDs relevant in the rapid assessment of child labour practices?

- FGDs are most suitable for exploratory, evaluative and explanatory research.
- FGDs are a very effective method of exploring aspects of people's beliefs, attitudes, opinions and behaviour.
- FGDs involve investigating issues, whether familiar or unclear, to provide information applicable to developing specific social or community programmes.
- FGDs can be used to explore specific problems and provide explanations.
- They are a relevant technique in the rapid assessment of child labour practices. It should also be noted that the intent of a focus group is:
  - not to infer, but to understand;
  - not to generalize, but to determine the range; and
  - not to make statements about the population, but to provide insights about how the people themselves perceive a situation.

What important points should be remembered when conducting FGDs?

- Two skilled research assistants are needed for each FGD: a chairperson and a note-taker. An optional third person (an observer or a housekeeper) can also be present.
- The physical location of the focus groups as well as the internal environment needs to be given careful consideration.

- Seating needs to be arranged so that participants face each other, generally in a circle or semi-circle, with or without a central table.

- The research assistants should not consider themselves experts on the topic under discussion, since this may inhibit discussion.

- Discussions should be designed so that they do not exceed a period of one hour, to avoid overtiring the participants.

- The chairperson should use the question route as a guide rather than as a rigid format.

- The chairperson needs to create an open and permissive atmosphere within the group, as well as manage the group discussion.

- The best focus group is one where the chairperson:

  - encourages group discussion;

  - has little to contribute in terms of the actual discussion, but remains in control and ensures that all group members are involved; and

  - keeps the discussion focused.

- Probing, if done cleverly, can encourage participants to offer additional information.

- The note-taker's responsibility is to:

  - make notes during the discussion;

  - deal with unexpected intrusions such as latecomers and background noise;

  - control environmental conditions such as lighting, seating and heating; and

  - remind the chairperson if any item has been neglected.

- The note-taker should label all the tapes immediately after the focus group by giving the date, place, details of group and the order of the tape.

- Note-takers should try to transcribe their notes in full within 24 hours of the group session, and certainly before the next group discussion.

- Immediately after the focus group session, the chairperson and the note-taker should have a debriefing meeting. The debriefing enables the chairperson and the note-taker to compare their initial impressions of the session, to identify the main themes to emerge from the discussion, and to identify any difficulties regarding the group, equipment or location.

- Information from earlier groups should be incorporated into the question route to aid explorations in later groups.

Rules to be followed during FGD:

- Use first names during the discussion. These will be replaced by an identifier during transcription. Name tags can be useful to remind the chairperson of who is who.

- It is important that only one person speaks at a time.

- Make it clear that all views are important, and everyone can express his or her opinion.

- Use language that is readily comprehensible to respondents.

- Make it clear that there is no correct or wrong answer.

- The conversation should be confined to the group, rather than to individuals participating in a sub-discussion with people seated next to them.

2.5. In-depth interviews

Individual interviews. Information obtained from individual interviews is more personal than that from group interviews. It is thus more likely to reveal crucial information that would otherwise go unremarked, since respondents may feel they can speak more freely without fear of their employers. Interviews are conducted with an opportunity sample of selected individual respondents. Interviewing a number of different respondents on the same topic quickly reveal a wide range of opinions, attitudes and strategies. The bias of interviewing only one group of individuals must be avoided. Ask individual respondents about *their own* knowledge and behaviour, and not what they think about the knowledge and behaviour of others.

Many sample populations have at least one "troublemaker" who disagrees with everything. Responses from these persons can provide valuable cross-checks, and often reveal useful insights that may not be forthcoming from the other interviews. Random interviews with passers-by (e.g. during cross-walks) may also reveal useful information and unexpected viewpoints.

Key informant interviews (e.g. tribal chiefs, government officials, police officers, NGO personnel) are used to obtain special knowledge. A key informant is anyone who has special knowledge of a particular topic (in this case, child labour) and is willing and able to pass that knowledge to a researcher. Key informants are expected to be able to answer questions about the knowledge and behaviour of others, especially about the operations of child labour. While there are well-known risks of being misled by key informants' answers, and cross-checking is necessary, key informants are insiders and outsiders who live in the community, or people from neighbouring communities (outsiders with inside knowledge), who by virtue of their position are in contact with working children. They will usually have a more objective perspective on the affairs of working children.

3. Logistics for fieldwork

On arrival in a research area, make sure that you follow all necessary formalities. For instance, in a village you should report to the person in charge, introduce yourself, explain the purpose of the study, explain how data will be collected and identify the target population. On departure, thank all contacts and respondents for their help before saying goodbye. Remember all the points discussed above, especially when dealing with people who may not be interested.

3.1. How to behave in the field

Individuals (especially children) form impressions about you from your appearance, how you ask questions, and how you behave around them. It is the interviewer's responsibility to ensure that the respondent is comfortable and relaxed throughout the interview. This maximizes the honesty of responses.

- *Asking questions*

  - It is important to ask questions as they appear in the guide. Several studies have shown that respondents often look for signs to indicate which answers they think the interviewer wants to hear. Your facial expression may reveal things to the respondents that would surprise you, and may elicit only answers that are considered socially acceptable. To avoid this, you must be objective and impartial, and always be conscious of not showing the respondent how you feel.

- *Clarifications*

- If the respondent does not understand the question, repeat the question slowly and carefully. Be sure to repeat the entire question, not just part of it.

- If a respondent asks for clarification of a particular part of the question – e.g. "Did you say, 'in the past year'?" or "Do you mean my entire family?" – repeat the relevant part of the question. ("Yes, in the past year." "No, just you and your spouse.") Repeat the entire question, however, if there is any doubt that the respondent did not understand the question as a whole.

- If respondents ask you to repeat a response option, i.e. in multiple-choice questions: be sure to repeat all of the options, and not just select a few, unless the respondents explicitly say which options they did not hear clearly – e.g. if they ask: "What was the first one again?"

■ *Probing*

- In some cases, respondents will give you answers that are unclear, irrelevant or incomplete. In this case, you should probe to get a clearer, more complete answer. The probes you use depend on what the respondent does. But take care that, when you probe, you do not encourage respondents to answer in a particular way. Be careful not to make assumptions about your respondents' answers, and do not put words in their mouths.

- In some cases, respondents will try to start a conversation. They might start telling you stories unrelated to the questions asked. Try to be polite, but steer the respondent back to the relevant questions.

■ *Appearance*

- In an interview or focus group, the manner in which you are dressed may also influence responses you are most likely to receive. Dressing informally but presentable will relax the respondents and make them feel comfortable to talk to you.

3.2. Working as a team

Rapid assessment (RA) demands concentration, flexibility and improvisation and creativity in dealing with the issues under investigation. Above all, it requires patience and enthusiasm. As per our terms of reference (ToR), the research team is composed of a team leader (Mturi), a gender specialist (Nzimande), a social worker (Mazibuko), an HIV/AIDS expert (Ncama), and a child labour specialist (Mturi).

The research assistants can be more effective by working together, thereby proving each other with mutual support.

Working as a team has several advantages:

■ during the RA exercise, you are juggling many tasks at the same time – i.e. identifying suitable locations for the fieldwork, interviewing respondents, observing, recording discussions and observations and, at the same time, analysing data. Sharing responsibilities with your team members gives you the opportunity to catch your breath and be more effective in carrying out all these tasks;

■ in exploring issues pertaining to the problem under assessment, you can draw upon the collective creativity and experience in proportion to the size of the team;

■ by complementing each other's input, you are less likely to overlook key points in any of the activities;

■ changes in style and rhythm in approaching your respondents will keep the team more concentrated.

Although working with other members of your research team can have clear benefits, smooth teamwork does not emerge automatically. It is important that you are seen to work together as a team, since conflict among research team members will undermine the RA process. Make sure that you maintain agreement with your team members.

Ensure that your responsibilities are complementary, and that you achieve consensus at each successive step. This will require discussions and mutual explanations among team members about basic principles of RA, process and methods. You will also have to agree on the overall programme, the timing of various activities, and the division of responsibilities and roles.

Daily review sessions are essential, and should be conducted throughout the fieldwork. Assessing individual participants together will give you a more balanced picture of the social dynamics that may help to explain the phenomenon of child labour.

In the field, you are encouraged as a group to share:

- tasks, especially in focus group discussions; and
- experiences and problems, helping researchers to gain more confidence and knowledge on how to deal with different situations that may arise during interviews.

The responsibilities of a data collector:

- with in-depth interviews, your responsibility is to interview respondents. Since in this case you will be alone with the respondent, you have to ensure that the tape recorder is working properly, and that you capture as much information as possible in the guide and through note-taking;
- you have to consolidate the questionnaire and notes before giving it to the supervisor, who will recheck that you have all the information required;
- with focus group discussions, you are responsible for organizing the group participants. Because you also interviewed respondents during the in-depth interviews, you will know who you have interviewed, and ensure that that person does not form part of the focus group;
- during group discussions, you will either introduce the topic and facilitate the discussion or take notes. It is important that you switch roles here, such that if one was taking notes in one group, then he or she will be facilitating the discussion in the other group.

The supervisor's responsibilities include:

- ensuring that the data collectors have all they need in order to perform their duties efficiently; this includes ensuring that they have research instruments and stationary;
- knowing the area where they are working for the day – in other words, the supervisor's major responsibility is to arrange the working schedule for data collectors;
- being available whenever data collectors encounter problems in the field and need assistance;
- performing daily checks on work produced by the data collectors, and ensuring that you make clarifications early while the data collectors can still recall the information;
- ensuring, in focus group discussions, that the group is well set and has the required participants (those fitting the criteria for that group, e.g. in the group of domestic workers, that there are no sex workers in the group); and
- being present at all focus group discussions, and being available to facilitate some groups if the need arises (e.g. if one data collector has an interview at the same time as the focus group).

The driver's responsibilities are to:

- ensure that he/she takes data collectors wherever they need to go, and collect them when they are finished or when they want to move to another area; and

- being available to drive the supervisor whenever needed.

3.3. Conducting research with children in difficult circumstances

Some reasons that lead to child labour may be sensitive in nature. Remember that we are dealing with children who are currently having bad experiences, or have been exposed to such in the past. Sometimes they will not like to talk about these experiences, and when they are asked questions, they may feel hurt or sad. As an interviewer, it is important to deal with such situations with caution. You may also meet with children who are abused, and may try to reach out to you for help.

- It is important to remember that you are not there as a social worker or psychologist. Avoid offering any personal advice. Instead, you can indicate where the child may access help.

- Your actions should also be guided by the code of ethics discussed in the next section.

3.4. How to identify participants for FGDs and IDIs

For key informants interviews

- These interviews are for social workers, directors of programmes providing services to children, employers of working children, teachers, parents, police officers, chiefs, etc.

- The first exercise will be to gather as much information as possible from key informants before collecting information from working children, since the key-informant data will also be used to guide focus groups and in-depth interviews with children.

- These key informants may be best located at their place of work.

For in-depth interviews

- Children will be approached at their place of work. Where employers resist, effective strategies must be developed. For instance, with children in agricultural settings and farms, it would be better to wait for them in the morning when they go to work, or in the afternoon when they come back from work.

- With domestic child workers, you should also expect possible resistance from the employer when you seek to interview the children. In this case, try to interview them (or make appointments for interviews) when child domestic workers fetch employers' children from school or put the rubbish bags out on the street. In most areas, there are specific days when refuse is collected, and this may be a good time to approach the child respondents. Domestic workers in households where they do not have to take children to school may be interviewed on days when refuse is collected from their area.

- With children engaged in prostitution, the best places to approach them are near highways, places of entertainment such as bars and nightclubs, or in truck stops. Try to gather information on where the trucks normally stop, because truck drivers generally use sex workers, and it is easier to locate these girls around such places. Sex work is also more common at night than during the day. Where you cannot find them during the day, you might visit these locations at night to set up appointments. We ask that you take great care when you undergo this exercise. Do not proceed if you foresee danger to yourself. Do not go alone!

- Note that most of these young workers know each other. It is also a good strategy to ask your respondent to identify other working children whom they know in the area ("snowballing").

This might even increase access, since they will most likely know when and how they can be accessed.

For focus group discussions

- Children will be arranged through organizations that provide them with certain services, providing food, for example.

- Another way is to make appointments during in-depth interviews. Those willing to meet for focus groups at suitably arranged times will be exempted from in-depth interviews.

- Small incentives can be given to encourage children to participate in focus groups. These help in attracting participants. It is important, however, to ensure that these do not give the respondents ideas about what is expected from the focus group. No cash incentives shall be given to children.

4. Ethical issues

4.1. Informed consent

Informed consent is an agreement by the respondent to participate in the study after enough information about the study has been provided. Different studies employ different methods to obtain this agreement. Some use a document called a "consent form" that a respondent signs to agree to participate in the study. Others use verbal consent, where a respondent does not sign a form. Because we want to ensure that we get formal consent from children, we will use an informed consent form.

- At the beginning of data collection, immediately after introducing yourself, you should explain the purpose of this study, the partners involved, and what is expected of the respondents.

- Prospective respondents will be allowed an opportunity to ask questions before and during the study. They will be furnished with contact details of the research team leaders, in case further clarification is required.

- The process of informing the respondents about the study and requesting them to participate will be conducted in the language spoken and understood by the prospective respondents.

- The benefits and possible risks of undertaking the study should be explained to the prospective respondents.

- The nature of the incentive will be explained at this point.

- Where tape recorders are used, the permission of the research participants will be sought.

- Where a guardian – the legal caregiver or custodian – gives the consent, the informed consent process remains the same.

- Before handing out the form, it is also important to explain the purpose of the consent form. This form is an agreement to participate, and not a binding contract. The respondent should know that he or she can stop the interview at any time, and can choose not to answer some questions.

- After you have explained the aim of the study and the role that the respondent will play, he or she is able to make an informed decision about whether to participate in the study or not.

Informed consent form for children

I [*name of interviewer/facilitator*] work for the ILO/IPEC and the University of Natal-Durban. We are doing a study, and plan to interview young children up to the age of 15 years who are engaged in any form of work for economic gain. We are also interviewing children in difficult circumstances such as those who have lost their parent(s) through HIV/AIDS-related conditions, who have entered the labour market because they have lost their parents, and who themselves are exposed to risks because of the nature of their work.

We would like to understand the cause of death of your parent(s), the difficulties and concerns you experience as a working child including possible risks in your work situation.

The information you share with me concerning your family and work situations will be kept in confidence and your privacy protected. Only the few staff members in this project will see the information you provide; and, once the study is completed, this information will be destroyed. Some of the questions I will ask may be upsetting or remind you of uncomfortable times in your life. If this happens, and you do not wish to answer such questions, you are free to stop the interview at any time.

Your participation will help the study to provide more insight into child labour, expose the abuse of children as labour in KwaZulu-Natal and reveal possible links between child labour and the HIV/AIDS epidemic. It will take about 45-60 minutes to answer the questions that I will ask.

If you need further information about this study, you can contact Dr. Fikile N.M. Mazibuko of the University of Natal (Durban) at these numbers: 031 260 2452 (W); cell phone 0822242172.

Participant's statement

The purpose, conditions and methods of the study have been explained clearly to me. I have been given an opportunity to ask any questions that I had, and these were answered to my satisfaction. I have been given names of persons to contact in case I have further queries.

I agree to participate in this study.

_____

Name of participant

_____ _____

Date Signature of participant

I (name of interviewer) have explained the purpose, procedures, benefits and risks of the study to the participant in the language that she or he understands.

_____ _____

Date Signature of interviewer

4.2. Confidentiality

- To ensure the data collected from the respondents are used only for the purposes of the study and kept in confidence, codes and other means of identification will be used. This information should be shared with respondents.

- In instances when respondents feel uncomfortable about the use of instruments such as tape recorders, the first step is to explain, again, that the information they provide will be confidential, and only members of the study will use it. If, after detailed explanation, the respondents insist that they are uncomfortable about the use of a tape recorder, then remove it and have your partner take detailed notes.

- Emphasize that only the research team will access the data collected. Other people may use these data at a later stage, after they have been anonymized. Respondents such as children engaged in prostitution and farm workers may need reassurances that the data are not going to be used to compromise them.

5. Research instruments

HIV/AIDS and child labour in SOUTH AFRICA

Interview guide for key informants

1. Background information of respondent

1.1. Sex: [ ] male [ ] female

1.2. Age: 18-30 yrs [ ] 31-40 yrs [ ] 41-50 yrs [ ] 51-60 [ ] 60 and above [ ]

1.3. Nature of work or occupation/type of key informant: .....

1.4. Place of interview: ..... Date of interview: .....

2. Working conditions of children

2.1. Can you explain what type of work or activities the children are usually involved in?

2.2. What do you think are the main reasons that the children work?

2.3. Can you describe the conditions under which the children work?

2.4. In your experience, what problems do the children encounter as a result of their work?

2.5. What accidents and illnesses are the children exposed to as a result of their work?

2.6. In case of problems and disputes, can you explain how these are dealt with?

2.7. Can you describe what happens in case of accidents and illnesses involving working children?

3. Education

3.1. Can you share the influence of the working children you are exposed to on their schooling routine?

3.2. What do you think are the main reasons for children dropping out of school?

3.3. Do you think that these children would be willing to go back to school if they had a chance to do so?

3.4. In your experience, what problems do these children experience as a result of dropping out of school?

3.5. Where they are still at school, what assistance do children receive with their schooling?

4. Parent's survival status

4.1. According to your understanding, what happened to the parent(s) of these children?

4.2. If they passed away, what do you understand to be the nature or causes of their illnesses and deaths?

4.3. From what you understand, why are the children not looked after by relatives?

5. HIV/AIDS

5.1. According to your observations, are the children aware of HIV/AIDS and what are their interpretations of it?

5.2. Can you describe the HIV/AIDS prevention programmes within the workplace/school or community?

5.3. Going by your observations, can you describe any signs of discrimination or stigmatization involving AIDS orphans?

Thank you for your cooperation!

HIV/AIDS and child labour in South Africa

Children's focus group discussion guide

Background information on participants

Please complete for each participant in the focus group:

Age	Sex	Marital status	Place of birth	Where do you currently live?	Occupation/type of work	Still attending school	Grade attending/ attained

Introduction

I would like to thank you all for coming today. My name is (name of the chairperson), and I am conducting interviews as part of a research project on HIV/AIDS and child labour here in KwaZulu-Natal. This study is carried out by researchers from the University of Natal for the International Labour Organization. We feel that, by talking to people like you, we can best find out about your activities, opinions and feelings about these issues. There are no wrong or right answers. We are interested in your views, so please feel comfortable to say what you honestly feel. I have a list of topics I would like us to talk about, but please feel free to bring up any other issues you feel are relevant.

During the discussion *(name of the note-taker)* will be taking notes to keep track of what has been covered, and to remind me if I forget to ask certain things. However, so that s/he does not have to worry about getting every word down on paper, we will also be recording the whole talk. Please do not let that worry you – as soon as the tape has been transcribed, it will be erased, so no one will know who said what. Please note also that, although I will use names during the discussion, no names will appear in our reports.

We want you to feel comfortable throughout the talk, so please just use the language that you use when you chat with friends. Finally, please try to let everyone have a turn at saying something. All your views are important, and please try to keep the talk within the group.

The discussion is strictly confidential.

1. Introductory questions

By way of an introduction, perhaps each person could give their first name, and tell us how many brothers and sisters you have.

Can you also describe your living conditions?

2. Working conditions

2.1. For how long have you been working?

2.2. Can you share your main reasons for working?

2.3. Can you describe your work schedule?

2.4. Can you tell me about your income and how you spend it?

2.5. If something goes wrong (e.g. an accident happens), how do you deal with it?

2.6. Have you ever had a work-related illness or accident? If yes, what was the nature of the illness and how did you receive medical treatment for it?

2.7. What do you like about your work?

2.8. Can you describe the things you do not like about your work?

2.9. What problems do you often come across at work?

2.10. How do you deal with the problems that arise at work?

3. Education

3.1. Could you please describe your school routine?

3.2. If you have left school, can you share the main reasons for leaving school?

3.3. If still at school, can you describe the problems or difficulties you are experiencing with your schooling?

3.4. If you were given a chance to go back to school, would you be interested in going back, and why? (Probe.)

3.5. Can you share the main reasons preventing you from returning to school?

3.6. Can you describe the problems you experienced after leaving school? Are these problems experienced as a result of dropping out of school?

4. Parent's survival status

4.1. Can you tell me about the survival status of each of your parents?

4.2. If passed away, can you describe the nature of their illnesses and deaths?

4.3. If alive but ill, describe the nature of their illnesses and their condition.

5. HIV/AIDS

5.1. What do you understand about HIV/AIDS? *(Probe)*

5.2. Can you describe the HIV/AIDS prevention programmes within your workplace, school or community?

5.3. Can you describe a person you know who has AIDS and how they appear?

5.4. You do not have to tell us about your HIV status, but do you know it and how would one find out about his/her HIV status?

6. Stigma and discrimination

6.1. Can you describe experiences of discrimination directed against you because of your relationship with HIV/AIDS or because you are related to someone infected with HIV/AIDS?

6.2. Can you describe experiences of discrimination directed against other people you know because of their relationship with HIV/AIDS?

7. For children engaged in prostitution only

7.1. What do you understand to be the terms and conditions of your activity?

7.2. If currently active, what benefits/ facilities are provided by the person who hired you?

7.3. Can you explain the protective measures you use to protect yourself against sexually transmitted diseases including HIV?

7.4. If you had sisters (younger or older), what would you say to them if they wanted to enter this activity?

8. Conclusion

We are reaching the end of the discussion. Does anyone have anything to add before we turn off the tape? I think it went very well. Do any of you have any comments on how you feel it went? Thank you for allowing me to talk to you.

Thank you for your cooperation!

HIV/AIDS and child labour in South Africa

Interview guide for children's individual in-depth interviews

1. Background information

Age	
Sex	
Still attending school	
Grade attending/ attained	
Place of birth	
Where do you currently live?	
Type of work/occupation	
Describe your living conditions *(e.g. where do you live, how many are you, who is responsible for you?)*	

2. Working conditions

2.1. For how long have you been working?

2.2. Can you share the main reasons that you work?

2.3. Can you describe your work schedule?

2.4. Can you tell me about your income and how you spend it?

2.5. If something goes wrong (e.g. an accident happens), how do you deal with it?

2.6. Have you ever had a work-related illness or accident? If yes, what was the nature of the illness and how did you receive medical treatment for it?

2.7. What do you like about your work?

2.8. Can you describe the things you do not like about your work?

2.9. What problems do you often encounter at work?

2.10. How do you deal with the problems that arise at work?

3. Education

3.1. Could you please describe your schooling routine.

3.2. If left school, can you share the main reasons for leaving school.

3.3. If you were given a chance to go back to school, would you be interested in going back and why? Probe

3.4. Can you share the main reasons preventing you from going back to school.

3.5. Can you tell us about your siblings and whether they go to school or not.

3.6. Can you describe the problems you experienced after leaving school? Are these problems experienced as a result of dropping out of school?

4. Parent's survival status

4.1. Can you tell me about the survival status of your mother?

4.2. If she has passed away, can you describe the nature of her illness and death?

4.3. If alive but ill, describe her illness?

4.4. Can you tell me about the survival status of your father?

4.5. If he has passed away, can you describe the nature of his illness and death?

4.6. If alive but ill, describe his illness

5. HIV/AIDS

5.1. What do you understand about HIV/AIDS? *(Probe)*

5.2. How do you think HIV is spread? *(Probe)*

5.3. How do you think HIV/AIDS can be prevented? *(Probe)*

5.4. Can you describe the HIV/AIDS prevention programmes within your workplace/school or community?

5.5. Do you know of anybody who has AIDS? Explain the relationship between you and the person, if there is one.

5.6. You do not have to tell us about your HIV status if you do not want to, but do you know it and how did you find out?

6. Stigma and discrimination

6.1. Can you describe experiences of discrimination directed against you because of your relationship with HIV/AIDS or because you are related to someone infected with HIV/AIDS?

6.2. Can you describe experiences of discrimination directed against other people you know because of their relationship with HIV/AIDS?

7. For children engaged in prostitution only

7.1. What do you understand to be the terms and conditions of your activity?

7.2. If currently active, what benefits/facilities are provided by the person who hired you?

7.3. Can you explain the protective measures you use to protect yourself against sexually transmitted diseases including AIDS?

7.4. If you had sisters (younger or older), what would you say to them if they wanted to enter this activity?

8. Conclusion

We are reaching the end of the discussion. Do you have anything to add before I turn off the tape? Thank you for allowing me to talk to you.

Thank you for your cooperation!