

Child Labour in Tanzanian Small-scale Gold mines: High HIV and Violence Risk

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Photo: A miner mixing the concentrated gold ore with water and mercury to make an amalgam

BACKGROUND

Tanzania is among the world's leading gold producers, partly through artisanal and small-scale mining (ASM). Though illegal, child labour in ASM is common and is considered one of the worst forms of child labour. Formative research in Tanzania suggests ASM communities are a high HIV-risk environment. The Pact-led, USAID-funded Kizazi Kipya project aims to increase uptake of HIV, health, and social services by OVC and their caregivers in Tanzania. Under the USAID Kizazi Kipya (K2) project, **this study assessed the association of child labour in ASM with experience of violence, sexual risk behaviour and HIV in three councils (Bukombe, Chunya and Songwe) with ASM activities in Tanzania.**

METHODS

In 2017, we conducted a baseline survey in ASM communities among 786 children (0-19 years) and their caregivers who had been enrolled in the K2 project. We also offered children voluntary HIV testing and counseling. K2-ASM beneficiaries were divided into children 'working in mining' (i.e. digging, crushing, washing ore, amalgamation and/or food preparation, bar work and sex work catering to miners) and children 'not in mining' living in the ASM communities but not working in mining. Respondents age 6 and older who answered the violence questions themselves were included in this descriptive and multivariable logistic regression analysis (n=371).

RESULTS

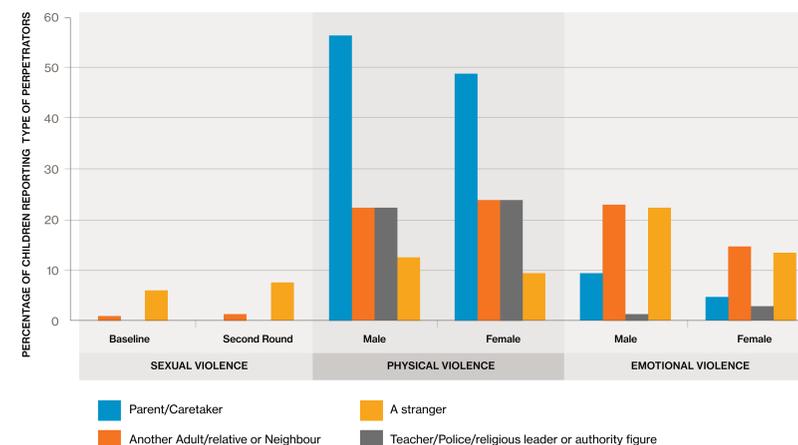
Violence against children

Sexual, physical and emotional violence had been experienced by 12.6% of boys and 11.2% of girls (p=0.68), 76.1% of girls and 80.3% of boys (p=.32), 47.0% of boys and 33.0% of girls (p < .05) respectively. Working in mining was associated with increased experience of sexual or physical abuse (TABLE BELOW).

	N	Odds Ratio (95% Confidence interval)			
		Sexual violence	Physical violence	Emotional violence	Any violence
Not working in mining	121	1	1	1	1
Working in mining	250	2.6 (1.1-6.0)	2.4 (1.4 - 4.1)	1.2 (0.7 - 1.8)	2.3 (1.3 - 4.1)
Aged 7-14 years	300	1	1	1	1
Aged 15-19 years	71	2.3 (1.2-4.7)	0.4 (0.2 - 0.8)	0.9 (0.5 - 1.6)	0.75 (0.39 - 1.47)
Male	188	1	1	1	1
Female	183	0.9 (0.5-1.7)	(0.6 - 1.5)	0.6 (0.4 - 0.9)	0.7(0.4 - 1.2)

Perpetrators of violence against children

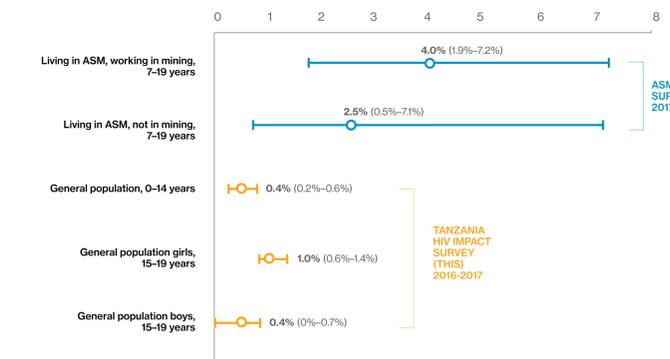
- Strangers were more likely to be perpetrators of sexual violence.
- Around half of children (girls (48.4%) and boys (55.7%) experience physical violence from their parents/caretakers.
- Strangers, relatives or neighbors were most often reported as perpetrators of emotional violence



HIV sexual behavior

- Condom use is low in this population (out of 36 children who were sexual active, only 38.9% (33.3% Males; 44.4% females) reported ever having used a condom);
- Only about half of participants used a condom when they first had sex.
- Females were more likely than males to engage in a sexual relationship with partners who were older by 5 years or more (5.6% versus 72.2%; p<0.001);
- 36(9.7%) ever use alcohol (63.8% of whom used in past 30 days)

HIV PREVALENCE (%; 95% CONFIDENCE INTERVALS)



QUESTION USED TO DEFINE CHILD VIOLENCE

Sexual violence: Has adult ever - Touched you in a sexual way against your will (i.e touching, kissing, grabbing or fondling, - Tried to have sexual intercourse against your will but s/he didn't manage to do it, -Tricked or pressured or threaten you into having sexual intercourse with him/her when you did not want it, Physically forced you to have sexual intercourse when you did not want it

Physical violence: Has adult ever - Hit you with a fist, kicked you or beat-up you, - Threaten to use or actually use gun, knife or other weapon, -

Emotional Violence: Has adult ever - called you bad names, -make you feel unwanted, -Threatened to abandon you;”

CONCLUSIONS

ASM communities are a structurally high HIV-risk environment for children.

Direct involvement in mining work puts both girls and boys at higher risk of experiencing sexual and physical violence.

Child protection and HIV programs need to target children in ASM communities.

These findings will inform service delivery to these beneficiaries through the K2 program.



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