

# A Study on child labor in three major towns of southern Ethiopia

Solomon Sorsa<sup>1</sup>, Alemu Abera<sup>2</sup>

## Abstract

**Background:** As is the case with other developing countries of the world, child labor is also a problem in Ethiopia. However, there is shortage of data concerning the working and living conditions of child laborers in Ethiopia, and their problems in the various administrative regions of the country.

**Objective:** To assess the reasons for the exploitation of child labor, and the nature and magnitude of problems encountered by child laborers.

**Method:** Both quantitative and qualitative methods were employed in three purposely selected towns (Awassa, Wolaita Soddo, and Arbaminch) in SNNPR from February to May 2003.

**Result:** A total of 323 child laborers participated in the survey. About 42.0% of children were below the age of 14 years and were engaged in employed labor. None of the child laborers interviewed was at school during the study period. The reasons for child labor included poverty (60.7%), loss of parents (17.3%), disagreement with parents (8.4%), parental separation (6.5%), shortage of food (5.3%) and displacement due to war (1.5%). Almost all of the respondents' parents had a low level rank occupation with 64.0% having a monthly income of less than 50 birr and 79.0% of the respondents reported that they were from poor families. Among the respondents, 51.1% were domestic child laborers, 22.6% were street child laborers and 18.3% were working in private organizations. Two-thirds of the child laborers were working for more than 10 hours a day and 82.0% of them had a daily income of less than five birr. About half of them stayed in the job for more than two years and most of them did not visit their parents or relatives for long periods of time. Eighty-four percent of them reported previously encountering one or more health problems. Malaria-like illnesses and diarrhoeal diseases were the major health problems reported. About 19.0% of them were sexually active, yet 22.6% of them have never heard about HIV/AIDS. About three-quarters of them did not attend any kind of health education program. The majority (77.4%) of them had never heard of the Conventions on the Rights of the Child (CRC).

**Conclusion:** The study indicated that child laborers are denied the liberating benefit of education; their health, growth and development are threatened; and that they have lost the love and affection, care and protection of their families; and could not enjoy the rest and recreation that are the rights of every child. [*Ethiop.J.Health Dev.* 2006;20(3):184-193]

## Introduction

Child labor remains to be a serious problem in the world today. According to the International Labor Organization (ILO), millions of children in the world work in hazardous and intolerable occupations. Currently the number of working children in the world that are between the ages of 5 and 14 is about 200 million. The overwhelming majority of these are in developing countries particularly; in sub-Saharan Africa (23 %), Asia and Pacific (60 %) and Latin America and the Caribbean (8 %). Many of these children are exposed to sexual, emotional and physical abuses and there by become vulnerable to various childhood emotional and behavioral disorders (1).

According to the national child labor survey report of 2001, children are engaged in productive and non-productive works beyond their capacity in both the urban and rural areas in Ethiopia. In the urban areas, children are often forced into labor due to situations of persisting poverty, which requires all family members to contribute to the household income. In SNNPR 88.8% of the children surveyed were engaged in work (2).

Many factors are known to have contributed to the health problems of child laborers. This could be due to the fact that most labourers perform tasks that are beyond their capacity and/or beating up (punishment) by employers or other people; and from exposure to disease causing organisms. Due to these exposures, children living under vulnerable conditions are reported to have high rates of developmental, emotional, nutritional and health problems (3 - 6).

The Convention on the Rights of the Child expands the world's legal boundaries to embrace and legitimize the concerns of children, and provides a legal, policy, and moral framework for their well-being. Ethiopia has accepted and committed to implement the CRC and adopted it in the country's new constitution as of December, 1995 (7) as a critical step towards ensuring the legal protection of children.

Some studies have been undertaken in Ethiopia to assess the cause and extent of child labor; and the attitude of the

<sup>1</sup>Wolaita Sodo University, P.O.Box 138, Tel: 0916828248, or 0465515216, e-mail: solomonsorsa@yahoo.com, Wolaita Sodo, Ethiopia; <sup>2</sup> Kotobe College of Teacher Education, P.O. Box 31248, Addis Ababa Ethiopia

community towards child laborers, etc (2, 8 - 11). However, most of them, except the national survey of 2001, were limited to the capital city or in most cases, they focused only on certain conditions of child labor.

To this end, this study was conducted to assess the situation and problems of child labor in SNNPR. More specifically, the objectives of the study were to describe the socio-economic, personal and demographic situations of child laborers; describe the magnitude and severity of the problems; identify and analyze factors that contribute to child labor; and recommend possible strategies for interventions that can alleviate the problems of child laborers.

### **Methods**

**Study area and population:** The study was conducted in three purposely selected towns in SNNPR, namely Awassa, Wolaita Soddo, and Arbaminch, located at 275, 390 and 505 kms south of Addis Ababa, respectively. These towns were selected because they are among the towns in the region with a rapidly increasing number of child laborers.

For this study a Child is defined as a person below the age of 18 years (12). A Child laborer is defined as a child who works for pay in public gathering places (in market places, bus stations, etc); private organizations (hotels, restaurants, shops, etc); and in the homes of individuals (cooking food, taking care of children, serving as cattle herders, etc).

The respondents were child laborers and persons working in different organizations; i.e., governmental organizations (GOs), non-governmental organizations (NGOs) and community-based organizations (CBOs). The GOs included the zonal justice office, the health office, the labor and social affairs office, the agricultural office and educational office. The NGOs are organizations working humanitarian areas in the study towns. The CBOs were “*idir*” leaders, and community elders. People drawn from GOs, NGOs and CBOs were considered as Key Informants (KIs).

**Study Design:** Complementary methods (qualitative and quantitative) were applied in the study. Qualitative data were collected by using focus group discussions (FGD), in-depth or key-informant (KI) interviews, and by carrying out observations and case studies.

Quantitative data was collected by using a cross-sectional survey method. A multistage sampling method was used to identify or select the study participants (respondents). The interviewers were recruited from those who have completed 12<sup>th</sup> grade education. A one-day training was conducted for interviewers and supervisors.

Two FGDs with child laborers were conducted in each study town and a purposive sampling method was used to select the discussants from the target population. A moderator guided the group and assisted by a note taker who recorded the proceedings and a cassette recorder was used to document the discussions. The researcher and a supervisor (who can speak the local language) acted as moderator, and note taker respectively. Discussion was conducted in a common place and language that was convenient for all discussants.

The in-depth interviews were held with key informants (KI). For the in-depth interviews, ten KIs were selected purposively from those persons working in different organizations. The criteria for selecting most of these respondents were based on the assumptions that their wide exposure to children in all circumstances, the position they held in the community, their proximity to appreciate the problems of children living under vulnerable situations, and capability to suggest intervention mechanisms. The interviews were conducted in their respective offices or places convenient for the respondents.

Observations were made to record documented information (data) in NGOs dealing with children, police offices, physical appearance, clothing and general conditions of child laborers; and the situations of child laborers observed in public gathering places (particularly in hotels, bars, market places, bus stations, etc).

For the case studies child laborers who had a special history of living and working in unfavourable conditions in terms of problems encountered were purposively selected as reported by FGD participants.

In the case of child laborers the interview and discussions were conducted at a place that was convenient for the respondents, especially, when their employers were not present and at a place that is distant from their homes and not within sight of employers or their family members.

**Instruments used for data collection:** Structured individual questionnaires were used to collect quantitative data. FGD guidelines, a semi-structured questionnaire used for in-depth interview, for observation, and case studies standard formats and checklists were prepared and used.

All the original instruments were prepared in English and were translated into Amharic. To check the accuracy of the translation, a back translation was made by an independent person before administering in the field. Pre-tests of the instruments were conducted to allow the enumerators and supervisors to obtain the advance training before the launching of the main survey. Any problems in the content of the questionnaires and other instruments were resolved during the pre-test.

**Data check and analysis:** Qualitative data was recorded by taking detailed notes and cassette recordings. At the end of each field work, researchers and supervisors discussed the findings, described respondents in terms of key variables, ordered the data, reduced them and classified or coded (sorted-out), displayed and summarized, and finally interpreted and drew conclusions about the data.

Each survey questionnaire was edited and checked for consistency, errors and completeness before the data entry. After editing, data were entered into the computer using CENTRY, which is the data entry component of IMPS (Integrated Microcomputer Program System), which is software that has been developed by the US census Bureau. Data were analyzed using SPSS 11.0.0 statistical software package (13). Percentage, proportions and numbers were used for description of the data as appropriate. The report was prepared using MS word.

**Ethical considerations:** Before entering the field to collect data, local authorities and community leaders were briefed about the objective of the study. Respondents' participation in the study was voluntary and each respondent was asked to give verbal consent to participate.

## Results

**Demographic characteristics of respondents:** A total of 323 child laborers from three towns participated in the survey. Among these, 125 were from Wolaita Soddo, 100 from Arbaminch, and 98 from Awassa. Of the total respondents, 280 (86.7%) were males and 43 (13.3%) were females (Table 1).

In the KI interview 39 informants (in three groups) working in different organizations participated, out of which 30 were males and nine were females. In the FGD a total of 30 child laborers (in two groups in each town, a total of six groups, and each group with five discussants) participated. One FGD group contained two female and three male child laborers (i.e., a total of 18 males and 12 females).

Children in the age range of 5 – 18 years were used for the study. More than half of the respondents (186 or 57.4%) were in the age group of 15 -18 years. About 40.0% of them were in the age group of 10-14 years, and only 2.2 % of them were in the youngest age group (5 -9 years old). The mean age of child laborers who participated in the survey was 13.3 years. The KIs were in the age ranging from 28-70 years and FGD discussants were in the age range of 12-18 years.

Of all the respondents who participated in the survey, 14.9% were illiterate, 7.4% could read and write, 72.4% were with primary school education, and 5.3 % were had secondary school education. Concerning the

educational background of the KIs, 13 were first and second degree holders, 13 were diploma holders, six had certificates in different fiends of study, three were grade 12 complete and four below grade 12. Except five who were illiterate, all other FGD participants had primary school education.

The predominant religion in the study population was Orthodox Christianity that comprised of 49.9 % of the total followed by Protestant Christianity (45.5%). Only 2.5 % were Muslims and 2.1% were from other religions (Table 1).

Table 1: **Socio-demographic characteristics of child laborers in three major towns of southern Ethiopia, 2003**

Characteristic	Child laborer (n = 323)	
	Frequency	Percentage
<b>Age</b>		
5 - 9	7	2.2
10 - 14	130	40.2
15 - 18	186	57.6
<b>Sex</b>		
Male	280	86.7
Female	43	13.3
<b>Educational level</b>		
Illiterate	48	14.9
Read and write	24	7.4
Primary (grade 1-8)	234	72.4
Secondary(grade 9-12)	17	5.3
<b>Religion</b>		
Orthodox	161	49.9
Catholic	5	1.5
Protestant	147	45.5
Muslim	8	2.5
Others	2	0.6
<b>Ethnic group</b>		
Gamo	55	17.0
Amhara	30	9.3
Goffa	26	8.1
Wolaitta	169	52.3
Sidama	18	5.6
Guraghe	10	3.1
Others	15	4.6

Regarding ethnic composition, the respondents belonged to seven ethnic groups. Wolaita constituted 52.3%, Gamo 17.0%, Amhara 9.3%, Goffa 8.1%, Sidama 5.6% and Guraghe 3.1 % and the others constituted 4.6% (Table 1).

**The working conditions of child laborers:** Among 323 child laborers, 51.1% mentioned that they were working in the home of individuals (as domestic laborers). Furthermore, 22.6% of them reported that they were street laborers and they were employed to sell small items on the streets; carrying household goods or items near or around market places and to and from grinding mills; carrying passenger bags and other goods around bus-stations, 18.3% worked in private organizations like hotels, bars, restaurants, etc, and 8.0% performed

different labor within the town as and when they get the chance (Table 2).

Of the child laborers that were working individual homes, 12.3% took care of cattle (herd cattle in the field, cut grass, remove their waste, etc), 23.3 % mentioned that they were taking care of children (carry kids, look

after and wash kid's clothes, etc), 23.3% bake injera and 30.1% washed family clothes. But the majority (60.3%) of the domestic laborers reported that they did all household works as ordered by their employers.

Table 2: **The Working Conditions of Child Laborers (n = 323)**

Variables	Respondents	
	Frequency	Percentage
<b>Reasons for being Child laborer*</b>		
Search for work (Poverty)	196	(60.7%)
Parental Loss	56	(17.3%)
Parental Separation	21	(6.5%)
Disagreement with parents	27	(8.4%)
War	5	(5.1%)
Drought (Shortage of food)	17	(5.3%)
Others	1	(0.3%)
<b>Types of work</b>		
Domestic worker	165	(51.1%)
Working on Street	73	(22.6%)
In private organizations	59	(18.3%)
Working any labor works	26	(8.0%)
<b>Daily working hours</b>		
8 - 10	111	(34.4%)
11 - 12	124	(38.4%)
More than 12	88	(27.2%)
<b>Amount of Daily income</b>		
Less than 5 Birr	249	(81.9%)
5 - 10 Birr	41	(13.5%)
11-15 Birr	8	(2.6%)
More than 15 Birr	6	(2.0%)
<b>Duration Stayed in the work</b>		
Less than one year	87	(26.9%)
1 - 2 years	73	(22.6%)
More than two years	163	(50.5%)

\* More than one reason for being child laborer is possible, therefore, percentages may be more than a hundred percent.

About 73.0% of the respondents working in private organizations mentioned that they served as waiters providing coffee, tea, or meal service in the hotels, restaurants and bars. Most of these (about three-fourths) were sex workers who serve as waiters without payment. Furthermore, 16.9% of the respondents working in private organizations provided accommodation services (renting bed rooms) and 10.2% provided cleaning services (including cleaning bed rooms and bed cloths) in the hotels.

The overwhelming majority (94.1%) of the child laborers reported that they got payment for the work they performed. About eighty two percent of the respondents mentioned that their daily income is less than 5 Birr, 13.5% of them had a daily income of between 5-10 Birr and only 1.7 % earned 16-20 Birr. However, about 72.4% of them mentioned that they are not happy with the amount paid for the work.

Concerning average daily working hours, the majority (65.6 %) of the respondents worked for more than 10

hours per day, while 34.4% worked for 8–10 hours. Half (50.5%) of the respondents have stayed in the job for more than two years.

**Reasons for Being Child Laborer and Family Condition:** Concerning the reasons for child labor, 60.7% of them reported that they came to this place in search of work, 17.3% due to loss of parents, 8.4 % due to disagreement or quarrel with parents, 6.5 % because of parental separation, 5.3% due to shortage of food (drought or famine), and only 1.5% reported they were displaced because of war (Table 2). The result shows that 77 (23.8%) of the child laborers were from broken families (one or more of their parents were not alive or have separated).

Among the respondents 63.3% came from rural areas and the rest (36.8%) were from urban areas (most of them from Soddo, Arbaminch, and Awassa towns). Furthermore, 185 (57.3%) of the child laborers were from farming families. Other occupations of the respondents' families included small-scale merchants

(13.6%), daily laborers (10.8%), employees of private organizations (7.4%), civil servants (3.7%), pensioned (3.4%), and ex-army members (0.9%). About three percent of the respondents' families had no jobs at the time of the survey.

Two hundred six (63.8%) of the respondents mentioned that their family's average household monthly income was less than 50 Birr. The others (23.2%) indicated that their family had an average monthly income ranging from 50 – 100 Birr. Only 13.0% of the respondents mentioned their family income was greater than 100 Birr. Among the respondents 255 or 78.9% reported that they were from poor families.

**Health problems, HIV/AIDS and reproductive health:**

Eighty four percent of the child laborers reported experiencing one or more previous health problems. In this study, previous health problems are defined as health problems encountered by child laborers within six months before the study was conducted. Malaria-like illness was the major health problem reported by 90.4% of the respondents. Other health problems reported included diarrhoeal diseases (31.0%), eye problem (11.4%), respiratory tract diseases (11.2%), and some other minor health problems reported were mental problems, skin diseases and sexually transmitted diseases (STDs) (Table 3).

**Table 3: Percentage Distribution of health problems encountered, source of Health Care and Health Education Attended as reported by respondents**

Characteristic	Respondents	
	Frequency	Percent
<b>Faced Health problems (n=323)</b>		
Yes	271	83.9
No	52	16.1
<b>Diseases Encountered * (n=271)</b>		
Malaria-like febrile illness	245	90.4
Mental problem	19	7.0
Respiratory tract diseases	52	19.2
Diarrheal diseases	84	31.0
Sexually transmitted diseases	3	0.9
Skin disease	16	5.9
Eye problems	31	11.4
<b>Sources of Health Care * (n=271)</b>		
Government health facilities	234	86.3
Private health facilities	88	32.5
Traditional medicine	4	1.5
Did not go anywhere	22	8.1
Others	3	1.1
<b>Attended Health Education (n= 323)</b>		
Yes	80	24.8
No	243	75.2
<b>Topic of Health Education* (n = 80)</b>		
Personal hygiene	78	97.5
Sexually transmitted Diseases	54	67.5
Family planning	23	28.8
Communicable diseases	57	71.3

\* More than one kind of disease and source of health care is possible, therefore, percentages may be more than a hundred percent

According to the respondents, malaria-like illnesses had signs and symptoms such as headache, fever, sweating and shivering. The respiratory tract illnesses are characterized by chest pain, cough, fever and purulent sputum.

Among child laborers who reported health problems, 86.3% attended government health facilities (hospitals and health centers), 32.5% attended private health institutions and 1.5% used traditional medicine. Furthermore, 8.1% of those who reported health problems did not seek any medical treatment (Table 3).

Eighty six percent of child laborers wash their body and cloths weekly, 7.1% once per two weeks and 1.2% of them once within a month. Observation of clothing, shoe wearing, personal hygiene, etc revealed that street laborers had dirty, old and torn clothing; and most of them were without shoes; and domestic laborers had rough and tough palms.

Among the total respondents only 18.6% reported to have ever experienced sexual intercourse. A large majority (88.5%) of the respondents believe that sexually

transmitted diseases including HIV/AIDS are the major consequence of sexual intercourse before marriage. Other reported consequences included unwanted pregnancy (67.8%), maternal and child mortality (41.5%), population growth (36.8%) and other health problems (56.7%) (Table 4).

Seventy seven percent of the child laborers had heard about sexually transmitted diseases (STDs). Moreover, a large majority (96.0%) of them had heard about HIV/AIDS (Table 4). All the FGD discussants had heard about HIV/AIDS.

Among respondents who had heard about HIV/AIDS, the majority (92.6%) got the information from the radio followed by community chatting (89.7%), television (66.5%), school (29.7%), newspapers (16.8%), social gatherings (6.1%), health institutions (9.0%) and organization working for the welfare children (4.5%) (Table 4).

Out of those who had heard of HIV/AIDS, the majority (95.8%) of the respondents knew the ways of transmission of HIV and were able to specify one or more of the common ways of transmission of the disease. Of those who reportedly knew the transmission ways, a large proportion (95.5) mentioned that HIV could be transmitted by sexual intercourse. Contaminated utensils were mentioned by 59.0% of the respondents followed by

blood transfusion (55.8%) and mother to child transmission (40.3%) (Table 5).

About 96.0% of the respondents believed that HIV/AIDS is not a curable disease but that it could be prevented. The prevention methods mentioned include using condoms (90.6%), abstinence from sexual intercourse (93.2%), having a single sexual partner (32.6%) and avoiding multiple sex partner (stop sexual promiscuity) (58.7%) (Table 5).

About three-fourths (75.2%) of the total respondents did not attend any kind of health education programs. Only a quarter of them attended one or more kinds of programs. Of those respondents who attended health education programs, 97.3% participated in personal hygiene and sanitation programs, 67.5% on STD and HIV/AIDS activities, 71.3% on communicable diseases, and 28.8% on family planning and unwanted pregnancy related activities (Table 3).

**Knowledge of child right convention (CRC):** A majority of the child laborers (250 or 77.4%) had never heard of CRC and were not aware of children's rights. Only 22.6% of them reported that they knew one or more of the components of CRC. All key informants (KIs) who participated in the study had knowledge on CRC and the KIs reported that the wider community was not aware of the existence of CRC.

**Table 4: Percentage distribution of respondents of sexual practice, knowledge about consequence of sex before marriage and sources of information about HIV/AIDS (n=323)**

Characteristic	Respondents	
	Frequency	Percent
Ever Had Sexual intercourse		
Yes	60	18.6
No	263	81.4
<b>Consequence of Sex before Marriage *</b>		
Unwanted pregnancy	219	67.8
Sexually transmitted Diseases (STDs)	286	88.5
Child and mother Mortality (death)	134	41.5
Health problem	183	56.7
Population growth	119	36.8
Others	8	2.5
<b>Heard about HIV/AIDS</b>		
Yes	310	96.0
No	13	4.0
<b>Source of Information about HIV/AIDS*</b>		
Radio	287	92.6
Television	206	66.5
School	92	29.7
Health Institution	28	9.0
Organization working toward children	14	4.5
Social gathering	19	6.1
News paper	52	16.8
Community chatting	278	89.7
Others	5	1.6

\*more than one response is possible; therefore, percentages may be more than a hundred percent

Table 5: Percentage distribution of respondents by knowledge of way of transmission, and methods of prevention of HIV/AIDS (n=323)

Characteristic	Respondents	
	Frequency	Percent
<b>Ways of HIV Transmission *</b>		
Sexual intercourse	297	95.8
Blood transfusion	173	55.8
Mother to child	125	40.3
Contaminate utensils	183	59.0
Others	4	1.3
<b>HIV/AIDS can be prevented</b>		
Yes	310	96.0
No	13	4.0
<b>Methods of HIV/AIDS prevention *</b>		
Sex with single partner	213	32.6
Use condom	281	90.6
Abstinence	289	93.2
Stop promiscuity	182	58.7
Other	1	0.3
<b>HIV/AIDS can be cured</b>		
Yes	12	3.7
No	311	96.3

\* More than one response is possible; therefore, percentages may be more than a hundred percent.

On the other hand, those child laborers who had heard about child rights were asked about the main component of the CRC. The article "children should have primary consideration in all aspects" was mentioned by 86.3%. The article "children have the right to be educated" was mentioned by 87.7% of the respondents. Furthermore, 78.1% of them reported that "children should not be discriminated in many ways", 34.2% of the respondents mentioned that "the child shall be registered immediately after birth and shall have the right from birth to a name, and the right to acquire a nationality" and 28.8% of the respondents knew "freedom of association and peaceful assembly".

Among the child laborers who knew about CRC, 94.5% got the information from radio followed by television (72.6%), newspapers (43.8%), public gatherings and health institutions (8.2%), organizations working towards childrens' issues (19.2%) and policeman / justice workers (8.2%). The rest (13.7%) reported that they heard about it from other different sources.

Results from the FGD indicated that the child laborers had the following major problems:

- Because they are helpless some individuals pay less amount of money or not at all for the work they performed. The existence of such problem was confirmed by the results of observation.
- Because of their living conditions, they are exposed to physical abuse, (they were beaten by their employers; beaten and robbed frequently by older street boys). Results of observation made at their working places and a case study in the police station have confirmed the existence of such problems.

- Due to heavy work load, poor working conditions, malnutrition, exposure to harsh environmental conditions (working during very cold and hot weathers) and poor sanitation they become vulnerable to diseases
- Because of long hours of work, denial of permission from their employers and financial problem for payment of tuition fee, they are not able to get the opportunity for education.

### Discussion

Consistent with the ILO Minimum Age Convention of 1973, article No. 138 (14), the Labor Proclamation of Ethiopia no. 42/1993 Article 89 has established a minimum age for employment at 14 years and stipulates that children below 14 years are not allowed to work (15). Despite the presence of the proclamation, the present study revealed that many children (about 42.2% of the respondents) between the ages of 5 and 14 engaged in hard labor for various socio-economic reasons.

Even though the majority (72.4%) of the children in the study area have attended primary school, none of them were at school during the study. This is worse than the educational condition reported by ILO (9). According to the results of the FGD, the major reasons mentioned for not attending school are "not being able to afford to pay for tuition, absence of time (working for long periods of time), being too tired to go to school in the evening and a few of them mentioned lack of permission from employers". According to Kifle (16), the children's right to develop fully is not adequately protected unless the child is educated. Therefore, the study shows that child laborers are not privileged with education and this is in violation of CRC.

The fact that the majority (63.3%) of the respondents came from rural areas and 57.3% belonged to farmer families is an indication of the migration of child laborers from rural areas. According to ILO (1), rural-to-urban migration is the cause of the increasing rate of child labor in the urban area of developing countries. And therefore, rural - urban migration is one of the factors that forces children in to child laborers. These children are at risk of being child laborers, exposure to street life, and prostitution.

Results from both quantitative (cross-sectional survey) and qualitative studies (KI interview and FGD) revealed that conditions such as parental death, conflicts (disagreement) with their parents, divorce and separation of parents, lack of parental assistant, being school dropouts, and search for job are considered to be factors that might have contributed to rural- urban migration and consequently to being child laborers. These reasons agree with those reported by Teferra, *et.al.*, (9).

The results show that 56.3% of the child laborers were from broken families (one or more of their parents are not alive) and 6.2% of them mentioned parental separation as one of the reasons for being laborers. According to the information from KIs, those children reared or handled normally by their parents are mostly productive. On the contrary, when parents are unable to fulfill the interests of their children, the conditions may lead to migration of children to other areas to fulfill their needs.

The occupation and the amount of income of family is expected to have an impact in shaping the personality of children. As indicated above, more than half of the respondent's families were farmers (57.3%) and about three percent of the respondents' families had no jobs at the time of the survey. About 64.0% of the respondents' families had a monthly income of less than 50 birr and 79.0% of the laborers reported that they were from poor families. Moreover, about 61.0% of the respondents indicated that they came to the study towns in search of work due to poverty.

UNICEF (2001) emphasizes that among the underlying causes of child labor, poverty and economic disparity to be critical factors. For example, it is reported that poverty, worsening economic conditions and a decline in the provision of social services have forced large numbers of children in Tanzania to work as domestic laborers, as street vendors, in mines, on farms and plantations and in prostitution. These results indicate that poverty was the major reason for being laborers.

The household size (the number of children in the family) may be used to estimate the degree of family crowdedness, and economic status and has great implication on the poverty and health status of the

family. According to CSA (2), an average household size for an urban family is 4.1. The results of the present study revealed that three-fourths of the respondent's families had greater than four children at the time of the study indicating large family size.

In general, the study clearly showed that factors such as migration from rural-to-urban areas; family breakdown; large family size; the occupation, amount of income and economic status of family; and most importantly, poverty, are the major factors that expose children to vulnerable situations like child labor.

In Ethiopia, as elsewhere in developing countries, children are the most vulnerable to and often hardest hit by poverty. Poverty affects the ability of society at all levels to fulfill the needs of children. The effects of poverty are life-long causing both physical and mental damage to the children, more likely passing on poverty to their own children, thereby maintaining the poverty cycle.

Information on the number of hours spent on work has great importance to understand the extent of child labor. A majority of the respondents were engaged in full-time work. Two-thirds of them were working longer than ten hours a day. Moreover, the results of the FGD indicated that they were forced to work on weekends and holidays. A large proportion (60.3%) of the domestic workers did all types of household works without discrimination. A 15 year old FGD discussant mentioned that "as I finish one type of work I have to continue another one and so on until all is complete".

Even though the majority (94.1%) of the child laborers reported that they are paid for their work, a large proportion (72.4%) of them were not happy with the amount of money paid. This seems to be because about 82.0% of them get a daily income of less than 5 Birr. This is less than the amount paid for adult daily laborers.

About half of the child laborers stayed in the job for more than two years. As reported by most of the FGD participants, most of them did not visit their parents or relatives for long periods of time. The reasons mentioned for this are because there is no known time of vacation and their employers were not willing to give them permission.

According to Ziglar and Hall (17), for a child to develop in a healthy and normal way, it is necessary to meet not only the basic needs of protection, food and health, but also the basic need of affection, interaction and stimulation, and learning through exploration and discovery. As mentioned by Myers (18), therefore, the loss of affection and long term separation of child laborers from the family environment observed in the

present study are not healthy for children's social development.

The Labor Proclamation of Ethiopia No. 42/1993 subjects employment of young workers between 14 and 18 years to certain conditions such as maximum of seven working hours per day, prohibition of overtime work, night work and provision of weekly rest and public holidays (15). Despite all these, the present study revealed that child laborers are exposed to conditions that violate the proclamation. That is, the child laborers are exploited by working restlessly for long hours and performing the jobs for a very low amount of payment. They have no time for education, no means of recreation and leisure, and are unable to visit their families or relatives, as they are working longer hours including weekends and holidays.

Street child laborers seem to be exposed to child abuse and exploitation more often than other types of laborers. They are often times denied payments or forced to take less payment than agreed; abused or exploited by older street laborers; etc. This is supported by results of observation at their work places and FGDs. Most of the younger child laborers mentioned that "In the areas where there is good business we have to pay the older street laborers a small amount of money, otherwise they chase us away from the area. The older ones often kick us and order us to work and give the money to them." This clearly shows that in addition to their employers, child laborers are abused and exploited by other people.

Malaria-like illness was reported to be the major health problem of child laborers in the study areas. This seems to be due to the fact that malaria is endemic in the study areas, particularly in Awassa and Arbaminch. Government health care facilities seem to be the primary choice of health service for child laborers. The reason for this may be that the government health care service charge is cheaper than the private ones. Those who reported using private health care facilities might have used them during emergency situations or used only pharmacies for buying medicines, as they are not expected to afford private clinics, which are expensive. The fact that traditional medicine was used for treatment may be an indication that they prefer treatments that are less costly because of financial problems. Moreover, financial problems, denial of permission to go to health facilities, and lack of willingness on the side of employers to take the sick to health care providers seem to be some of the reasons for not seeking any form of medical treatment.

Observation of clothing, shoe wearing, personal hygiene, etc., revealed that the condition of domestic laborers and child laborers working in private organizations was better than that of the street laborers. This may be because of the presence of washing facilities in their employers'

houses and relatively better income. The rough and tough palms of domestic laborers are assumed to be due to constant work for long periods of time. Although the body and clothing washing habit of the majority of respondents seems to be generally good, there were respondents who washed their body and clothes only once per three weeks or for a month. Shortage of time and lack of washing facilities (particularly in the case of street laborers) seem to be the reasons for not washing frequently. However, it is believed that the major factor for poor personal hygiene seems to be lack of knowledge about the effect of personal hygiene and sanitation on their health. Therefore, providing health education aimed at personal hygiene is recommended.

Although the majority (77.4%) of child laborers reportedly heard of STDs and HIV/AIDS, knowledge of some of them about transmission ways and prevention methods is limited. The fact that some of them are sexually active and had limited knowledge may put them at risk of getting HIV/AIDS. The results show that radio and community chatting are the major source of information about the knowledge of HIV/AIDS. In another way the involvement of organizations working for children in making the children knowledgeable about HIV/AIDS is very poor. Therefore, appropriate information dissemination methods should be selected and used.

The result shows that the majority of child laborers had no idea about CRC. Even those who reportedly knew about CRC had limited knowledge of the major articles (components) of CRC. The results show that the mass – media, particularly radio and television, play an important role in providing information about child rights in the study areas. On the other hand, the role of policemen and justice workers in the creation of awareness on CRC is very weak and information dissemination through public gatherings and health institutions was very poor.

Most child laborers, particularly street laborers, blame policemen for not protecting them. They complain that some policemen harass and punish them without any wrong doing. This is supported by the result of the FGD and they mentioned, "sometimes we are nabbed by police for crimes we have not committed. Most policemen do not understand our problem and are not seen protecting children from abuse, and exploitation of older individuals who mercilessly harass and kick us for no reason".

In conclusion, the present study indicated that child laborers could not get the benefit of education as most of the participants are out of school; their health, growth and development are threatened; they have lost the love and affection, care and protection of family because they do not visit their families; and cannot enjoy rest and recreation because they work on weekends and holidays.

Moreover, their problem is not well understood and not protected by the community and the police. Therefore, intervention areas that should be stressed are providing free and appropriate education; improving access to existing health care facilities; providing family planning service to parents; providing appropriate health education; heightening the children rights awareness of parents, children and the public; and most importantly, providing family support to alleviate poverty.

It is known that the UN CRC, which Ethiopia has ratified, gives a set of universally accepted standards for the wellbeing of children and provides a legal framework that could be used for the protection, survival and development of children (19). However, many of the working and living conditions observed in the study areas violates the basic provisions of the CRC. As described by UNICEF (20), therefore, child labor could be seen in its broadest and most damaging sense as a human rights violation on many different levels.

In the last couple of years the government of Ethiopia has been formally committed to protecting the rights and well-being of its children. Despite various proclamations and efforts related to the wellbeing of children, the impact of efforts made by state agencies charged with responsibility for serving and defending the rights of children seems to be very low. Therefore, in addition to the recommendations mentioned above, strong enforcement of legislation and laws related to child rights are also recommended.

#### **Acknowledgments**

The study was financially supported by the United Nations Children Fund (UNICEF) and we would like to acknowledge UNICEF country office in Ethiopia. We also gratefully acknowledge SNNPRG Labor and Social Affairs Bureau for providing the fund and other cooperation. We would like to thank Ms Theydon, an IFISH volunteer at Awassa College of Teacher Education, for editing the paper.

#### **References**

1. International Labor Organization (ILO). World Labor Report. ILO, Geneva, Switzerland, 2002.
2. Federal Democratic Republic of Ethiopia, Central Statistical Authority (CSA). Ethiopia Child Labor Survey report. Statistical Bulletin 2001;262.
3. Bonnie TZ, Kennet B.W, Howard E.F. Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles county. *AM.J Public Health* 1994; 84: 260-263.
4. Al Persteing G, Rappapaort C and Flanigan J.M. Health problems of homeless children in New York City, *Am.J. Public Health* 1988;78:1232-1233.
5. Janet W, Edna M. The depression of homeless children: A focus of nursing intervention, *Comprehensive Pediatric Nursing* 1984;14:17-19.
6. Brickner PW, Scanal BC, Cananaru B, et.al: Homeless persons and health care. *Ann Intern Med.* 1986;104:405-409.
7. Transitional Government of Ethiopia, Proclamation No.1/1995, Article 36, 1995; Addis Ababa, Ethiopia.
8. International Labor Organization, Eastern Africa Multidisciplinary Advisory team (ILO/EAMAT). Report of the national workshop on child labor in Ethiopia. 1995; Nazareth.
9. Teferra T, Shiferaw, Shibeshi A. A study on child labor in the informal sector of three selected urban areas in Ethiopia. ANNPCAN, Red Barnet and Danida, 1997; Addis Ababa (unpublished).
10. Seyom G. A study of child labor in the city of Dessie. Amhara Region, 2000 (unpublished).
11. Fekadu D, Alem A. Child labor and emotional disorders in an urban district, Ethiopia: A rapid assessment on Community perception of child labor. *Ethiop J Hlth Dev.* 2001;15(3):197-202.
12. International Labor Organization (ILO). Convention on the worst form of child Labor of 1999 (No. 182). Geneva: ILO, 1999.
13. Statistical Package for Social Science (SPSS). SPSS for windows, Standard Version. Release 11.0.0, SPSS inc., 2001.
14. International Labor Organization (ILO). Minimum Age Convention of 1973 (No. 138). ILO, Geneva Switzerland, 1973.
15. Transitional Government of Ethiopia Proclamation No. 42/1993, Article 89, 1993; Addis Ababa, Ethiopia.
16. Kifle, A. Child domestic workers in Addis Ababa, Ethiopia. ILO International Programme on the Elimination of Child Labor (IPEC). ILO, Geneva Switzerland, 2000.
17. Zigler EF, Hall MW. Child development and Social policy. 2000; McGraw Hill.
18. Myers C.S. Urban children in distress: Global predicaments and innovative strategies. 1994; Longhorn: Gorden and beach publ.
19. Transitional Government of Ethiopia Proclamation No. 10/1991. 1991; Addis Ababa. United Nations Children Fund. Beyond Child labor, Affirming rights. UNICEF, 2001, 1-16.