



**GENDER RELATIONS AND FULFILLMENT OF CHILD RIGHTS IN
MANAFWA DISTRICT - UGANDA**

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AWARD OF A DOCTOR OF PHILOSOPHY IN GENDER AND WOMEN
STUDIES**

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DECLARATION

I, Jenifer Bukokhe Wakhungu declare that this thesis is original and has never been submitted for a degree in this or any other university or institution of higher learning.

Signed Jenifer Bukokhe Wakhungu

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DEDICATION

To

My husband Rev. Can. Nathan Wakhungu and lovely children Daniel William Byawere,
Leviticus Isaiah Akhuwa, Mary Alinomukisa and Joshua Israel Musaye

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Jenifer Bukokhe Wakhungu

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DEFINITION OF KEY CONCEPTS

A child

A child is recognised as a person under the age of 18 years unless national laws recognise the age of majority earlier (UNCRC 1989; Children Act 1996 and Government of Uganda Constitution 1995)

Access to Resources

Refers to giving a person the use of a resource e.g. land to grow crops.

Adoption

Refers to as a commitment in which a child becomes a permanent and life-long family member.

Affirmative Action

Refers to deliberate actions to redress past and present inequalities on the basis of gender, race, disability etc, in order to provide equal opportunities to everybody to fulfil their potentials.

Birth Rate

The average annual number of births during a year per 1,000 populations at mid year. Also known as the crude birth rate.

Child abuse

This is used about situations where the child may experience harm usually as a result of failure on the part of the parent or carer to ensure a reasonable standard of care and protection.

Child Labour

Refers to degenerated child work which by its nature or the conditions under which it is performed is hazardous, exploitative, and threatens the health, safety, physical growth and mental development of a child. Work turns exploitative when children work too young, work for little or no pay or work in hazardous conditions.

Child Poverty

A lack of personal, emotional and spiritual well-being as well as a lack of family and social, political, financial and material, and environmental well-being.

Child Participation

It is about children and young people thinking for themselves, expressing their views effectively and interacting in a positive way with other people. Involving boys and girls in the decisions which affect their lives, the lives of their community and the larger society in which they live. It is about influencing decision-making and achieving change.

Child Protection

Term used to describe the responsibilities and activities undertaken to prevent or to stop children being abused or ill-treated.

Child Protection: Term used to describe the responsibilities and activities undertaken to prevent or to stop children being abused or ill-treated.

Children at risk

Refers to a set of presumed cause-and-effect dynamics that place a child or an adolescent in danger of negative future events... at risk denigrates a situation that is not necessarily current but can be anticipated in the absence of intervention.

Children in Conflict with the Law

Refers to youth accused of offending including those known to the justice system but not prosecuted, those reported to police and those charged with offences and found guilty.

Collective/Public activities and responsibilities

Refers to activities that involve the provision and management of collective resources and /or the exercise of public power and political decision-making.

Control over resources

Refers to allowing a person to make decisions about who uses the resource or to dispose of the resource e.g. sell land.

Convention/Covenant

This refers to a formal, legally binding treaty or agreement between the Sovereign States.

Culture

Is comprised of values, attitudes, norms, ideas, internalised habits and perceptions as well as of the concrete forms or expressions they take in for example, social roles, structures

and relationships, codes of behaviour and explanations for behaviour that are to a significant extent shared among a group of people.

Declaration

This refers to a general statement of principles that, while not necessarily legally binding, may be treated with considerable authority.

Defilement

Having sex with carnal knowledge with any girl under the age of 18 years with or without consent from the girl.

Displaced People

This refers to ‘internally displaced persons’ those forced to flee their homes for reasons such as armed conflict, internal strife, human rights abuses or other disasters, and who have sought safety elsewhere in the same country.

Diversions

This is a generic term given to describe the various processes that may be used to ensure that children in conflict with the law are prevented from entering the formal justice system.

Early Marriage

Refers to marriage below the age of 18 years. Many women/girls entering into early marriage are too young to make their own decisions, and often below the legal age for marriage, thereby qualifying as forced marriages.

Emotional Abuse

Refers to the actual or likely adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection.

Equity

Is taken to mean access to resources and opportunities. Persons or groups whose equity is compromised in any way become vulnerable. In other words, one or more aspects of their quality of life or life-span are endangered.

Foster care

Is often a temporary arrangement where a family is takes care for a child whose parents are unable to care for until adoptive parents are found.

Gender

Is used to describe the different values, rules and norms prescribed by societies for women and men. Gender is also used to describe the relationships and structures of society that result from, create and reinforce different gender norms.

Gender Analysis:

Refers to recognition that gender is a critical variable in the development process. It involves identifying gender issues in a problem or a situation.

Gender Awareness

Being gender aware involves understanding: that there are socially determined and culturally constructed differences between girls and boys that are based on learned behaviour and internalised values and self conceptions; that such differences affect various categories of girls' and boys' opportunities and choices in terms of access to resources and benefits.

Gender Blind

Refers to the failure to identify gender differences, henceforth failing to address gender issues and concerns.

Gender Division of Labour

Refers to the allocation of activities, tasks and responsibilities on the basis of sex. The differences that exist in most societies between female and male work, social activities and areas of social economic and political and even moral responsibility.

Gender Discrimination

Refers to unfair and differential treatment meted out to people based on their gender.

Gender Equality

Refers to when one sex is not routinely privileged or prioritised over the other, that is when women and men, girls and boys have equal rights, obligations, opportunities and equal enjoyment of resources and rewards

Gender Equity

Refers to fairness and justice in the distribution of, resources, benefits and responsibilities between men and women, boys and girls. The concept recognizes that girls and boys may

have different needs and negotiating power and such differences should be identified and addressed so as to rectify imbalances between the sexes.

Gender Identity

Refers to one's own conception of being a woman or man and of the roles they consider should accompany that self-conception. The feminine identity is often associated with women and a masculine identity with men.

Gender Inequality

Refers to different forms of discrimination on the grounds of a person's sex in regard to benefits, responsibilities and opportunities.

Gender Issues

Refers to differences in roles and relationships between women and men that result in unequal or differential treatment of an individual or group.

Gender Gap

Refers to quantifiable indicator of gender inequality. It reveals the differences between females and males with regard to resources, entitlements and opportunities.

Gender Mainstreaming

A strategy for promoting gender equality that is based on the fact that equality is a key social and developmental issue not a "women's issue" and that therefore a gender perspective and analysis must be incorporated into all development co-operation to incorporate women and men's needs, constraints and potentials.

Gender Needs

Are requirements that arise from people positioning in society, determined by the socially constructed characteristics.

Gender Sensitivity

This is the ability to recognize gender issues arising from different perceptions and gender roles. Any Programme that takes into account gender issues is gender responsive.

Gender Socialization

Refers to a process by which people learn and teach others to abide by the social norms and rules about being a woman or being a man. Often these gender norms limit how people can behave and what they do as women and men.

Gender Specific Interventions

Refers to programmes or activities undertaken to respond to the identified gender needs or gender gaps.

Gender Stereotyping

Refers to structured sets of beliefs about the personal attributes, behaviors and roles of a specific social group.

Gender Relations

It is about power and refers to those dimensions of social relations that create differences in the positioning of women and men in social processes. It entails ways in which a society defines entitlements, responsibilities and identities of women and men in relation to one another.

Gender Roles

Refers to assignment of a distinct set of roles for men and women ascribed through a process of socialization and these roles are not static.

Guardian

Refers to a person having parental responsibility for example, natural parents, adoptive parents, foster parents or any other person appointed by law.

Refers to a person having parental responsibility for example, natural parents, adoptive parents, foster parents or any other person appointed by law.

Health

As defined by WHO is a dynamic state of physical, mental and social well-being and not merely the absence of disease or infirmity.

Health Status

The degree to which the health of a specified population meets accepted norms (of mortality, morbidity, impairment etc).

Juvenile Justice System

Refers to the laws; policies, practices and norms of handling and managing children who are in conflict with the law.

Neglect

Persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger or extreme failure of carry out important aspects of care resulting in a significant impairment of the child's health or development

Norms

Refer to collectively accepted and approved ways of being and doing. Gender norms are the generally accepted definitions for being a woman and a man.

Orphan

A child who has lost one or both of her/his parents to death. Such children are sometimes referred to as a "single parent orphan" or a "double orphan"

Participation

A process through which stakeholders influence and share control over development initiatives, decisions and resources which affect them. Describes an empowering process which enables local people (or children) to do their own analysis, to take command, to gain in confidence, self-esteem and to make their decisions.

Physical Abuse

The actual or likely physical injury to a child or a failure to prevent injury or suffering to a child or a failure to prevent injury or suffering to a child.

Practical gender needs

These are needs and interests that women and men, girls and boys can easily identify, as they relate to living conditions. Women may identify safe water, food, health care, cash income, as immediate which must be met. This is essential in order to improve the living conditions, but in itself it will not change the prevailing disadvantaged (subordinate) position of women.

Productive work

This is work that produces goods and services for exchange in the market place (for income). It also includes the production of items for household consumption (non-monetary income).

Protocol

This refers to a formal, legally binding agreement between Sovereign States that is normally a supplement to another treaty or agreement.

Ratification/Accession

This refers to a decision by a Sovereign State to adhere to a treaty or agreement, such as a Convention or Covenant, and to be legally bound by its provisions.

Reproductive work

This work involves all the tasks associated with supporting and servicing current and future workforce. It includes child-bearing and nurture but not limited to biological reproduction. It is broadened to be referred to social reproduction which includes child care, food preparation, care for the sick, socialization of the young, attention to ritual and cultural activities, through which the society's work ethic is transmitted, and the community sharing and support which are essential to the survival of economic stress.

Rights

Refers to entitlements that every human being has regardless of sex, race, religion, nationality, disability or any other difference.

Rule of Law

This refers to the social, political and juridical norm of protecting human rights by law and resolving any disputes that arise with full equality to all parties in accordance with pre-existing laws, known and openly proclaimed, subject to the adjudication of an independent judiciary.

Safe Place

As a temporary place to which a child is taken for protection against immediate danger.

Sex

Refers to a biological description used to categorise individuals based on sexual and reproductive organs and functions. The terms 'male' and 'female' describe the sex of an individual.

Sexual Abuse

The actual or likely sexual exploitation of a child. It includes defilement, incest and all forms of sexual activity involving children, including pornography.

Signature

This refers to the expression by a Sovereign State of its intention to refrain from acts that would defeat the object and purpose of a treaty or agreement, and at some future date to ratify or accede to the treaty.

Significant harm

Is any act or situation that is sufficiently dangerous to the health, proper physical and mental growth and development of a child. Is a condition that is as a result of an abuse. The concept of significant harm helps to focus on the likely consequences to the child and to assess the seriousness of the concerns about the child's safety and welfare.

State Party

This refers to a country whose government has ratified or acceded to a treaty or agreement, such as a Convention or Covenant and is legally bound to follow its provisions.

Strategic gender interests

Are those women identify because of their subordinate position to men in their society. They relate to issues of power control and gender division of labour.

Stunted

This refers to low height –for-age.

Under 5 Mortality Rate

Refers to the number of deaths of children under 5 years of age per 1,000 live births.

Under weight

Refers to low weight-for-age.

Universality

This is a principle in international law whereby rights are held to apply to all human beings without discrimination on any grounds.

Wasted

This refers to low weight-for height.

ABBREVIATIONS

AIDS	Acquired Immuno-deficiency Syndrome
ANPPCAN	African Network on Prevention and Protection of Children Against Abuse
ARI	Acute Respiratory Infections
CEDAW	Convention of Elimination of Discrimination Against Women
CMR	Child Mortality Rate
CRC	Convention on the Rights of the Child
CSEC	Commercial Sex Exploitation of Children
CSO	Civil Society Organizations
CWD	Children with Disabilities
FGM/C	Female Genital Mutilation/Cutting
HIV	Human Immuno Virus
IDP	Internally Displaced Persons
ILO	International Labour Organization
IMR	Infant Mortality Rate
LC	Local Council
LRA	Lords Resistance Army
MoFPED	Ministry of Finance Planning and Economic Development
MoGLSD	Ministry of Gender Labour and Social Development
MTCT	Mother to Child Transmission
NCC	National Council for Children
NCG	Nordic Consulting Group
NGO	Non Government Organization
OVC	Orphans and Vulnerable Children
PEAP	Poverty Eradication Action Plan

SC	Save the Children
SCA	Save the Children Alliance
SC(S)	Save the Children Sweden
SC (UK)	Save the Children United Kingdom
STDs	Sexually Transmitted Diseases
U-5 MR	Under Five Mortality Rate
UBOS	Uganda Bureau of Statistics
UCRNN	Uganda Child Rights NGO Network
UDEL	Uganda Youth Development Link
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
UPE	Universal Primary Education
WB	World Bank
WHO	World Health Organization

ABSTRACT

This research set out to examine gender relations and the influence on fulfillment of child rights in Manafwa District, Uganda. The research analyzed gender roles, control over financial and physical resources and levels of decision making in the household and the effect on fulfillment of child rights. Data was collected from 216 respondents using both qualitative and quantitative methods. This was complimented by data from secondary sources. A multi-stage sampling technique was used in sample selection. The findings of the study revealed that gender relations influenced fulfilment of child rights to survival, development, protection and participation.

Investigations into gender relations and child survival rights reveal that women spent most of their time on productive roles and domestic chores with hardly any ample time left to prepare good quality meals on time for their children. Infants whose mothers are caught up with multiple gender roles are introduced to supplements before the age of six months. Findings also reveal that a child's right to proper feeding and nutrition is influenced by who controls resources in the household. Men as controllers of the means of production and incomes make trade-offs between acquiring enough food of adequate quality and meeting non-food costs. Sick children are hardly given a special nutritious meal unless they have failed to eat what is provided as family dishes.

The source of medical care for the sick child was also influenced by gender relations for instance caring for the sick child was seen as a woman's role and yet she can't afford the cost for medical care because of limited access and control over the financial and physical resources. Therefore sick children do not get adequate medical care and the situation for orphan children is worse especially if their parents died of AIDS.

With regard to the child's right to development, gender relations were seen as a contributing factor to low school attendance, late reporting at school and lack of time for children to do home work due to helping parents with multiple gender roles. A number of school going children were at home due to lack of school requirements because some men do not prioritise education of their children in particular girls.

Parents hardly expressed love to their children especially in polygamous families where many stepparents found it difficult to love their stepchildren. As a result many children spent their lives moving from place to place in search of love and alternating between grandparents' home and their parents' home. Play and leisure were seen by most respondents as a waste of time because children have to help with carrying out household chores, productive and reproductive roles.

With regard to the child's right to protection, findings showed that gender relations influenced the child's right to protection against all forms of mistreatment, abuse, neglect and exploitation. Parents considered strict discipline, corporal punishment and hitting a child to do domestic chores and productive work as normal and acceptable way of grooming a child. A number of girls compared to their male counterparts were pressured to enter into marriage at a tender age due to their involvement in gender roles from childhood.

About the right to participation findings revealed that instead of recognizing and valuing children's evolving capacities and their ability to play a constructive role in gender roles, control over resources and decision making, children have to take instructions from adults no matter how detrimental to their survival and development. The vast majority of children believed that their views, opinions and experiences were not seriously listened to and taken into account by their parents/guardians. There was a general lack of child friendly enabling environments to build confidence and self esteem of children

Considering the complex nature of gender relations as indicated in the findings, the researcher recommends a holistic approach that would require the involvement of all

stakeholders including children as social actors. Specifically, the government and other stakeholders should:

Increase public sensitization, provision of information and training for both adults and children on child rights and gender relations at all levels; Publicize and encourage debate on the UN committee's concluding observations on the report on implementation of the CRC; Ensure systematic monitoring, evaluation and documentation of examples of effective programmes addressing gender issues and child rights; and conduct a child focused budget analysis in order to identify the proportion of national budgets devoted to fulfilling child rights

Improve access to quality healthcare services for rural areas; Invest in labour saving technologies to enable women have ample time to care for their children; provide education support that include better access to vocational skills, leisure and play facilities for children while at school and subsidize 'other' (non fee) school costs for the poor families.; design gender sensitive policies that will allow pregnant girls to remain in school and complete their education as well as address the greater burden of care that falls on them, often resulting in girls dropping out of school, and the denial of their rights.

Reinforce the capacity of families and communities to provide protection and care and develop systems that will strengthen monitoring of the status of the most vulnerable children and in order to prevent exploitation and abuse; Fully involve children in decisions and actions that affect their lives; Empower children economically, through formation of income generating projects, availing employment opportunities to them to earn income especially those that are above 16.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

This study addresses the issue of gender relations and child rights in Uganda with specific reference to Manafwa District in the Eastern part of the country. The rights of the child are dealt with against a legally defined framework. The Convention on the Rights of the Child (CRC), adopted by the United Nations in 1989 provides an internationally agreed framework of minimum standards for the well being of the child and to which every child is entitled. The CRC established for the first time that all children from birth to age of 18 have specific rights. All countries have ratified the CRC except the United States of America and Somalia making it the most widely ratified human rights treaty in history.

Globally, ratification of the CRC is a key step forward and has been a real opportunity for public scrutiny of government performance and for a deliberate effort to work towards the fulfilment of children's rights. In ratifying, the governments voluntarily accept the obligations set out in the CRC and hold themselves accountable for their success or failure in performing them. The fulfilment of children's rights passes from being an act of charity, an option or a favour and becomes a responsibility of government.

According to a number of reports (Woll, L. 1999; UNICEF, 2001; Girtsen, A. 2002; UNICEF, 2006 and UNICEF, 2007), the CRC has been a major catalyst to development of children's rights movement across the world. This is because the CRC has provided a shared vision of the fulfilment of children's rights that has found acceptance in both the developed and less developed worlds, in regions with very difficult historical and cultural

traditions and even among groups of people who have thought of themselves as having little in common.

The study focuses on basically four broad categories of child rights:

(a) the right to survival (includes the right to feeding, proper nutrition, life before and after birth, clothing, descent shelter, health and medical care, safe water and good sanitation – CRC Articles 16, 18, 23-27 and 39);

(b) the right to development (includes the right to education, access to information, play and leisure, parental love and care - CRC Articles 17, 28, 29 and 31);

(c) the right to protection (includes the right to protection from all forms of mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices – CRC Article 11, 16, 19-22, 32-34, 37-38 and 40) and;

(d) the right to participation (includes the right to participate in all matters affecting their lives depending on their age and ability, freedom of expression, thinking for themselves, decision making, taking action, associating with other children, and religion – CRC Article 12, 13, 14, 15, and 17).

These rights are qualified by a basic principle in the CRC that states “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, the best interest of the child shall be a primary consideration (CRC, Article 3).”

The CRC reinforces fundamental human dignity, highlights and defends the family’s role in children’s lives, seeks respect for children, as well as establishing clear obligations for the State to assist and facilitate parents to exercise their responsibility for the child’s upbringing. The State has the responsibility to complement the efforts of parents and other caregivers on behalf of children, notably by providing certain services that can most effectively and equitably be delivered by the public sector. The State has the obligation to assist parents and other caregivers who are unable to provide adequate care and support

to their children, and to intervene, in the best interest of the child, where she or he is a victim of abuse or exploitation. In this regard, the State must take all appropriate legislative and administrative measures.

According to Save the Children Alliance (1999), Sinclair, T.A. (2000) and UNICEF, (2000), the diversity of legislative and administrative systems across the world, combined with the unprecedented demands of the CRC, have meant that governments have had a few examples of good practice from which to learn. The result has been slow but definite progress in adjusting legislative and administrative structures that would almost certainly never have occurred without the existence of the CRC.

In some countries, reform has been much faster and has shown what can be achieved with firm political leadership. Countries such as Nepal, Poland, Slovenia, Finland, Brazil, Cambodia, Denmark, Bangladesh, Peru, India and Sweden are some examples of the countries that have taken initiative since 1989 to establish new constitutional rights for children that reflect the provisions of the CRC. In the case of Sweden, this has led to detailed work to change legislation on the treatment of refugees and asylum-seekers and a comprehensive strategy to implement the CRC throughout Swedish public policy.

Countries such as Chile and the Netherlands have undertaken partial reviews concentrating on legislation that has direct relevance to children. In others such as Bangladesh, Peru, India and Nepal much as there are constitutional rights for children, the responsibility to monitor policy towards children has been located alongside a similar responsibility to monitor women's rights, diluting the attention paid to children's issues.

With specific reference to the African child, the African Charter on the rights and welfare of the child adopted in 1990 by 26 heads of States, recognises that human rights are paramount and reinforces the African Charter on Human and People's Rights which recognises that everyone (including children) is entitled to all the rights and freedoms recognised and guaranteed therein without distinction of any kind such as race, ethnic

group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status.

A number of African countries for example Ethiopia, Zimbabwe and Ghana have undertaken comprehensive reviews of the domestic legislation to ensure conformity with the CRC and the African Charter on the Rights and Welfare of the Child. These governments have established independent bodies as watchdogs of children's rights with the aim of promoting respect for children's rights within government to increase public and official awareness of children's rights and to provide a means for children's voices to be heard on issues that affect them.

The other kind of institutional change has been the development of central co-ordinating mechanisms or bodies within government to maintain an overview of policy towards children. Examples include the National Commission on children in Ghana.

However, it is difficult to believe that adequate steps have been taken to ensure rights are a reality for children and no country in the world has yet fulfilled the rights of the child set out in the CRC and all countries rich or poor, East or West have much more to do.

UNICEF (2007) reports that half of the world's poor are children and as populations grow, there are more children living in poverty than ever before in history. These children grow up without access to different types of resources (i.e. economic, social, physical, environmental and political resources) that are vital for their wellbeing and for them to fulfill their potential. The basic indicators for child survival, development, protection and participation have been deteriorating.

Each year in the world, millions of children less than five years of age die from easily preventable diseases and millions of others are ill because of unsafe drinking water and poor sanitation. Malnutrition is associated with the death of over half of the 12 million children under five who die every year. In developing countries a third of all children

under five are stunted and one in four are underweight (WHO, 2000). They fall sick and are robbed of any chance of fulfilling their physical or mental potential.

UNICEF (2007) reports that, more than 2 million children aged 14 years or younger were living with HIV in 2005. It is predicted that the number of children who have lost one or both parents due to AIDS will rise to 15.7 million by 2010. At that point, around 12.0 per cent of all children in Sub-Saharan African countries will be orphans due to all causes, with one quarter of these orphaned by AIDS. The dramatic increase in infection among young women heightens the risk of infection among children. Infants become infected through their mothers during pregnancy, child birth or breastfeeding.

Disaggregated data provide an even bleaker panorama: Roughly one in every five children aged 12-17, and one in every six children aged 6-11 were orphans in 2005.

Table 1 shows statistics on selected child survival indicators in the world, Sub-Saharan Africa, East and Southern Africa Region.

Table1

Selected Regions and Child Survival Indicators (2005)

Indicators	World	Sub-Saharan Africa	East and Southern Africa
IMR (under 1), Per 1,000 live births	52	101	93
U-5 MR, per 1,000 live births	76	169	146
Percentage of infants with low birth weight	15	14	13
Percentage of U-5 who are moderately or severely underweight	25	28	27
Percentage of 1-year- old children immunized against:			
Tuberculosis (BCG)	83	76	81
Diphtheria (DPT1)	88	77	85
Diphtheria (DPT3)	78	66	76
Polio	78	68	75
Measles	77	65	72

Hepatitis B	55	37	57
Estimated number of children (0-4 years) living with HIV	2,300,000	2,000,000	1,400,000
Estimated number of children (0-17 years) orphaned by AIDS	15,200,000	12,000,000	8,700,000

Source: UNICEF, (2007): The State of the World's Children

In regard to development rights of children, whereas, access to education has increased dramatically over the past years with enrolment growing from 40.0 percent in all regions to 86.0 percent, world over millions of children of primary school age are not in school, and efforts to achieve universal primary education by 2015 are likely to fail especially in Sub-Saharan Africa, the Middle East and South Asia where performance is lagging behind. For those children that do attend school, they are often offered desperately poor quality education. Girls, children with disabilities, children from minority ethnic groups and other marginalized populations face enormous obstacles to their development rights because of discrimination.

Table 2 shows selected indicators on education world over, Sub-Saharan Africa and East and Southern Africa.

Table 2

Selected Regions and Education Indicators

Indicators	World	Sub-Saharan Africa	East and Southern Africa
Percentage of primary school entrants reaching grade 5 (2000-2004)	83	63	71
Net primary school attendance ratio (1996-2005)			
Male	78	63	66
Female	75	59	66
Net secondary school attendance ratio (1996-2005)			
Male	46*	21	16

Female	43*	20	17
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*Excludes China

Source: UNICEF, (2007): The State of the World's Children

Though the gender gap has been closing steadily over the past few decades, nearly 1 of every 5 girls who enrolls in primary school in developing countries does not complete primary education and for every 100 boys out of school, there are 115 girls in the same situation (UNICEF, 2007). The same report indicates that an average of only 43.0 percent of girls of the appropriate age in developing world attend secondary school.

It is evident that missing out on primary and secondary education deprives the girl of the opportunity to develop her full potential. Research has shown that educated women are less likely to die in child birth and are more likely to send their children to school. Evidence also indicates that under five mortality rate falls by about half for mothers with primary school education. It strengthens women's bargaining power within households and is a crucial factor in providing opportunities for women's economic and political participation (UNICEF, 2007).

While most governments have focused on improving survival and development indicators for children, little attention has been given to the protection and participation rights.

The global scandal of violence against children is a horror story too often untold. In its investigations of human rights abuses against children, Human Rights Watch, (2005) found that in every region of the world, in almost every aspect of their lives, children are subjected to physical, psychological abuse and injury, neglect or negligent treatment, exploitation and sexual abuse, most often perpetrated by the very individuals charged with their safety and well being. Millions are forced to become soldiers, or languish in orphanages or detention centres where they endure inhuman conditions and daily assaults on their dignity.

According to a WHO (2002) study, 150 million girls and 73 million boys under the age of 18 in the World experienced forced sexual intercourse or other forms of physical and

sexual violence in 2002. The absence of a minimum age for sexual consent and marriage exposes children to partner violence in some countries. As estimated 1.8 million children are involved in commercial sex work and many are forced into it by being sold into sexual slavery by their desperately poor families or abducted and trafficked into brothels or other exploitative environments.

Children in particular the girl child are exposed to early marriages and premature parenthood. It is estimated that, globally 36 percent of women aged 20-24 were married or in union before they reached their 18th birth day, most commonly in South Asia and Sub-Saharan Africa. Parents may consent to child marriages out of economic necessity, or because they believe marriage will protect girls from sexual assault and pregnancy outside marriage, extend girl's child bearing years or ensure obedience to their husband's household. Research shows that girls under 15 years of age are five times more likely to die during pregnancy and child birth than women in their twenties and the baby's chances of dying in the first year of life is 60.0 percent greater than that of a baby born to a mother older than 19 and even if a child survives, he or she is more likely to suffer from low birth weight, malnutrition and late physical and cognitive development (UNICEF, 2007).

UNICEF (2007) reported that every year, as many as 275 million children worldwide become caught in the crossfire of domestic violence and suffer the full consequences of a turbulent home life. Children who survive abuse often suffer long-term physical and psychological damage that impairs their ability to learn and socialize, and makes it difficult for them to perform well in school and develop close and positive friends.

Children have been increasingly caught up in the market for labour. An estimated two hundred and fifty million (250m) children are working worldwide, often in dangerous and exploitative conditions. As well as their traditional involvement in agriculture and domestic work. In the worst cases, their bodies are trafficked between countries as part of a growing trade in child sex workers. Sub-Saharan Africa has the highest child labour rate with 41.0 percent of the children under age 14, approximately 80 million, are

working. This number is almost twice the Asian rate. Poverty appears to be the major reason for child labour because countries in which a large share of children are working are, on average, poor countries and majority of these children do not attend school (World Bank, 2001a)

Although opposition against slavery is strong across the world, children in many countries have also become victims of slavery. World Bank, (2001a) reported that the United States Department estimates that 90,000 black children, live as the property of Berbers in Mauritania. The slaves are mainly from Tukolor, Fulani and Wolof ethnic groups, and have been brought north after being captured by raiding Arab/Berber tribes. In Africa, slave like arrangements are reported about children from Benin, Togo, Ghana, Nigeria, Burkina Faso and Sudan.

Again, war is part of everyday life for millions of children worldwide. Some have never known any other life. For others, the world is suddenly turned upside down when invasion or ethnic cleansing forces them to become refugee or displaced persons, often separated from their families. Yet others are killed deliberately by security forces and armed opposition groups, either in revenge or to provoke outrage.

Graca Machel's 1996 study on the Impact of Armed Conflict on Children brought the plight of affected children to the attention of the world. Since then, there have been commendable efforts to alleviate the suffering of the children caught up in situations of armed conflict. Sadly, much more remains to be done for children especially in Africa where armed conflicts tend to be protracted and lead to extreme suffering of civilians (Save the Children Sweden, 2003-c).

Another child protection issue that children suffer is female genital mutilation/cutting (FGM/C). The practice mainly occurs in countries in Sub-Saharan Africa, the Middle East and North Africa and some parts of South East Asia. It is estimated that more than 130 million women and girls alive today have been subjected to FGM/C. This has got grave health consequences, including the failure to heal, increased susceptibility to HIV

infection, childbirth complications, inflammatory diseases, urinary incontinence and severe bleeding that can lead to death.

In regard to participation rights, though the notion of 'participation' has gradually become widely acknowledged as a basic operational principle of development programming, it is not a principle that is practiced and is observed more in its breach. It has not been translated into feasible practical every day experiences for children.

According to Nandana, R. (2004), never have children been so grossly denied their right to self determination and identify as in this millennium. Children have the knowledge and skills to participate actively in all aspects relating to their lives, and yet, they have been consistently left out of and excluded from decision making processes that will affect them.

Caste (a type of class system linked to Hindu religion) is one example of how children are consistently excluded from social, economic and political realms. According to Human Rights Watch (2001), "the caste system is an obstacle to children's human rights." Caste is decided by birth and can't be changed. People born in the high caste are allowed to do the best jobs the lower castes get the dirtiest and worst jobs. Lower castes are disproportionately affected and in almost every case, children are those who are affected the most adversely. Children are discriminated against on the basis of caste. Restrictions are placed on children in the name of caste, in terms of behavior, choice of professions, societal 'dos' and 'don'ts', and the possibilities in life. Children must also contend with stereotyping that is associated with their caste, as well as between the castes.

In Uganda, the way in which children are treated has begun to undergo a significant change over the last decade. Uganda has made specific commitments to incorporate a human rights-based approach as an integral component of the country's development focus.

Uganda ratified the CRC in 1990 and has since then included child rights in its supreme law, the Constitution of Uganda 1995, as well as a specific law on children referred to as the Children Act 1996. The Children Act 1996 is a domestic translation of the commitments enshrined in the CRC and the African Charter on the Welfare and Rights of the Child. It highlights the rights of the child, the guiding principles in implementing these rights, the roles and responsibilities of parents and other duty bearers in advancing child rights.

According to the Children Act 1996, a child has the right to food and proper nutrition, clothing, education, immunization and medical care, protection against violence and ill treatment. It lays out the children's property and inheritance rights. For instance Part 111 of the Children Act empowers the Secretaries for children Affairs, assisted by other members of the Local Council, to ensure that where the parents of a child have died, the property is not taken away from the child. It directs that Local Council members have no powers to divide and distribute this property. More so everybody in the community has a duty to protect children's rights. The family and children's courts and their roles, care arrangements in cases of abuse, fostering and adoption rules, parentage and maintenance for children, age of criminal responsibility and rules relating to the juvenile justice system are all clearly spelt out.

Uganda has ratified a number of other international conventions and treaties which include the 1979 Convention on Elimination of all forms of Discrimination Against Women (CEDAW) (ratified in 1985), 1984 Convention Against Torture and other Cruel, Inhuman and Degrading Treatment and Punishment (ratified in 1986), 2000 Optional Protocol to the CRC on sale of children, child prostitution and child pornography (ratified in 2002), 2000 Optional Protocol to the CRC on involvement of children in armed conflict (ratified in 2002), 1956 Supplementary Convention on the Abolition of Slavery, the slave Trade, and Institutions and Practices similar to Slavery (ratified in 1964), 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (signed in 2000 and not yet ratified), Convention No. 138 on the Minimum age of

employment (14 years) ratified in 2003 and Convention No. 182 on the elimination of the worst forms of child labour ratified in 2001. The government of Uganda has adopted the Millennium Declaration of 2000 and the World Fit for Children Declaration 2001.

There are a number of national policies, which are important for children's survival and development. These include the National Health Policy which is centred on primary health care with a priority on preventive services; the National Education Policy that is geared towards improving accessibility, equity, quality and relevance of education and has Universal Primary Education as its goal, the Poverty Action Eradication Plan (PEAP) 2004/05-2007/08, the National Strategic Plan for the prevention of HIV/AIDS, National Gender Policy, a Food and Nutrition Policy, National Orphans and Vulnerable Children (OVC) policy, Internally Displaced People's (IDP) Policy and Decentralization Policy to mention but a few.

Under the Decentralization Policy, secretaries for children have been established at all five local council levels from village to district. In most cases the secretary for children is the assistant/deputy chair of the council. At national level the Ministry of Gender Labour and Social Development carries the national responsibility for children and implementation of the Children Act.

In July 2005, Government of Uganda launched the Parliamentary Forum for children composed of Members of Parliament to make children issues visible in Parliament. The Government has developed a National Plan of Action for children aimed at improvement of services that benefit children. The National Council for Children (NCC) was established to play a co-ordination role between various government bodies, ministries and local councils involved in the implementation of child rights both at national and local level. This has made children "more visible" to policy-makers and politicians and begun to reverse some of the traditional stereotypes of children.

The Government has also tried to ensure that the provisions of the CRC and the Children Act are widely known by both adults and children especially in rural areas. Training has

been conducted for various categories of duty bearers including police, army, judiciary, teachers, social workers, child-care institutions, medical personnel and public awareness sessions for members of the community including children. In addition, the Children Act has been translated into vernacular (over 10 commonly spoken local languages), pictorial representation and disseminated.

The Civil Society Organizations (CSO) under the Uganda Child Rights NGO Network (UCRNN) have played an instrumental role in child rights advocacy and monitoring the implementation of the Children Act.

Uganda like in most African countries children's rights go hand in hand with responsibilities towards their families, society, country and the international community. According to their age and ability, children have a duty to work for the cohesion of the family, to respect his/her parents, elders, and other children. Children have a responsibility to use their abilities for the benefit of the community. Preserve and strengthen African cultural values in his/her relations with other members of the society in the spirit of tolerance, dialogue and consultation and contribute to the moral well being of the society.

Children have the responsibility to preserve and strengthen the independence, national unity and integrity of his/her country and to contribute to the best of his/her abilities at all times and all levels, to the promotion and achievement of African Unity.

Although much has been done to develop a legal framework and the systems, through which the rights of the child can be implemented, only limited implementation has been possible primarily due to lack of resources and structural bottlenecks. The rights that exist on paper have yet to be translated into tangible benefits for children in order to become meaningful. Whereas the Children Act is an important piece of legislation covering many of the issues which matter to children and has contributed to a growing awareness in Uganda that children have rights, implementation has lagged behind.

Political commitments to the CRC have not been made manifest in budgetary allocations to government departments for ensuring that all children are included in government programmes. Initiatives for implementing an agenda that affords all children an opportunity to enjoy childhood without forfeiting their rights to development have been tacitly conveyed to NGOs and development partners. A pertinent bottleneck to harnessing the potential that exists within the wide array of partners for children's rights is the limited financial resources available for implementing programmes due primarily to the ramification of core/basket funding regulations that is premised on sector-wide budgeting.

Trends of vulnerable groups of children are growing steadily in the country. These include, children living in poverty, children affected and living with HIV/AIDS, child-headed households, orphans, children affected by civil conflict, children in conflict with the law, children involved in commercial sex exploitation, adopted and fostered children, child labour and children as victims of abuse and violence. These children bear a substantive risk of suffering physical, social, psychological, mental and emotional harm in the environments in which they live.

UBOS, (2003a) indicates that children under 18 years make up 56 percent of the population. These children (under 18) represent the largest group of the poor in Uganda and in fact 62 percent under the poverty threshold are children. Such children and their poor households have limited access to education, health care, nutritious and adequate food and are vulnerable to child labour.

Survival indicators of Infant Mortality Rate (IMR) and Child Mortality Rate (CMR) have been stagnating, presumably as a result of the AIDS epidemic, falling vaccination rates and the ongoing high burden of diseases such as malaria, Acute Respiratory Infections (ARI) and diarrhea. One in every eleven babies born in Uganda does not live to reach the first birthday (UBOS, 2003a). UNICEF (2007) reported that Uganda's infant mortality rate (under1) in 2005 was 79 per 1,000 live births and under five mortality rate (MR) of 136 per 1,000 lives. Uganda remains close to top of the international under five MR

table- 28th out of 190 countries. Country regional picture varies, with the North having the higher level of CMR (178/1,000 live births), followed by the West (176/1,000 live births), the East (147/1,000 live births) and the centre (135/1,000 live births).

UBOS (2001) reported that 39 percent of Ugandan children under 5 are classified as stunted (low height-for-age); 4 percent of children under 5 are wasted (low weight-for-height); 23 percent are under weight (low weight-for-age). Stunting is common (51 percent) in children aged 16-23 months, and increases with age. Boys are slightly more affected than girls: 40 percent, compared to 36 percent of girls. The report also reveals that children living in the rural areas and in the Western region and whose mothers have had no education are more likely to be stunted.

Currently the country has the highest population of AIDS orphans in the world. Uganda was one of the first Sub-Saharan countries to be affected by HIV/AIDS. The first reported cases were identified in south central Uganda in 1982. Although the new rates of infection have been declining due to open information campaigns to change sexual habits, facts on children reveal that annually 43,000 children get infected by mother to child transmission (MTCT) (UNAIDS, et al, 2004). If untreated, 26 per cent of infants born to HIV-positive women become infected and around 80 percent die before the age of five. This is not only because of infection but also because of the high likelihood of becoming an orphan and suffering emotional and physical neglect as a result.

In 2002, 1.8 million out of the 13.7 million children had lost at least one of their parents, and were therefore orphans. This gives an orphan hood level of 13% of which paternal orphan hood is 11.0 percent and maternal orphan hood at 5.0 percent. Three percent (3%) of the children had lost both parents. The civil wars and HIV/AIDS epidemic which Uganda has experienced over the last two decades are believed to have increased the incidence of orphan hood (UBOS, 2003a).

As a result of the epidemic families have been devastated, orphans are left in the care of grand parents or older siblings. Many HIV/AIDS affected families have had to withdraw

children from the educational system to compensate for labour losses, increased care activities and additional expenses incurred by chronic morbidity and mortality. Productivity has declined and entire households have been impoverished while attempting to meet AIDS related costs.

The tendency of children becoming caregivers of other children appears to be an alarming and increasing crisis in Uganda. Prior to the HIV/AIDS epidemic, this category was virtually unheard of, as orphaned children were absorbed into the wider family. However, as numbers have increased, due largely to HIV/AIDS, the families have struggled to absorb orphaned children, and an increasing number have been left to fend for themselves. Such children experience extreme difficulties ranging from inadequate food, clothing, medical care and lack of funds for school requirements as well as other material needs. School attendance among child-headed households is lower, and vulnerability to physical and mental problems is greater and majority eats one meal a day (Wakhweya et al, 2002).

Thousands of orphaned children have been denied inheritance rights; many have had to take on hazardous labour in order to survive (including prostitution) and many more have been forced to live on the streets where they are subject to violence and other abuses. Young orphaned girls, particularly where they are heading households, are at risk of HIV infection because older men tend to seek sex with young girls in order to avoid infection. UNAIDS, et al (2004) revealed that in the 15-19 year age group, girls were 5-6 times as likely to be infected as boys.

Children are forced to work as domestic or agricultural labourers or in the informal sectors to contribute to the upkeep of their families. UBOS (2003a) indicated that there are slightly more than 600,000 children aged 5-17 years who were working. Despite the existing laws against child labour and Uganda's ratification in 2001 of the Convention No. 182 on the elimination of the worst forms of child labour, five percent (5.0%) of the working children aged 5 – 17 years are child labourers.

A large section of children in the Northern part of Uganda are affected by civil conflict. The protracted violent conflict in Northern Uganda between the Lord's Resistance Army (LRA) and the Government of Uganda, which mainly affects Acholi, Lango and Teso sub-regions (the latter is also affected by cattle rustling), has for over 20 years, brought terror, brutal violence to communities, led to abduction of children for use as child-soldiers, sex slaves and porters. Unknown numbers have been mutilated and / or killed and hit by landmines leaving both physical and psychological scars. Abducted children who escape or are returned to their communities face a wide array of psycho-social problems, as well as often being rejected by the communities for the brutal acts in which they have or are thought to have engaged. The social and psychological effects of these circumstances eventually have a lasting impact on the personal development of children and a negative impact on the development of nations (UNICEF, 2006 and UNDP, 2006a).

Another category of children whose rights have remained on paper are children with disabilities (CWD). These children are seen as useless and a burden and are due to misconceptions perceived as a curse to the family. CWD are therefore not offered development opportunities similar to other children. They are often neglected by families because of the lack of knowledge on their rights and potentials of CWD. This is worsened by the fact that there is limited access to rehabilitation and assistive devices, which raises the cost of caring for CWD at family levels. Indeed resource allocation for CWD is low at all levels resulting into poor service delivery.

About children in conflict with the law, part 10 of the Children Act 1996 specifically handles children in conflict with the law, and spells out guidelines on how they should be handled when they conflict with the law. Any child above 12 years is liable for the crimes they commit. Children in conflict with the law have experienced among others abuse, condemnatory attitudes, lengthy trial periods, remand, detention in adult prisons and treason charges.

Save the Children (UK) and UNICEF (2002) revealed instances of child arrest without notification of relatives or Secretary for Children's Affairs or the Probation and Social Welfare Officer (PSWO) as required by the law. The reason given for this is that sometimes the parents or Local Council (LC) officials are not immediately available so the police proceed without their involvement.

Mob justice is another form of violence that juveniles experience during arrest. Save the Children (UK) and UNICEF (2002) quotes 20.7 percentage of the local opinion leaders interviewed as having witnessed children being subjected to mob justice related violence. Mob justice took the form of humiliation by striping the child naked in public. Barton et al, (2005) and Dipak et al, (2005) studies also pointed to this form of violence noting that children accused of petty crimes like theft were some times subjected to mob violence by the community and that at family and community level such offences were punished in the form of corporal punishment through beatings. This contravenes provisions of the CRC that emphasize the well being of the juvenile and requires that any reaction to juvenile offenders should always be in proportion to the circumstances of both the offenders and the offence.

A number of reports (Save the Children Alliance, 1999; Sinclair, T.A. 2000; World Bank, 2001a; Wakhweya et al, 2002; Witter, S. 2002; WHO, 2002; UNICEF, 2006 and UNDP, 2006a) associate this scenario of inability to realize child rights with a web of inter-linked factors that include poverty, insecurity and conflict, HIV/AIDS, rapid demographic changes, politics and public administration as well as resource management and distribution. Hardly any attention is paid to the complex gender relations such as gender roles, control over resources both financial and physical and decision-making in households that could negatively impact on realization of children's rights. The negative consequences of stereotypical conceptions and discriminatory practices against children may have adverse effects on their survival, development, protection and participation rights.

Notwithstanding progress over the past years in Uganda, women and girls get restricted with a less voice in decision-making and participation in social, civil and political public life. The relative positions of women and men and children determine their status, power, privileges and opportunities for each of the two categories and confirm that they lead to unequal benefits from the efforts contributing to the economy. For instance, despite the significant participation of women and children in the economy, their output is not properly valued. The implications for women and children are low or no income, reduced capacity for supporting their families and a low degree of empowerment.

Gender biases continue to exist and persist mainly because of cultural practices and social stereotypes that consider women and children to be ‘minors’

For instance, in the Ugandan traditional cultures, children are ‘seen’ but not ‘heard’. They are unheard, with inferior status and it is a common attitude that children will be over-protected and inadequately disciplined if they are seen to have ‘rights’.

The girl child’s vulnerability in relation to defilement, teenage pregnancies or early marriage is not recognized by the local communities or the authorities. This is worsened by the fact that children especially girls are brought up to be submissive and can not say ‘NO’. Whereas children are valued as fruits of marriage and God given, wealth of the home is also counted so much on children, in that through marriages there is exchange of wealth in form of dowry. In this context, while girls are seen to bring wealth to the family through marriage, the boys are valued most and are given all the opportunities to grow and develop to a useful person, because they have the culturally ascribed role of being an heir. Boys are seen as the future custodians of the clan and family.

At all levels of society, girls are discriminated against for instance girls are expected to work long hours at home with no time for recreation and poor families are tempted to marry the girls off early to get the income. Majority of the girls are ignorant about issues concerning reproductive health and are easy victims of sexual abuse or offers of sex

accompanied with promises of money or gifts. The girls therefore risk pregnancies and sexually transmitted diseases.

According to UNICEF, (2006) girls are involved in sexual activities from the age of 12 and yet lack information on sexual and reproductive health issues as well as access to contraceptives. The rate of adolescent pregnancies is consequently very high as 43.0 percent of all girls between 15 – 19 years have been pregnant at least once. In most cases such children are given the blame and forced to leave school to avoid “spoiling” others. Without knowledge or skills, they lack capacity to take care for their children and often end up in the streets.

When women and girls are less educated, they have little knowledge on health, nutrition, hygiene and their legal rights. This does not only affect the women and girls but the entire family and community because of the multiple roles they play in economic and social development. UNICEF, (2006) reports that better educated women are more likely to have antenatal care and more likely to be attended by a doctor than less educated women.

Ugandan societies being highly patriarchal, the gender asymmetries right from the household i.e. divisions of labour, power and control over financial and physical resources, describe the subordinate position of women and children in particular the girl child.

This thesis attempts to bring out the impact of gender relations (gender roles, control over financial and physical resources and decision making) on realization of the rights of child to survival (feeding, proper nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action and religion).

1.2 State of the problem

While Uganda's commitment to addressing issues of child rights is strong as evidenced by the legal framework and social policies that seek to address provisions for all children; promote effective use of limited resources and ensure equity, children's rights are more of rhetoric than reality. Social indicators for children in regard to their right to survival, development, protection and participation are generally low.

This study provides a fresh angle on the issue of child rights that has been characterized by a number of factors such as poverty, insecurity and conflict, HIV/AIDS, rapid demographic changes, politics and public administration, poor resource management and distribution by focusing on the effect of gender relations on realization of child rights to survival, development, protection and participation. This could be more critical in understanding the complex relationships that have left most of the rights on paper and can form the basis for a process of social change that will lead to realization of children's rights in Uganda.

1.3 Research Questions

The following questions are vital to this research:

- 1.3.1 To what extent does the different gender roles (includes household/domestic chores, productive, reproductive and community roles) affect fulfilment of child rights?
- 1.3.2 To what extent do women and men have control over resources (both financial and physical) and what effect does this have on realization of child rights?
- 1.3.3 What are the levels of decision-making in the households and what effect does this have on fulfilment of child rights

1.4 Objectives of the study

The overall objective of the study is to examine gender relations and fulfillment of child rights.

Specific objectives

- 1.4.1 To examine the effect of gender roles on fulfilment of child rights.
- 1.4.2 To examine the extent of control over financial and physical resources in the household and the resultant effect on fulfilment of child rights.
- 1.4.3 To examine levels of decision making in the household and the effect on fulfilment of child rights.

1.5 Scope of the study

The study was descriptive in nature with the unit of analysis being a household where gender relations such as gender roles (domestic/household chores, productive, reproductive and community roles), control over financial and physical resources and decision making were examined with reference to fulfilment of child rights to survival (right to proper feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care, safe water and good sanitation), development (right to education, access to information, play and leisure, parental love and care), protection (right to protection against mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (includes right to participation matters affecting their lives, freedom of expression, thinking for themselves, decision making and taking action). The research also examined, selected socio-demographic characteristics such as sex, age, education, marital status, occupation and religious affiliation of the respondents. The research was conducted in Manafwa District and covered a representative sample of both women and men; and boys and girls.

1.6 Organization of the research

The study report is divided into five chapters. The first chapter is an introductory chapter that include the background to the study, statement of the problem, research questions, objectives and scope of the study. Chapter two presents a review of related literature, theoretical framework and conceptual model. Chapter three is the study methodology that includes area of study, sample size and selection, study design, research instruments, data collection, processing and analysis. Chapter four is a presentation of the study findings and interpretation. Chapter five covers a summary of the findings, conclusions, recommendations and suggestions for future research.

1.7 Limitations to the study

Children's attention span was one of the methodological issues that this study had to face because of the numerous research questions and the participatory tools that took children about four hours to complete. The research assistants tried to address this problem by using a series of energizers and through the adoption of tools with a lot of fun to attract and maintain children's attention. Numerous breaks were also taken throughout the data gathering exercises with children, and refreshments were provided to all those who participated.

The second limitation was on secondary data where there is hardly any literature on gender relations and child rights. Although there is information on gender relations, hardly any previous researchers analyzed these relations with regard to child rights.

Some of the questions covered in this study dealt with sensitive issues on gender as well as child rights and a lot of effort had to be made to avoid distress to respondents and also allay fears. Some respondents for instance were concerned about whether they would not be arrested if they mentioned information about abuse of children in their families. Similarly, others such as women hoped that some sort of assistance might be forthcoming because this was one of the rare opportunities someone discussed with them issues concerning their relations with men and children in the family and community. The researcher had to take care not to arouse false expectations and unnecessary anxieties by explaining the purpose of the study, conducting a training for the research assistants and pre-testing the research tools.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents related literature on gender relations and child rights from both international and national studies. Literature on gender relations is divided into sub-themes namely gender roles, control over financial and physical resources and decision-making. This is followed by a review of literature on child rights divided into sub-themes namely right to survival, development, protection and participation. The researcher presents a theoretical framework and conceptual model at the end of the chapter.

2.2 Related Literature on Gender Relations

More than 60 years ago, global leaders envisioned a world where all people shared equally in rights, resources and opportunities, where abundance ruled and every man, woman and child was free from despair and inequity. The call for equal rights evolved into a quest for gender equality when a distinction was made between gender and sex. Sex is biological and gender on the other hand is a social construct that describes what is feminine and what is masculine.

According to Sen, A. (2001), Budlender, D. (2004) and Nordic Consulting Group (2004), gender is one of the principal intersecting variables deployed in the distribution of privileges, prestige, power and a range of social and economic resources. UNDP (2006a) contends that gender is all around us. It is built into social structures and institutions, and helps to shape people's behaviors and interpersonal relationships. Attitudes, beliefs and practices that serve to exclude women and children are deeply entrenched, and in many instances closely associated with cultural, social and religious norms.

Literature on gender relations (Mill, J.S. 1970; Mitchell, J. (1971); Engels, F. 1972; Oakley, A. 1974; Wollstonecraft, M. 1975; Piercy, M. 1976; Trebilcot, J. 1984; Mitchell, et al 1986; Tong, R. 1989; Hirsch, et al 1990; Bond, et al 1991; Kirumira, et al 1994; Snyder, et al. 1995; Chant, et al 1997; March, et al 1999; Budlender, D. 2004; MoGLSD, 2005 and UNICEF, 2006) reveal the social relations between men and women and girls and boys ascribed to them by society. The literature points out the attributes of masculinity and femininity that are learned or acquired during socialization as a member of a given community.

Chant, et al (1997) reports that rigid socialization of boys and girls limits their ability to reach their full potential and girls often grow up to reproduce the subordinate roles into which they are socialized. Boys are also limited by expectations of masculinity and they are often brought up to believe that they are superior to girls and have greater status. According to March, et al (1999), this socialization can lead to the subordination of women and girls, to domestic violence, to irresponsible paternity and to a lack of male involvement in family life.

Despite ratification of CEDAW by 184 nations and substantial gains in women's empowerment, gender discrimination remains pervasive in every region of the world. Millions of women and girls throughout the world remain powerless, voiceless and without rights. The negative consequences of women's inequality reverberate throughout society. It appears in the preference for sons over daughters, limited opportunities in education, and work for girls and women, and outright gender based violence in the forms of physical and sexual violence (UNICEF, 2007).

This study handles women gender related issues together with children to demonstrate the strength of gender equality in furthering the cause of child rights to survival, development, protection and participation. As indicated elsewhere in this thesis, because women are the primary caregivers for children, women's well-being contributes to the well-being of their offspring. This is especially true in the most traditional, patriarchal

societies where roles and responsibilities are strictly delineated by gender. The well-being of women and children is inseparable. What is good for women is good for children with few, if any, exceptions.

For instance, healthy, educated and empowered women are more likely to have healthy, educated and confident daughters and sons. By upholding women's rights, societies also protect girl children and female adolescents. Evidence has shown that women whose rights are fulfilled are more likely to ensure that girls have access to adequate nutrition, health care, education and protection from harm. A UNICEF Survey of selected countries across the developing world found that, on average, children with uneducated mothers are at least twice as likely to be out of school as children whose mothers attended primary school (UNICEF, 2007).

Since gender relations are a fundamental part of life because they are deeply rooted in societies no matter where one comes from, it is important to ascertain their influence on realization of child rights. Cultural traditions can perpetuate inequality and discrimination from generation to generation, as gender stereotypes remain accepted and unchallenged.

2.2.1 Gender Roles

The concept of gender roles involves allocation of certain tasks predominately to women and girls and others to men and boys (Oakley, A. 1974; Piercy, M. 1976; Vetterling-Braggin, M. 1982 and Tong, R 1989). There is a clear division of labour within the family: the father is the patriarchal head with power, authority and control, especially in economic matters. The mother is responsible for all the daily needs and concerns: food, water, clothing for the entire family and all the tasks associated with running the household.

Sen, A (2001) and Moser, et al (2005) contend that unlike sex roles, gender roles are not universal and differ in different places, socio-economic context, across cultures and from time to time. A universal feature is that these gender roles and responsibilities are not

equal and it is often the case that men and boys have greater control over decision-making than girls and women which leads to inequalities between these sexes.

Trebilcot, J. (1984), Donchin, A. (1986) and Snyder, et al (1995) contend that gender roles are enshrined in the domestic ideology that puts emphasis on typecasting of women and girls as home makers. Whereas girls and boys do different types of work, families have different expectations about their future according to whether they are male or female. Girl's roles and responsibilities are usually associated with their future role as wives and mothers. These roles relate to carrying out domestic activities, child bearing and rearing and caring for adults. While boys are brought up in their role as bread winners. This has been found to reinforce the identification of the domestic sphere and the household as the 'woman's place' and the public as 'man's place'.

Time use surveys in six states in India reveal that women typically spend 35 hours per week on household tasks and caring for children, the sick and elderly, against 4 hours per week for men. Asked how much longer women work more than men each day, in Benin findings revealed 2 hours and 25 minutes more, Mexico one hour 45 minutes more, India one hour six minutes more, South Africa, 59 minutes more, Mauritius 24 minutes more (UNICEF, 2007).

In a study conducted in Latin America on housewives' access to information on maternal and child health, (Save the Children, 2002), reported that 80 per cent of the women under study had never met the primary health care team and their neighbours because of the exceptional domestication. It was further reported that, women and girls could only leave the house to do laundry work as compared to their male counterparts who engaged in wage labour, development of skills and social gatherings.

Similarly, in Uganda, MoGLSD, et al (2004) and UNICEF, (2006) reported that women and girls are over burdened by work. They are continuously kept under time pressures as compared to their male counterparts because of the multiple gender roles they play (i.e. domestic/household chores, productive, reproductive and community roles). Their work

day is much longer, up to 18 hours per day, compared to men's and boys' 8-10 hours on average. Therefore, one could argue that assignment of domestic tasks to women and girls may not only isolate them but detaches them from the public sphere where social services (including health, education and information) do exist.

Woll, L. (1999) reported that whereas it is true that female gender roles are understood as 'natural' or at best light work, the gender relations under which these rigid roles are performed have not been fully analysed. Much of what is conceived as light work for the children in particular the girl-child might be exploitative and detrimental to her health and development.

In Uganda, girls and women also work outside the home on the land and in production but their heavy workload is often not recognised or valued. The NAADS (2003) notes that in agriculture women and girls play a pivotal role, providing most of the labour. Estimates show that women and girls contribute approximately 80% of the labour force for food production, 60% for planting, 70% for weeding, 60% for harvesting and 90% for processing/preparation. The women's and girls' efforts are mainly concentrated on food crops for non-monetary family consumption whereas the men and boys concentrate on the production of cash crops. This puts men in control of the critical stages of production from initiation to marketing.

According to this study, it is not enough to speak about people ascribing lesser value to women and girls' gender roles, or failing to see the contribution that women and girls make but rather what impact such asymmetrical relations and the consequences of tedious and routine chores have on realization of child rights. For instance women's and girls' roles are perceived as only nurturing and caring, little investment is made in girl's education, early and forced marriages thrive and girls are more vulnerable to sexual abuse as they are often perceived as men's property.

The unequal division of household/domestic chores, such as requiring girls and women to trek many kilometers to fetch water and firewood are examples of more subtle forms of

inequality. These ingrained forms of discrimination often keep individuals, families and societies trapped in poverty and undermine economic, political and social development. This study provides an understanding of gender roles and the relations within which they are performed and the likely impact on realization of child rights.

Recognizing that gender roles are not inborn but rather learned, proponents of gender equality challenged the stereotypes and pervasive discrimination that kept women and girls socially and economically disadvantaged. Despite the calls for gender equality and the evidence that as societies undergo economic change, division of labour in the households also change, some sex-typing of activities still persist. Changes in gender roles and relations often meet resistance, in particular from cultural forces of tradition.

2.2.2 Control over financial and physical resources

Literature (Elson, D. 2002; Hewitt, G. 2002; Bonfinglioli, A. 2003; Budlender, D. 2004; MoGLSD, 2002; Burn, N. 2006 and UNICEF, 2006) reveals that no matter what category of resource, women and children in particular girls have limited access to and control over financial and physical resources. This is attributed to their low status in society and the cultural ideologies surrounding control over productive assets being a male domain.

Considering issues of employment as part and parcel of gender relations, there is a steady increase of women entering the labour force over the past two decades as a result of the need to contribute to family income. By 2005, women accounted for roughly 40.0 percent of the world's economically active population.

Women not only spend significantly less time in paid employment than men; when they work outside the household their average income is also far lower. Estimates based on wage differentials and participation in the labour force suggest that women's estimated earned income is around 30.0 percent of men's in countries surveyed in the Middle East and North Africa, around 40.0 percent in Latin America and South Asia, 50.0 percent in Sub-Saharan Africa and 60.0 percent in industrialized countries (UNICEF, 2007). This is because much of the work women do is unpaid and they often perform low status jobs

and earns less than men; women's per capita average earned income measured by applying women's share of non-agricultural wages to gross domestic product is far lower than men's.

Women not only earn less than men, they also tend to own fewer assets. Smaller salaries and less control over household income constrain their ability to accumulate capital. This leaves women and children at greater risk of poverty.

The consequences of being excluded from owning property or assets can be more direct, particularly when a marriage breaks down or a husband dies. Widows who upon their husbands death lose right to their ownership of the family home or land, or divorced women who are driven from the husband's home, are easily pushed into the margins of society, further exacerbating their struggle to achieve health and well-being for themselves and their children.

In Uganda, although labour statistics are scarce, a broader analysis of the market economy as a whole (MoFPED, 2002) reveals that men predominate in the formal sector and women in the informal, especially in the "invisible" sector. Eighty-eight percent of economically active Uganda women are either self-employed or unpaid family workers. Women constitute only a small minority of employees in the formal sector, especially in the higher paid professional, technical and managerial jobs. They suffer from discriminatory hiring and salary practices as a result of traditional cultural concepts about the inferior status, lesser rights, inadequate skills and domestic related responsibilities. For instance, 51.0 percent of women receive less than Forty thousand (40,000/=) Uganda shillings a month, i.e. less than \$1 per day, while the respective figure for men is only 44.0 percent.

Although female participation in the workforce can be beneficial to children, because it often results in women gaining greater access to and control of economic resources, paid employment for women does not automatically lead to better outcomes for children. Factors such as the amount of time women spend working outside the household, the

conditions under which they are employed and who controls the income they generate determine how their employment affects their own well-being and that of their children.

As far as political participation and leadership are concerned, compared to other countries in the world, Uganda was ranked number 18 out of 190 countries (Inter- Parliamentary Union, 2006). Rwanda for instance emerged first on the list with 48.8 percent of the seats occupied by women (2003 elections) followed by Sweden with 47.3 percent (2006 elections). Netherlands (36.7% in 2006 elections), Austria 32.2 percent (2006 elections), USA 16.2 percent (2006 elections). Other countries such as Saudi Arabia and United Arab Emirates had no female parliamentarians in their elections (UNICEF, 2007). Yet women in political positions compared to men are good advocates of child well being.

The constitution of Uganda upholds the right of women to participate in political life on an equal basis with men. Suffrage is universal and women have the same rights as men to stand in elections and hold the public office. In practice however, cultural, educational and other factors place women at a disadvantage in the political arena.

There is a legal requirement that 30 per cent of the Parliament and Local Councils is comprised of women representatives. Due to the creation of new districts, in 2006 women increased in the new Parliament (in 2005, 74 women out of 304 seats and in 2006, 99 women out of 332 seats – 29.8%). However, in 2006, the number of women in the new cabinet has decreased by 7.0 percent (in 2005, 15 women out of 66 members of cabinet and in 2006, 11 women out of 68 members) (UNDP, 2006b).

Sen, A. (1981), Phillips, D (1989) and Moser, et al (2005) report that many efforts to empower women and girls, for example, through education, land ownership and access to credit, come into direct conflict with tradition.

Reports (UNICEF, 2004 and UNIFEM, 2006) point out that girls are less valued than boys for a range of cultural, religious, social and economic reasons and consequently receive less favourable treatment and hardly any right to access and control financial and physical resources. Girls for instance have less access to education than boys because

they are primarily seen as future wives and mothers. In addition, the cost to the family and the loss of girl's labour in the home as result of marriage are disincentives to educate girls. This is still the case in many countries, that girls who do manage enter education system are often discriminated against by their teachers, both male and female, who assume girls to be less capable than boys of abstract thinking and complex problem solving.

There is a link between social constructions of women and men, girls and boys and the resources that women or men are entitled to. For example, if boys are expected to "provide" for a rural agricultural family, they would be assigned control over the means of production namely land. In effect land inheritance would most likely pass from father to son and not to daughter.

In marriage, because she has been "paid for" with the bride price, a woman is often viewed as a possession of the man or a property of the clan, but not a clan member who can own property. Agarwal, B. (1994) and Nussbaum, M. (1999) report that in many societies, inheritance laws mean that women and girls are not entitled to a share of family property or other resources and married women are not able to inherit from their husbands. Indeed, in some cultures young widows are forced to leave their husband's home or are forced to become the wife of a relative.

It has been reported by UNICEF (2006) that even widows who inherit land from their husbands have to pass it over to their sons, rather than daughters, in order to maintain male lineage and property within the original clan.

Traditional gender roles for women and girls are very narrow and confining with limited power to control resources. For instance, throughout much of the developing world, women play an important role in planting and harvesting crops, but rarely own the land on which crops are grown and lack control over the distribution of food and profits.

In Uganda the issue of female access and control over land and property is affected by the lower status of women and girls. This is as a result of culture that determines the

traditional roles and allocation of resources. Especially in the traditional rural cultures, land commonly belongs to men. Although the Land Act 1998 has created some opportunities for women to acquire land, when they traditionally were only entitled to usufruct (access and use), reports (UNDP, 2006b) points to a slight increase in women's property registration from 12.0 percent to 16.0 percent during 1998 to 2006. Explanations for continuing low proportion of women owning land are the women's low purchasing power, high transaction costs, and inheritance practices favoring men.

Sen, A (2001) and UNICEF (2006) mentioned that women and girls particularly in rural areas are mere providers of labour as compared to their male counterparts who control the cash based economy and household accumulation of capital. This makes women and children dependants on the man for cash requirements and limits their access to capital or collateral for gaining access to credit. It is even reported that some women refuse to develop export products because the shift from subsistence to cash production is a loss of control over their capacity to feed the family.

World Bank (2004), reports that even the 'so called' empowered women employed in high paying jobs are not any better because household obligations usually change in favour of men. As women get better pay, men run away from their traditional responsibilities of being a 'bread winner' and tend to go for social activities. In business, women are also under represented, accounting for only 30.0 percent of professionals and technical positions.

2.2.3 Decision-making

According to UNICEF (2007), for children, the most important actors in the world are not political leaders and heads of development agencies but the parents and care givers who make crucial household decisions each day. Indeed every family is unique, and there is no simple set of rules that can explain the dynamic of decision making processes. Studies that examine the dynamics of family decision making often focus on the household. While this focus does not necessarily represent all interactions among family members, it

does provide a practical means of understanding and analysing every day family dynamics.

A growing body of evidence indicate that household decisions are often made through a bargaining process that is more likely to favour men and boys than women and girls (UNICEF, 2007). Factors underlying women's influence in decision making include control of income and assets, age at marriage and level of education.

Literature (De Beauvoir, S. 1981; Tong, R. 1989; Lewis, et al 2000; Moser, et al 2005; and UNICEF, 2006) identified decision making as one of the major gender asymmetries of deprivation of women and children in particular girls. In many spheres of life, women and girls as compared to their male counterparts have far less voice to decide on their access to basic services. The power to decide is curtailed by the cultural ideology which makes women and children in particular girls believe that they are inferior and cannot take a decision on issues that affect them and that of the communities in which they live. The gender inequality disempowers women and girls by giving them unequal access to resources and not allowing them to participate in decisions that affect them within the family and community.

Findings from the Demographic Health Surveys of 30 countries show only 10 of the countries had half of the women participate in household decision making, including those regarding major household spending, their own health care and their visits with friends or relatives outside the home. Sub-Saharan Africa was the worst with for instance 74.9 percent of the women in Burkina Faso reporting that their husbands alone make the decisions regarding their health, Mali had 74.1 percent, Nigeria 73.4 percent, Malawi 70.6 percent, Ghana 34.6 percent and Uganda 37.6 percent as compared to other countries such as the Philippines with 4.9 percent and Indonesia 12.7 percent (UNICEF, 2007). This exclusion compromises the health and well-being of all family members particularly children.

In regard to daily household expenditures, Sub-Saharan Africa had the highest percentages where husbands alone decide on expenditures. For instance, Malawi had 65.7 percent, Nigeria 64.5 per cent; Mali 63.4 percent, Burkina Faso 55.9 percent and Uganda 52.5 percent compared to Philippines with 9.0 percent and Indonesia 2.4 percent (UNICEF, 2007).

Reports by Hasanbegovic (2003) about Gujarat in India reveal that discrimination against the women starts at birth and continues until she breathes her last because of lack of decision making powers. It was reported that when a woman fell sick, the husband or the male members of the household or the parent in-law would visit a health center and get medicine for her by describing the symptoms to a medical professional who would then prescribe the medicine. This deprived the women of proper diagnosis and medication. The same applies to the girl child in the household.

The women had no powers to make or influence decisions about household expenditures. For instance, it was not until the husband felt that a member of the household needed a particular service (such as health and education) or an item that he would make a decision for that individual to access the service. In terms of medical care unless the illness became serious with complications, no one could access treatment. All economic/financial related decisions are made by the man and women take decisions on maintaining cleanliness in their homes. This subordination has become entrenched because of the economic dependence of women on men. This has resulted into women's loss of decision-making power.

The consequences of women's exclusion from household decisions can be as dire for children as they are for women themselves. According to a study conducted by the International Food Security Policy Research Institute, if men and women had equal influence in decision making, the incidence of under weight in South Asia would fall by up to 13.0 percent points, resulting in 13.4 million fewer undernourished children in the region; in Sub-Saharan Africa, an additional 1.7 million children would be adequately nourished (UNICEF, 2007).

While many households are characterised by members pooling their resources and time to achieve a common set of goals, individual household members in particular children do not always share the same priorities or preferences besides having unequal bargaining power.

Whether a family decides to spend its financial resources on the needs of children or the personal preferences of adults often depends on which family members are involved in the decision making process. As indicated, in many households across the developing world, men have a firm upper hand in decisions on household expenditures. This could have a decisive impact on children's well-being, education and, particularly, their health.

Evidence suggests that women and men frequently have very different roles and priorities when it comes to household decision-making. Women generally place a higher premium on welfare related goals and are more likely to use their influence and the resources they control to promote the needs of families particularly children (UNDP, 2006b).

This is in line with earlier reports by World Bank (2004) that whereas women spent their earned income on health care/medicine, increasing food production and improved nutrition in the household, men spent on alcohol and marrying more wives. The report points out that, men felt insecure with limited authority to control and take decisions in situations where women earned income and controlled their budgets.

In Uganda, it was pointed out by UNICEF (2006) that women and girls have low participation in decision-making more especially in rural areas because of male power dominance, low education and polygamous relations. World Bank (2004) had earlier on revealed that women who have attained high level of education and live in nuclear families are more liberal and independent in deciding on issues concerning their lives. They have opportunities to interact with their spouses and other members of the family and community.

Therefore, decision making processes in allocation of tasks and management of resources as well as access and utilization of services is an important aspect of child rights which needs to be focused on. Thus the purpose of this study to consider levels of decisions making in households and the impact on child rights to survival, development, protection and participation.

2.3 Related Literature on Child rights

2.3.1 Right to Survival

Survival rights cover a child's right to life and the needs that are most basic for existence. These include the right to feeding, proper nutrition, life before and after birth, clothing, descent shelter, health and medical care, safe water and good sanitation. These rights are fundamental in that life is a prerequisite for the realization of any other human rights.

2.3.1.1 The right to proper feeding and nutrition

Nutrition status of children is measured by the levels of stunting and wasting of children in a population (Sen, et al, 1998; WHO, 2000; UBOS, 2001; Caelers, et al 2001; Asingwire, N. 2002; and Erika, et al 2004). Save the Children (2002) reported that a big percentage of children in developing countries have nutritional deficiencies. The Philippines is one of the countries in which Save the Children works where nutritional deficiencies and health problems hinder children's progress in school. Children are faced with problems such as anemia, or vitamin A deficiencies, intestinal parasites and malnutrition.

In South Africa, a study by Steyn, et al (2002) indicates that 42.6 percent of the households marshal so small an income that they are in "food poverty", unable to afford regularly even a basic subsistence diet. This has debilitating physical effect on children. Sixteen percent (16%) of South African babies are born underweight and amongst children under nine, 21.6 percent are stunted, 10.3 percent are underweight and 3.7 percent experience wasting. Among children between the ages of 6 and 72 months, 33.0 percent were vitamin A deficient, 10.6 percent were iodine deficient and 10.0 percent were iron deficient.

In Burundi, UNICEF (2007) reports that the food crisis has deepened leading to a rise in the death toll and children abandoning school as a result of an unusually harsh dry spell followed by torrents and floods. In one Province alone 908 children are reported to have left school. And reports from six Provinces in February 2007 reveal that children are dying from a variety of causes, which range from being beaten for stealing crops to food poisoning from eating unfamiliar roots and leaves or they are simply starving to death.

The report shows that prices for the most affordable protein i.e. beans has almost doubled yet Burundians live on less than one dollar a day. Mothers as primary care givers, have no choice but to sell clothes and other belongings in search for food to keep their children alive. The report further points out that some families have resorted to selling off land, roofing sheets and even the wooden supports from their homes as firewood to buy food. In such circumstances, the right to food and proper nutrition for children is a nightmare for most families that have no food reserves and eat one meal a day.

In Uganda, 50 to 80 severely malnourished children are admitted every month (tip of the ice bag) to Mulago National referral Hospital Nutrition Unit. A number of factors have been suggested for nutritional problems among which included many families favour cash crops over food crops, leading to inadequate food intake by children, poor knowledge by mothers of the need for vitamin-rich foods (such as fruit and green vegetables) and culture of women and children eating less than men and the elderly (orphaned, fostered and disabled children getting the least). Some food taboos on protein-rich food for women and children aggravate the situation. In the case of infants, although breastfeeding is nearly universal, many mothers have to stop early, especially in urban areas, when they return to work. In the case of school going children, school food is not adequate. Many children miss breakfast, and not all have lunch at school or take lunch with them.

UBOS, (2006b) reveals that one in every ten households gave nothing to children below five years for breakfast. And among those who did provide 27.0 percent provided tea with solid food for their children while 13.0 percent provided milk tea with sugar.

The report further shows that, one in every ten rural households took one meal in a day. Yet the recommended number of meals per day is three i.e. breakfast, lunch and dinner. The World Health Organization estimates that a one year old boy requires 1200 (one thousand two hundred) calories per day whereas a man engaged in subsistence farming requires 3000 (three thousand) calories a day. These calories differ by the type of food and frequency of consumption.

According to UNICEF (2006), a child who is malnourished is much more likely to contract respiratory infections, diarrhea, measles and other preventable diseases. Stunting weakens immunity, impairs learning capacity and work performance and affects overall quality of life. For girls, it presents additional risk: it is associated not only with low adult height but also with small pelvic size, increasing the risk of obstructed labour and thereby maternal mortality.

2.3.1.2 The right to life before and after birth

Literature reveals violations of child rights to life before and after birth. Pre-natal sex selection and infanticide prevalent in parts of South and East Asia, show the low value placed on the lives of girls and women and have led to unbalanced populations where men outnumber women. Studies by Hasanbegovic, C. (2003) revealed that 60 million female, mostly from Asian countries are 'missing' killed by infanticide, selective abortion, deliberate under nutrition or lack of access to health care. A study in one clinic in India showed that out of 8,000 (eight thousand) aborted foetuses, 7,997 (seven thousand nine hundred ninety seven) were females. Hence, denying thousands of children a right to life before birth.

Hasanbegovic, (2003) further revealed honour killing of girls as young as ten years old as being among those killed on the pretext of their being a Kari- a term used for those having illicit relations during 2002 in Sindh Province, Pakistan. Karo-Kari (honour killing has already claimed more than 382 lives during 2002. Honour killing field research carried out by women activists in Iragi Kurdistan reveals that over 4,000 female

children were killed between 1991 and 2000. Again, thirty-six 'honour' crimes of young children were reported in Lebanon between 1996-1998 mainly in small cities and villages denying the children a right to life after birth. In 2001, 147 children under 18 years old living in the streets were murdered in Guatemala, of which 91 percent were boys and 9 percent were girls. In Honduras, Central America, more than fifty (50) street children systematically killed in the month of May 2002 alone, this brought a total of 1,210 murders of children since January 1998.

In Uganda, like most developing countries, a complex environment prevails for the child's life before and after birth mainly as a result of poor maternal care, child delivery and early childhood development services. According to UBOS (2006a), a rural child has a 60 percent higher chance of dying before the age of 5, and an 80 per cent higher chance of dying between birth and 1 year old. Ninety two percent (92%) of the pregnant women have at least 1 antenatal visit whereas only 42.0 percent of women make four or more visits during a pregnancy. Antenatal care is critical for monitoring the progress of a pregnancy and for identification of problems during pregnancy that can cause complications in delivery and may lead to death of a child.

Birth in health facilities remains low, at around 38.0 percent throughout the decade. Older women, women with subsequent pregnancies, rural women, uneducated women, women who have not had antenatal checks-ups and poorer women are less likely to deliver in a health facility and hence high chances of their babies not surviving at birth. Globally, in terms of deaths from neonatal tetanus, Uganda ranked 16th (UNDP, 2006b).

Ninety two percent (92%) of the women reported not receiving any postnatal care and hence, their children did not complete immunization and other care. First order births and urban children are more likely to be immunized, as are children in the Eastern and Western regions of the country, and children from higher quintile households. Again, education has a positive effect: primary education increase the proportion of children fully immunized, and secondary education has an even stronger effect almost doubling the proportion immunized, compared with mothers with no education.

Referring to malaria, UBOS (2006a) reported that malaria is number one cause of illness and death among children. Pregnant women and their unborn babies are particularly vulnerable to malaria, which is the major cause of low birth weight, anaemia and infant death. Uganda adopted the Intermittent Presumptive Treatment (IPT) with SP/Fansidar as its strategy for malaria prevention in pregnant women recommending two doses at least a month apart in the second and third trimester. The report further revealed that 78.0 percent of the pregnant women took Fansidar for prevention of malaria. It also reveals that only 43% of the pregnant women took the recommended dose.

Use of insecticide treated mosquito nets are among the most effective tools for prevention of malaria. UBOS (2006a) reports that only 17 percent of households have bed-nets and only 7 percent of young children and women reported sleeping under a bed-net. Children in higher quality houses and in urban areas are more likely to possess and use a mosquito net. Only 3 percent of these had been treated in the 6 months prior to the survey.

2.3.1.3 The right to descent shelter and clothing

Overall, in Uganda, in the past half-decade, there have been some improvements in housing stock. According to UBOS (2006b), the proportion of households staying in dwelling units with permanent roof materials increased from 40.0 percent to 56.0 percent while those with permanent wall materials increased from 12.0 percent to 28.0 percent and those with permanent floor materials increased from 14.0 percent to 22.0 percent. Overall 18.0 percent of the households were staying in permanent dwellings in 2002. But most of these improvements have been in urban areas as compared to rural areas where 83.0 percent of the households still have earth dung floors.

UNICEF, (2006), reveals that over 2.7 million children i.e. two in every ten children below 18 years of age sleep in an overcrowded room (more than five persons per room).

UBOS (2006b) that 87% of the households had two sets of clothes and 35% of the households had children with separate blankets. The proportion for urban households being 55.0 percent and 32.0 percent for rural households.

According to Bukokhe, J (2002) in a study on child poverty in Uganda, children from poor households emphasized sleeping on the floor, and having nothing to cover themselves with at night. They were concerned about overcrowding due to large families and lack of privacy. The home environment with no descent shelter fails to provide stimulation for children. In the study children and adults gave vivid examples of the ill-treatment and shame that comes from lack of descent shelter. In a related study by Witter, S. (2002), lack of washing facilities, soap and descent clothing were seen as important for the self-esteem of poor children.

Only 8.0 percent of the households in Uganda have access to electricity as the main source of fuel for lighting. Majority of the households use paraffin candles for lighting (UBOS, 2006b).

2.3.1.4 The right to health and medical care

For most countries, available information on child health mainly takes the form of indicators of survival, such as child death and child morbidity rates (Giese, et al 2002 and Bradshaw, D 2003). These indicators are not able to provide a comprehensive insight into the multiplicity of factors that impact on child health, nor on the many other dimensions of child health and well being. Some aspects of child health are still poorly understood for example, no regular information exists as to the psycho-social and mental health challenges that children face in a context of poverty and devastating epidemics such as HIV trauma and violence. Morbidity and mortality indicators nevertheless provide a crude, albeit incomplete, measure of the extent to which children's health rights are being met.

Overall health-seeking behavior in Uganda is very poor and health indicators for children have been worsening since the mid-1990s. Children die from many preventable

childhood diseases such as measles, polio, tetanus, tuberculosis, whooping cough and diphtheria, against which there are effective vaccines. There are other illnesses such as malaria, diarrhea and pneumonia that can be effectively treated through low cost remedies. Children are now facing other deadly infections such as HIV/AIDS.

The bulk of health expenditure is private and the cost of illness to households is high. These include, for example, chronic treatments, in the case of AIDS; frequent treatments for illnesses such as malaria; productivity lost to illness; and interrupted attendance at school. Ill health, its effects and costs to the household, is a key concern for children and the poor (Witter, S. 2002).

2.3.1.5 The right to safe water and good sanitation

In Uganda, tap water, water from boreholes, protected springs and gravity flow schemes is regarded as safe for drinking. UBOS (2006b) reported that 68.0 percent of the households had access to a source of safe drinking water. Eighty seven percent (87%) in urban setting and 64.0 percent in rural areas. However there is increasing concern that despite improving access to safe water supplies, the quality of water when it is finally consumed is frequently diminished as a result of poor hygiene practices in maintaining a safe water chain. The report shows that 11.0 percent of the households did not use any toilet facility.

UNICEF (2006), reported that about 5.4 million children below 18 years in Uganda, on average 4 out of every 10 children do not have access to safe drinking water and consume mainly unprotected surface water (from a river, pond or dam). Lack of safe water in adequate quantity is a leading cause of diarrhea, which is the second highest killer of children under-five and a major cause of disease, also affecting children's productivity and attendance in school.

UNICEF, further reported that over 2 million children below 18 years of age have no access to toilet facilities of any kind. Use of appropriate toilet facilities is important in hygiene related illnesses like diarrhea, intestinal infections and cholera among others.

Without access to sanitation children's risk of disease increases dramatically, jeopardizing their chances of survival and healthy growth and development.

2.3.2 The right to Development

Development rights include what children require in order to reach their fullest potential in life such as the right to education and training, parental love and care, stimulation in early childhood, play and leisure, cultural activities, access to information and a well-structured transition through adolescence to early adulthood.

2.3.2.1 Right to Education

UNICEF (2007), reports that despite overall growth in educational enrolment, more than 115 million children of primary school age do not receive an elementary education. The report shows that four out of every ten primary age children in Sub-Saharan Africa do not go to school. Of those who do go to school, only a small proportion reach a basic level of skills with a few exceptions girls are more likely than boys to be missing from classrooms across the developing world. Girls who enrol in school often drop out when they reach puberty for many reasons. The report finds that pre-primary education is extremely limited in the region, involving only one child in ten. The situation varies greatly from one country to another, with Eastern and Southern Africa accounting for 62.0 percent of these children.

According to UNESCO (2001), policies specifically targeting girls were responsible for considerable improvements in countries such as Benin, Botswana, the Gambia, Guinea, Lesotho, Mauritania and Namibia. In Benin, for instance, gender gap narrowed from 32 to 22 percent, due to policies such as sensitising parents through the media and reducing school fees for girls in public primary schools in rural areas.

Mauritania narrowed the gender gap in primary schools from 13.0 to 4.0 percent due to its strategy on increasing the proportion of female teachers. This is in line with the

UNICEF (2006) report that girls' enrolments rise relative to boys as the proportion of female teachers increase. Therefore an effective method to ensuring gender parity is to equalize the gender balance among teachers. Guinea employed a broader approach, making girls' education a national priority during the early 1990s. After assessing the challenges faced by girls in schools, the government embarked on programmes to build latrines in schools, assist pregnant students, distribute free textbooks and increase the number of female teachers. By 2000 the country had more than doubled the number of girls in school and increased boys' attendance by 80 percent.

In Uganda, primary education enrolment increased dramatically under Universal Primary Education (UPE), for instance 2.3million were enrolled in 1991; 2.6 million in 1995 and 8.8 million in 2000. Despite the achievements through UPE, at least 1.2 million children aged 7-18 have never attended school. The following were given as reasons for not attending school; school too far (24 percent), monetary cost (23.3 percent), labour needed (19.6 percent), considered too young (17.6 percent), disabled (16.8 percent), no interest (11.7 percent), travel to school unsafe (6.6 percent), school not important (4.4 percent), poor school quality (0.9 percent), no secondary school places (0.8 percent), no good jobs for graduates (0.2 percent) and other reasons (11.2 percent). Disparities between girls and boys start in primary school and the differences widen up through the entire educational system. Countrywide only 8.0 percent of children in the 3-5 year age bracket are in pre-school institutions, most of these in urban areas (UBOS, 2006a).

According to Kristin, et al (2001), Clacherty, et al (2004) and MoGLD (2006), the situation for children with disabilities is worse. A small 2.0 per cent of all disabled children in developing countries get an education. Many parents simply can't afford to send their children to school. If they have to make difficult choices about who to send to school, children with disabilities especially the girls come at the bottom of the list. In some cultures disability is seen as something shameful which is best kept hidden at home.

In Northern Uganda, due to prolonged conflict in the region that has led to the breakdown in infrastructure and the disruption of local service delivery, 60 percent of the schools are not functioning and approximately 250,000 children have no access to education at all. In Karamoja sub-region in the North Eastern part of the country, literacy rates are at 21 percent that is below the national average of 68 percent (UNDP, 2006a).

2.3.2.2 Right to parental love and care

In the most developing countries, especially those affected by HIV/AIDS the burden of parental love and care is rapidly shifting to female and grandparent-headed households. In Zambia, for example, female-headed households are twice as likely to care for double orphans as those headed by men. As these women grow older or die, the burden passes on to grandparents, who increasingly are becoming surrogate parents to their bereaved grandchildren, often with few resources.

Grand mothers already care for about half of all orphans in Botswana and Thailand, while in Namibia the proportion of double and single orphans living with their grandparents rose from 44.0 percent to 61.0 percent between 1992 and 2000 (UNDP, 2005).

In Uganda, UBOS, (2003a) reported that 1.8 million (13%) of all children below 18 years of age had lost at least one of their parents hence deprivation of parental care and love. This is evidenced by the increasing number of child-headed households and the shredding of community safety net systems that exposes many orphans to multiple vulnerabilities without protection.

It is common practice in many communities to place orphaned children in households headed by adults. Once the parents die, orphans are separated and distributed among various relatives, some of whom may live far away from the children's paternal home. In many cases the fostering adults neglect the children's emotional demands of associating with their larger patrilineal kin and hardly allow them to visit their relatives (UNAIDS, et al, 2004).

Looking at parental love and care in the context of children who come in conflict with the law, Save the Children UK and UNICEF (2002) found that 53% of the children in Naguru Remand Home were staying with their parents prior to detention and the rest were staying with members of their extended families. It was further noted that most of their parents/guardians were low-income earners. The study shows that most of these children were charged with theft especially of food and other petty items. This study concluded that most child offenders come from relatively poor economic backgrounds and they end up offending in-order to survive a term that has come to be referred to as "survival offending".

It also concluded that juvenile offending is partly brought about due to failure of families to care and provide basic necessities for their children who end up committing offences in-order to survive. Secondly, since most of the children were staying with their families and family members were among the complainants, this according to study points to the failure of parents to exercise their parental responsibilities in instilling values and positive behaviours into their children.

2.3.2.3 Right to play and leisure

Although literature hardly exists on this right, child play and stimulation are essential for brain development and contribute to a child's full potential. The early years of a child's life are critical for the development of the potential of human being, and the first seven years are characterised by the rapid development of the physical, emotional, intellectual, social and moral character of the child.

In Uganda rural areas, children aged less than 5 years have inadequate opportunities for play and stimulation in safe and nurturing environments. At the same time caregivers have inadequate knowledge and skills needed for optimum care that enhance children's growth and development (UNICEF, 2006).

2.3.2.4 Right to information:

There is hardly any literature on this right. UNICEF (2006), revealed that over 6 million children half of all children aged 3-18 years in Uganda are deprived of information, lacking access to radio, telephone or newspaper without which they lack opportunities to widen their knowledge and become better informed on issues related to health, child development and other matters which could enable them to improve their lives.

2.3.3 Right to protection

These rights require that children be safeguarded against all forms of abuse, violence, neglect and exploitation. As well as rights to special assistance measures in the case of those who are affected by conflict, marginalized or deliberately excluded and those who suffer disabilities, or are otherwise especially vulnerable.

2.3.3.1 Right to protection against all forms of mistreatment, abuse, neglect and exploitation

Sexual abuse is the most prevalent form of abuse against children. Even though it affects both boys and girls, girls are more vulnerable to this form of abuse. The estimated ratio of sexual abuse by gender is 80:20 female to male. Abuse occurs in all places such as homes, institutions of learning, children's homes, and religious institutions amongst others. It is estimated that 1 in 10 adults were sexually abused as children. Of those abused, about 56.0 percent often involve non-contrast sexual exposure but in erotic ways and 44.0 percent involve actual physical (sexual) contact (UNICEF, 2006).

In UNICEF (2007), Mexico's social service agency reports that there are more than 16,000 children engaged in prostitution, with tourist destinations being among those areas with the highest number. In Lithuania, 20 to 50 percent of prostitutes are believed to be minors. Children as young as age 11 are known to work as prostitutes. Children from children's homes, some 10 to 12 years old, have been used to make pornographic movies. Surveys indicate that 30 to 35 percent of all sex workers in the Mekong sub-region of South East Asia are between 12 and 17 years of age.

Hasanbegovic, C (2003) reported that almost one million boys and girls in Asia spend each night providing sexual services for adults. Most of these children are coerced, kidnapped or sold into this multi-billion dollar industry. In India, the sexual exploitation of children is increasing at an alarming rate in city slums, according to child rights activists. A survey by the Dehli based Joint Women's Programme found that up to 12.0 percent of children living in the shanty towns of India's cities were being exploited. It found that a vast majority of the children were being tricked into prostitution by contractors, who bring them from villages on the promise of good jobs in the city. The survey found that, although girls were more vulnerable, young boys were also at risk.

In South Africa, NGO shadow report to CEDAW (1998) states that more than 100 cases of child abuse (97 percent of them being girls) are reported to police daily.

In Uganda, there is scanty information on the magnitude of child sexual abuse. The little existing literature points to the increasing problem of child sexual abuse for example, ANPPCAN (2003) reported that sexual abuse accounted for 42.0 percent of the reported cases to police. Of this, defilement accounted for the highest 37.0 percent.

A study by Dipak, N. (2004) on violence against children, revealed that 75.8% of the children studied reported having experienced sexual violence such as exposure to pornography, being touched, unwanted attention, being exposed to adults having sex, forced to touch adults in sexual ways and forced to have sex. Of the total number, 32.2 percent of the children said they had experienced it at home, 24.3 percent at school, and 34.2 percent both at home and in school while 9.3 percent violence from the community.

A quick assessment based on the newspaper reports puts the number of children defiled per month in South Eastern Uganda at 111, and about 4 girls per day. These are the reported defilement cases (in the formal justice system) yet the number of those that never get reported may be higher especially in rural areas where some cultures may compromise defilement (The British Council Uganda, 2002).

In conflict affected areas, UNDP (2006a) reported that the stigma associated with sexual violence and the culture of impunity prevailing in Internally Displaced People's (IDP) camps has discouraged many women and girls from reporting cases to authorities. This should be understood in relation to cultural norms and attitudes that discourage open discussion of rape due to fear of shame – to the individual and community. In incidences of marital rape, cultural practices do not even recognize it as a crime, but a husband's right and entitlement.

The available literature also indicates that cases of child prostitution are increasing in Uganda. The UDEL (2003) study highlights the plight of Commercial Sex Exploitation of Children (CSEC). They found that most of the children (78%) had their first sexual intercourse when they are 10-14 years old. Only 14.0 percent of the boys and 20.0 percent of the girls had their first sexual intercourse when they were 15-17 years. The data shows that 65.0 percent of the boys and 48.0 percent of the girls were first exposed to CSEC at the age of 10-14 years. The median age at first sexual intercourse for all the respondents' was 13 years old.

This literature review notes that prostitution for the male child has not been documented but recent media reports indicate that homosexuality is on the increase in Uganda and homosexual paedophiles do initiate young boys into male prostitution.

Child trafficking is another form of abuse children suffer. It is a global problem affecting large numbers of children. Some estimates have as many as 1-2 million children being trafficked every year. There is a demand for trafficked children as cheap labour or for sexual exploitation. Children and their families are often unaware of the dangers of trafficking, believing that better employment and lives lie in other countries.

UNICEF (2007), estimates that 1,000 to 1,500 Guatemalan babies and children are trafficked each year for adoption by couples in North America and Europe. The report further reveals that girls as young as 13 (mainly from Asia and Eastern Europe) are trafficked as "mail-order brides." Large numbers of children are being trafficked in West

and Central Africa, mainly for domestic work but also for sexual exploitation and to work in shops or on farms. Nearly 90 percent of these trafficked domestic workers are girls.

Children from Togo, Mali, Burkina Faso and Ghana are trafficked to Nigeria, Ivory Coast, Benin, Cameroon and Gabon. Some are sent as far away as the Middle East and Europe. In Uganda hardly any literature exist on the issue.

With regard to physical abuse which is a common practice mainly under the pretext of discipline. While discipline remains a desirable aspect of socialization of children, the manner in which it is fostered in children has led to cases of abuse. Adults have failed to separate discipline from punishment. For instance school teachers, especially in rural schools, cane children almost as an end in itself.

South Africa is one of the countries where violence against children in form of physical abuse is still very high even when a number of years have passed since the transition from a police state under apartheid to democracy. One consequence has been that violence has to a large degree come to be seen as a normal phenomenon in society, as the usual way of resolving conflict, and as the preferred method of disciplining children. There are reports of continued use of corporal punishments in schools, as both educators and parents believe that it is an effective form of discipline. Physical chastisement is extensively also practiced by parents (Sloth-Nielsen, J. 2002).

In Uganda, a study about corporal punishment in schools by Dipak, N. 2004 reported that punishments are used indiscriminately which leads to abuse. Students are beaten for giving wrong answers, failing examinations, coming late to school, being slow learners, being rude or naughty and as a collective punishment when wrong doers refuse to own up. Sometimes teachers overstep and use abusive means.

Many parents use physical force which goes beyond mild punishment for different and many reasons, this is not seen as child abuse and is often condoned mainly due to the fact that everyone has gone through the same kind of treatment so it is presumed as a normal

way of handling child discipline. It is not by mistake, therefore, that repeatedly, adults physically and mentally harm the very children they are presuming to be “helping” to behave in a more acceptable manner.

Physical abuse results into a “pecking order” such that the powerful inflict physical harm on the powerless; men inflict harm on women and children, women on children, older children on younger ones and the young ones revenge on pets and toys.

Considering the issue of child exploitation, the CRC states that children have the right to be protected from economic exploitation and from performing any work that is likely to be hazardous or interfere with the child’s education or to be harmful to the child’s health or physical, mental, spiritual, moral or social development (Article, 32).

This issue has generated heated debate in recent years. One side of the debate sees child labour as a major obstacle to social and economic progress and looks forward to a world where all children are in school and not in the work force. Others argue that children’s work is a vital household response to poverty, and that work can be beneficial as well as harmful. While many children start work below the age of 10, particularly those doing domestic chores or helping with family farms or businesses, the majority of working children are aged 10 to 14 (ILO, 1995).

Reliable statistics on child labour are difficult to obtain, partly because of differing views of what constitutes work, and partly because much child labour is illegal and there are strong pressures on governments, employers and children who want to retain their jobs to conceal the fact that they are working. Global estimates of numbers of working children should not be seen as definitive figures but serve a useful purpose in drawing world attention to the scale of child labour since they are widely quoted.

An estimated 250 million children are engaged in child labour of those, almost three-quarters (171million) work in hazardous situations or conditions, such as working in mines, working with chemicals and pesticides in agriculture or working with dangerous

machinery. They are everywhere but invisible, toiling as domestic servants in homes, labouring behind the walls of workshops, and hidden from view in plantations. The vast majority of child labourers i.e. 70.0 percent or more work in agriculture, only about 5.0 percent work in the production of internationally traded goods, such as the trainers and footballs that have attracted so much attention in the West in recent years (UNICEF, 2007).

Uganda is a member of ILO and has ratified the Worst Forms of Child Labour Convention and the Minimum Age of Admission to Employment Convention. In spite of the government's commitment to combat child labour, including children employed in commercial agriculture, there are still a number of loopholes, both in the legislation and within the policies, the bulk of which are still in draft form and yet to be adopted (ILO/IPEC, 2004).

Agriculture accounts for 80.0 percent of employment and it is the major livelihood for majority of the rural poor. Due to their rural setting, many children are compelled to work in agriculture and represent a substantial percent of the labour force. In addition, most children who drop out of school in rural areas engage in farming with the aim of raising their fees and providing a supplementary income for their households.

In the commercial agriculture sector, children are mainly employed in the sub-sectors of tea, rice, coffee, sugar and tobacco. They engage in activities such as land clearing, planting, weeding, harvesting and on the individual enterprise level, bird scaring and nursery management. Studies in Uganda (ILO/IPEC, 2004) reveal that children engage in farm activities as early as four (4) years of age and that the average age of children working in the tea sector is fifteen (15) years, eleven (11) years in coffee and nine (9) years in tobacco sub-sector. A typical worker's day in Kakira Sugar works for example, commences at 5:00a.m and ends at 7:00p.m, a 14 hour working day for children.

In related research conducted among fishing communities along Lake Victoria in Rakai, Wakiso and Bugiri districts, it was discovered that boys dropped out of school to go

fishing. This was attributed to the easy returns from fishing and the lack of commitment among parents to educate their children (MoFPED, 2004a). Such children face a number of obstacles to their development which include work related injuries such as back pain, cuts and bruises from bushes and stumps as well as skin problems from exposure to chemicals due to lack of protective gears. In addition, they work in the early hours of the day, which exposes them to dew and cold conditions. These children are also at risk sexual harassment, defilement, early pregnancy, STDs, health hazards related to working near unsafe water, as well as malaria and other fevers.

2.3.3.2 Right to protection against harmful situations and practices

Female Genital Mutilation/Cutting (FGM/C) is one of the harmful practices that children and women face. It is mainly performed on children and adolescents between four (4) to fourteen (14) years of age. In some countries, however, up to half of FGM/C is performed on infants under one year old, including 44.0 percent in Eritrea and 29.0 percent in Mali (UNICEF, 2007). FGM/C is practiced for a number of reasons including control and reducing female sexuality, initiation for girls into womanhood, social integration and the maintenance of social cohesion, belief that female genitalia are dirty and unsightly, enhancing fertility and child survival and mistaken belief that FGM/C is a religious requirement.

It is estimated that over the world, 100 to 130million girls and women have undergone some form of FGM/C. Annually over 3 million girls are at risk of this practice, which occurs in 28 African countries, a few countries in the Middle East and Asia. The practice is also increasingly found in Europe, USA, Australia and Canada primarily among the immigrants from Africa and South Western Asia (WHO, 2002 and UNICEF, 2007). All over Africa, two million girls are subjected to FGM/C every year. Over 90.0 percent of girls in Northern Sudan (Save the Children (Sweden), 2003b) and 73.0 percent in Ethiopia (Save the Children (Sweden), 2003a) undergo FGM/C. This harmful traditional practice has been going on for centuries in these countries despite the health risks and the excruciating pain the children endure.

In Uganda, FGM/C is an ongoing concern, though is practiced only among a few groups, such as the Sabiny in Kapchorwa and the Pokot in Karamoja. It is an extreme form of violence, which assaults the innermost self of the woman, by denying her life and dignity. During 2004 circumcision season, despite the firm action to root the practice out of Sebei land and restore the health and status of Sabiny women, there were a number of cases where the traditionalists especially parents in-laws intimidated their daughters in-laws until they gave in to the practice even after making informed commitments with the girl's parents that will not force them to submit to the practice. A total of 594 girls including an Acholi, were circumcised in 2004. Majority of them sited mistreatment, isolation, harassment, denial of respect and recognition especially during family and clan reunion ceremonies. The practice exposes girls to HIV/AIDS due to the crude instruments used by the surgeons (UNICEF, 2006).

FGM/C is a fundamental violation of the rights of girls. It is discriminatory and violates the rights to equal opportunities, health, and freedom from violence, injury, abuse, torture and cruel or inhuman and degrading treatment, protection from harmful traditional practices, and to make decisions concerning reproduction. A private members Bill has been proposed and once it is passed, it will protect the rights of the girl child and women. It would be criminal for both girls and women who offer themselves for circumcision and the promoters would not go unpunished under the law.

Removing of girls breasts is another harmful practice which is common in Cameroon. One quarter of all Cameroonian women are said to been victims of this painful 'breast ironing' as it is known. Ironically, the tradition was a mystery to many in the West African nation until a recent campaign to stop the potentially dangerous practice aimed at delaying a young girl's natural development. Geraldine Sirri was only nine years when her mother started daily massaging her breasts with blazing hot stone to keep them flat and keep men's hands and eyes off her daughter. After six days of massage with hot pestle, she would switch to another instrument, like a coconut shell which would also be heated over fire (The New Vision, Thursday June 27th 2006).

Another harmful practice is the issue of early marriages which is on the increase. This practice affects both boys and girls. The practice of boys marrying at a young age is most common in Sub-Saharan Africa and South Asia. However, in the Middle East, North Africa and other parts of Asia, marriage at or shortly after puberty is common among some groups. There are also parts of West and East Africa and South of Asia where marriages much earlier than puberty are not unusual. It is hard to know the number of child marriages as so many are unregistered and unofficial. There are exceptions such as Bangladesh, where a Survey in 1996-1997 reported that five percent (5%) of 10 to 14 year olds were married (UNICEF, 2007). Small scale studies and anecdotal information fill in the picture. They imply that marriage at a very young age is wide spread.

A 1998 survey in India state of Madhya Pradesh found that nearly 14.0 percent of girls were married between the ages of 10 and 14 (Black, M. 2004). In Ethiopia, married girls of 8-12 years could be categorized as adult women, boys of the same age or older are not labeled adults unless they are married which usually does not happen until they are in their twenties. In Kebbi state in Northern Nigeria, the average age of marriage for girls is just over 11 years, against a national average of 17 years (Save the Children (Sweden) 2003a).

In Uganda, studies indicate that over the last two decades, the age of first marriage has been decreasing from 18 years old to 14 years. The early aspects of this change were attributed to hardship, war, insurgency, and a breakdown of the socio-cultural institutions. Today major factors include poverty, school dropout and lack of value for education, peer pressure and early engaging in sex (UNICEF, 2006).

2.3.4 Right to participation

Participation rights revolve around the rights of freedom of expression, thought, conscience and religion and the right of the children to express their views, especially on matters directly affecting their welfare, while taking into account the child's age and maturity. The CRC obliges all State parties to assure to the child who is capable of

forming her or his own views the right to express those views freely in all matters affecting her/him.

2.3.4.1 Participation in all matters affecting their lives depending on their age and ability

During the past decade in light of the CRC, many organizations working with children have been re-assessing the way they fulfil their mission. Responding to this category of rights has proved a special challenge, for it requires the re-orientation of approaches. Instead of confining children to the role of passive beneficiaries, children should be given the opportunity to become active contributors in activities undertaken on their behalf. The level and degree of participation of children in development is, largely, dependant and determined by two factors. First is the extent to which adults create opportunities and space for children to participate, and second is children's own maturity level, knowledge, skills, exposure, information and experiences.

According to Karkara, et al (2004) the term child participation is sometimes used very loosely, as if all assumptions around its meaning and application are commonly shared. It can also be used too narrowly, confining its meaning to inviting children to express their views. In addition child consultations of this latter kind have often been restricted to one off sessions, rather than instituted as an ongoing process.

There has also been confusion; including children as beneficiaries has been wrongly described as child participation. Poor practice where children manipulated by adults to "say their piece" or appear on public platforms in a tokenistic role. And because of an emphasis on children's empowerment, there has developed a mistaken perception that child participation implies children taking over duties and responsibilities fittingly performed by adults. Analysis of the case studies reveals that many programmes have begun to explore opportunities for moving beyond children's participation in programmes to allow children to play a greater role in the way the organisation defines and develops its work. In some cases, this process is incremental. It involves a gradual extension of the

part children play in identifying project priorities, and in their design and development. In other cases, specific measures have been taken to introduce new structures that give children a clear role in the governance of the organisation.

Save the Children has been among those organizations actively seeking ways of helping children realise their participation rights. Participatory approaches originally used with adult groups have been adopted, and child friendly methodologies developed.

Since 2001, a group of 12 pioneer country programmes have been piloting initiatives to involve children and young people beyond the level of projects and give them a greater voice in decision-making. And the piloting of the Global Impact Monitoring in 2002 has provided an opportunity to start involving children in 'stakeholder' meetings designed to review the impact of Save the Children's work (Save the Children, 2002).

There are a number of case studies from Bangladesh, Central America, England, India, Nepal, Pakistan, Scotland, Brazil, Tajikistan, Vietnam, Wales, Nigeria, Morocco, Ethiopia and Zimbabwe and Uganda (Kramer, J.Y. 1999, Kavadi, S. 2001; Landsdown, D. 2001; Kirby, et al 2002; Groves, L. 2003 and Karkara, et al 2004).

In Bangladesh, Centre for Services and Information on Disability (CSID) has been raising awareness and working with people with disabilities since 1999. The centre involves children with disabilities working on the streets. The children formed two advocacy groups in 2000 and use theatre and other means to campaign against discrimination and gain access to services (Save the Children (UK), 2001).

A group of working children in Guatemala, Central America, reported about their increased ability to talk in larger groups and be listened to as part of a new freedom to express their views. This ability has enabled children to exercise their rights and influence decision-making processes in their organisations as well as among local authorities (Black, M. 2004).

In Carica, a participatory planning process was developed with children as partners. The children had all been involved in partner projects and therefore had some knowledge of programmes run by partner agencies. They ran workshops using focus groups, role plays, and a range of visual methods to explore children's priorities. They used the process and the findings as the basis for a major funding proposal in which the children were actively involved. One of the key findings was the absolute priority that children placed on education, vocational training and the need for greater knowledge about their rights. It resulted in the Programme refocusing its objectives to ensure a greater priority being placed on education (Save the Children, 2002).

Some examples where children were involved in conducting a situation analysis include India responding to floods. Children were trained in participatory rural appraisal to help inform Save the Children about the numbers of families affected, and the children's requirements. This information was then used for developing a strategy. For example, the children found that the size of rations were wrong as standard amounts were distributed per family rather than on the basis of family size, thus causing considerable hardship for larger families (Worrall, S. 2000).

An Advocacy Programme in Andhra Pradesh, India is a programme that works with daughters of sex workers and other girls vulnerable to trafficking. Children aged 12 to 18 years campaign against child trafficking and prevent their entry into sex work. The girls have developed posters and messages, and on a regular basis present their needs to decision makers (Black, M 2004).

Again in India, it was the outcome of a policy decision that children should be involved in the recruitment of all programme staff. The process always involves children involved in programmes and brings them in once the shortlist of candidates for posts has been drawn up. They are given an induction into the interviewing process, presented with the prospective candidate's applications and asked to frame 3-4 questions. They then take part as panel members alongside, and with equal status to the adult members (Save the Children, 2002).

In Ethiopia, children were consulted during the planning of a project. This resulted in a change in the focus of the project, from dealing primarily with education to also addressing child labour issues (Save the Children (Sweden), 2003a). In Morocco, disabled children who were involved in a project to improve the quality of an orthopaedic workshop providing equipment for children with physical impairments identified a need for a leaflet to promote information about the use of prostheses and how to use them safely. The children planned the initiative, designed the leaflet and decided how it should be disseminated.

In Uganda, Kampala, an initiative involving 200 children was introduced to address child abuse in the community. The children were involved in identifying needs, and designing interventions and strategies for implementation. The children, all aged between 10-14 years, created their own structure for implementing the project which involved a project steering committee of 18 children for overall planning, a management committee for handling the implementation of project activities, a child protection committee for investigating, hearing and handling cases of abuse and neglect and an advocacy committee responsible for community sensitization of child rights and child abuse. Members of these committees were all elected by other children in the community (Save the Children, 2002).

Areas where children have not been involved include senior management, marketing, emergencies, budgeting and finance.

2.4 Theoretical Framework

The study draws inspiration from the feminist theories on gender relations and the overall framework on child rights. The researcher begins with a consideration of the feminist theory or perspective which attempts to describe gender issues and to prescribe strategies for women's liberation. The feminist theory referred to in this study draws from a number of feminist approaches i.e. liberal, Marxist, radical, psychoanalytic, socialist, existentialist, or post-modern feminists. The different approaches of the feminist theory provide partial and provisional answers to the "gender question (s)". What is interesting

about the theory is the way in which these partial and provisional answers intersect, joining together both to lament the ways in which women have been oppressed, repressed, and suppressed and to celebrate the ways in which so many women have “beaten the system” taken charge of their own destinies, and encouraged each other to live, love, laugh and be happy as women.

To begin with, the liberal feminist contend that female subordination is rooted in a set of customary and legal constraints that blocks women’s entrance and/or success in the so-called public world (Mill, J.S. 1970 and Wollstonecraft, M. 1975). Because society has the false belief that women are by, nature, less intellectually and /or physically capable than men, it excludes women from the academy, the forum, and the market place. As a result of this policy of exclusion, the true potential of many women goes unfulfilled.

The Marxist feminists think it impossible for anyone, especially women, to obtain genuine equal opportunity in a class society where the wealth produced by the powerless many ends up in the hands of the powerful few. Engels, F. (1972) claim that women’s oppression originated in the introduction of private property. Private ownership of the means of production by relatively few persons, originally all male, inaugurated a class system whose contemporary manifestations are corporate capitalism and imperialism. Reflection on this state of affairs suggest that capitalism itself, not just the larger social rules under which men are privileged over women, is the cause of women’s oppression.

The Radical feminists, however, believe that neither their liberal nor their Marxist sisters have gone far enough. They argue that it is the patriarchal system that oppresses women, a system characterized by power, dominance, hierarchy, and competition, a system that cannot be reformed but only ripped out root and branch. It is not just patriarchy’s legal and political structures that have to be overturned; its social and cultural institutions (especially the family, the church, and the academy) must also go (Oakley, A. 1974; Piercy, M. 1976 and Vetterling-Braggin, M. 1982).

Unlike the Conservatives, Radical feminist have no interest in preserving the “natural order,” or biological status quo, that subordinate women to men. Rather their aim is to question the concept of a “natural order” and to overcome whatever negative effects biology has had on women and perhaps also on men. What is oppressive is not female biology per se, but rather that men have controlled women as child bearers and child rearers. Thus if women are to be liberated, each woman must determine for herself when to use or not to use reproduction-controlling technologies and reproduction –aiding technologies and each woman must also determine for herself how and how not to rear the children she bears. It is important to note that not all radical feminist focus on the biological origins of women’s oppression, most focus instead on the ways in which gender and sexuality have been used to subordinate women to men (Trebilcot, J. 1984 and Donchin, A. 1986).

Unlike liberal feminists, however, who tend to deemphasize men’s power over women and who quite often suggest “that men are simply fellow victims of sex-role conditioning,” radical feminists insist that male power, in societies such as ours, is at the root of the social construction of gender.

In regard to the psychoanalytic feminist theory, sexuality plays a crucial role but in a markedly different way. Whereas for radical feminists, the centrality of sexuality emerges “from feminist practice on diverse issues, including abortion, birth control, sterilization abuse, domestic battery, rape, incest, lesbianism, sexual harassment, prostitution, female sexual slavery, and pornography,” for psychoanalytic feminists, the centrality of sexuality arises out of Freudian theory and such theoretical concepts as the pre-Oedipal stage and the Oedipus complex (Dinnerstein, D. 1977).

The psychoanalytic feminists find the root of women’s oppression embedded deep in her psyche. Originally in the pre-Oedipal stage, all infants are symbiotically attached to their mothers, whom they perceive as omnipotent. The mother-infant relationship is an ambivalent one, however, because mother at times gives too much her presence overwhelms and at other times gives too little her absence disappoints. The pre-Oedipal

stage ends with the Oedipus complex, the process by which the boy gives up his first love object, mother, in order to escape castration at the hands of father. As a result of submitting his id (or desires) to the superego, the boy is fully integrated into culture. Together with his father he will rule over nature and woman, both of whom contain a similarly irrational power. In contrast to the boy, the girl, who has no penis to lose, separates slowly from her first love object, mother. As a result, the girl's integration into culture is incomplete. She exists at the periphery or margin of culture as the one who does not rule but is ruled, largely because, she fears her own power ((Dinnerstein, D. 1977).

According to De Beauvoir, S (1974), woman is oppressed by virtue of "otherness." Woman is the Other because she is not man. Man is the self, the free, determining being who defines the meaning of his existence, and woman is the Other, the object whose meaning is determined for her.

The task of weaving these several strands of feminist theory together seems to have been taken up most effectively by socialist feminists. Mitchell, J (1971) argued that women's condition is over determined by the structures of production (from Marxist feminists), reproduction and sexuality (from radical feminists), and the socialization of children (from liberal feminists). Mitchell, J (1974), made it clear that woman's interior world (her psyche) must also be transformed (as emphasized by the psychoanalytic feminists), for without such a change, improvements in her exterior world will not liberate her from the kind of patriarchal thoughts that undermine her confidence.

The Postmodern feminists regard this whole enterprise by the socialist feminists as yet another instantiation of "phallogocentric" thought (Derrida, J. (1987). It is a typical "male thinking" to seek the "one, true, feminists story of reality." For postmodern feminists, such a synthesis is neither feasible nor desirable. It is not feasible because women's experiences differ across class, racial, and cultural lines. It is not desirable because the one and the true are philosophical myths that have been used to club into submission the

differences that, in point of empirical fact, best describe the human condition. That feminism is many and not one is to be expected because women are many and not one.

From this feminist theory, it is clear that women and men gender identity determines how they are perceived and how they are expected to think and act as women and men. These expectations stem from the idea that certain qualities, behaviours, characteristics, needs and roles are 'natural' for men, while other qualities and roles are 'natural' for women. Constructions of gender are based on a set of beliefs that tend to privilege the men over women. The roles and traits associated with males are generally, seen as more valuable than those associated with females and thus more worthy higher status in everything.

It is also evident that gender inequality is entangled with power relations, with issues of who defines cultural values and practices, and with the wider framework of social relations between families and communities. In this regard, girls and boys learn culture and contribute to its continuity, as well as its transformation. These are forged through a number of social relations in which girls and boys take part. Boys and girls learn, try out, perform, teach and enforce gender norms and rules. In other words boys and girls grow up when they are already involved in building gender boxes for themselves and for each other. They are also a result of the cultural meaning attached to children's status relative to adult and to other girls and boys.

There is a sharp demarcation between 'public' and 'private' spheres. The theory affirms the divisions where by women and girls remain in the domestic sphere while men and boys go in the public to carry out productive work as 'natural'. It also brings out the hidden form of exploitation and women's limited access to and control over resources and hence subordination in decision making on matters of everyday life.

In addition to the feminist theory, the researcher also considered Sen's Co-operative Conflict Model (Sen, et al, 1989) and the entitlement Approach (Sen, A. 1981). The Co-operative Conflict Model contends that, households should be recognized as political units where daily negotiations between members exist with success dependent upon ones

bargaining power inside and outside the household. For instance the assumption that members of the household have equal access to pooled resources which are sufficient to meet their personal needs is theoretically insufficient.

The entitlement Approach focuses on the ability of a person to acquire food within the prevailing economic, social and legal arrangements of a particular community. Sen outlines four kinds of entitlement relationship, trade entitlements based on exchange (the trader has a right to own what she/he has obtained through exchange), production based entitlements (right to food one has produced on her/his land, borrowed land, hired etc), own labour entitlements (right to own commodities one has obtained through one's own labour), inheritance and transfer entitlements (transfer obtained through inheritance).

In all these debates one major group appears to have been left out of view and these are children. Many might argue that this is insignificant for instance the economist might argue that children's needs are the same as household needs. If a household is rich, then the children in it are rich. If a household is poor, then children are poor. Again economists will argue that policies to address household needs will automatically benefit children (a 'trickle-down' effect) and hence children are not independent economic agents. The study challenges this thinking and questions whether we know enough about intra-household gender relations to assume that children's needs are synonymous with those of adults.

As attractive as the postmodern approach to feminism theory may be, some feminist theorists worry that an overemphasis on difference may lead to intellectual and political disintegration (Tong, R. 1998). The researcher therefore draws from all the feminist approaches presented under the feminist theory and Sen's models because I find something valuable in each of the perspectives. Each of these views has made a rich and lasting contribution to debates on gender relations and it would be ungrateful and dishonest to denigrate any in the process of making a case for this study. The theoretical formulation of gender relations of who does what, who has access and who benefits from

the structure of gender roles, decision making, and control over financial and physical resources therefore requires consideration in regard to realization of child rights.

The theoretical thinking on the rights of the child is premised on the CRC 1989 which provides the overall conceptual framework for child rights. The CRC describes four broad categories of children's rights namely; the right to survival (a right to life before and after birth, feeding, proper nutrition, clothing, descent shelter, and medical care), the right to development (includes right to education, access to information, play and leisure, parental love and care), the right to protection (includes right to protection from all forms of mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and the right to participation (includes right to participation in all matters affecting their lives depending on their age and ability, freedom of expression, thinking for themselves, decision making, taking action and associating with other children).

Children are seen as full human beings, rights-holders who can play an active part in the enjoyment of their rights. They are not as has often been presented in the past mere dependants and the property of their parents. They are not people who only become fully human when they become adults. They are in need of protection but also have strengthens. Every child is seen as important, no matter what its abilities, origins or gender. Their views and opinions are significant. They are not to be seen merely as victims, workers, young offenders, pupils or consumers, but as complex and fully rounded members. Therefore a study on the gender relations and children's rights could be a first step in understanding complex relationships and can form the basis for a process of social change that leads to greater gender equity and the empowerment of women and girls.

2.5 Conceptual Model

The conceptual model on which this study is based is underpinned by gender relations and the rights of the child enshrined in the CRC. The model conceives Gender Relations as comprising of gender roles (domestic/household chores, productive, reproductive and community roles), control over financial and physical resources (economic/productive resources such as land, credit, cash income and employment; political resources such as

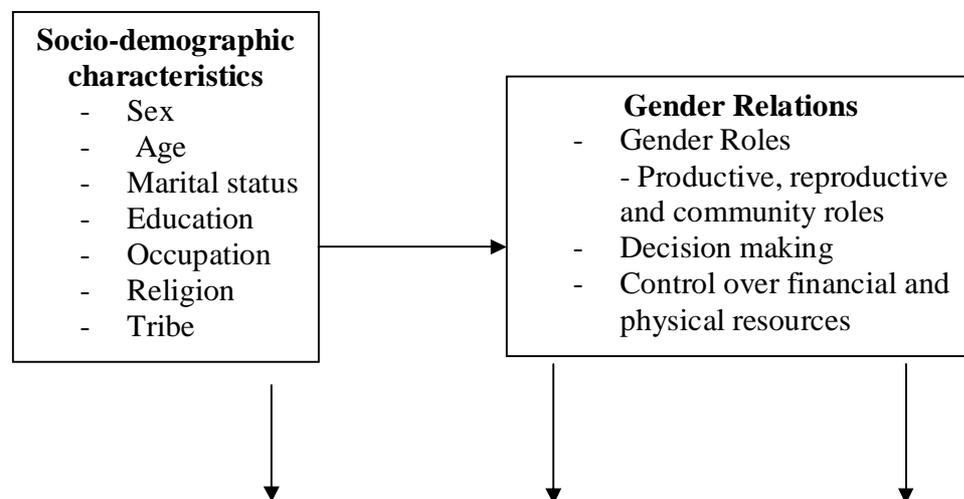
education, political representation, leadership; and time which is a critical resource, which increasingly acquires a monetary value) and decision-making.

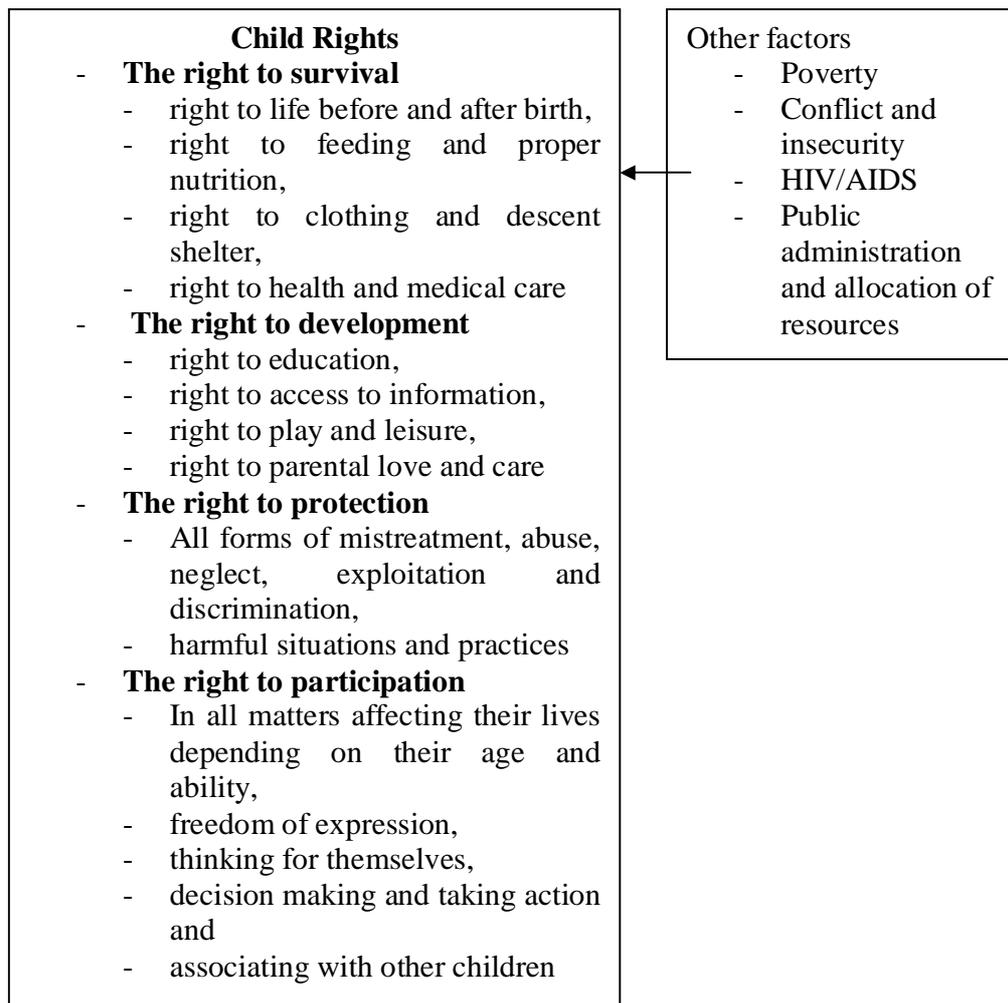
These relations are deemed to have an impact on realization of children's rights to survival (a right to life before and after birth, feeding, proper nutrition, clothing, descent shelter, and medical care), development (a right to education, access to information, play and leisure, parental love and care), protection (a right to protection from all forms of mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (a right to participation in all matters affecting their lives depending on their age and ability, freedom of expression, thinking for themselves, decision making, taking action and associating with other children).

The study also recognises that Ugandan children are born and grow up in a complex and rapidly changing environment driven by a variety of interlinked factors which include among others, poverty, insecurity and conflict, HIV/AIDS, rapid demographic changes, politics and public administration, resource management and distribution.

The researcher analyses fulfilment of child rights by linking this to the broader thinking on gender relations that allow violations to happen. It involves bringing out the context, and clearly identifying the values and norms held by individuals and the wider community that perpetuate and tolerate the problem.

Conceptual Model on Gender Relations and Child Rights





3.1 Introduction

This section presents methods that were used in conducting the study on gender relations and child rights in Uganda. It begins with a description of the study design, area and population of study and proceeds to show sample selection, data collection, research instruments, procedure, data processing and analysis.

3.2 Study design

The study used both qualitative and quantitative methods of data collection. Whereas qualitative tools were helpful in obtaining data that could not be statistically quantified, quantitative tools were utilized in collecting statistical data. The study focused on all

categories of respondents i.e. boys and girls, men and women in different age brackets, marital status, education, religion, occupation and place of residence.

3.3 Area of study and study population

The study was conducted in Manafwa District that is located in the Eastern region of Uganda bordering Kenya in the east, Tororo District in the south, Mbale in the west and Bududa district in the north. The district has got a town council and one Lower Local Government (Bubulo County) that is further divided into ten sub-counties and 42 parishes.

UBOS (2003a) indicate that Manafwa has a population of 264, 523 out of which 130,413 are males and 134,110 are females. Ninety two per cent (92%) of the population is in rural areas. Out of the total population, children under 18 represent fifty five per cent (55%). In terms of religion, the report shows that the highest population are Anglicans/protestants (45%), Catholics (25%), Moslems (18%), Pentecostals (10%), Seventh Day Adventists (SDA) (1%) and none (1%).

Manafwa district is inhabited by Bantu speaking people commonly referred to as Bagisu or Bamasaba who speak Lumasaba commonly known as Lugisu. They constitute 1,117,661 of the total national population (23,878,736) of ethnic groups in Uganda (UBOS, 2003a).

The Bamasaba are well known throughout the country for the cultural ritual of male circumcision. This is practiced during even years. It is characterized by a three-day ceremony of dancing (commonly known as Kadodi dance), visiting relatives, friends and receiving gifts. The candidate(s) are decorated with skins and wave two black and white colobus monkey tails in the air. A combination of sounds including the ringing of bells attached to the candidates' thighs, the traditional drums, fiddles, flutes, and group songs, make this event memorable to anyone watching. It is of great importance for the candidate to stand strong during circumcision to show that he is capable and ready to become a man. This transition to manhood has contributed to maintaining the gender

stereotypes in households. Once a boy gets circumcised, he assumes extra powers in the household, can take decisions without consultation, free to marry and become a head of the household and overall controller of resources.

Majority (80%) of the people are peasant farmers whose major cash crop has been Arabic coffee and cotton. These have of recent been affected by changing climate and market. People have now shifted to growing of maize, beans, cassava, groundnuts, potatoes, bananas, Soya beans, sorghum, onions and vegetables on a small scale for commercial and domestic consumption.

Manafwa district was selected for various reasons among which include the existent cultural ties of male circumcision that has contributed to high rates of child abuse (in particular defilement, sexual harassment, early marriages and early pregnancies) during the season. As described above, the dancing season attracts many young people making the girl child in particular vulnerable to all sorts of abuses.

The literacy rate is still low at 64.0 percent for males and 49.0 percent for females. In Primary schools, pupil: teacher ratio is 1:52, pupil classroom ration is 1:780, pupil textbook ration is 1:8 and no meals are provided to the pupils. The proportion of schools with healthy physical environment is 45.0 percent. Pupil to latrine ration is 1 stance: 40.

In terms of health, the indicators are worrying. The Health Information Management Systems Report 2005/06 revealed IMR at 88/1000 live births, Under 5 MR 143/1000 live births and MMR 506/100,000 live births. The doctor patient ratio is 1:20,734 persons, nurse patient ratio is 1:5,413 persons, and Midwife patient ratio is 1:12,837. Eighty one percent (81%) of the population lives in a distance of 5kms to a health unit. The district has 2 health centre IV with 45.0 percent of the posts filled and 19 health centre III with 17.0 percent of the posts filled. Overall, fifty per cent (50%) of the health workers are formally trained. Immunization coverage is 80.0 percent. Only 20.0 percent of the mothers attend post-natal care services. Access to safe water is 52.0 percent. Malaria and

ARI, intestinal worms are the common diseases in the district. The district is also faced with the challenge of HIV/AIDS and its impact on families and children in particular.

The researcher was also interested in Manafwa because this is her home district making communication in local language easy allowing in-depth probing. Last but not least no such research has ever been conducted in the district.

The research population included adult women and men above 18 years particularly those with a parenting role as duty bearers and boys and girls below the age of 18 as rights holders. Key informants included a cross section of duty bearers such as local council secretaries for children affairs, police, judiciary, NGOs, Probation and Social Welfare Officers (PSWO), teachers, Chief Administrative Officers (CAO), religious leaders and clan heads.

3.4 Sample design and selection

A multi-sampling technique was used to arrive at the potential respondents. In the first stage, the researcher purposively selected the only county in the district i.e. Bubulo County. In the second stage, all the 10 sub-counties in Bubulo County were listed and mixed in a box (i.e. Bubutu, Bugobero, Bumbo, Bumwoni, Bupoto, Butiru, Buwabwala, Buwagogo, Kato and Sibanga). Out of which four sub-counties were randomly selected using lottery method (i.e. Bugobero, Bumbo, Bupoto and Butiru). In the third stage, all 17 parishes in the selected sub-counties were listed and out of which 8 parishes were randomly selected using lottery method. From which three villages from each parish were randomly selected by use of lottery method giving a total of 24 villages from which 216 respondents were finally selected using a sampling frame developed with support from members of the local council.

The following statistical formula was used to derive the sample population

$$\underline{n = \frac{z^2 pq}{d^2}}$$

P is the proportion of the target population with particular characteristics under investigation for this study (children below 18).

Z is the standard normal deviation usually set at 1.96 which corresponds with 95.0 percent confidence level.

$$q = 1.0 - P$$

d is the degree of accuracy that is set at 0.05 or 0.10

As indicated in the UBOS, 2003a, 55 per cent of the population are children under 18 (145,487 of 264,523). This was converted into 0.55.

Therefore: $n = \frac{1.96^2 \times 0.55 (1.0 - 0.5)}{0.5^2}$

$$0.5^2$$

$$n = \frac{1.078 \times 0.5}{0.0025}$$

$$0.0025$$

$$n = 215.6.$$

This was rounded to the nearest figure that is 216.

The sample population was divided into 100 respondents for individual interviews, 32 key informants (includes 3 children) and seven focus group discussions of 84 members (includes 4 FDGs with children). The breakdown is presented in table 3 below. The children consulted ranged from the age of 10–18. It was the researchers understanding that children in this age group are old enough to have formed views on their rights to survival, development, protection and participation.

Table 3:

Sample Structure

Interview schedule	Key informants Guide	Focus Group Discussion Guide
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100 Adults (50 men and 50 women)	10 Members of the Local Council (LCI-III, of which 3 secretaries for children affairs) 1 Woman Member of Parliament (MP) 1 Chief Magistrate 4 Teachers (2 of them female) 4 Religious leaders (Protestant, Catholic, Muslim, Pentecostal) 1 Chief Administrative Officer (CAO) 1 Probation and Social Welfare Officer (PSWO) 1 Community Development Officer (CDO) 2 Clan heads/Opinion leaders 2 Medical officers 2 Members from NGO/CBOS 3 children (1 female)	12 Married men 6 Single fathers 12 Married women 6 Single mothers 13 Members in a mixed group of men and women 15 Children in school 10 Children out of school 5 Girls 5 Boys
100 Personal interviews	32 Key informants	84 People for FGDs

Total 216 people

3.5 Research instruments

The research instruments included an interview guide for individual interviews, in depth key informant guide applied on key informants, focus group discussion guide for focus

group discussions and selected child-focused participatory methodologies were developed and tested to gather children's responses. These included role-plays, spider diagrams, children's drawings, visual stimuli, group discussions, individual interviews, gallery walks and case studies. These were the primary sources of data. However, the study also utilized secondary sources to get information on what already exists on gender relations and child rights.

3.6 Data collection and procedure

Data was collected using both the qualitative and quantitative techniques with the help of 3 research assistants who were recruited for this assignment. To elaborate more about the procedure for primary data collection and in particular from children, during the initial stages of the study, an orientation workshop was held for the research assistants to acquaint themselves with the instruments, and to discuss the ethical and practical issues around soliciting views from children. Particular attention was paid reducing the degree to which participating children might personalize the issue of violation of their rights. The research teams in all the 24 villages participated in the training and planning sessions so that all understood and supported the intentions and methods of the study.

During all phases of the research process, it was made explicit that informed consent must be obtained from all boys and girls who chose to participate in the study. Research assistants understood that children's expressions of dissent were to be respected. Where possible, parents/carers/guardians were also asked to consent to their child's participation in the study. In advance of choosing to participate in the study, children were informed about the purpose of the study, how the data will be used, and the potential outcomes of the research. Furthermore, the research assistants agreed to be personally responsible for the following; and throughout the process the principal researcher offered supervision to ensure that these were adhered to.

- Protecting children's anonymity;
- Respecting children's privacy;
- Ensuring confidentiality;

- Not exploiting adult power;
- Ensuring that no child suffers harm as a result of the research
- Respecting each child's age, maturity, level of experience and knowledge;
- Always keeping promises made to children;
- Recognizing the moral obligation to seek support/protection for any child who is placing him or herself at risk.

For purposes of quality control, a pre-test of the tools was done. Respondents for this exercise were selected randomly. All the instruments for primary data collection were pre-tested as follows; 25 adults (12 women and 13 men) were selected for pre-testing the interview guide, 6 key informants (2 men, 2 women and 2 children) for the key informant guide and 3 focus groups comprising of 4 people each (one for men, one for women and one for children) were done. A few modifications were made in the instruments in particular those involving children. Final versions in English are appended to the study report.

Thereafter, the researcher presented an introductory letter from St. Clements University to the Chief Administrative Officer and the LC 5 Chairman of Manafwa District who granted permission to consult with members of the communities in the selected Sub-counties. The researcher introduced herself and was given a go ahead to meet with members of the Local Councils who assisted in developing the sampling frame and identifying potential respondents.

3.7 Data processing and analysis

3.7.1 Qualitative data

Qualitative data was collected using focus group discussion guide, key informant guide and the child-focused participatory methodologies. Apart from tape-recording the information provided by respondents, the principal researcher and the research assistants took notes with permission from respondents. This was later entered into Micro-soft word-perfect program for identification of salient issues and themes. Direct quotations from respondents are catered for under this tool.

3.7.2 Quantitative data

Data collected using the interview guide was edited in the field on a daily basis for purposes of quality control, completeness, accuracy and consistency. These were then coded and entered into a computer using an EPI-INFO package and the Statistical Package for Social Sciences (SPSS) software for further analysis of relationships among the various variables. The researcher has used both the bi-variate and Multi-variate tables to identify and explain correlations between the socio-demographic characteristics, gender relations and child rights. This is presented in chapter four.

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the research on gender relations and child rights. The chapter responds to the objectives and research questions indicated in chapter one. The findings show: (i) the extent to which the different gender roles (i.e. domestic/household chores, productive, reproductive and community roles) affect fulfilment of child rights, (ii) the extent to which women and men have control over resources (both financial and physical) in the household and how this affects realization of child rights and (iii) the levels of decision-making in the households and the effect on fulfilment of child rights.

These findings are from two hundred and sixteen (216) respondents out of which one hundred (100) were personal interviews, thirty two (32) key informants and eighty four (84) members of the focus group discussions. The socio-demographic characteristics of the sample population are presented first followed by an analysis of both qualitative and quantitative data under sub-themes on gender relations and child rights.

4.2 Socio-demographic characteristics of respondents

The background characteristics of respondents in this research are very vital in enabling one to understand the nature of respondents. The characteristics studied include sex, age, marital status, education level, locality, occupation, religious affiliation and number of children born. Gender disaggregated data on the background characteristics were ascertained as shall be seen in the presentation of findings.

4.2.1 Sex, Age and Locality of residence of respondents

Table 4 shows the percentage distribution of respondents by sex, age and locality of residence.

Table 4
Percentage Distribution of Respondents by Sex, Age and Locality of residence

Characteristics	Frequency	Total
	%	(N)
All Respondents	100.0	(100)
Sex		
Male	50.0	
Female	50.0	(100)
Age of respondents		
Below 18	10.0	
19 - 29	15.0	
30 - 39	24.0	
40 - 49	27.0	
50 - 59	19.0	
60 and above	5.0	(100)
Locality of respondents		
Trading centre	26.0	
Village	74.0	(100)

Findings show that, 10.0 percent of the sample population was aged below 18. They were already married with biological children. These are commonly referred to as child-mothers and child-fathers.

The researcher found that customary marriages normally happen among much younger adolescents, especially girls. Key informants revealed that this phenomenon is on the increase due to high levels of poverty in most households.

To most of the girls, this means they never complete their education and hence have limited opportunities to accessing financial and physical resources that could further be a barrier to their well-being and that of their children. One respondent under 18 remarked;

“I was 14 years old when my father refused to pay for me school fees and told me to get married so that he could be given money, cows and goats” (Female respondent).

Findings show that majority of the respondents (74%) were residing in villages. Both children and adults spoke of the long distances they have to cover in order to access social services such as health units and schools as a result of residing in remote areas where there is poor transport/road network and communication facilities.

This means that majority of the children in rural areas hardly realize their right to survival, development, protection and participation due to the remoteness of the places in which they live.

4.2.2 Marital relationships among respondents

Table 5 presents the marital status and number of partners among the sample population.

Table 5

Percentage Distribution of respondents by marital status

Characteristics	Frequency %	Total (N)
Marital status		
Single with a regular partner	5.0	
Married stable union	91.0	
Separated/divorced/widow(er)	4.0	(100)
Spouse with other sexual partners/polygamous		
Yes	53.0	
No	35.0	
Don't know	12.0	(100)
Number of other sexual partners		
1 - 2	43.0	
3 and above	14.0	
Don't know	43.0	(100)

Findings show that 5.0 percent of the sample population were single with a regular partner. The researcher found that both single females and males tended to be more vulnerable economically and children living in such families suffer neglect and more so those living with single male parents. The latter was associated with men not being accustomed to nurturing and rearing children. Men spent most of the time outside the home, leaving the children to fend for themselves.

The high percentage of married people in stable unions (91%) yet over half (53%) know that their spouses have other partners could indicate the strong cultural ties surrounding marriage in Manafwa District. For instance, whereas it is considered normal for men to have other partners, it is highly prohibited for a woman to have extra-marital relationships. A woman who engages in extra marital relationships is seen as a social misfit and brings shame to her family. One female respondent remarked;

“My husband has five wives four of them live in town while I stay in the village. Every time he comes with one of them to the village for a weekend, I have to welcome her, prepare bathing water, food and leave my bed for them. I have no choice but to act as he directs. I can not divorce him because I have many children with him, besides, my parents and my elder brothers will force me to stay in marriage under all circumstances.” (Female respondent)

A number of reasons were mentioned in the adult focus group discussions as to why men have more than one sexual partner. Most men see polygamy as a way to show status and prestige. Some men want more wives to produce many children to provide agricultural and household labour. Also inability to get a child with the first wife or lack of a male child may make some men look for additional wives. To other men, it is for sexual pleasure and cultural beliefs or taboos that prohibit access to a wife, such as during menstruation, after birth or during a relative’s death. In the case of Muslims, polygamy is for religious reasons. One male member of the adult focus group discussion mentioned;

“Having multiple wives/partners is a guarantee for one to have sex with a woman whenever he feels like having it” (Male FGD).

The researcher found that the more wives/extra-marital relations a man takes on, the greater the hardships of his children. The situation is worse for orphans living in such families. They are neglected, stigmatized or deprived and mistreated with greater support and attention going to biological children of the family rather than the orphans. Children described such relationships as dangerous situations for children’s well-being. Boys and girls who participated in the children’s focus group discussions mentioned that polygamous family structures and people with multiple partners have increased expenses on the relationships and usually cannot afford to meet the basic needs of all their children, including food and shelter.

The researcher further found the lack of love, understanding and co-operation that exist among children, parents, step-mothers and others who live in this situation. As examples, children cited jealousy between wives and mistreatment of children by step-mothers as common occurrences which create an environment of child suffering for all concerned children.

Interviews with key informants revealed that step mothers may bewitch their step children, thereby making the children go insane and unable to do anything. One female key informant remarked;

“I have a co-wife whom I believe has bewitched my children that is why they get crippled at the age of 10. They drop out of school, can’t walk and even help themselves. I highly believe that some of the children who leave their homes and go on the streets have been bewitched under similar circumstances.” (Female KI)

Findings show that some of the respondents had separated/divorced their partners. The researcher found that in most cases when families break up, children often suffer because there is no one to look after them, to grow and cook their food, to love and care for them. Children get exposed to numerous risks and lack protection on several essential levels. For instance, one Key informant mentioned:

“A husband may chase his wife away with the children without giving them any financial and material support. If her family is poor, she will have no one to help her and the children. Some men after separation, they decide to dump and abandon their children with grand parents who may not afford basic necessities for the survival of such children.” (Female KI)

With regard to widows/widowers, the researcher found that some of them get married to other men/women but do not take the orphans along denying the orphans a chance to grow up under the care of a parent. A widowed mother may marry a new husband who refuses to adopt her children. In such cases, there may be a period of ‘second phase’ orphaning for the children, first losing their father and then, when their mother remarries. The same scenario applies to the orphans living with their father (widower).

In the process of the widower starting a new life with a new wife, he does not have time for the children he had with the first wife often the new wife has children of her own which makes the competition still harder for all the children.

From the findings 43.0 percent of the respondents knew that their spouses had 1-2 other sexual partners and 14.0 percent reported knowledge of 3 and above other sexual partners, while 43.0 percent didn't know the exact number of other sexual partners. Both the adults and children in their focus group discussions spoke of the high risk of contracting HIV/AIDS associated with having multiple sexual partners and the consequences for children and the entire household. One member of the adult focus group discussions remarked;

“When a pregnant woman gets infected with the virus, her new born child is likely to contract the virus through infected blood of the mother (Mother to child transmission), other children in the family, suffer deprivation, diminished access to education, increased likelihood of child labour and emotional distress/stigma and discrimination” (Male FGD).

Having multiple partners in this era of HIV/AIDS is a very serious issue of concern because it results into increased responsibilities for children and they lose childhood at an early age. When parents become ill, children have greater responsibility for income generation, food production and care of family members. The affected children fail to perform well in school due to absenteeism and lack of concentration, especially for girls who are expected to become the caretakers of their sick parents. They have limited access to adequate nutrition, basic health care, housing and clothing.

4.2.3 Education levels of respondents

Table 6 shows the percentage distribution of respondents by education levels.

Table 6

Percentage Distribution of Respondents by Education levels

Characteristics	Frequency	Total
	%	(N)
Ever attended school		
Yes	92.0	
No	8.0	(100)
Level of educational attained		
Never went to school	8.0	
Primary/Junior	36.0	
Secondary	33.0	
Tertiary	20.0	
University	3.0	(100)
Reading English		
Easily	13.0	
With difficult	59.0	
Not at all	28.0	(100)

Whereas a high percentage of respondents had attended school (92%), over a half (59.0%) reported difficulties reading in English and 28.0 percent could not read at all. The researcher found that pupils complete primary education without mastering basic literacy and numeric skills. They have difficulties in reading and interpreting information materials and even listening to communications in English. It leaves a lot to be desired about the quality of primary education offered in Manafwa district especially in public/government schools. Yet the level of education is an important factor because it affects ones way of living and access to opportunities.

The researcher also found that parents who did not go to school were less likely to want their children to be educated, and to provide the space and time needed for children to study and excel in school and hence limiting their intellectual potential and their opportunities for future employment.

Key informants emphasized that people who are unable to read not only have fewer opportunities, but their children suffer the burden of ignorance. Hence, when parents are

trapped by their own lack of education, they are unable to provide strong stimulating environments that set the stage for the healthy social and emotional development of their children.

4.2.4 Occupation and religion of respondents

Table 7 shows the distribution of respondents by occupation and religion.

Table 7

Percentage Distribution of Respondents by Occupation and Religion

Characteristics	Frequency	Total
	%	(N)
Occupation		
Peasant farmer	90.0	
Salaried employee	3.0	
Business/petty trade	5.0	
Other (builder, carpenter)	2.0	(100)
Religious affiliation		
Catholic	21.0	
Protestant/Anglican	63.0	
Muslim	4.0	
Other (SDA, S.A, C.O.G, P.C)	12.0	(100)

Findings show that 90.0 percent of the sample population were peasant farmers. The researcher found that although many people are peasants with no stable source of income and low wages among those with jobs, the limited financial means of such families usually does not result in the reduction of family size. One Key informant remarked;

“I always get perplexed with the poor. The poor they are, the more wives and children they have yet they cannot afford to meet all of their children’s basic needs. They need cash to pay for medical treatment, school fees, clothing, household essentials and food. Without cash they are forced to sell their assets such as land and livestock, decreasing their resource base and thereby increasing children’s vulnerability to suffering” (Male KI).

With regard to religion, majority of the respondents were Protestants/Anglicans (63%) belonging to church of Uganda. The researcher found that Christian parents believe they have a God-given mandate and responsibility for which they will be accountable to God. They have to provide an intellectual and moral framework for the development of their children based on the commandments in the Bible. One respondent remarked;

“It is written in the Holy Bible, Deuteronomy 6:6-7; the commandments that I’m giving you today must be kept in your heart. Be careful to teach them to your children. Talk about them when you sit in your house, walk along the road, you lie down and when you rise up”

(Female respondent).

As a result of the urge for spiritual holiness a number of parents prefer taking their children to religious founded schools in order for them to grow up as God-fearing children. Despite the positive impact from such schools, children in their focus group discussions mentioned Muslim founded schools where girls of other religious sects are conditioned to scarves and they encourage all children in the school to attend religious classes and participate in religious ceremonies and rites. In such schools, the freedom to religious belief is violated.

One key informant, who was once a seminarian, could not reserve his critique. He mentioned that such schools are anti-fun and deny children their physical liberty. There are restrictions upon playing and other joyful expressions such as dancing, dating and so on. Independent critical thought is discouraged and dissent is suppressed and hence children might grow up as unthinking persons chained to a belief system and way of life that might not be suited to them.

Another Bible verse that was frequently referred to by respondents of the Christian faith is Proverbs 23:13-14. One key informant remarked;

“It is written in the Holy Bible, Spare the rod and spoil the child. Don’t fail to correct your children. They won’t die if you use a stick on them. It will keep them out of hell” (Male Key informant)

The researcher found that adults have not spared the stick as a way of disciplining ill behaved children and sometimes parents go beyond ‘normal’ disciplining in love and inflict physical harm and deformities on children that impair their development for life.

On another note, key informants were concerned about the lack of family planning practices among the population in particular Christians from the Catholic faith that are very critical about abortion and hence large families that parents can’t afford to look

after. The same applies to Muslims whose religious teachings allow a maximum of four wives for those who can afford. Hence, women compete in producing children for the husband and yet as one produces many children, the demand for basic needs increase.

4.2.5 Fertility related characteristic of the sample

Table 8 shows fertility related characteristics of the study sample.

Table 8
Percentage Distribution of Respondents by Fertility related characteristics

Characteristics	Frequency	Total
	%	(N)
Have Biological children		
Yes	100.0	
No	0.0	(100)
Children ever born		
First pregnancy	3.0	
1- 4	60.0	
5- 9	27.0	
10 and above	10.0	(100)
Biological children living with respondents		
Yes	80.0	
No	20.0	(100)
Non-biological children living with respondents		
Yes	100.0	
No	0.0	(100)
Ever lost child (ren)		
Yes	45.0	
No	55.0	(100)

The researcher found that the value for children is deeply embedded in all communities in Manafwa District. Some families delay paying bride price/dowry until when the new bride has given birth to the first child. A barren woman is seen as an out cast. It is a belief in Manafwa District that large numbers of children strengthen and build the clan.

The average number of children produced per woman is estimated at seven. A high percentage of respondents were in the child bearing brackets and hence chances of having more children are high. The high number of births especially those with four and above

may to a certain extent indicate the degree of child care workloads for a woman since traditionally this is her role.

The researcher found that all respondents were at least living with a non-biological child. Respondents mentioned that parents of such children can not afford the basic needs of their children such as education; clothing, medical care, shelter and food due to high levels of poverty, hence send them to stay with relatives. A few of the children were as a result of death of parents, broken marriages and abandonment and needed care, shelter and protection from an adult. Due to poverty some of the children were helping with domestic work such as baby seating and keeping company of the young ones as well as looking after domestic animals and in turn get money to send back to their biological families.

Respondents also revealed that some of the children are beyond parental control and have to stay somewhere else particularly with a family that has well disciplined children to undergo reformation and rehabilitation.

The researcher found that majority of the children who stay with non biological parents have to live and act in a submissive manner, feeling always at risk of being falsely accused, harassed, thrown out and disowned. Such children are exposed to heavy workloads, mistreated and sometimes physically beaten in case they express feelings of tiredness. According to the children in their focus group discussions, this has resulted into high absenteeism at school, stunted growth due to heavy workload beyond their age and sometimes running away from home.

The researcher found that the girls for instance are given responsibilities of women at a very tender age and are exposed to domestic violence and as a result, they are forced into early marriages because of the assumption that they have reached maturity by being able to perform domestic chores.

Majority of the key informants were disillusioned with the parents' lack of foresight that attributed for instance children having to stay with other people to get basic needs as a result of parental laziness, lack of initiative and not being able to plan their family size.

From the findings 45.0 percent of the respondents had lost some of their biological children. The main causes of death according to the respondents were malaria (65%), measles (18%), typhoid (5%), birth related complications (4%), pneumonia (3%), diarrhoea (2%), tuberculosis (2%) and others including accidents (1%).

4.2.6 Age and School attendance of children living with respondents

Table 9 shows the age groups and education attendance of children that were living with respondents both biological and non biological.

Table 9

Age and school attendance of children living with respondents

Characteristics	Frequency %	Total (N)
Biological children		
Age groups		
0 - 5	16.0	
6 - 11	31.0	
12 - 18	53.0	(100)
Biological children above 5yrs at school		
Yes	70.0	
No	30.0	(100)
Non-Biological children		
Age groups		
0 - 5	13.0	
6 - 11	27.0	
12 - 18	60.0	(100)
Non-biological children above 5yrs at school		
Yes	60.0	
No	40.0	(100)

In Uganda, the average age for children to start school especially those from rural areas is 5 years. Findings show that 30.0 per cent of the children above 5 years living with their

biological parents and 40.0 percent of the children living with non-biological parents were not attending school. Respondents pointed out lack of school requirements as the major reason as to why the children were not going to school. This was also common among children who had completed primary school and had no tuition/school fees to join secondary schools.

Adults in their focus group discussions mentioned that although the Government has put in place a policy on Universal Primary Education, most children in particular girls who enrol at primary level drop out in lower classes and never reach high institutions of learning because of a number of factors including helping at home with domestic chores, early marriages and teenage pregnancies.

The researcher found that when families are faced with challenges of education due to low income, many people are not very willing to send their girl child to school especially when they begin to develop breasts. They would rather have them married off because educating them is considered useless as the husband is the one who will benefit from their education, not their parents/guardians.

Girls in their focus group discussions pointed out the pressure from parents/guardians to get bride price and fines for defilement and to pay bride price for their brothers. The pressure on girls to get married is highest during famine when parents have food shortages and would do anything to get food. Indeed because of bride price, the family into which a girl is born sees her as a “visitor” who will grow up to belong to another clan. As compared to their male counterparts, girls reported that boys normally drop out of school because of petty trade and lack of school fees. It was also revealed that in times of hardships, boys are more likely to steal in order to survive and sometimes end up in prison and miss out on school.

On the other hand, boys mentioned being married young in order to bring extra labour into the household (both in form of the daughter-in-law and grand children to be).

When asked to mention other problems girls and boys in their communities face, children in their focus group discussions highlighted a number of problems. One issue that ran through is the sense of being unloved, neglected and despised. Children highlighted some categories of children in their communities especially those from very poor households, orphans and children with disabilities as constantly being teased and chased for being smelly and dirty, coupled with a sense that they are less intelligent than children from well off families. This often leads them to live isolated and self-limiting lives.

The researcher found that many people were not interested in fully providing for children who were not their own because there was no guarantee that these children would pay back in one way or another. Therefore when parents die many relatives don't care to take the child to school because of the attitude that one day they will also die and no one will look after their children.

Children in their focus group discussions were very passionate about their peers who do not go to school because of the difficult circumstances in which they live in particular the orphans. There was a general feeling that an illiterate child is less likely to get a job in the future, access information and other services available to them in the community.

4.2.7 Child rights and awareness among respondents

Respondents were asked to mention whether they have ever heard of child rights and if so mention the rights that they know. Table 10 shows the findings.

Table 10

Percentage Distribution of Respondents by child rights awareness

Characteristics	Frequency %	Total (N)
Ever heard about child rights		
Yes	79.0	(100)
No	21.0	
*Knowledge of child rights		
Survival Rights		
Right to proper feeding & nutrition	40.0	
Right to life before & after birth	5.0	
Right to shelter & clothing	30.0	
Right to health & medical care	20.0	
Right to safe water & sanitation	10.0	
Development Rights		
Right to education	80.0	
Right to play and leisure	4.0	
Right to parental love and care	7.0	
Protection Rights		
Protection against abuse & neglect	13.0	
Protection against harmful practices	3.0	
Participation Rights		
Freedom of speech and expression	5.0	(100)

*Includes multiple responses

While child rights awareness was quite high among the population, very few respondents had a clear understanding and knowledge about child rights beyond mere awareness.

Knowledge on the right to education stands above the rest of the rights. This could be attributed to the existing government policy on Universal Primary Education and the awareness that has been created on sending children to school as a route out of poverty. From the adult focus group discussions it was mentioned that some of the local councils have enacted byelaws to ensure that children above 5 years attend school. Members of

the Local Councils conduct regular monitoring visits in homes during school hours and those parents who defy the byelaw are either warned or fined.

The researcher found that although the existence of violence against children, child exploitation and abuse is not new, overall child protection and participation rights seemed to be new areas of rights involving concepts and approaches that are evolving and not yet widely understood by members of the community.

Limited knowledge on protection of children against abuse, neglect and exploitation conveys strong messages about the acceptability of violence, and reinforces boy's and girl's perceptions of violence as socially acceptable behaviour.

4.2.8 Sources of information on child rights

Respondents were asked to mention their sources of information on child rights. Table 11 shows the findings.

Table 11
Percentage distribution of respondents by sources of information on child rights

Sources of information	Frequency %	Total (N)
Community Development officers	5.0	
Health workers	10.0	
Children	3.0	
Schools	10.0	
Churches	11.0	
Community meetings/seminars	12.0	
Radios	38.0	
Newspapers and other literature	16.0	
Market places	2.0	
Spouses	1.0	(100)

*Includes multiple responses

From disaggregated gender specific data, the main sources of information for women about child rights were churches where they go for prayers, health workers at the health centres where they seek medical services, children and spouses. Men got information through radio, reading newspapers, schools where they attend parents' meetings, district

officials (Community Development Officers) when they visit the villages, seminars and community meetings.

4.3 GENDER ROLES AND CHILD RIGHTS

The research set out to examine the extent to which the different roles carried out by men and women affect fulfilment of child rights. Respondents were asked to mention the gender roles they usually carry out in their households and community. The findings are presented in table 12.

Table 12

Percentage Distribution of Respondents by Gender Roles and Sex

	Women	Men	Total (N)
	Frequency	Frequency	
Gender roles	%	%	
Household/Domestic chores	100.0	15.0	
Productive roles	100.0	100.0	
Reproductive roles	100.0	13.0	
Community roles	11.0	35.0	(100)

From the findings, it is evident that women’s ascribed roles are in the domestic sphere. As wives, women are expected to keep the home clean, take care of their husbands, cook for them, welcome and serve food to the visitors to the home. As mothers they must care for children, feed them, keep them clean and train them in all household chores especially girls.

Adult focus group discussions revealed that men are not supposed to be present in the kitchen once they get circumcised. This would be considered an intrusion into a female space. A man who offended in this respect would be the topic of gossip in other female spaces, such as water points. It was mentioned that even where a woman has to go to the health centre, children are left in the hands of female neighbours or grand parents until when the mother comes back. A key informant remarked;

“Oh my God, how can men find me in the kitchen or washing dishes? They will think that I’m not a real man or maybe the wife has bewitched me or I’m under the control of a woman” (Male FGD).

Indeed men without wives tend to attach themselves to their mothers or brothers’ wives to cook for them. However, some men cook for money in restaurants or at other public gatherings in the community such as weddings, funerals and other large-scale ceremonies, though usually on impromptu fireplace set up in the open, not in the kitchen.

Overall, all the male respondents saw themselves as the household overseer and decision makers and their role as allocating tasks to people in the household and ensuring that tasks are performed accordingly. One member of the adult focus group discussions remarked;

“Men only get involved in domestic work and child care in times of crisis when there is nobody at all to help but anything that requires building a house, buying land and providing security to the household is our role” (Male FGD).

Although women’s participation in community roles could be an opportunity for exposure, empowerment and addressing gender issues, only 11.0 percent of the women compared to 35.0 percent of their male counterparts were engaged in community roles (e.g. clearing bushes, opening up roads, maintenance of water sources, being a member of the local council and health educator). A big number of women mentioned that their husbands would not allow them to participate in community roles because this is considered a male domain.

Apart from this being seen as a male domain, women whose husbands had no objection attributed their low involvement in community roles to multiple gender roles that consume most of their time leaving them with hardly any free time to participate in community activities.

For a better understanding of gender roles, the researcher also considered the gender workload and time allocation on a normal working day from the wake up time to bed time for both women and men. Respondents were asked to mention the time they wake

up and what they do until the end of the day. Table 13 shows the normal day activity profile.

Table 13

Respondents' normal day activity profile by sex

Women		Men	
Time	Activity	Time	Activity
6:00a.m	Digging/gardening	6:00a.m	Sleeping
		7:00a.m	Digging/gardening
		9:00a.m	Back from the garden
			Tending animals
		10:00a.m	Relax in the nearby trading Centre with other men
12:00a.m	Back from the garden		
	Breast feed		
1:00p.m	Prepare meals & wash clothes		
2:00p.m	Serve lunch	2:00p.m	Back home for lunch
3:00p.m	Eat Lunch	3:00p.m	Bathing and check on animals
4:00p.m	Digging/gardening	4:00p.m	Drinking local brew
6:00p.m	Back from the garden		
6:30p.m	Prepare supper		
7:00p.m	Bathing with children		
7:30p.m	Eat supper with children		
8:30p.m	Lay children's bedding & sleep		
9:00p.m	Serve husband supper	9:00p.m	Eat supper
		9:30p.m	Sleep
10:00p.m	Sleep		

The study was conducted in a rural area where there is no electricity and by 8:30p.m it is already dark and people close their houses and go to bed early except those who drink in the local bars. It was also cultivation season and most people were busy in their gardens.

As indicated in the activity profile, women and men have a workload to perform on a normal day either at the same time or at different times. For instance, women leave for the gardens at an earlier time and come home a bit late as compared to their male counterparts.

Whereas women after digging continue with a tight schedule, men's work schedule becomes flexible and relaxed. From the findings, majority of the women do not eat lunch at the same time with their husbands and children. They serve the rest and eat at a later

time after completing most of the daily chores. It was mentioned in the adult focus group discussions that this is common with women and older girls who have to continue with household chores such as washing clothes before sunset.

The researcher found that some women and children wake up before 5:00a.m to fetch water, sweep the house and carry out all the washing before they go to the gardens by 6:00a.m. Women in their focus group discussions reported that, most women with partners who drink local brew sleep past mid night because they have to wait for the husband to return and serve him food even when he is drunk.

Through observation, the researcher saw many children with their mothers in the gardens digging at 8:00a.m with a few men. Other men in their productive ages were seen in the trading centres chatting in groups. Men who were in forties were seen seated in groups around a drinking pot in the evenings.

4.3.1 Gender roles and the right to survival

4.3.1.1 Gender roles and the right to proper feeding and nutrition

Respondents were asked whether the different gender roles they carry out affect the fulfilment of children’s right to proper feeding and nutrition. Table 14 shows the findings

Table 14

Gender roles and the right to proper feeding and nutrition

Gender Roles	*Right to proper feeding and nutrition		Total (N)
	Yes	No	
	Frequency	Frequency	
	%	%	
Household/Domestic chores	95.0	5.0	
Productive roles	97.0	3.0	
Reproductive roles	70.0	30.0	
Community roles	10.0	90.0	(100)

*Includes multiple responses

The researcher found that due to the heavy workload carried out by women and children, majority of the families have to feed on two meals a day. For instance, discussions with women revealed that the long working hours in the gardens coupled with household chores leaves little time and energy for preparing good meals and feeding their children. There were reported gaps in both quality and quantity of food prepared. For most families meals are dominated by starch, containing little of the required nutrients. One female respondent mentioned;

“When I come back from the garden, I have to cook food which will not require a lot of labour input, time and energy. For instance, I can boil maize grain porridge for lunch and every one will have something. Lunch is usually served between 2:00 to 3:00p.m” (Female respondent).

The researcher found that a breast feeding mother who leaves the baby at home and goes for digging/gardening will only return home at around 12:00a.m to breast feed the baby. Women in their focus group discussions mentioned that, mothers breast feed between 3 to 5 times in a day because they don't have enough time to be with the baby during day time as a result of heavy workloads. For some mothers, this has led to provision of supplementary feeding before the baby is six months of age.

Majority of the mothers mentioned giving supplements such as cow milk and tea before introducing solid foods at around three months. The food mixtures used to supplement breast milk at this stage could be deficient in micronutrients. If the baby has to be breast fed exclusively without complementary feeds for the first six months, many babies would be starved, become anaemic and start wasting. One female respondent remarked;

“I come home from the garden when I'm too tired and have no time to rest... breast feed the baby at the same time prepares lunch for the rest of the household members. I can't concentrate and feed the baby, because of the movements, besides I have not eaten anything since morning, where do I get the breast milk to give the baby?”(Female FGD)

The researcher found that as a rule, women keep back food for their husbands when they are away even when they know that they are eating in a restaurant and hardly any for the children who could be away. One member of the adult focus group discussions remarked;

“You have to keep his food because he is the owner of the home, unless he instructs you not to” (Female FGD).

Men eat more than any other person in the family. For instance, polygamous men are served food from each wife and sometimes even the daughters in laws serve him more food.

Men’s complaints about women preparing meals badly or late were common. Quarrels and wife beating were not uncommon when a wife fails to cook or cooks poorly especially if a man bought meat. Some men mentioned they eat in restaurants considering the busy schedules of their wives who do not have to rush home from the gardens to cook. However, the children and women in their focus group discussions considered such men as greedy, irresponsible and selfish. It may be tolerated for an unmarried young man to eat in a restaurant but not for an old man with children at home who need good quality food to grow into health adults. One respondent remarked;

“They eat good food like rice, chapatti, milk tea, chicken, meat, drink passion fruits when at home we drink plain water. Then they buy low grade maize for the home” (Female FGD)

Children in their focus group discussions had very high tempers about their situations with regard to proper feeding and nutrition. They revealed that school going children after returning from the gardens, they usually run to school without eating anything at home because it is always not available since the mothers would still be in the garden yet at school there is no break tea/maize porridge and lunch. In the evening, they only return home to continue helping with domestic chores and wait for supper to be served at around 8:30 p.m.

According to the children, the supper is not always enough and no change in the diet. This discussion took place in the afternoon and the researcher observed children who were very hungry and looking worn out. One child remarked;

“Frankly speaking all these children can bear witness..., in our family we eat once in a day and we feed on maize grain every day. Is this good feeding?”(Children’s FGD)

The researcher found that hardworking children with regard to domestic chores and productive roles become the parents’ favourite children. When food is served, the

favourite children are given more and the unloved one is given little food and told to eat alone. This has resulted into discrimination among children and denial of their right to food. One member of the children's focus group discussions mentioned;

“Some parents choose the children they can love better by each time sending the one she doesn't love away for example, when others are eating, so that she can not cope up with eating” (Children's FGD).

Although the Key informants appreciated children helping in gender roles as good for their up-bringing and a way of preparing them for the future, they expressed similar concerns about the time they wake up in the morning to go and dig, fetch water and run to school on an empty stomach, come back from school and continue with where they left in the morning without time for rest.

The lack of access to a sufficient and varied diet could be detrimental, retarding physical and intellectual development. Stunted growth among children could be a result of the heavy workload they perform in their families especially carrying heavy Jeri cans of water and yet not eating a balanced diet.

4.3.1.2 Gender roles and the right to life before and after birth

In this study, respondents singled out the limited utilization of maternal and child healthcare services during pregnancy, delivery and postnatal as essential for the survival of both the mother and the child before and after birth.

An attempt was made to investigate into the attendance of antenatal services during the last birth and whether gender roles had any effect on the attendance. The last birth was preferred for purposes of reducing errors due to poor memory. Table 15 shows gender roles and antenatal attendance.

Table 15**Gender roles and utilization of antenatal care services by number of visits during the last birth**

*Utilization of Antenatal care services					
Number of visits					
	None at all	1-4	5-8	9-above	
	Frequency				Total
Gender Roles	%	%	%	%	(N)
Domestic chores	13.0	64.0	23.0	0.0	
Productive roles	5.0	78.0	17.0	0.0	
Reproductive roles	3.0	66.0	31.0	0.0	
Community roles	0.0	0.0	0.0	0.0	(50)

*Excludes male respondents

From the findings utilization of antenatal care services by the number of visits for the last birth among respondents was highly influenced by gender roles. Out of the multiple responses, a significant number who attended antenatal services one to four times mentioned household chores (64%), productive roles (78%) and reproductive roles (66%) as hindrances. One member of the adult focus group discussions mentioned;

“I won’t lie to you. I attended only once because every time I planned to go I would realise when it is already too late. By the time I finish household work, fetch water, look for food, it is already coming to noon. Think about walking distance to and fro, I postponed several times and only managed to go and get a maternity card and to know whether the baby was lying in the normal position” (Female FGD).

The researcher found that mothers who are expected to benefit from the services available are kept very busy with domestic and household chores, and only seek professional medical care when it is too late to save life.

This low antenatal care attendance due to gender roles combined with other factors such as inadequate content of antenatal care services, the weak health infrastructure, shortage of supplies and equipment could contribute to non- realization of the rights of the child to life before and after birth.

In order to have a better understanding of the gender relationships and the right to life before and after birth, the researcher also considered gender roles and attendance of delivery services for the last birth. Table 16 shows the findings.

Table 16

Gender roles and source of child delivery for the last birth

Gender Roles	*Child delivery place				Total (N)
	Hosp./Disp.	TBA	Home	Road	
	Frequency				
Domestic chores	35.0	3.0	60.0	2.0	(50)
Productive roles	43.0	3.0	54.0	0.0	
Reproductive roles	50.0	7.0	43.0	0.0	
Community roles	0.0	0.0	0.0	0.0	

*Excludes male respondents

Findings show that gender roles had an effect on the place of delivery for the last birth. Over half of the respondents mentioned home delivery due to domestic chores (60%), productive roles (54%) and reproductive roles (43%).

The researcher found that most women tend to overestimate the time of delivery at the onset of labour pains and continue with their normal routines. This is the major reason for high levels of home and unsupervised deliveries. Some even go to dig and deliver from the gardens as one male respondent remarked;

“My wife woke up in the morning and as usual went to dig. I was surprised when she returned home with a baby. I know another man whose wife also delivered from the garden and another on the way from the well where she had gone to fetch water” (Male FGD).

Due to the gender roles, some women prefer to deliver with the help of a Traditional Birth Attendants (TBA). Usually the TBAs live within the communities and can be called upon to attend to the mother at her home. One member of the adult focus group discussions remarked;

“Mothers also have other young children to attend to, and if you go to a TBA rather than to hospital you can be with your children hours after delivery” (Female FGD).

The researcher also found that men were not supportive enough during delivery. Men's thinking was that birth is natural and a woman's issue. When time for delivery comes, men even hide themselves and come out from hiding when they hear that she has delivered. Other men especially those in polygamous families move to the co-wife and stay there for three months before they come and see the baby. The woman is left alone to carry out all the domestic chores, productive and reproductive roles without a hand from the husband.

This low rate of delivery in the facilities could be worrying and may lead to death of the child during birth. Given that at least a significant number attend antenatal care one to four times, it could be that the health workers have not done enough to encourage pregnant mothers to deliver from health facilities.

The researcher considered gender roles and attendance of postnatal services for the last birth. This is because post-natal care is vital for both the mother and infant, especially within the first six weeks after delivery. Table 17 presents the findings.

Table 17
Gender roles and utilization of postnatal care services for the last birth

	*Utilization of postnatal care services		
	Yes	No	
	Frequency	Total	
Gender Roles	%	%	(N)
Domestic chores	11.0	89.0	
Productive roles	15.0	85.0	
Reproductive roles	21.0	79.0	
Community roles	0.0	0.0	(50)

*Excludes male respondents

The researcher found that whereas gender roles greatly influenced antenatal attendance and place of delivery, it was not the case with attendance of post natal care services. Low attendance was mainly as a result of ignorance about the relevancy of postnatal care. One respondent remarked;

“The biggest issue is giving birth and once this is done, there is no need for me to go back to hospital or health centre” (Female respondent).

A part from the mother attending postnatal care clinic, the child has to receive the first doses of vaccines against the killer diseases (i.e. polio, diphtheria, whooping cough, tuberculosis, tetanus, hepatitis B and haemophilias influenza type B).

When asked about immunization of their last born child, parents could hardly remember whether they completed all the doses recommended. It was mentioned by key informants that many children are not fully immunized or don't complete immunization because their mothers don't come back after delivery or deliver from home and don't take their children for immunization. This is likely to cause death especially when there are any outbreaks of diseases such as measles.

4.3.1.3 Gender roles and the right to descent shelter and clothing

In Manafwa District, building a house is a man's responsibility and hence a lazy man will make the members of his household sleep under a leaking roof. Women in their focus group discussions revealed that men as heads of households have not fulfilled their historical gender roles.

From the researcher's observation most houses were temporary and not very descent. They were made out of mud and wattle, banana fibre roofed and not very clean. They had gardens extending to the courtyard leaving little space for the children to move around the home and play. One member of the adult focus group discussion remarked;

*“As one of their roles, men are responsible for the construction of houses/shelter and kitchens and for providing the necessary items such as beddings, utensils and other items that have to be bought for cash but in practice they do not. They tend to leave it to women”
(Female FGD)*

The researcher found that in majority of the households children are squeezed in one room because most of the houses are two roomed. On average, five children share a room and in most cases they share with domestic birds/animals such as chicken, sheep and goats.

The researcher noticed that most of the children and adults had very poor personal hygiene practices, children wearing torn and dirty clothes, long infested with jiggers and long hair with lice not looked after due to parents having no time for them. This was especially common among younger children who could not take a bath and wash for themselves. Bigger children could make their own sleeping mats out of the banana fibre unlike the young ones who have to depend on their mothers. One child remarked;

“In our family, we only get a new dress when it is Christmas. At home, we lack good bedding. Some of us sleep on bear dust floor, others on banana fibres and dry banana leaves. Our mother has no time to make for us sleeping mats from banana fibres because she is always busy with other household work our house is also collapsing the walls have cracks and holes all over. Our father seemed not to be concerned” (Children’s FGD).

Key informants affirmed that indeed some families let their children share a room with domestic animals such as rabbits, goats, sheep and chicken. There was reported fear about the goats and sheep being at risk of getting stolen at night if they slept outside on their own. This practice is likely to pose a health hazard to the children.

4.3.1.4 Gender roles and the right to health and medical care

Respondents were asked whether gender roles have any effect on realization of child right to medical care. Table 18 shows gender roles and source of medical care for children.

Table 18

Gender roles and source of medical care

	Source of medical care					Total (N)
	Hosp.	Disp.	Clinic	Self-med.	Herbalist	
Gender Roles	%	%	%	%	%	
Domestic chores	2.0	8.0	15.0	73.0	2.0	
Productive roles	2.0	7.0	16.0	74.0	1.0	
Reproductive roles	3.0	10.0	20.0	66.0	1.0	
Community roles	0.0	0.0	0.0	0.0	0.0	(100)

Findings clearly show that gender roles do affect the source of medical care for the sick children. Although some of the factors relate to lack of funds, drugs at the health centres, majority of the respondents mentioned limited time to walk long distances to and fro (approx. between 2kms to 10kms) the health centres that are far away.

The researcher found that children normally don't get proper treatment as parents buy the drugs from shops/groceries (not registered drug shops) and usually prescribe the medicine and dozes for themselves. Sometimes the children share a few tablets bought and never complete a doze.

The researcher found that many children with disabilities especially those with mental disabilities are discriminated against and are denied access to medical care because it is frequently believed that their condition is the result of witchcraft. They are regarded as a waste of resources and as a result experience neglect and deprivation. One respondent remarked;

“Why should I spend on this child when I know the able ones are the ones who will help me in the future” (Male respondent).

Key informants revealed that the inability of parents to take children for proper medical care is not only due to lack of funds but also some parents are taken up by productive and household work more than the child's health. As a coping mechanism, parents with sick children first try self-medication and lastly qualified medical personnel in case the sickness gets complicated. One key informant remarked;

“Men have abandoned the role of caring for sick children to women and yet we have limited time and no money to take the child for proper treatment, very few men will carry a child to the hospital yet they have bicycles” (Female KI).

The denial of children's access to proper medical care because of multiple gender roles is likely to place a child at risk of a short life span which means that the children will not be able to achieve all that they want for themselves including completing school and helping their parents and siblings.

4.3.1.5 Gender roles and the right to sanitation and safe water

Respondents were asked whether gender roles have any effect on the child's right to good sanitation and safe water. From the findings most communities have separate wells for drinking water and home use such as for cooking and washing. Wells whose water is used for cooking are within a distance of 0.3km to 1km. Protected wells for drinking water are within a distance of 0.9km to 3.2km. Some of the wells are seasonal, drying up during the dry season and re-surfacing during rain season. This means that families have to use their water sparingly during the dry season. There was no piped water in all the homesteads visited which places a heavy burden on women and children to look for clean water.

The researcher found that families that live far away from protected wells for drinking water, and have young children below the age of 5 years who cannot be sent to the well, sometimes resort to drinking water from contaminated sources.

Women in their focus group discussions revealed that in most cases they get tired after the garden and cannot walk long distances to fetch drinking water yet other tasks are waiting. The family members resort to drinking water from unprotected wells hence exposing children to water related hazards.

The researcher found that sometimes there is not enough water in households as a result children may go for a full week without bathing, foodstuffs are not washed properly before eating, clothes are not washed regularly and general cleanliness in the home deteriorates.

Key informants reported that sometimes, clean water from such long distances is frequently contaminated at home by poor hygiene practices. From the interviews conducted, none of the households boiled drinking water although majority had a pot covered with a plate where drinking water is stored. These pots are placed in one of the corners in the house where children have limited access. There were families that kept the

pot with drinking water in their bedroom and locked so that children could not access and play around with the water by dipping their hands into.

With regard to sanitation construction of the latrine is a male responsibility. A man as the head of the household is supposed to build a pit latrine for the family members even when he lives with another woman elsewhere because he remains the head of the household.

Some homes had no pit latrines and others were in a sorry state. Children in their focus group discussion mentioned resentment to use some of the old latrines with big holes because they feared to fall into the pit in case they missed to squat in the right position. Children also spoke of some latrines harbouring poisonous snakes that scare them away and resort to using the gardens where they grow crops. Children reported that such scary pit latrines with dilapidated structures are also in schools.

Key informants mentioned that lack of proper sanitation in particular lack of latrines is a very serious issue because children and other members of the household resort to poor practices like disposing faeces in the plantations and bushes around the home.

From the researcher's observation, some homesteads had very dirty compounds littered with rubbish and children's faeces, none of the homes visited had a rubbish pit. Rubbish is normally scattered in the gardens that extend up to the courtyard. This is considered to be manure for enriching soil. However, during rainy season the stench from decomposing rubbish can be horrible and this is washed down into the wells from which they collect water.

Without proper sanitation, clean and safe water and personal hygiene, children are likely to have an increased vulnerability to disease. Unsafe disposal of children's faeces in particular is a key factor that pre-disposes children to diarrhoea. In addition, home

environments that are not clean act as breeding places for mosquitoes hence high risk of suffering from malaria.

4.3.2 Gender roles and the right to development

4.3.2.1 Gender roles and the right to education

Respondents were asked whether the different gender roles they carry out have any affect on realization of child rights to education. Table 19 shows the findings.

Table 19

Gender roles and the right to education

	Right to education		Total (N)
	Yes	No	
Gender Roles	Frequency	Frequency	
	%	%	
Domestic chores	100.0	0.0	
Productive roles	100.0	0.0	
Reproductive roles	90.0	10.0	
Community roles	10.0	90.0	(100)

The researcher found that although Education comes out as one of the highest priorities for children and parents for which they would make great sacrifices, when it comes to rain season and crop plating time, a number of schools experience low attendance rates and late reporting as most children have to help their parents with planting and weeding crops.

Children in particular older ones between the ages of 10 to 18 years go very early in the morning to dig with their mothers and return at around 8:00am, then fetch water and clean the house and run to school between 8:30am to 9:00am. Again when they return from school in the evening, they have to go to the gardens and come back at around 6:30p.m with hardly any time to do homework.

The younger children in particular girls aged 7 to 10 years are asked to remain at home and look after their siblings as mothers go to the gardens. This means by the time the mother comes back from the garden between 11:00am to 1:00pm, it is too late for the

child to go to school. One of the consequences of children attending school and doing domestic work and other gender roles is that they are likely to become tired and anxious, and in many cases hungry too, which can have a detrimental effect on their education. As a result they have greater tendency to quit school. This is particularly so for girls since they work longer hours, quite often doing both domestic chores and other work. One member of the adult focus group discussions remarked;

“Whereas girls work hard in the home throughout the day fetching water, firewood, and on a regular basis carrying things to the market, the boys have flexible time to concentrate on their academics. Too much work denies the girls opportunity to go to school” (Male FGD).

The researcher found that children’s school life is also affected by assisting with some of the reproductive roles such as caring for the sick when the mother is not around. This was said to be common with older girls and according to the children it has led to the under-achievement of some of girls and their dropping out of school because they don’t see the value of education or its relevance to their lives after all they are always told to remain at home.

The researcher found that gender roles don’t only stop in the home but that this continues even at school with inequalities translating into discrimination that is sometimes very subtle. The teachers tend to assign girls stereotyped gender roles which are not different from those in the home such as preparing lunch for teachers and washing plates.

This cumulative effect of gender roles in the home and the school could contribute to lowering the educational and career aspirations of many girls. Thereby provoking their premature exit from the education system and/or undermining their achievement levels.

4.3.2.2 Gender roles and the right to parental love and care

Respondents were asked whether the gender roles have any effect on realization of child rights to parental love and care. Table 20 shows the findings.

Table 20

Gender roles and the right to parental love and care

	Right to parental love and care		Total (N)
	Yes	No	
Gender Roles	Frequency	Frequency	
	%	%	
Domestic chores	90.0	10.0	
Productive roles	95.0	5.0	
Reproductive roles	80.0	20.0	
Community roles	75.0	25.0	(100)

The researcher found that being a parent is one of the most demanding jobs parents ever do. All parents wanted to be good parents who care and love their children but are challenged by the multiple roles. The respondents mentioned that, although they would have loved to show parental love and care to their children, the kind of roles they carry out limits them.

In the men’s focus group discussions, it was revealed that most men aspire to be good fathers and to care for their children but fathers often receive mixed messages regarding their rights and responsibilities as parents. The message that men internalise is that it is not a fathers’ place to become heavily involved in the lives of young children in particular girls. This linked to the existing social and cultural norms can have a strong influence on parents’ levels of involvement with their children.

Children in their focus group discussions reported that parents hardly express love to them and that all the time they are assigned tasks which make them very tired and sometimes earn the children insults or physical harm if they don’t complete on time.

It was mentioned in the adult focus group discussions that in polygamous families some times both parents and stepparents do not treat children in the blended family equally. Many stepparents find it difficult to love their stepchildren. Allocation of gender roles and discipline from a step parent usually results in frustration, opposition and disrespect especially the male children who are circumcised (above 15 years of age).

The researcher found that as a result of lack of love and care from parents, in particular the fathers who are rapidly shifting the burden of child care entirely to female parents and grandparents, some children feel unwanted and a burden. They are compelled to leave their homes because of this rejection. Children move from place to place in an effort to find a stable and loving home. Majority of the children in such situations resorted to living with their grand parents in search of love. The grand parents hardly assign them too much work and always show them love as compared to their parents. Many children spend their lives alternating between grandparents' home and their parents' home.

It is important to note that majority of the grand parents were older and often with few resources to provide the child with the basic needs. The child may receive love but will miss out on other essentials in life. In addition, most grand parents were already looking after a large number of orphans. This constant relocation of children could result in their eventual inability to focus on their studies and sometimes leading them to the streets.

4.3.2.3 Gender roles and the right to play and leisure

Respondents were asked whether gender roles have any effect on realization of child rights to play and leisure. Table 21 shows the findings.

Table 21

Gender roles and right to play and leisure

	Right to play and leisure		Total (N)
	Yes	No	
Gender Roles	Frequency	Frequency	
Domestic chores	90.0	10.0	
Productive roles	95.0	5.0	
Reproductive roles	85.0	15.0	
Community roles	5.0	95.0	(100)

Although child play is essential for brain development, children hardly have time for play and leisure because of the workloads related to gender roles i.e. household chores, productive and reproductive roles. Majority of the respondents in rural areas of Manafwa

District perceived play and leisure as a waste of time as children have to help in carrying out domestic work before and after school.

The researcher found that beside multiple gender roles, most homesteads do not have much space as crops are planted to the courtyards and there are hardly any game facilities and leisure parks. Children can only enjoy playing at school and at the church on Sundays when they go for prayers because churches have large open grounds.

4.3.3 Gender roles and the right to protection

4.3.3.1 Gender roles and the right to protection against all forms of mistreatment, abuse, neglect and exploitation

Respondents were asked whether gender roles have any effect on fulfilment of the children’s right to protection against all forms of mistreatment, abuse, neglect, discrimination and exploitation. Table 22 presents the findings.

Table 22

Gender roles and right to protection against mistreatment, abuse, neglect & exploitation

*Right to protection against mistreatment, abuse, neglect & exploitation			
	Yes	No	
	Frequency		Total
Gender Roles	%	%	(N)
Domestic chores	90.0	10.0	
Productive roles	85.0	15.0	
Reproductive roles	75.0	25.0	
Community roles	80.0	20.0	(100)

*Includes multiple responses

From the findings respondents mentioned that children were not protected against mistreatment and abuse when it comes to performing household chores. Respondents reported that, it is true children are sometimes physically and emotionally harmed by the parents/guardians when they fail to perform assigned household chores. This was confirmed by the children in their focus group discussions about household work

whereby parents beat them up or use vulgar language and threats or shouting and glaring at them for unfinished tasks or poorly done assignment.

Parents thought hitting a child to do household work was normal and acceptable way of grooming a child to become a responsible adult. In particular men as the head of the household viewed strict discipline and corporal punishment as expressions of care to prepare ‘stubborn’ children for adulthood. Children felt this was another form of violence equivalent to physical harm. They perceived their parents to be aloof, unapproachable and often motivated by deliberate bad intentions or just plain lack of concern. Much of this violence is inflicted on girls. One girl said;

“When I’m at school, I feel free and happy, but when time for going home comes, I begin to get worried about household chores hitting me in particular for not bathing my siblings and washing dishes properly ” (Children’s FGD).

Key informants further mentioned that children’s labour is usually exploited for productive work such as gardening and looking after domestic animals. It was a concern among the respondents that parents and other people in the community normally exploit the children’s free labour beyond what a normal human being can do. They mentioned working long hours in the gardens denying them the opportunity to go to school. One respondent remarked;

“Sometimes a lot of work is assigned to children without due consideration of their age and abilities and without adequate rest that results into health hazards and stunted growth” (Female KI).

The multiple gender roles assigned to children at a tender age and the harsh punishments for not doing it the way parents want could contribute to children growing up feeling resentful or angry, and too stressed to enjoy their parents.

Discrimination and deprivation were a common practice among parents for children who don’t want to participate in productive work. For instance, a big share of food will be given to those who went to the gardens and excelled in digging as compared to the slow ones.

Children reported that their emotions are hurt but they do not have much to do about it since they are 'children' expected to obey their parents. This could be associated to the low status of children in families and the subordinate position they occupy in the traditional culture– the ideal of a 'good child' as one who is obedient, silent and does not question the authority and final word of care-taking adults.

One child remarked;

“Even when a child is sick, the parents in particular fathers will not listen but want to see you with a hoe going to the garden. Until when you are very sick and in bed that is when you can be excused” (Children’s FGD).

This could bring humiliation and feelings of helplessness among the discriminated children.

The issue of neglect for both boys and girls also featured prominently. This was seen by children as very traumatizing because most of them live in appalling environments infested with jiggers and filthy.

The researcher found that orphaned girls who drop out of school prematurely and do not have proper homes but live with relatives where there is no adult protection and support tend to engage in high- risk sexual behaviour as a survival strategy and sometimes get pregnant and marry very young. This according to children was a harmful situation that orphan children are exposed to.

The researcher found that sometimes children who are hired as baby sitters get sexually abused by the husbands of their employers especially when the wife has gone to the garden or to fetch water. It was mentioned in the adult focus group discussions that many women don't know about this because it takes place secretly and the child is threatened by the defiler not to mention or is given money. One male key informant remarked;

“It was and is still a taboo to discuss in public when a girl child has been a victim of incest. This is about preserving the family name. It becomes prime to protect the family” (Male KI)

The researcher found that on several occasions when cases such as defilement are brought to police, the victims sometimes disappear and do not turn up for follow up investigations. This was as a result of the traditional and patriarchy mind-set. Parents and a few members of the clan will negotiate with the defiler sometimes against the will of the girl child and she will have no choice since the bride price would have been arranged but to go with the defiler and live together as husband and wife.

An overwhelming percentage (80%) of respondents thought that the members of the community in particular local council leaders were not doing their best to protect the rights of children in the community. They highlighted abuse of children by the teachers who assign them extra duties after class.

Key informants reported that cases of abuse rarely go to court, and victims are often stigmatised. Women in particular feel intimidated and disheartened by the weak legal process where culture combined with corruption makes access to justice an impossible thought.

Also mentioned was a complicated procedure for preserving evidence in case of defilement. Victims often lost heart and opted to settle out of court. The police was reported to be less helpful since they blame it all on the girl.

This kind of discrimination is largely caused by the gender stereotypes and practices that are built into the ways that institutions which are male dominated operate, and that have the effect of excluding children. For example, in societies where the belief is strong that whatever happens within the household is the concern of household members only, the police force and judiciary, organizations within the institution of the state are likely routinely to avoid addressing questions of domestic violence against children, leading to systematic discrimination against all the children in particular girls who experience violence within the home.

The physical, emotional and mental life of children could be impaired by abuse and violence. Either they become violent themselves or very obedient. They may become depressed or show signs of low self-esteem. They can have symptoms of withdrawal and repression, and most of them display phobic reactions.

They are less innovative because their curiosity was suppressed during childhood. If a child fears doing anything new because of the chance that it will lead to a violent attack or because an abusive parent keeps extremely tight control over them, the child will lose his or her sense of curiosity and wonder at the world, and will stop trying out new things and exercising her mind. That child will never achieve his or her intellectual potential. Most victims of abuse, mistreatment and exploitation tend to avoid getting close to people and try to hide their pain and vulnerability.

4.3.3.2 Gender roles and the right to protection against harmful situations and practices

Early marriage is one of the harmful practices that some families and communities see as a positive emergence into adulthood. Some parents expect to benefit from this practice by receiving bride wealth and fines. The researcher found that whereas girls may seek marriage to escape from poverty within their own family, others run away from too much gender roles while others are pressured to marry early by poor parents who feel they should 'eat' from their children before they die.

Girls are forced to get married at an early age and according to the respondents this harmful practice has been going on for decades in the communities despite the health risks and the domestic violence young girls have to endure.

The key informants revealed that due to involvement of girls in gender roles from childhood, a girl of 12 years could be categorized as adult woman so long as she can perform the key gender roles perfectly such as cooking, digging and looking after the siblings. On the other hand, boys of the same age or older are not labelled adults unless

they are married which usually does not happen until they are in their twenties. The child therefore loses its childhood, and could affect her/his dignity and future.

4.3.4 Gender roles and the right to participation

Respondents were also asked to mention whether girls and boys in their households participate in carrying out domestic chores, productive, reproductive and community roles. Table 23 shows the findings.

Table 23

Gender roles carried out by girls and boys in households

Gender Roles	Girls	Boys	
	Frequency	Total	
	%	%	(N)
Household/Domestic chores	100.0	100.0	
Productive roles	100.0	100.0	
Reproductive roles	100.0	20.0	
Community roles	1.0	15.0	(100)

From the findings, all children (girls and boys) are engaged in household/domestic roles and productive work. Whereas the girls were more engaged in fetching water, firewood and cooking, boys were involved in washing plates, slashing/clearing compounds and keeping security in the home.

The researcher found that in majority of the households, children's participation in gender roles is based on the principle of age and gender. Below the age of 10 years, roles assigned to children are less gender specific. However, while both girls and boys still help with household chores, productive roles, some chores become gender specific as they become older. Boys do more of the roles that involve going away from home and that directly relate to cash. On the other hand girls are mainly associated with tasks within the home and that are more directly related to the kitchen and nurturing.

As they grow older, girls take over most of their mother's work in the household. However, there are cases of boys also doing similar work considered girl's work in the

household where there are no girls. Therefore as a result of this role differentiation, both girls and boys are placed into unequal power structures of participation.

With regard to productive work, rural communities being agricultural, children are seen as a source of labour. Through observation, some girls and boys were seen tilling the land for cultivation. Some boys were seen tending domestic animals more than girls. Children in their focus group discussions reported that some domestic animals such as cows are very violent and would require boys to look after them not girls. Girls in their focus group discussions expressed fears to be defiled by boys who usually gang in large numbers to graze domestic animals. Hence, they fear to go out and graze animals.

As far as reproductive roles are concerned, girls are more engaged in looking after and feeding children/siblings, playing with them and nursing the sick. The boys are usually left at home to look after siblings in families where there are no girls or where the girls are too young.

With regard to community roles, hardly any girls participated in these roles. Boys like their male parents do contribute part of their time for this activity. Children in particular school going children have been engaged in community social events mainly by entertaining guests with singing and dancing. In most cases there has not been meaningful child participation in community activities.

Whereas children's participation in gender roles lightens the mother's workload, it raises various ethical issues and dilemmas, which are rooted in power relationships, conflicting values and interests between children and adults. None of the respondents for instance mentioned establishing safe and meaningful environments for the participation of children in gender roles in order to minimise exposure to risks while carrying out any of the gender roles.

Key informants mentioned that, the right to child participation has been misinterpreted.

On key informant remarked;

“Instead of giving a child some little work, older people give children excessive work. In fact, parents transfer their roles to children” (Male Key informant).

When children begin to take part in any gender roles they may not be aware of a particular risk or hazard since they lack information and experience. It is possible they may have a vague awareness of a certain risk or hazard but yet fail to understand the real consequences. Their lack of information and experience means they may have no idea of what action to take if a dangerous event occurs or how to anticipate such an event. Unfortunately, they tend to blame themselves for any injury they suffer. Furthermore, it is very rare for them to complain to their parents.

In addition to lack of child friendly enabling environments to build confidence and self esteem of children, parents in most cases do not consult with children and use ways or approaches that are characterised with threats and oppression. One Key informant remarked;

“No parent can consult a child on what a child thinks would be an appropriate way for them to be involved in gender roles” (Male Key informant).

Activities are supposed to be allocated by parents under instruction. Instead of recognising and valuing children’s evolving capacities and their ability to play a constructive role in gender roles, children have to take instructions from adults no matter how detrimental to their development and health. Some parents see allocating tasks to children as a means of controlling them and they are expected to comply.

The researcher also found that the concept of child rights to participation, with its connotation of ‘freedom’, which confronts traditional attitudes, may increase adult hostility and exacerbate the problem of communication. Where children felt that the assigned duties were a burden, they had no freedom to express their views about their predicament. Yet participation should promote the best interest of the child and enhance the personal development of each child. One child remarked;

“As a child I’m not free to make choices about issues that have an effect on my life. For instance, it is important to participate in community work and economic activities that are income generating but my parents can not allow me to do so” (Children’s FGD).

Almost all children who participated in the focus group discussions confirmed they were not allowed or encouraged to speak in the presence of adults. This is strictly observed in particular in the presence of adult visitors. The vast majority of children believed that their views, opinions and experiences are not seriously listened to and taken into account by their parents/guardians.

4.4 CONTROL OVER RESOURCES AND CHILD RIGHTS

The researcher explored the extent to which both men and women control physical and financial resources in their households and the resultant effect on realization of child rights to survival, development, protection and participation.

Respondents were asked to mention the main sources of household income. Table 24 shows the findings.

Table 24
Percentage distribution of respondents by main sources of household income

	Frequency	Total
Main Sources of income	%	(N)
Agriculture (includes livestock & crop prod.)	92.0	
Business/petty trade	2.0	
Salary/wages (includes exchange of labour)	2.0	
Remittances/transfer earnings	2.0	
Other (hunting, collecting wild food)	1.0	(100)

From the findings, agriculture is the main source of income for most households. The main agricultural produces are bananas, beans, maize, tomatoes, onions, cassava, millet and livestock (i.e. cattle, goats, sheep and pigs).

Gender disaggregated data from adult focus group discussions reveal that agricultural products are the main sources of income for men because they sell the products and

control the income accrued. It was striking to find that women’s major sources of income are not only obtained from within the household but also outside, especially from kin networks. Women are given money and items in kind whenever they visit their kin. A woman with a strong kin network may be better off than that one with a weak one. Even after they marry, women are not abandoned but go on receiving support from their kin.

It was also highlighted in the male focus group discussions that sometimes women earn through cheating their husbands in order to meet children’s needs e.g. saving from what the husband leaves behind for home use and selling some beans or maize which the husband will not be able to easily tell that is missing.

Respondents were further asked to list the major physical resources for their households. Table 25 shows the findings.

Table 25
Percentage distribution of respondents by major household physical resources

	Frequency	Total
Physical resources	%	(N)
Land	95.0	
Livestock	90.0	
Other (bicycles, houses)	5.0	(100)

*includes multiple responses

The researcher found that lack of physical and financial resources at household level limits members of the family in particular children from having economic access to social services such as healthcare and education. There were feelings of powerlessness for households without physical resources.

Children in their focus group discussions pointed out that families without physical resources such as land and livestock have limited food supply because they have no where to cultivate. In addition, whenever a child gets a problem, the parents have nothing to sell in order to solve the problem.

The researcher found that lack of productive resources particularly land often compels child members of the poor families to engage themselves in various economic activities to supplement their family income in a bid to survive.

After ascertaining the sources of family income and the major physical resources, respondents were asked to mention who controls resources in their households. Table 26 shows the findings.

Table 26
Percentage distribution of respondents by control of household resources

Control of household resources	Frequency %	Total (N)
Both husband and wife	10.0	
Husband	86.0	
Wife	4.0	
Children	0.0	(100)

The researcher found that in most marriages, wives rarely own separate funds, they are hardly allocated separate resources and men assume the responsibility of the income and expenditure of the home.

In situations where women earn a salary (e.g. primary school teachers) they are forced to hand over their salary to the husband for ‘better’ management. One respondent remarked;

“I’m paid a salary and my husband who teaches in the same school collects the payslip and the money without my knowledge. The headmaster doesn’t care about his actions. He only informs me about how he plans to spend it and no discussion. One day he beat me for insisting on getting part of the money to buy a dress and a mattress. I have given up for the sake of the relationship and my children”
(Female respondent)

Key informants mentioned that majority of the rural women do not have control over their own earnings because men feel their power to control is threatened and could easily be undermined by a woman and her children if they gained control over resources. Men are believed to have high status as compared to women and children. As a result, in most

communities women and children hardly have control over financial and physical resources in a household. One respondent remarked;

“Men have to make sure that women and children continue to be subordinate and inferior in order to be in control” (Male KI)

The researcher found that children are counted among the property of their parents and hence they are not given the opportunity to participate in controlling family resources even those that they have obtained on their own. In the adult focus group discussions, it was pointed out that, adults especially men feel justifiable in asserting power and control over their children to the extent of taking away the resources that children have produced in order to provide for the family.

However, to a certain extent women own and control small resources such as small amounts of money obtained from activities done by women. One male respondent remarked;

“Women can own cents or coins but ‘real big’ money i.e. notes is a male property” (Male respondent)

The researcher found that although a few women have considerable control over family resources both financial and physical, they can not freely utilize them on personal and children’s needs without the approval of the husband.

Even when women have resources like goats, they still may be considered to belong to their husbands because once the bride wealth has been paid, men own their wives and children. Men use this ownership and control of resources and payment of bride wealth to silence their wives if they try to complain about their behaviour. One respondent remarked;

“For example a man can sell crops grown by a woman and children especially older children and spend the money on himself personally. If the woman and children complain, he can ask, do you own the land on which you cultivated?” (Female respondent)

Women and children tend to concede this point, and many men refuse to give their wives permission to sell the crops that they, the women and children have cultivated. Instead

men sell almost everything leaving nothing for food. This could mean that women and children have to continue working tirelessly in order to produce enough for the man to sell and for food.

With regard to money that women obtain from their kin networks, the researcher found that it is difficult for men to control the money that women obtain from these sources, unlike the case when it is earned from known household income sources. In such cases, women are constrained in using their money for long term investments as often their husbands will ask about their sources of income. The woman prefers to spend on children such as buying them clothing.

Respondents were also asked to name the items on which they spent their household income. Table 27 shows the findings.

Table 27
Percentage distribution of respondents by expenditure items

Items of expenditure*	Frequency %	Total (N)
Food	49.0	
Medical care	40.0	
Education	58.0	
Land	21.0	
Domestic animals	4.0	
Clothing	45.0	
Savings and credit scheme	2.0	
Small household items (soap, paraffin)	42.0	
Shelter and sanitary facilities	7.0	
Alcohol	3.0	
Others (social functions, funerals)	5.0	(100)

*includes multiple responses

From the findings, it is clear that most families tend to focus more on providing for the survival and development rights and hardly any expenditure on the protection and participation rights. In the adult focus group discussions, the researcher probed further on this issue and found that some of the rights are influenced by societal attitudes and people feel it is not worthy investing in them. One respondent remarked;

“I know that the most important thing is for my children to be fed, sheltered, educated, medical care and others such as freedom of expression, thinking and taking action are from the western world and child decision making a waste of time in our culture” (Male respondent).

Findings show that expenditure on feeding was high (49%). This is because the study was carried out during the time of crop planting and there was food shortage in most households. Households were spending daily on purchase of food for the survival of family members. Some families were selling household items and livestock to buy food.

To get a deeper understanding on household expenditures on the survival, development, protection and participation rights. Respondents were asked if they were given money what they would spend it on. The researcher found that there are different spending preferences between men and women. Women’s expenditure tend mostly to go on the welfare of the family, while men focus more on those items that give them prestige. Table 28 shows the findings.

Table 28
Percentage distribution of Respondents by sex and wishful expenditures

	Sex		Total
	Women	Men	
	Frequency		
Expenditure items	%	%	(N)
Education	60.0	40.0	
Housing	30.0	35.0	
Savings scheme	39.0	10.0	
Feeding	50.0	10.0	
Clothes	40.0	5.0	
Medical care	45.0	15.0	
Buy Land	41.0	55.0	
Buy domestic animals	10.0	50.0	
Start up business	16.0	45.0	(100)

*includes multiple responses

The researcher found that large household expenditures on items such as land and livestock especially by men though regarded as long term wise investments, might in the short term consume a large share of household income that could have been spent on

more immediate child needs such as medical care, school fees and scholastic materials and food.

Respondents were asked whether sometimes they pool resources with the husband/partner and the reasons for pooling resources. Table 29 shows the details.

Table 29

Percentage Distribution of respondents by pooling of resources

Pooling of resources	Frequency	Total
	%	(N)
Yes	55.0	
No*	45.0	(100)

*excludes those who were single/separated

The researcher found that reasons for pooling resources were varied but key among them was the need to purchase land, domestic animals, pay for education of children. Male respondents pointed out that as husbands and heads of households, they can only develop better plans for their household if the resources are pooled. Some women considered pooling resources to a certain extent as an advantage to them because they hardly have any financial resources as most of them depend on their husbands for all provisions.

The reasons for not pooling resources included the fact that men in particular didn't like pooling resources due to lack of trust in their partners especially knowing that the partner doesn't have much to contribute. There was fear for the resources to be misused. One respondent remarked;

“By pooling resources a woman will know the money I have. She can even be tempted to steal it or run away with my money in case of any misunderstanding. I don't trust a woman with money” (Male respondent)

The women expressed concern that husbands hide their money and with polygamous marriages some women were not comfortable with pooling resources and do not want to be abused for being keen about their husbands earnings.

4.4.1 Control over resources and the right to Survival

4.4.1.1 Control over resources and the right to proper feeding and nutrition

Respondents were asked whether control over resources by husband, wife or both husband and wife has any effect on realization of child rights to proper feeding and proper nutrition.

Since children depend on adults for their provisions, control of resources by an adult member will definitely have an effect on realization of their rights. From the adult focus group discussions, if women were controlling the household resources, good feeding and proper nutrition for the children would not be questionable. The women focus group discussions revealed that even men would be served a daily balanced diet. One member of the adult focus group discussions remarked;

“Children would be able to have four full meals i.e. break fast, lunch, or packed lunch for school going children, evening tea and super” (Female FGD)

This was affirmed by key informants that if women had full ownership, control over resources and decision making powers, they would ensure that food reserves are full in and out of season and in case of shortage, they would move from place to place or sell some of the physical resources in search of food and ensure proper feeding and nutrition. One key informant remarked;

“A man will go in the banana plantation and mark all the big bunches as his for sell, even the chicken given to women by their parents is owned by the husband. They sell the eggs and the chicken. We men are very mean and greedy, children become malnourished” (Male KI).

The children were not reluctant to talk about the difficult circumstances in which they live and the fact that they are powerless and have no control over resources. They said that their main problem was food. The basic food stuffs as described by children were becoming less and less common. Meat (a favourite) was identified as a rarity in children’s diets, being eaten only when the father decides to buy once in a while.

Even for sick children in the family no special attention is given unless they have failed to eat what is provided as family dishes. Another child mentioned;

“In our family, meat and chicken are prepared once in a while when it is Christmas or when highly respected visitors from our mother’s side have come to visit our father. Even then, we are given soup with very tinny pieces of meat. The rest goes to the high table for the visitors and our father..... Our father doesn’t even think that we need to eat very well to be able to dig.” (Children’s FGD)

The researcher found that all households have needs over and above an adequate food supply. In practice, many heads of households have difficulty in meeting even the basic food requirements of their households and they often have to make trade-offs between acquiring enough food, acquiring food of adequate quality and meeting non-food costs.

4.4.1.2 Control over resources and the right to life before and after birth

Respondents were asked about the control of resources and utilization of antenatal care services by source for the last birth. Table 30 shows the findings.

Table 30
Control over resources and utilization of antenatal care services by source

*Utilization of antenatal care services				
	Hospital	Dispensary	TBA	
	Frequency			
Control over resources	%	%	%	(N)
Husband	6.0	66.0	28.0	
Wife	7.0	73.0	20.0	
Both	0.0	72.0	28.0	(50)

*Excludes male respondents

The fact that women lack control over their labour, mobility and finances, very few have access to hospitals where there are highly qualified personnel and specialised maternal and child care services. The researcher found that only referral cases would access such services.

It was revealed in the male focus group discussions that men normally do not want to waste money on the unknown and besides they think that women want to use attendance of antenatal care as a way of saving money and as a scapegoat to visit friends and loiter in

town the whole day. The researcher found that, men feel insecure when their wives move away from home to distant places in the pretext of medical care. Men are not happy seeing their wives with some free space to visit the hospital and friends in the public sphere.

The researcher found that women normally go for antenatal care when the pregnancy is about six months. When women especially first trimesters are troubled about their pregnancies during early weeks, they seek information and counsel from their close relatives. Women reported that men are not willing to give financial support for antenatal care unless the pregnancy is feasible and will give money only when there are complications. A husband/partner will only provide financial support for antenatal care when in his wisdom it is deemed necessary yet he may not be able to recognise and appreciate a woman's condition. This could endanger the life of the child and the mother.

Respondents were asked whether the control over resources had any affect on the number of times they attended antenatal care services for the last birth. Table 31 shows the findings.

Table 31
Control over resources and utilization of antenatal care services for the last birth by number of visits

*Utilization of antenatal care services					
Number of visits					
	None at all	1-4	5-8	9 and above	
Frequency					
Control over resources	%	%	%	%	(N)
Husband	14.0	63.0	23.0	0.0	
Wife	3.0	70.0	27.0	0.0	
Both	4.0	58.0	38.0	0.0	(50)

*Excludes male respondents

Findings show that none of the women attended antenatal care services nine times and above. The researcher found that even where women control resources, they have limited access to services because of their inability to take decisions on what is appropriate for

them. Female respondents in this study thought it would be disrespectful and undermining the powers and authority of their partners/husbands. One respondent remarked;

“A man is always a man, whether he has control over resources or not, I have to get his approval before I go to any health facility” (Female respondent)

In such situations where women accept subordinate positions and can not take action even when they have control over resources, it might be a set back. This coupled with the fact that a greater percentage of resources under women’s control are likely to meet everyday subsistence needs of the family and hardly any for her health during and after birth may endanger the child’s right to life.

Respondents were asked about the control over resources and the source of child delivery for the last birth. Table 32 shows the findings.

Table 32

Control over resources and place of child delivery for the last birth

	Place of child delivery				Total (N)
	Hosp/Disp	TBA	Home	Road	
Control over resources	%	%	%	%	
Husband	31.0	6.0	61.0	2.0	(50)
Wife	42.0	0.0	58.0	0.0	
Both	49.0	7.0	40.0	4.0	

*Excludes male respondents

In discussing sources of child delivery, focus group discussions pointed out that those who deliver in major hospitals are usually referral cases that are at death point. This is when the husband will release money or allow a cow or goat to be sold for a mother to access medical care. This shows that the child’s right to life before and after birth is still in jeopardy if mothers can not access specialised medical care.

Respondents were asked about the control over resources and utilization of post-natal care services for the last birth. Table 33 shows the findings.

Table 33**Control over resources and utilization of postnatal care services for the last birth**

	Utilization of post-natal care services		
	Yes	No	Total
	Frequency	Frequency	
Control over resources	%	%	(N)
Husband	8.0	92.0	
Wife	25.0	75.0	
Both	8.0	92.0	(50)

*Excludes male respondents

Very few utilised postnatal care services irrespective of who controls resources in the household. Of those who utilised post-natal care services majority had taken their children for immunization and were also attended to.

4.4.1.3 Control over resources and the right to descent shelter and clothing

Respondents were asked about control over resources and whether this has any effect on the child's right to descent shelter and clothing.

The researcher found that most polygamous families were living under one roof for the husband to have easy control over the household members. Although the expected ideal situation is co-operation among co-wives, more commonly relations are strained, often competitive and sometimes degenerate into personal violence between wives and as a result children suffer the consequences.

The researcher found that most children are discriminated by the community members and even at school teachers do not pay close attention to their attendance or performance but instead neglect them for not having uniforms and looking shabby and dirty.

Children in the focus group discussions mentioned being branded names by other children stemming from the type of shelter they have at home. There are experiences of

discrimination and the infringement of their dignity associated with their living conditions.

Harassment in particular from teachers and members of the community could affect children's performance at school and participation in social activities.

4.4.1.4 Control over resources and the right to medical care

Respondents were asked whether control over resources has any effect on realization of child rights to medical care.

The researcher found that children suffer from different illnesses because of their vulnerable state and do not get adequate services when they become sick. Caring for the sick is seen as a woman's role and yet she can't afford the cost for medical care because of limited access and control over the financial and physical resources.

The researcher found that some people still believe strongly in culture and traditional medicine. They feel more comfortable with traditional healers when they have certain ailments than with modern health workers. They also mentioned some diseases did not get cured by western medicine thus a justification for turning to herbal remedies.

However, key informants pointed out that men are very mean with their money. For instance, it was mentioned that a man may refuse to give the wife money or sell a goat to get money to take a sick child to the hospital and prefer to take the goat to the witch doctor for a sacrifice yet a child could be suffering from malaria so in the end the child dies.

The situation is worse for orphan children when they are ill. People have a poor attitude towards orphans especially if they know that the parents died of AIDS. They do not want to waste money on such children because they may also die very soon.

4.4.2 Control over resources and the right to Development

4.4.2.2 Control over resources and the right to education

Respondents were asked whether control over resources in the household has any effect on realization of child rights to education.

The researcher found that girls higher drop out rates from school than boys, is tied to who controls resources in the household. One respondent remarked;

“School dropouts are basically from families where men control resources but girls are more affected as there is a tendency to lean to boys. Especially from primary three, they start dropping out” (Male respondent).

The study was carried out during school days and the researcher indeed found some school going children at home due to lack of school requirements. Some of the children that were 7 years had not yet started school. This means that by the time many of the children complete the first cycle of schooling, they are well into adolescence. The recommended age for completion of primary school level is 12 years. The late age of entry into primary school is a critical factor contributing to the problem of low retention and inability to complete the primary education cycle, wastage and low educational achievements for children, especially for girls.

This problem of over age enrolment is indeed carried over to secondary school. It is quite common for students over 18 years of age to enrol in secondary schools. The recommended entry age is 13 years. Over aged girls in particular are at risk of dropping out of school, due mainly to societal pressures on expected gender roles, marriage, child bearing and rearing and involvement in domestic work. For boys involvement in productive work and in income generating activities is a strong factor.

4.4.3 Control over resources and the right to Protection

4.4.3.2 Control over resources and the right to protection against all forms of mistreatment, abuse, neglect and exploitation

Respondents were asked about control over household resources and the child’s right to protection against all forms of mistreatment, abuse, neglect and exploitation.

The researcher found that Protection rights are negatively perceived by many parents/guardians as it hinders them from physically punishing a child who has done something wrong. Punishing children is considered normal and beneficial because it is perceived to help the child change their behaviour and learn to fulfil their obligations.

The researcher found that many parents in particular men still apply primitive and inhuman methods to discipline children. As an absolute owner and controller, the father is free to discipline children in any manner considered appropriate by him and will make sure the child feels the pain and will never attempt to give money for the child's treatment.

The researcher found that the situation for children with disabilities (CWD) is worse. The neglect of CWD manifests itself in various ways: lack of material, financial and emotional support to assist meet their special needs, lack of parental care and lack of respect. The likely sources of support are unsupportive; there is a lack of love, will and a sense of responsibility towards the children. In some cases, parents have even tried to give away their CWD. They are subjected to ridicule, cruel imitation and deliberate harm. They suffer extreme forms of social exclusion, for example being hidden by the family indoors, chased away by other children and adults or being forced to eat alone because they are considered useless and do not participate in carrying out the gender roles.

One CWD described discrimination from other children and adults in the community as her most significant daily problem. She said;

“Teasing makes me sad and in response, I fight back or I may ignore” (Children’s FGD)

From the consultations with key informants, it was affirmed that there are many girls under the age of 18 years in the communities whose sexual rights have been exchanged for money or other material considerations. Adults who are in charge of children, including parents/guardians, often exchange the sexual services of children for money. Since much of this mistreatment, abuse, neglect and exploitation of children takes place

within the home with people who are known, it is never officially reported. Therefore child sexual abuse has continued to thrive in such families.

4.4.4 Control over resources and the right to Participation

Respondents were asked to mention whether children contribute towards acquisition of household resources. Table 34 shows the findings.

Table 34
Percentage distribution of respondents by children’s contribution to household resources

Contribution	Frequency	Total
	%	(N)
Whether children contribute		
Yes	53.0	
No	47.0	(100)

With regard to children’s contribution and control over resources, due to the changing local economy and need for financial resources in most households, children have been compelled to work for cash, a deviation from the tradition which sees money as an adult domain.

The researcher found that the demand for financial resources is greater in larger families, necessitating the optimum involvement of every family member. Children in large families were moved in paid labour, the younger ones tending to learn how to earn from their elder siblings. Many also learn by a parent helping them to become economically independent, but also they may negotiate and engage in the cash economy through own networks such as friends.

Income sources for children tend to differ by age and gender. Girls are less involved in working for money but this does not mean that they do not have any access to money. Many parents, when they give money say for a bite at school, they tend to give priority to girls partly to protect them from men who may use money to lure them into pre-marital sexual relation While girls are not expected in public places, older boys tend to emulate the male adults by staying in trading centres to earn an income.

It was pointed out in focus group discussions for children that some children obtain money by ‘saving’ it when they are sent by parents to buy items from the shops either by buying slightly less or by bargaining for a reduction. It is also common for shopkeepers to initiate the discount as an incentive for children to keep buying from them whenever they are sent. Children may use the money saved to buy a snack right away or keep it for lunch at school.

Children’s participation in income generating activities is highly significant because it enables children to finance other important aspects of their current and future lives, which some parents may not be able to finance. It could also contribute to daily family survival by supplementing food resources for the home. Some children may buy chicken from the money earned as an investment or saving strategy. Others use the income earned to buy items such as ‘good’ clothes, which some parents consider unimportant. Some reported using earned money to buy drugs, others it has helped in accessing education by buying school uniforms, scholastic materials such as books and pens.

It is important to note that not all children engaged in earning money were contributing to the family’s overall welfare or spending their money on what would be considered locally to be morally appropriate ends. Like some of their selfish fathers, some children spent their money alone by eating in restaurants or watching videos in trading centres.

Although some parents, particularly fathers, may use the money their children earn on personal expenditure, parents regard children who make complaints against them as disrespectful.

Children revealed that parents do not respect their need for separate income earning opportunities and often feel that parents take the products or the money a child has earned because they believe it was developed or produced on their land, in their house, by their child. One child remarked;

“I have had unsuccessful efforts in selling sugarcanes because my parents continually take the earnings and even chewing some of the sugarcane promising to pay later but they don’t. If I remind them, they threaten to beat me” (Children’s FGD)

The researcher found that children’s participation in control of resources depends greatly on adult support and gradual shift in the balance of power in favour of the child. Children’s participation in paid work and contribution to household resources could place them in a better position to negotiate with their parents although the father still maintains the power and authority to control and give direction.

4.5 DECISION MAKING AND CHILD RIGHTS

4.5.1 Decision making and the right to Survival

4.5.1.1 Decision making and the right to proper feeding and nutrition

The researcher ascertained the levels of decision-making in the household and the effect on realization of child rights to proper feeding and nutrition.

From the findings, very few women participated in all household decisions regarding food and nutrition.

Although most respondents saw the right to feeding and proper nutrition as an area women ought to take the final decisions because providing food is their responsibility, men still have to take decisions on feeding because of recent they have control over food crops which have become a major income source.

The researcher found that children experience some difficulties with access to adequate quality food and nutrition because of the decisions taken by their fathers that are always not favourable to children. For instance children in their discussions raised a social problem associated with the male decision making power in particular the decisions by the male head of the household to sell food crops and spend most of the resources accrued on alcohol and the impact that this has on the children. One child remarked;

“Men in this community decide to spend their money on alcohol and fight a lot yet their children have no food, they decide to look after their stomachs and not those of their children” (Children’s FGD)

The researcher found that a man who listens to his wife’s decisions could be rebuked by fellow men. One member of the adult focus group discussions remarked;

“A man is a lion of the home According to our cultures, a husband is the final decision maker because the wife and children are below him, he is the chairman of the home, and he is above everything” (Male FGD)

However, key informants revealed that in situations where women share equally in household decisions, they tend to provide more adequately and fairly for their children, and where women have low status and are denied a voice in the household decisions, they are less likely to have access to resources that they can direct towards children’s feeding and nutrition.

4.5.1.2 Decision making and the right to medical care

Respondents were asked about levels of household decision making and the effect on the child’s right to medical care.

The researcher found that although women are more knowledgeable of the health status of the family members, they do not have the power to decide where to seek treatment.

The husband determines when and how to seek health care for the family members. A high proportion of respondents said that head of the household decides where to go for treatment and they (heads of households) paid for the treatment. One respondent remarked;

“I’m unable to take a sick child for treatment without approval of my husband because he is the one to pay for the medication” (Female respondent).

As the primary care givers for children, women tend to be the first to recognise and seek treatment for children’s illnesses. Yet many women are denied a say in even the most basic decisions on family health, such as whether a child will be taken to the doctor, how much money will be spent on medication.

The researcher found that in families where women participate in decision-making, the proportion of resources devoted to children is far greater than those in which women have a less decisive role and better health practices were reported.

Since women's ability to make decisions is closely linked to child health, their little influence could compromise the right of the child to health and medical care.

4.5.2 Decision making and the right to Development

4.5.2.1 Decision making and the right to education

Respondents were asked about the levels of household decisions and the effect it has on child's right to education.

The researcher found that a number of parents are willing to send their children to schools but are not able to do so due to the high education costs involved. With nothing else to do, many parents decide to allow their children to join the labour market rather early in life as the only way to acquire necessary skills for survival.

Key informants reported that households that are in extreme poverty resulting from low income and high unemployment of its adult members, lack of social protection, and high dependency burden, with little or no assets and limited access to any physical and financial resources are often compelled to take decisions to engage their minor children in various household economic activities or send them to work for wages instead of enrolling them in schools.

Decisions from household heads to divert their children from completing at least secondary education violate the rights of the child to education. Failure to complete secondary school could be linked not just to dismal job prospects, but also serious health consequences which potentially threaten a child's psychological and physical integrity and often their very survival.

4.5.2.2 Decision making and the right to play and leisure

Respondents were asked about decisions in the household and the child's right to play and leisure.

The researcher found that boys compared to their female counterparts tend to have more freedom from their parents to go and play.

Majority of respondents when asked what decision they would take if a girl asked them for permission to play with her friends, outside the home, over a half responded they would not allow her, a few mentioned, they would allow her with hesitation.

Girls in focus group discussions indicated that compared to their brothers, they are required to make twice the effort to convince their parents if they want to do something that may take them outside the home.

4.5.3 Decision making and the right to Protection

4.5.3.1 Decision making and the right to protection against all forms of mistreatment, abuse, neglect and exploitation

Respondents were asked about the levels of household decision making and the child's right to protection against all forms of mistreatment, abuse, neglect and exploitation.

Cultural values strongly influence parental choices about protecting and investing in their children. Children are not adequately protected even by their own parents.

The researcher found that there are cases where the head of the household believes that the mother can not take a decision and is regarded as too soft and spoiling of the child. To compensate for what he perceives to be weaknesses the head of the household usually takes decisions beat the child without consulting the mother. This may itself be a factor in offending.

Children's rights to protection are trampled upon when heads of households take decisions to marry off their daughters at a tender age so that she can fetch bride wealth for her family. It certainly means premature pregnancies that cause higher rates of maternal mortality and is likely to lead to a lifetime of domestic and sexual subservience.

From the focus group discussions it was revealed that cases of early marriages are still common and condoned by parents in particular male parents, a practice that is supported by custom and culture regardless of the profound physical intellectual and educational, health and emotional consequences for the children.

4.5.4 Decision making and the right to Participation

Respondents were asked about levels of household decision making and the child's right to participation.

The researcher found that most families ignore children's participation in household decisions making especially on matters that affect children because they think that children's ideas are childish and speak nonsense. One member of the adult focus group discussions remarked;

“They should wait until they make their own families and take decisions. For instance, it is a waste of time to consult with children especially girls” (Male FGD).

There are problems regarding child rights to freedom of expression. Children are not allowed to express their interests because they are regarded as young and unable to know what they want instead it is the parents to decide for them. Parents believe that if a child has freedom to speak, they become unruly and spoilt.

The researcher found that this plays an important role in denying children respect as full members of their households and broader societies. It fails to equip children with the means to participate fully in decision-making processes according to their evolving capacities and to prepare them to play a full part as active members. It makes children largely invisible in household decision-making processes.

As a result, children could be unable to play a constructive role in their own education (both within schools and in the wider education system), in the planning and development of their own communities and in the way in which their societies seek to protect and provide for their children.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.5 Introduction

In this chapter the research presents a summary of the main findings of the research, conclusions and recommendations.

The research broadly set out to examine gender relations and child rights in Manafwa district- Uganda. The specific objectives of the research were: to examine the effect of gender roles on fulfillment of child rights, to examine the extent of control over financial and physical resources in the household and the resultant effect on fulfillment of child rights; and to examine levels of decision making in the household and the effect on fulfillment of child rights.

Data was collected from 216 respondents of which 100 were individual interviews, 32 key informants and 84 members of the focus group discussions. The researcher also utilized secondary data. A multi-stage sampling technique was used in sample selection. The major methods of data collection were both qualitative and quantitative. Qualitative research instruments included the Focus Group Discussion guide and a Key informant guide. Quantitative instruments comprised of an interview schedule that was administered on 100 respondents for personal interviews. The findings of the research have been presented in chapter four.

5.6 Summary

5.6.1 Gender Roles and Child Rights

5.6.1.1 Gender Roles and the Right to Survival

5.6.1.1.1 Gender roles and the right to proper feeding and nutrition

The analysis from the findings shows that gender roles affect fulfilment of children's right to proper feeding and nutrition. Women spend most of their time on productive roles and domestic chores with hardly any ample time left to prepare good quality meals

on time for their children and other members of the household. School going children usually go to school without having breakfast. Infants whose mothers are caught up with multiple gender roles are introduced to supplements before the age of six months. In addition, discrimination and deprivation from food were a common practice among parents for children who did not labour hard.

5.6.1.1.2 Gender roles and the right to life before and after birth

Findings revealed that gender roles affect realization of children's right to life before and after birth. In particular women's access to and utilization of antenatal and child delivery services was highly influenced by the gender roles. For instance, as a result of multiple gender roles none of the female respondents visited the antenatal clinic more than 9 times during their last birth yet the recommended number of visits is 12-13 times before giving birth. Sixty percent (60%) of the female respondents who delivered at home associated this to domestic chores, 54.0 percent productive roles and 43.0 percent reproductive roles. A number of women preferred to deliver with assistance of a Traditional Birth Attendant because they can be called upon to attend to the mother at her home while she performs other gender roles at home.

5.6.1.1.3 Gender roles and the right to descent shelter and clothing

The research shows that gender roles affected realization of children's right to descent shelter and clothing. From the findings men have a responsibility to construct descent houses/shelter for members of their households. However, most houses were temporary with leaking roof and children were sharing rooms with domestic animals and birds. Majority of the children wore torn and dirty clothes. This was attributed to multiple gender roles that keep parents/guardians busy with hardly anytime to wash for their children and repair tone clothes.

5.6.1.1.4 Gender roles and the right to health and medical care

Investigations into this right shows that gender roles do affect the source of medical care for the sick child and generally people's health seeking behaviour. For instance, 73.0 percent of the respondents who resorted to self-medication attributed it to domestic

chores, 74.0 percent productive roles and 66.0 percent reproductive roles. Children shared a few tablets and hence not completing the doze. The child will only be taken to qualified medical personnel in case the sickness gets complicated. The situation is worse for children with disabilities who are discriminated and denied access to medical care because their condition is believed to be a result of witchcraft and a waste of time.

5.6.1.1.5 Gender roles and the right to sanitation and safe water

The findings show that gender roles affect fulfilment of child rights to sanitation and safe water. While men have the responsibility to construct pit latrines for their households, a number of homes did not have pit latrines and others were in a very devastating state. As a result children resort to poor practices in particular disposing faeces in the plantations and bushes around the home.

Findings further indicate that children from families that live far away from protected wells usually resort to drinking water from unprotected sources. Children and women get tired after a day's workload and fail to walk long distances to collect drinking water. Water is very scarce in some homes and as a result children go without bathing, foodstuffs are not properly washed before eating, clothes are not washed on a regular basis and general cleanliness in the home deteriorates.

5.6.1.2 Gender Roles and the Right to Development

5.6.1.2.1 Gender roles and the right to education

Gender roles were seen as a contributing factor to low school attendance, late reporting at school and lack of time for children to do home work. The roles continue even at school where teachers tend to assign stereotyped gender roles that are not different from those in homes. Girls in particular work longer hours as compared to their male counterparts often doing domestic chores and other work. This was very common among older girls and has contributed to underachievement of some girls and their drop out of school.

5.6.1.2.2 Gender roles and the right to parental love and care

Findings revealed that gender roles affected the child's right to parental love and care. Parents hardly express love to their children instead they assign tasks that are beyond children's capacity and insult or physically harm them if the children didn't complete tasks on time. The situation is worse with polygamous families where many stepparents find it difficult to love their stepchildren. Allocation of gender roles and discipline from a step-parent usually results in frustration, opposition and disrespect. As a result of lack of love and care from parents many children spend their lives moving from place to place in search of love and alternating between grandparents' home and their parents' home.

5.6.1.2.3 Gender roles and the right to play and leisure

Analysis from the findings shows that gender roles affect fulfilment of children's right to play and leisure. Play and leisure was seen by most respondents as a waste of time because children have to help with carrying out household chores, productive and reproductive roles.

5.6.1.3 Gender Roles and the Right to Protection

5.6.1.3.1 Gender roles and the right to protection against all forms of mistreatment, abuse, neglect and exploitation

The research shows that gender roles had an effect on realization of the children's right to protection against all forms of mistreatment, abuse, neglect and exploitation. Parents considered strict discipline, corporal punishment and hitting a child to do domestic chores and productive work as normal and acceptable way of grooming a child.

Findings indicate that much of the violence is inflicted on girls. Sometimes the female children who are hired as baby sitters get sexually abused and this takes place secretly and the child is threatened by the defiler not to mention or is given money. Apart from the home environment, abuse of children in the community was also highlighted i.e. by the teachers who assign them extra duties after class. Cases of abuse rarely go to court, and victims are often stigmatized.

5.6.1.3.2 Gender roles and the right to protection against harmful situations and practices

Investigations showed that gender roles contributed to violation of the child's right to protection against harmful situations in particular early marriages. A number of girls compared to their male counterparts were pressured to enter into marriage at a tender age due to their involvement in gender roles from childhood. For instance, girls of 12 years were categorized as adult woman so long as they could perform the key gender roles perfectly such as cooking, digging and looking after the siblings.

5.6.1.4 Gender Roles and the Right to Participation

Findings revealed that gender roles have an effect on fulfilment of child's right to participation. For instance, whereas both girls and boys help with gender roles, the right to child participation has been misinterpreted. Coupled with the concept of child rights to participation, with its connotation of 'freedom' that confronts traditional attitudes, there was increased adult hostility that exacerbated the problem of communication between parents and children.

Instead of recognizing and valuing children's evolving capacities and their ability to play a constructive role, children have to take instructions from adults no matter how detrimental to their survival and development. There was a general lack of child friendly enabling environments to build confidence and self esteem of children. Children were not allowed or encouraged to speak in the presence of adults in particular visitors. The vast majority of children believed that their views, opinions and experiences are not seriously listened to and taken into account by their parents/guardians.

5.6.2 Control over resources and Child Rights

5.6.2.1 Control over resources and the right to survival

5.6.2.1.1 Control over resources and the right to proper feeding and nutrition

The research show that control over resources in the household has an effect on realization of the children's right to proper feeding and nutrition. Findings indicate that men as controllers of the means of production and incomes make trade-offs between acquiring enough food of adequate quality and meeting non-food costs. The situation

becomes worse for sick children in the family that are hardly given any special nutritious meal unless they have failed to eat what is provided as family dishes.

5.6.2.1.2 Control over resources and the right to life before and after birth

Investigations into this matter revealed that the child's right to life before and after birth is in jeopardy due to mothers' lack of control over resources and limited access to specialized medical care. Men/spouses are not willing to give financial support for antenatal care unless the pregnancy is feasibly with complications. The husband will release money or allow a cow or goat to be sold only in referral cases at death point hence endangering the life of the baby and the mother.

5.6.2.1.3 Control over resources and the right to medical care

Findings show that control over resources has an effect on the fulfilment of the child's right to medical care. From the research caring for the sick is seen as a woman's role and yet she can't afford the cost for medical care because of limited access and control over the financial and physical resources. Men were reported to be very mean with their money and would refuse to give the wife money to take a sick child to the hospital. Therefore sick children do not get adequate medical care. The situation for orphan children is worse especially if their parents died of AIDS. People do not want to waste any little money that is available on such children because they may also die very soon.

5.6.2.2 Control over resources and the right to development

5.6.2.2.1 Control over resources and the right to education

Findings indicate that control over resources in the household affected the child's right to education. For instance, girls higher drop out rates from school than boys was tagged to who controls resources in the household. Men were reported to be very it difficult and reluctant on educating the girl child. A number of school going children in particular were at home due to lack of school requirements.

5.6.2.3 Control over resources and the right to participation

The research shows that control over resources had an effect on realization of child rights to participation. Due to the changing local economy and need for financial resources in most households, children have been compelled to work for cash, a deviation from the tradition which sees money as an adult domain.

From the analysis of the findings, children's participation in income generating activities is highly significant because it enables children to finance other important aspects of their current and future lives, which some parents may not be able to finance.

Further analysis shows that children's participation in paid work and contribution to household resources could place them in a better position to negotiate with their parents although the father still maintains the power and authority to control and give direction.

5.6.3 Decision Making and Child Rights

5.6.3.1 Decision making and the right to survival

5.6.3.1.1 Decision making and the right to proper feeding and nutrition

The findings show that decision making levels in the household affect the child's right to proper feeding and nutrition. Very few women participated in all household decisions regarding food and nutrition because food crops have become a major income source under men's control. Hence children face difficulties accessing adequate quality food and nutrition. However, the analysis shows that in the few households where women shared equally in household decisions, they tended to provide more adequately and fairly for their children.

5.6.3.1.2 Decision making and the right to medical care

The research reveals that decision making levels in the household affect the child's right to medical care. Investigations indicate that in majority of the households, the husband determines when, where and how to seek health care for the family members. This is very challenging as most men do not give priority to the child's health. However, in a few

families where women participated in decision-making, the proportion of resources devoted to children's health and medical care was a bit high.

5.6.3.2 Decision making and the right to development

5.6.3.2.1 Decision making and the right to education

It was evident from the study that levels of decision making in the household affect the right of the child to education. For instance households that were in extreme poverty resulting from low income and high unemployment of its adult members, lack of social protection, and high dependency burden, with little or no assets and limited access to any physical and financial resources were often compelled to take decisions to engage their minor children in various household economic activities or send them to work for wages instead of enrolling them in schools. Such decisions were mainly taken by the male heads of households which violate the rights of the child to education.

5.6.3.3 Decision making and the right to protection

5.6.3.3.1 Decision making and the right to protection against all forms of mistreatment, abuse, neglect and exploitation

The research shows that the different levels of decision making in household affect the children's rights to protection in particular girls. For instance, it was evident that their rights are trampled upon when their parents (specifically men) heads of households take decisions to marry off their daughters at a tender age to fetch bride wealth for her family regardless of the profound physical and emotional consequences.

5.6.3.4 Decision making and the right to participation

Findings show that the different levels of decision making in households affect the child's right to participation. The report point out that children are largely invisible in household decision-making processes even on matters that affect them because parents think that children's ideas are childish, speak nonsense and are unable to know what they want. Parents believe that if a child has freedom to speak, they become unruly and spoilt. Further analysis of the findings show that children are denied respect as full members of their households and broader societies and are not equipped with skills to participate fully

in decision-making processes according to their evolving capacities and to prepare them to play a full part as active members.

5.7 Conclusion

It appears from the analysis of the research findings that gender relations affect realization of child rights. Investigations into gender roles, control over resources, and the levels of decision-making in the households reveal the profound effect these have on fulfilment of child rights to feeding and nutrition, life before and after birth, clothing and descent shelter, health and medical care, safe water and good sanitation, education, play and leisure, parental love and care, protection from all forms of mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices as well as children's right to participate in all matters affecting their lives depending on their age and ability, freedom of expression and thinking for themselves.

5.8 Recommendations

Considering the complex nature of gender relations as indicated in the findings, the researcher recommends a holistic, multi-faceted, long –term and comprehensive approach that would require the active involvement of government structures, international organizations, NGOs, community–based organizations, religious bodies, donors, businesses, the media, children as social actors and others in order to realize child rights.

There is little evidence in this research that at national and local levels people in particular members of the households and the community are gender sensitive and fully understand the concept of child rights. Unless people specifically adults are fully persuaded of the case for children's rights, difficulties in broadening the base of popular support for the Convention on the Rights of the Child will continue. Hence, government and civil society organizations need to play a more active role in promoting children's rights.

The researcher recommends that government through Ministry of Gender Labour and Social Development that is charged with children and youth increases public sensitization and training for both adults and children on child rights and gender relations at national

and local level. Specifically, the training should be extended to local leaders to know their roles and responsibilities and to enforce government laws and policies promoting child rights. Information, education and communication (IEC) materials such as banners and posters should be produced in addition to radio messages in local languages explaining child rights, responsibilities of duty bearers and the consequences in cases of violations. This should be marched with building capacities of people who inform, educate and provide child rights related services to reach out in the villages, train and monitor child protection.

Although persuading individuals to change their attitudes and behaviour towards children is a slow and complex process. Through simple, direct and effective strategies, such as persuading men to contribute to domestic chores and by creating specific roles for men in advocacy programmes, as they get exposed to information on child rights and violations, this will in the end help nurture a more co-operative relationship between men and women and their children.

At national level, the government should publicize and encourage debate on the UN committee's concluding observations on the report on implementation of the CRC. In most cases, public awareness of these depends on the effectiveness of NGOs and other civil society organizations in disseminating them and the readiness of the media to promote them. In particular, the government should use the preparation of the report on the implementation of the CRC as an opportunity to undertake a real audit of their successes and failure in promoting and fulfilling children's rights. The reporting process could be an opportunity to make a balanced assessment of government progress in implementing the convention.

It is important that government accelerates learning from the current efforts through systematic monitoring, evaluation, research, and dissemination of examples of effective programmes addressing gender issues and child rights. Successful approaches should build on an understanding of specific experiences in the communities because this process will allow communities to examine their social norms and customs which could

form the basis for designing child friendly interventions based on the realities and needs of children.

With specific reference to gender relations and child survival rights, the government should invest more in health provision for rural areas by improving access to quality healthcare services, reducing infant mortality, reducing teenage pregnancies and achieving full vaccination coverage. Investments in environmental health such as increasing access to clean and safe water and good sanitary facilities will reduce on the water related diseases that affect children's survival. The government could also invest in labour saving technologies to enable women have ample time to care for their children.

Related to investments, the civil society organizations could conduct a child focused budget analysis in order to identify the proportion of national budgets devoted to fulfilling children's rights to survival and whether current expenditure is appropriate and cost-effective. Such information might be helpful in decision-making and advocacy for child rights.

As far as child development rights are concerned, although government has already embarked on implementation of some of the programmes such as Universal Primary and Secondary Education, there is still a lot that needs to be done. Government support to education should include better access to vocational skills, leisure and play facilities for children while at school. Also schools could serve as community resources and information centers that are actively engaged in ensuring that all children have access to information, are in school and are receiving quality education. For stance, children's rights clubs in schools could be expanded to reach out to the communities and ensure that their fellow children attend school.

In families where parents are less likely to be better educated and are often less able to provide as much support to their children's education as are parents in more advantaged families, government should subsidize 'other' (non fee) school costs because this is one of the major reasons why some children drop out of school. This will on the other hand reduce on the economic hardships of such families. In addition, the Government should

put in place gender sensitive policies that will allow pregnant girls to remain in school and complete their education as well as address the greater burden of care that falls on them, often resulting in girls dropping out of school, and the denial of their rights. These efforts combined with compulsory secondary school until completion or age 18 are likely significantly to lead realization of child rights to development.

Considering issues around gender relations and the right to protection, the government should strengthen the protection of children within their biological and extended families and communities. The capacity of families and communities to provide protection and care must be reinforced, and effective systems developed and strengthened to monitor the status of the most vulnerable children and to prevent exploitation and abuse. This could include not limited to incorporating psychosocial support efforts into existing community and school-based efforts, training community volunteers and outreach workers to give support to children and their caregivers and monitor and report child rights violations.

With regard to the right to participation, the researcher recommends that children should be fully involved in decisions and actions that affect their lives, be recognized as active social actors/partners who must be listened to, supported in expressing their views, their views taken into account, involved in decision-making processes, share power and responsibility for decision-making. This is because if children generally feel that they are listened to and their view points respected, then when you are firm about something they will respond well.

With regard to control over resources and child rights, findings show that ownership or control of household assets and income is an important determinant of household bargaining power and realization of child rights. Therefore, the researcher recommends empowering children economically, through formation of income generating projects, availing employment opportunities to them to earn income especially those that are above 16, acquire land and other property. This would lead them to economic independence and confidence and eventually strengthen their bargaining power in the distribution of household financial and physical resources.

However this should be marched with raising children's awareness of their property and inheritance rights to realize and protect their rights. The first step is to create an enabling environment for instance by a enabling them to gain access to legal tools and resources, advice on legal options. In this case, training community paralegals could be an effective and affordable resource for children involved in property disputes. They will provide children with information and assist them with preparing necessary documents.

The government should strengthen the economic coping capacities of families and communities in order for them to be able to meet the needs of their children by establishing sustainable interventions to respond to household economic needs. These could include elimination of school – related or health care expenses, micro-enterprise or micro-finance programmes, agricultural assistance, special investment funds to address local collective needs, provision of welfare assistance, or building basic infrastructure to support the productive base of the community.

Supporting young people's and women's organizations could be one of the most important and effective avenues for empowering them and achieving child rights. Informal young people's and women's collectives that organize around issues such as nutrition, food distribution, education and shelter help improve the standard of living for children, other members of the families and communities.

However, one must ensure that external support strengthens and does not undermine young people's initiative and motivation. Donors, governments and NGOs should recognize that families, communities, and children themselves are the front-line and community ownership of interventions is of paramount importance. Outside assistance should accordingly focus on engaging in long-term partnerships to support, strengthen, and sustain ongoing grassroots initiatives through training and technical assistance, organizational development, and sustained financial and material support towards realization of child right.

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ANNEX 1: Individual Interview Guide

Gender Relations and Child Rights in Manafwa District, Uganda

Individual Interview Guide

Identification	
Household Number	County
Date of interview	Sub-county
Interviewer's name	Parish
	Village
Result of interview	
Completed	1
Refused	2
Postponed	3
Other (specify)	4

No.	Question and Filter	Response and codes
Socio-demographic Characteristics of Respondents		
I would like to ask some questions about you and your family		
Qn.1	What is your name?	
Qn.2	What is your sex?	Male.....1 Female.....2
Qn.3	In what month and year were you born?	Month.....1 DNK Month.....2 Year.....3 DNK Year.....4
Qn.4	How old are you in complete years?	Age Group Below 18.....1 19-29.....2 30-39.....3 40-49.....4 50-59.....5 60-above.....6
Qn.5	For most of the time where do you stay/reside	Trading centre.....1 Village.....2
Qn.6	What is your marital status?	Single/regular partner.....1 Married.....2 Separated/divorced.....3 Widow/widower.....4
Qn.7	Does your spouse have other partners?	Yes.....1 No.....2 Don't Know.....3
Qn.8	If Yes, how many other partners does your spouse have?	1-2.....1 3 and above.....2 Don't know.....3

Qn.9	Have you ever attended school?	Yes.....1 No.....2									
Qn.10	If Yes, what was the highest level of school attended?	Never went to school.....1 Primary/junior.....2 Secondary.....3 Tertiary.....4 University.....5									
Qn.11	Can you read in English easily, with difficult or not at all?	Easily.....1 With difficulty.....2 Not at all.....3									
Qn.12	What is your occupation?	Peasant farmer.....1 Salaried employee.....2 Business/petty trade.....3 Other (specify).....4									
Qn.13	What is your religious affiliation?	Catholic.....1 Protestant.....2 Moslem.....3 Other (specify).....4									
Questions about children in your household											
Qn.14	Do you have children of your own?	Yes.....1 No.....2									
Qn.15	If Yes, how many?	First Pregnancy.....1 1-4.....2 5-9.....3 10 and above.....4									
Qn.16	Name your biological children living with you their ages and whether they go to school.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Age</th> <th style="width: 40%;">School</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Age	School						
Name	Age	School									
Qn.17	Name your biological children who are not living with you, their ages, whether schooling and relationship with the person they live with.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Age</th> <th style="width: 40%;">School</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3">Relationship:</td> </tr> </tbody> </table>	Name	Age	School				Relationship:		
Name	Age	School									
Relationship:											
Qn.18	Why are these children not living with you?										
Qn.19	Have you lost any of the biological children?	Yes.....1 No.....2									
Qn.20	If Yes, how many?	1-3.....1 4 above.....2									
Qn.21	What was the cause of death?										

Qn.22	Name other children who live with you but are not your biological children, their ages and whether they go to school?	Name	Age	School	
Qn.23	Why are these children living with you?				
Awareness on child rights					
Qn.24	Have you heard about child rights?	Yes.....1 No.....2			
Qn.25	If Yes, name some of the rights that you know				
Qn.26	Where did you hear this from?				
Questions about Gender Roles and child rights					
Qn.27	What roles do you usually carry out in your household and the community?	Domestic/household roles.....1			
		Productive roles.....2			
		Reproductive roles.....3			
		Community roles.....4			
Qn.27	What roles do your children carry out in this household and community?	Domestic/household roles.....1			
		Productive roles.....2			
		Reproductive roles.....3			
		Community roles.....4			
Qn.28	Please list the activities you and your spouse carry out on a normal day from morning to bed time.	Wife	Husband		

Qn.29	What effect does the gender roles have on realization of the rights of children in your household?	<p>Probe points</p> <p>Gender roles and survival rights:</p> <p><i>Feeding and nutrition</i> - ask the time at which children have meals, number of meals , type of food they eat daily and for breastfeeding mothers – number of times a baby is breast feed in a day and the time;</p> <p><i>Life before and after birth</i>- ask about whether abortions are common among women, attendance of maternal and child care services e.g. attendance of antenatal care for the last birth, place of delivery for last birth and post-natal services for the last birth.</p> <p><i>Clothing and descent shelter</i> - construction of the house, number of rooms, how often they buy new clothing for children.</p> <p><i>Health and medical care</i> – ask about their health seeking behaviour, where they take children for treatment when they get sick, immunization of children.</p> <p><i>Sanitation and safe water</i> – ask if they have a garbage disposal pit, pit latrine, drinking water storage facilities, boiling drinking water</p>	
		<p>Gender roles and development rights</p> <p><i>Education</i> – school attendance, age of enrolment, reasons for drop-out</p> <p><i>Parental love and care</i> – whether parents show love to their children</p> <p><i>Play and leisure</i> - whether children are give time and type of play and leisure facilities available</p>	
		<p>Gender roles and protection rights</p> <p><i>Mistreatment, abuse, neglect, exploitation, discrimination</i> – physical, sexual, emotional harm, exploitative labour, disciplining children</p> <p><i>Harmful situations and practices</i>- early marriages</p>	
		<p>Gender roles and participation rights</p> <p>Matters affecting their lives</p> <p>Freedom of expression,</p> <p>Thinking for themselves</p> <p>decision making and taking action</p>	

Questions about control of financial and physical resources and child rights		
Qn.30	What are the main sources of income for your household?	Agriculture.....1 Business/petty trade.....2 Salary/wages.....3 Remittances.....4 Other (specify).....5
Qn.31	What are the main physical resources for your household?	Land.....1 Livestock.....2 Other (specify).....3
Qn.32	Who controls both the financial and physical resources in your household?	Husband and wife.....1 Husband.....2 Wife.....3 Children.....4
Qn.33	What do you mainly spend the family resources on?	Probe: Child's rights to: Survival Development Protection Participation
Qn.34	If you were given money of your own what would you spend it on?	Probe: Child's rights to: Survival Development Protection Participation
Qn.35	Do you sometimes pool income with your partner/spouse?	Yes.....1 No.....2
Qn.36	If Yes, what are the reasons for pooling?	Probe: Child's rights to: Survival Development Protection Participation
Qn.37	If No, what are the reasons for not pooling?	
Qn.38	Do children in this family contribute towards the resources of this household?	Yes.....1 No.....2
Qn.39	What impact do these different levels of resource ownership and control have on fulfilment of child rights to survival, development, protection and	Control over resources and the right to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care)
		Control over resources and the right to development (education, access to information, play and leisure, parental love and care)

	participation?	Control over resources and the right to protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices)
		Control over resources and the right to participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)
Questions about decision making and child rights		
Qn.40	Who in the household normally decides on the survival, development, protection and participation rights of children in this household?	Decision making and the right to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care)
		Decision making and the right to development (education, access to information, play and leisure, parental love and care)
		Decision making and the right to protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices)
		Decision making and the right to participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)
Qn.41	What should be done at household level to achieve the rights of children?	Survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care)
		Development (education, access to information, play and leisure, parental love and care)
		Protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices)
		Participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)
Qn.42	What should be done at community to achieve child rights?	Survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care)
		Development (education, access to information, play and leisure, parental love and care)
		Protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices)

		Participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)	
Qn.43	What should government do to realise rights of children?	Survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care)	
		Development (education, access to information, play and leisure, parental love and care)	
		Protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices)	
		Participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)	

Do you any other comments.....
.....
.....
Observations from interviewer.....
.....

Thank you

ANNEX 2: Adult Focus Group Discussion Guide

Gender Relations and Child Rights in Manafwa District, Uganda : Focus Group Discussion Guide

Gender Relations and Child Rights

1. What is your understanding of child Rights?
2. Which rights are normally violated? And what are the reasons?
3. What categories of children do you have in your community?
4. What problems affect children in this community?
5. What roles/responsibilities do women and men in your area perform in their households and community?
6. How does this affect the realization of child rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?
7. To what extent do men and women in your area have control over financial and physical resources in their households?
8. How does this affect the realization of child rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?
9. To what extent do women and men participate in decision making in their households and how does this affect the child's right to survival, (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?
10. What recommendations do you suggest to promote realization of child rights in households and the community?

ANNEX 3: Key Informant Guide

Gender Relations and Child Rights in Manafwa District, Uganda

Key Informant Interview Guide

Identification	
Key informant no.	County
Date of interview	Sub-county
Interviewer's name	Parish
	Village
Result of interview	
Completed	1
Refused	2
Postponed	3
Other (specify)	4

A. Socio-demographic Characteristics

Name.....

1. Sex.....

2. Age.....

3. Marital status.....

4. Educational Level.....

5. Occupation.....

6. Religion.....

7. Tribe.....

B. Gender Relations and Child Rights

8. What categories of children do you have in your community?

9. What problems affect children in this community?

10. What roles/responsibilities do women and men carry out in their households and community?

11. How does these affect the realization of the child's rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care),

development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?

12. To what extent do men and women in your area have control over financial and physical resources in their households?

13. How does these affect the realization of child rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?

14. To what extent do men and women participate in decision making in households and what effect does this have on realization of child rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?

15. What recommendations do you suggest to promote realization of child rights in households and the community?

ANNEX 4: Children's Focus Group Discussion Guide

Agenda for consultations with children in FGDs	
Time	Activity
10 minutes	<p>Introductions of researchers</p> <p>Explanation of the exercise: purpose, what it will be used for, etc</p>
30 minutes	<p>Introductory exercise with children: children are asked to get into pairs and to discuss the following: name, age, favourite food, something that makes you happy, rank the most important things in your life. Children come back into the large group and introduce one another. (the researcher should try to have children pair up who do not know each other very well)</p>
	<p>Short Break to play some out door games</p>
20 minutes	<p>What problems do children in your community face?</p>
10 minutes	<p>What are your hopes and fears in this community? The Researcher separates children into two groups; boys and girls to discuss the question.</p>
90 minutes	<p>What roles do women and men carry out in the home and community?</p> <p>How do these roles affect the realization of their rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?</p> <p>Tool : Use a role play and drawings</p>
5 minutes	<p>Game: fruit salad</p>
90 minutes	<p>To what extent do women and men control resources in your homes/community</p> <p>How does this affect the realization of their rights to survival (feeding, nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?</p> <p>Tool: Use a spider diagram and case studies</p>
20 minutes	<p>Snacks</p>
5 minutes	<p>Energiser: from the children themselves</p>
90 minutes	<p>To what extent do women and men participate in decision making in your homes/community</p> <p>How does this affect the realization of their rights to survival (feeding,</p>

	<p>nutrition, life before and after birth, clothing, descent shelter, health and medical care), development (education, access to information, play and leisure, parental love and care), protection (mistreatment, abuse, neglect, exploitation, discrimination, harmful situations and practices) and participation (matters affecting their lives, freedom of expression, thinking for themselves, decision making, taking action)?</p> <p>Tool: Use a spider diagram and drawings</p>
5 minutes	Game: Body Sculptures
15 minutes	Evaluation Basket and open discussion/questions from children
5 minutes	Closing Exercise: song from the children
The facilitator is free to use any other tools listed where necessary	