The Role of Men and Boys in the Fight Against HIV/AIDS in the World of Work

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.
Preface

This document has been prepared by the International Labour Office for the Expert Group Meeting on “The role of men and boys in achieving gender equality” held in Brasilia from 21 to 24 October 2003. The Expert Group Meeting has been organized by the United Nations Division for the Advancement of Women (DAW), in co-sponsorship with the International Labour Organization (ILO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Expert Group Meeting forms part of DAW preparations for the 48th session of the Commission on the Status of Women to be held in March 2004, which will address this topic as one of its thematic issues. More information about the Brasilia meeting is detailed in the 13 June 2003 DAW Aide Mémoire entitled “Expert Group Meeting: The role of men and boys in achieving gender equality”.

As a contribution to the Brasilia meeting debate on “promoting programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other STDs”, the ILO Programme on HIV/AIDS in the World of Work and the ILO Bureau for Gender Equality have compiled this issues paper on the role of men and boys in the fight against HIV/AIDS, as one of the areas for promoting gender equality in the world of work and beyond. This preliminary paper, which is not based on primary research – is a review of existing literature and was designed to highlight pertinent issues in order to contribute to discussion.
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1. Introduction

HIV/AIDS is a cross-cutting issue for the ILO, and it is being mainstreamed into all major ILO activities. As HIV/AIDS is a major cause of poverty and discrimination, it is aggravating existing problems of inadequate social protection and gender inequality. The fight against HIV/AIDS requires significant attention to gender issues to guarantee progress.

The labour force is being particularly affected by the impact of the pandemic. The majority of those who die of AIDS are adults in their prime – workers in their most productive years. In 1999, for example, 80 per cent of newly infected people in Rwanda, Tanzania, Uganda and Zambia were aged between 20 and 49. Projections made by the ILO indicate that the labour force in 15 African countries will be 10 to 32 per cent smaller by 2020 than it would have been without HIV/AIDS.

Many of those infected with HIV are experienced and skilled workers in blue-collar and white-collar jobs, from managers to car mechanics, from producers of food to teachers and doctors. The loss of huge numbers of skilled personnel is having serious effects on the ability of nations to remain productive and deliver basic services.

2. HIV/AIDS as a workplace issue

The ILO recognises HIV/AIDS as a workplace issue that should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the pandemic.

HIV/AIDS hits the world of work in numerous ways. In badly affected countries, it cuts the supply of labour and reduces income for many workers. Increased absenteeism raises labour costs for employers; valuable skills and experience are lost. Often, a mismatch between human resources and labour requirements is the outcome. Along with lower productivity and profitability, tax contributions also decline, while the need for public services increases. National economies are being weakened further in a period when they are struggling to become more competitive in order to weather the challenges of globalization.

The impact of HIV/AIDS includes:

- reduced supply of labour and the impact on employment and labour markets
- loss of skilled and experienced workers
- absenteeism and early retirement
- stigmatization of and discrimination against workers with HIV
- increased labour costs for employers from health insurance to retraining
- reduced productivity, contracting tax base and negative impact on economic growth
- a threat to food security as rural workers are increasingly affected
- falling demand, investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- increased burden on women to combine care and productive work
- loss of family income and household productivity, exacerbating poverty
- orphans and other affected children forced out of school and into child labour
- pressure on extremely poor women and young people to resort to providing sexual
services to survive.

In order to help its tripartite constituents contribute to national efforts against the epidemic, the ILO has set up a special programme to promote and coordinate action on AIDS throughout the organization. It has produced a Code of Practice on HIV/AIDS in the world of work to provide practical guidance for governments, employers and workers, as well as other stakeholders, in developing national and workplace policies and programmes to combat the spread of HIV and reduce the impact of the disease.

3. Gender issues and HIV/AIDS in the world of work

Gender relations affect the world of work because men and women take their cultural and gender identity to work. The workplace, therefore, mirrors and sometimes exacerbates the gender inequalities and discrimination in society at large.

In the fight against HIV and AIDS, gender inequality in the world of work must be addressed. The ILO Code of Practice focuses strongly on gender issues. It addresses the protection of men and women workers and their spouses and children. Whether female or male, workers are not targeted in isolation but as individuals, in their roles within and beyond the workplace, including family and community responsibilities.

Gender equality is one of the key principles of the Code, which stresses that successful prevention and impact mitigation will depend on “more equal gender relations and the empowerment of women”. The Code provides practical guidance to policy-makers, employers’ and workers’ organizations, and other social partners for formulating and implementing appropriate workplace policies and programmes for prevention and care.

The relevance of understanding better the role of men and boys in the fight against HIV/AIDS in the world of work is undeniable since men are highly affected. Fifty per cent of HIV-positive adults are men, according to UNAIDS and World Health Organization regional estimates as of end 2002. and approximately 25 per cent of people living with AIDS are men under 25. A total of over 42 million people around the world are infected with HIV. The ILO estimates that at least 31 million are workers aged 15 to 49, in the prime of their working lives. As for HIV transmission, more than 70 per cent of infections are estimated to result from heterosexual sex, 10 per cent from sexual relations between men, 5 per cent from needle-sharing by drug users (of whom four out of five are men).

However, it should be stressed that the situation of men and boys is difficult to analyse in isolation and must be addressed in constant reference to the situation of women and girls.

4. Occupational risk factors for men and women: inequality and vulnerability

The high vulnerability to HIV/AIDS of certain professional categories and sectors, the absence of employment (leading to poverty, as well as risky behaviours), the existence of hierarchical and other power relations within the world of work are all permeated by gender considerations.
**Men at work**

Just as women – as a result of social and cultural norms – are often expected to remain within the home, men are expected to be the chief provider of income through work, however dangerous, dirty or unpleasant. This can be a source of pride, but also of stress, for men.

When they try to fulfil this role, many men react negatively if they cannot find work or if they are unable to provide for their family. This feeling of frustration and disempowerment may lead to violence and substance abuse.

Certain types of work situations render men workers more susceptible to infection than others, although the main issue is one of behaviour, rather than the occupation itself. Many men workers experience such poor working and living conditions that their behaviour pattern outside work includes risk-taking and exploitative activities. This is the case with work involving mobility, in particular the obligation to travel regularly and spend long periods away from spouses and partners (e.g. transport, mining, the armed forces, migrant workers). This in turn increases the risk of infection for their partners when they return home. Similarly, work in geographically-isolated environments with limited social interaction and limited health facilities can be more risky, especially when there are single-sex working and living arrangements among men.

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Trade unions in the Wazirpur area of New Delhi signal that workers there carry out heavy and dangerous work for 12 hours a day. They are young male migrants from other parts of the country, who send money back to their families. They feel at risk of serious injury or death; hence they have developed a “macho” sense of themselves, which can be summarized as, “Being a man means facing hardships, taking care of family and chasing women”. They are frequent users of commercial sex workers and generally have unprotected sex.

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In many countries, some men who have formal jobs and regular income – and therefore relative “wealth” – means that they can afford the services of commercial sex workers, thus exposing themselves to high-risk sexual relations.
The International Transport Workers’ Federation (ITF) carried out, beginning in 1999, a study of truck drivers in East Africa. Separated from their families for a long time, waiting for days at border crossing points, and taking routes well supplied with bars, they frequently use sex workers. The ITF study concluded that “without observance of the rights of truckers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmission ....is possible”.

International Transport Workers’ Federation

Work that is dominated by men and where women are in a small minority can also lead to risk or abusive behaviour. In relation to sexual violence against men and boys, some data suggest the vulnerability of specific groups of men and boys (i.e. those who occupy subordinate positions in relation to other men), of specific settings (all-male institutions such as prisons and the military) and of specific contexts (conflict situations where they may be forced to join militia groups).

Men who have sex with men often face discrimination at work when their sexual preferences are known or supposed. One of the Fundamental ILO Conventions, entitled Discrimination (Employment and Occupation) Convention, 1958 (No. 111), prohibits discrimination in employment and profession based on several grounds, and it permits ratifying States to add additional grounds. Prohibition of discrimination based on sexual orientation is not mentioned explicitly in the Convention, but the Committee of Experts supervising the application of ILO Conventions has recommended – and the ILO Governing Body has been discussing – an additional protocol to the Convention to include sexual orientation.

Since most of the men having sex with men are also workers, ILO activities and standards do fully apply to them, even if they are not explicitly targeted. A question for debate is whether specifically targeting men who have sex with men for HIV/AIDS prevention would force breaches of confidentiality as to workers’ personal/intimate lives, stimulate discrimination and hinder progress in the fight against HIV/AIDS in the world of work.

Women at work

Women are more likely to become infected, and are more often adversely affected by the HIV/AIDS pandemic than men due to biological, socio-cultural and economic reasons. The greater the sex discrimination in societies and the lower the status of women, the more negatively they are affected by HIV and the disease. Women have more limited access to income-generating possibilities and are more exposed to the economic impact of HIV/AIDS. They are also more likely to be in the urban informal sector, in subsistence farming, or lower paid jobs in the formal sector, which provide little social and economic security in terms of income, savings, insurance or social security.

As a result of family responsibilities based on a gender division of labour, the burden of caring for sick family members and neighbours falls more often on women and girls than men and boys. This increases women and girls’ workload and diminishes income-generating and educational opportunities.
Women are also more exposed to sexual harassment and abuse in the workplace. It can be very difficult to say “no” to the boss, the landlord or the employer of a domestic worker, to the official who can deny a licence, to the truck driver who can refuse to transport your goods, to the policeman who can keep moving you on in the street. It is especially likely in cases such as migrant workers who are recruited as domestic servants and whose legal status in the country is entirely dependent upon their continuing employment.

<table>
<thead>
<tr>
<th>Research in 2002 by the International Labour Rights Fund on Kenya’s export-oriented sectors – coffee, tea and light manufacturing industries – found that women experienced violence and harassment as a normal part of their working lives. For example:</th>
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<tr>
<td>• over 90% of the women interviewed had experienced or observed sexual abuse within their workplace;</td>
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<tr>
<td>• 95% of all women who had suffered workplace sexual abuse were afraid to report the problem for fear of losing their jobs; and</td>
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<tr>
<td>• 70% of the men interviewed viewed sexual harassment of women workers as normal and natural behaviour.</td>
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*Violence against women in the workplace in Kenya
International Labour Rights Fund*

5. HIV/AIDS and child labour

Of great concern is the impact of the pandemic on the workforce of tomorrow. Children are being taken out of school to help with the burden of care or to maintain family income. HIV/AIDS is now a key factor affecting the care of children and the pattern of child labour across the world. Children are being orphaned by AIDS. An especially harsh burden is placed on girls, who often have to provide care and household services for the entire family when a parent becomes ill or dies. Even children cared for by grandparents or other relatives may have to work to help provide income for guardians and siblings.

Global estimates report that as of December 2002, some 3,200.00 children under age 15 were living with HIV/AIDS. Nearly 14 million had lost their mother or both parents as a result of the disease – 95 per cent of those children were in Africa, and by 2010 there could be 35 million. Little is known about children aged 5-17 who are infected, and even less about those at high risk of becoming infected.

Through their vulnerability to sexual exploitation, children are at higher risk of infection by HIV. But because most statistics referring to HIV-infected children are not disaggregated by sex (the *State of World Population 2003* published by the United Nations Population Fund is an exception), it is not clear what proportion affects young boys in relation to young girls. However, it is known that girls are being driven into commercial sexual exploitation at an ever younger age, often as a result of myths – for example, that intercourse with a virgin can cure a person of infection – or simply because clients hope that a younger person is less likely to be infected.
A recent ILO Child Labour Rapid Assessment in Tanzania noted that girls were more vulnerable than boys to hazardous labour and hence higher risk of HIV-infection. Further, girls dropped out of school more frequently and in higher proportion than boys. It was noted that men might not be fully aware of the damage they cause in sexually exploiting children.

ILO research also shows that male attitudes and behaviours are important factors in spreading HIV and putting girls and boys at risk of sexual exploitation. The media and male peers can be important channels for expanding awareness and bringing about changes in behaviour and social norms.

6. Promoting gender equality in the world of work

While there is evidence of increasing diversification of occupations for women, in general the labour market remains highly segregated into what are considered “men’s jobs” and “women’s jobs”. ILO research shows that approximately one-half of the world’s workers are in sex-stereotyped occupations, which is a result of a combination of attitudes and gender inequality in education and training.

At the same time there are changing patterns of labour market participation. Women’s economic activity rates continue to increase, although they still are more likely than men to be unemployed. However, with industries and sectors where men predominate declining – and areas of so called “women’s work” such as in services expanding - in a growing number of countries more men are unemployed than women. This is the case in the Baltic States, in parts of East Asia and in some highly industrialized economies such as Australia, Canada, New Zealand and the United Kingdom.

There is also increasing evidence of men taking on more care work for the family while women are in paid employment. In some cultures this is more acceptable, and there are many reports of men enjoying the caring roles and more time spent with their family. But in many countries this is a situation that sits uneasily with the traditional identity of men being the so called “breadwinner” and leads to rejection by men of carrying out what is perceived as “women’s work”. This is the case whether it be unpaid care work at home or paid employment in traditional women’s jobs such as nursing, secretarial and paid care work.

In responding to issues such as HIV/AIDS, the need for behavioural change to be analysed and addressed in relation to work organization and gender relations in the workplace becomes ever more vital. On a more general, societal level, only when men realize women are equal partners and treat them as such will this behaviour change and also be reflected in the world of work. This is particularly the case in relation to decision-making where women are gaining ground, but are still far less represented than men.
Work and family

In recent years, changes in the structure of the labour market and work organization have affected both the world of work and the family. There has been a remarkable increase in women's participation in employment, an increase in the proportion of the elderly needing care, and the emergence of flexible working practices. Meanwhile, actual working hours have risen in some sectors, implying a greater conflict between work and family duties.

The ILO’s Workers with Family Responsibilities Convention, 1981 (No. 156), as well as other relevant International Labour Standards, are intended to promote equality of opportunity and treatment in employment for men and women workers with family responsibilities. The ILO has considerable information on the existing legal frameworks in countries across the world that address the work/family issue. However, there is little public action or legislation that seeks to harmonize work and family duties.

Nevertheless, there have been a number of measures and innovations by companies, as documented by the ILO, to help workers reconcile their work and family demands. Child care, elder care, other support and assistance schemes, and maternity and parental leave are important subjects in the work/family agenda worldwide. In addition, flexible working time arrangements have emerged as an effective arrangement that contributes to addressing the work/family issue.

7. Suggestions for action

The tripartite members of the ILO – labour ministries, trade unions and employers) have an important leadership role in promoting change of attitudes through messages and action, laws, statutory benefits, taxation, child care provision, and equal opportunities initiatives. They can also challenge behaviour and practices, as well as structures that lead to unequal treatment of men and women, girls and boys. The fact that men dominate a number of formal sector occupations and workplaces can present an opportunity in terms of education and support for behaviour change.

Specific steps to address gender inequality in the context of HIV/AIDS include:

- review employment policies and structures
- oppose any form of discrimination at work
- provide workplace education for men and women – both separately and together - to include sex education or information-sharing about sexuality, psychosocial health, violence at work, reproductive health, men’s and women’s social and economic roles, family responsibilities, and working time; facilitated discussion and/or information sharing initiatives should be tailored for men, for women and for mixed audiences
- avoid work patterns that separate workers from their families for prolonged periods, or if difficult to change, then improve conditions such as providing facilities for rest and recreation, and/or family accommodation
• ensure that business practices do not encourage or condone risk-taking behaviour such as the practice in some areas of entertaining clients by paying for sex services as part of business expenses
• show zero-tolerance for violence and harassment against women and men at work, for example trade unions should stress this as a trade union issue, employers should state that violence or harassment is a disciplinary offence, etc.
• encourage workplace medical facilities to diagnose and treat sexually-transmitted infections (STIs), which increase vulnerability to HIV.

Examples of the practical measures taken include that of the World Tourism Organization which has promoted a multi-stakeholder initiative against child prostitution in the tourism industry. Based on a model agreement developed by the International Union of Foodworkers (IUF), the Philippines National Union of Workers in the Hotel, Restaurant and Allied Industries (NUWHRAIN) has included a clause about prostitution tourism in its collective agreements with hotels, whereby “Hotels, restaurants, bars, etc. shall inform customers that they fight against prostitution tourism.” Furthermore, “employees have the right and should make it their duty to report any customer request having to do with child prostitution. Unions should inform management about those matters and examine ways to discourage this type of request, refuse to respond to any request having to do with child prostitution. Management supports employees in any dispute with customers”.

8. Concluding remarks

The ILO acts as lead agency in strategies to combat HIV/AIDS at the workplace, and to work through the workplace to reach the families of workers and their local communities.

The three main reasons for which it is necessary to deal with HIV/AIDS in the workplace are::

• HIV/AIDS has a huge impact on the world of work
• The workplace is a good place to tackle HIV/AIDS. Formal and informal workplaces are communities where people can come together and discuss, debate and learn from each other. This provides an opportunity for awareness raising, education programmes, and the protection of rights.
• Employers and trade unions are leaders in their communities and countries. Leadership is crucial to the fight against HIV/AIDS.

In order to address both the male and the female aspects of the gender equation, there is an urgent need to improve data and analysis of shifting patterns of occupational and vertical sex segregation in the labour market and the consequences for men and for women in relation to gender equality.

This goes hand in hand with more attention to trends in the care economy in the context of globalization and the differentiated impacts on men and women. On the basis of an analysis of productive and reproductive spheres of human activity, the ILO needs to develop more capacity to design and implement programmes that specifically address issues of men and boys in addition to women-specific programmes.
References and Resources

• A Handbook on Trade Unions and HIV/AIDS, ILO New Delhi and V.V. Giri National Labour Institute, 2002
• A training manual for shop stewards on HIV/AIDS in the workplace, International Confederation of Free Trade Union African Regional Organization (ICFTU-AFRO) with technical support from ILO, 2002 (also in French)
• Action against AIDS in the workplace: the Asia-Pacific region, UNAIDS, ILO and World Economic Forum, 2002
• Combating child labour and HIV/AIDS in sub-Saharan Africa, ILO InFocus Programme on Child Labour, 2002
• Contributing to the fight against HIV/AIDS within the informal economy: The existing and potential role of decentralized systems of social protection, ILO/STEP and ILO/AIDS, 2002, (English)
• Declaration of Equality of Opportunity and Treatment for Women Workers and Resolution concerning a Plan of Action with a View to Promoting Equality of Opportunity and Treatment for Women Workers, ILO, 1975
• Dying of sadness: Gender, sexual violence and the HIV epidemic, Peter Gordon and Kate Crehan, UNDP, October 1999
• Employers’ Handbook on HIV/AIDS: a guide for action, International Organisation of Employers and UNAIDS, with technical support from ILO, 2002 (also available in French and Spanish)
• Enterprises and HIV/AIDS in India, ILO New Delhi, 2002
• Fact sheet on HIV/AIDS and the world of work, ILO/AIDS, 28/06/02
• HIV Epidemic and other crisis response in sub-Saharan Africa, ILO InFocus Programme on Crisis Response and Reconstruction, 2002
• ILO Bureau for Gender Equality (www.ilo.org/gender)
• ILO Programme on HIV/AIDS and the World of Work (www.ilo.org/aids)
• ILO/AIDS notes from Inter-agency meeting of UNAIDS Cosponsors to discuss and agree on key elements of a global response to HIV/AIDS prevention and care among men who have sex with men, 1 November 2002, WHO
• Intersecting risks: HIV/AIDS and child labour, WP 8, Bill Rau, IPEC, ILO 2002
• Managing emerging health-related problems at work - SOLVE: stress, tobacco, alcohol and drugs, HIV/AIDS, violence, ILO InFocus Programme on Safe Work, 2002
• Promoting gender equality: a resource kit for trade unions, ILO
• Remarks from Mr. Franklyn Lisk, Director of the ILO Programme on HIV/AIDS and the World of Work
• Resolution on Equal Opportunities and Equal Treatment for Men and Women Workers, ILO, 1985
• Sexual harassment: Addressing sexual harassment in the workplace, a management information booklet, Arian Reinhart, ILO, 1999
• Study on the links between Gender, Poverty and HIV/AIDS in South Africa, prepared by Tuse Development Consultancy for the ILO Office in Pretoria, December 2001
• The ILO Code of Practice on HIV/AIDS and the world of work, ILO/AIDS, 2001 (available in over 15 languages)
• Turning the Tide: CEDAW and the gender dimensions of the HIV/AIDS pandemic, UNIFEM, 2002
• Work and family, Conditions of Work and Employment Programme (ILO webpage)

(See also Annex II: ILO standards relevant to HIV/AIDS)
Annex 1

HIV/AIDS and the world of work

When analyzing the economic impact of HIV/AIDS on families, it is clear that their income can be severely affected by the illness and loss of the breadwinner (traditionally a majority of men). It has severe consequences on family life involving loss of that person’s work and income, increasing medical expenses and the diversion of other family members from work or school to caring for the patient. Death results in a permanent loss of income and often the removal of children from school to reduce expenditures and increase family labour and earnings. Women are particularly vulnerable to the impact of the pandemic because of their low level of economic security due to gender inequality. Women also usually bear the main responsibility for care in the family and the community.

Groups at particular risk

- Unemployed workers congregating in urban centres in the hope of obtaining any kind of small income, are exposed to pressures that make them susceptible to HIV.
- Displaced persons and refugee camp inhabitants may turn to sex for income or be forced into it, especially the many single mothers in such situations.

- Informal sector workers (mostly women) are especially exposed to the consequences of HIV/AIDS; they lack health facilities and social protection arrangements at work, their activities depend heavily on their own labour and rarely lead to financial security; they can easily lose their precarious livelihoods when they are sick, or be forced to withdraw from work to care for family members.

- Girls and boys orphaned by AIDS are often denied educational opportunities and may be drawn into the worst forms of child labour, with young girls being especially vulnerable to sexual exploitation.

Migrant workers are often split up from their families. As a result, this situation may encourage extra-marital relationships, multiple partners, and commercial sex work. Untreated sexually transmitted diseases easily spread in this environment.
Annex II

ILO standards relevant to HIV/AIDS

Currently, no specific international treaty or convention exists dealing with HIV/AIDS. Some of the main legal instruments of relevance to HIV/AIDS have been developed by ILO. Descriptions and more details are available on www.ilo.org/standards. The instruments are:

- Equal Remuneration Convention, 1951 (No. 100), one of the eight Fundamental Conventions of the ILO, and Equal Remuneration Recommendation, 1951 (No. 90)
- Occupational Safety and Health Convention, 1981 (No. 155)
- Occupational Health Services Convention, 1985 (No. 161)
- Termination of Employment Convention, 1982 (No. 158)
- Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No. 129)
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- Workers with Family Responsibilities Convention, 1981 (No. 156)
- Maternity Protection Convention, 2000 (No. 183)
ANNEX III

The participants of the ILO International Programme on the Elimination of Child Labour (IPEC) tripartite workshop on The Impact of HIV/AIDS on Child Labour in Sub-Saharan Africa, held in Lusaka, Zambia (6-8 May 2003), called for further and intensified action on the following prioritised areas in order to achieve a number of objectives and policy options:

I) Education, Information and Awareness Raising

Objective 1: Awareness and understanding of the problem of HIV/AIDS induced child labour, as well as issues related to prevention, are increased through an enhanced communication flow within families, communities, and educational institutions.

- Sexual education for girls and boys, as well as teachers is provided through teachers committees, parents and teacher associations, teacher training, and teacher refresher courses.
- Schools and teachers’ unions are involved as catalysts on AIDS and child labour prevention.
- Non-formal and informal channels of education, including peer education, on HIV/AIDS and child labour are effectively used to reach out for boys and girls who are not in the formal system of education.
- HIV/AIDS and child labour prevention issues are incorporated in the current networks dealing with child protection in Sub-Saharan Africa.
- Boys, girls, youth parliaments and councils, parents and teachers associations, etc., are mobilized in order to disseminate information on the negative impact that the HIV/AIDS pandemic creates, including increased child labour and its worst forms.
- The International Programme on the Elimination of Child Labour (IPEC) and other international agencies, in coordination with community–based organizations, intensifies information and dissemination campaigns on the joint problem of HIV/AIDS and child labour.
- In the framework of the combat against commercial sexual exploitation of boys and girls (CSEC), campaigns against sexual tourism in countries affected by HIV/AIDS are intensified.
- Books and school material for boys and girls and adolescents are prepared, and adapted, as appropriate, on the topic of AIDS and child labour.
- Formal and non-formal education systems, including vocational training programmes, assist in building knowledge of teachers, girls and boys on HIV/AIDS and child labour issues, including the importance of using condoms, avoiding sexual intercourse with multiple partners, the health risks of certain traditional practices and the importance of changing prevailing male sexual norms.
- The network of HIV/AIDS and child labour practitioners created by the Lusaka workshop on the Impact of HIV/AIDS on Child Labour in Sub-Saharan Africa is maintained and reinforced.
Objective 2: Community and faith-based organizations, as well as grassroots associations, are mobilized in order to ensure appropriate and sustainable responses and increased awareness on the problem of HIV-AIDS induced child labour

- Information seminars and training of trainers sessions (TOT), with community and faith-based organizations, parliamentarians, mayors, local leaders, on the theme of AIDS orphans and child labour are organized to ensure sustained advocacy.
- Men, male adolescents and boys are sensitized on the implications of current male sexual norms on HIV/AIDS spread and sexual exploitation of girls and boys. The same applies for women on a smaller scale.
- Women, men, girls and boys at the grass-roots level (including informal sector associations) are engaged to develop concrete initiatives for preventing child labour and HIV/AIDS.
- Support and training on child rights is provided to HIV/AIDS orphans’ foster families.
- Orphanages’ capacity to deal with the growing number of AIDS orphans is enhanced.
- Traditional healers and faith-based organizations are sensitized regarding the risks of campaigning against adolescents’ decisions to use of condoms.

Objective 3: The media play a key role in combating child labour related to HIV/AIDS

- A training course and accompanying training packages for journalists and the media on how to portray the complex problem of HIV/AIDS-induced child labour is undertaken.
- A media network on HIV/AIDS and Child labour for Sub-Saharan Africa is created.
- All possible means such as TV, radio, artists, musicians, soap operas are applied as mobilizing tools.
- Materials for the press are prepared (brochures, pamphlets, CD-ROMS, photo libraries, fact sheets, web pages, etc.).
- Media is used as a means to improve intra-family communication on the topic of HIV/AIDS and child labour.
- Media is used to increase the global awareness on the issue of HIV-AIDS and child labour.

II) Policy, Programme and Research

Objective 4: ILO’s tripartite constituents, in coordination with IPEC and other partners, target responses to the AIDS orphan and child labour crisis and raise funds to combat it.

- Information is shared among the tripartite partners of the ILO on HIV/AIDS and child labour.
- Training materials for trade unions and employers on HIV/AIDS and child labour are made available.
- ILO’s tripartite constituents and other stakeholders are encouraged to take part in coordination and networking of activities targeted at the elimination of HIV/AIDS-induced child labour.
- Bipartite mechanisms, such as collective bargaining agreements and employment codes are used in order to introduce the question of HIV/AIDS and child labour.
- Workers and Employers organizations, as well as civil society, and other relevant groups apply pressure to different ministries, national AIDS councils and funds in order to ensure sustainable funding for HIV/AIDS and child labour action and research.
- National authorities, with the assistance of its social partners, identify legislation that needs to be revised or adopted in order combat child labour in the framework of the HIV/AIDS crisis.
- National authorities, in coordination with ILO's social partners, take deliberate measures to facilitate the distribution of Anti-Retroviral Drugs (ARVs) for workers, employers, and the community at large, through the workplace.

**Objective 5: Time bound programmes for the elimination of child labour mainstream HIV/AIDS concerns into national planning processes, legislation, research and resources.**

- Local resource mobilization is undertaken through existing mechanisms such as national AIDS councils, funds for children and ministries.
- Indicators on HIV/AIDS are included in the impact assessment of programmes and policies targeted at the elimination of child labour.
- HIV/AIDS concerns are mainstreamed in current projects dealing with hazardous child labour, commercial sexual exploitation of girls and boys and domestic work.
- The Poverty Reduction Strategy Papers (PRSP) process is used as an entry point for HIV/AIDS and child labour considerations.
- National AIDS councils and AIDS focal points in Ministries of Health and Education include child labour components in their work.
- Ministries of Finance, Planning, Labour, Health, Education, Women/Gender Secretariats and national AIDS commissions are involved in the planning process and activities dealing with AIDS and child labour to ensure enhanced funding for the needed interventions.
- District level resources and leadership are used in the fight against HIV/AIDS and child labour.
- Political parties are involved in the integration of HIV/AIDS and child labour issues in decision making.
- Existing national funds allocated for HIV/AIDS prevention progressively integrate the child labour dimension in a gender-sensitive manner.

**Objective 6: Existing national and international research institutions encourage research and programmes on HIV/AIDS and child labour, as well as the development of standardized guidelines.**

- Stakeholder workshops are organized at the national level on the topic of the impact of HIV/AIDS on child labour in Sub-Saharan African countries in order to establish detailed action plans.
- National databases, repository centres and archiving methods are created, with the assistance of the IPEC Statistical and Monitoring programme (SIMPOC), on HIV/AIDS and child labour, ensuring confidentiality of the information.
- National research institutions produce, with the financial assistance of donors, sex-disaggregated quantitative statistics and qualitative research on the links of AIDS orphan hood, socio-economic circumstances and child labour.
- Goals, indicators and targets are set and monitoring mechanisms are identified for the prevention and combat of the HIV/AIDS-induced child labour problem from a gender perspective.
- A comprehensive inventory is drawn up of “Who is Doing What?” in the field of HIV/AIDS and child labour, including an inventory of all research and programmes in the area of HIV/AIDS and child labour.
- The concept of poverty as a main cause of HIV/AIDS prevalence and child labour perpetration in Sub-Saharan African countries is disaggregated in terms of sex, ethnicity, class and age in order to find tangible and short/medium term solutions to the problem.
- Good practices are further compiled and disseminated widely with a view to replicating and scaling up the pilot interventions on HIV/AIDS and child labour from district to national level, as well as influencing national policies on the subject.
- A supplement to the *ILO Code of Practice on HIV/AIDS and the World of Work* is drafted and adopted by ILO’s tripartite constituents in order to fully reflect HIV/AIDS and child labour concerns.
Annex IV

The following are excerpts from “Child Labour and HIV/AIDS: State of the Art Review with Recommendations”, Bill Rau, ILO IPEC, April 2003, based on a set of four country qualitative rapid assessments in South Africa, Tanzania, Zambia and Zimbabwe.

4.3 Recommendations from the rapid assessments

The Rapid Assessment teams offered the following recommendations for ways to address HIV/AIDS and child labour. Some of the recommendations are specific to the respective countries, but many can be applied, with appropriate adaptations, to other countries. The recommendations listed here are not fully specific to one country and include ones that have been noted by two or more rapid assessment teams.

Further research

- Understand changes in family structures. This is a theme that runs across all four countries and stands out as a topic requiring further study, not only to address the nexus of HIV/AIDS and child labour, but important aspects of social relations. In this context, the South African team noted an “increase in skipped-generation families – household structures comprising an older and a younger generation, but where, often because of AIDS, the middle, parental generation is missing.” (South Africa, p. 71) Are there certain household configurations that are better able to care for affected children? What support systems – from other extended family members, from communities or from government institutions – can best assist extended family caregivers to give appropriate and adequate support to affected children?

- The Tanzania team adds a further dimension to the situation of families when it notes: “The majority of the families surveyed were too poor to meet the demands, including schooling, of supporting the extra children.” (Tanzania, p. 69) Questions about family structure, coping and capabilities obviously follow.

- In the same context, it is important to know and understand changes occurring in the social safety nets often provided by extended families. Which of those households are coping with the impact of HIV/AIDS, increased numbers of orphaned children? What features distinguish coping from partially or non-coping households? What percentage of households are collapsing and dissolving under the pressure of HIV/AIDS and increased child care?

- How many orphaned children are there in local areas? The Gweru Urban District of Zimbabwe has does such an enumeration; other areas and countries need to maintain regular censuses on this and related issues.

- How many children are heading households?

- Some initial research has been done on the risks of girls to sexual exploitation in different work environments. Further research can suggest means to minimize those risks, especially for girls in domestic service and those working without the presence of a parent/guardian in the informal economy.
• How are school systems dealing with the needs of HIV/AIDS-affected students? The question arises in all four country studies.

Policy Development and Changes

• Enforcement of existing policies on assuring that children attend school.

• Development of clear, practical policies on child labour that are multi-sectoral in breath and multi-layered in depth.

• Development and dissemination of guidelines on operating shelters and “safe houses” for street children, including moving children back into the school system.

• Development or refinement of policies and legislation to strengthen enforcement against child labour with employers.

• Enforcement of existing legislation protecting girls from sexual abuse, including girls in prostitution.

• Nationwide awareness and information campaigns to inform low-income parents of their rights (for example, right to waiver of school fees).

• Re-introduction of policies and programs that serve people, including local government provision of welfare and supplementary feedings programs for children.

• New legislation to protect the inheritance rights of orphaned children.

Programmes

• A greater orientation of HIV/AIDS and child labour programmes in order to support and build upon community strengths and resources. This will involve devolving many programs and resources to more local and community levels than currently exists.

• Expanding poverty alleviation programmes by targeting most-affected households.

• New and renewed, expanded and more targeted job creation and job training programmes for children. The Zambia teams argues: “Although the root cause of child labour is household poverty, the Government cannot wait until it salvages the economy to focus on girls and boys who are being economically exploited. Legislation alone is not sufficient—tangible programmes are needed.”

• Renew HIV/AIDS prevention and de-stigmatization campaigns, including involving street children in peer education.

• Develop or strengthen programmes that increase access to help for school fees and programs that help prevent children from dropping out of school.
For Non-governmental and Community-based Organizations

- Use existing materials and experiences to provide guidance to responsible adult authorities.
- Greater involvement of faith-based organizations in addressing children’s needs.

4.4. Making the Recommendations Practical

All of the recommendations from the country Rapid Assessment teams are relevant and important. In bringing about effective changes that will assist children affected or infected by, or at risk of HIV/AIDS, prioritizing the recommendations is important. Otherwise, it is too easy to agree in principle to a long list of recommendations, but do little or nothing to move a specific recommendation forward so that it becomes practical. As a step toward encouraging national and organizational prioritizing of recommendations for action, the following five priority items are noted.

1) Conceptually, discard poverty as an explanation and treat child labour and HIV/AIDS risks as outcomes of processes of impoverishment of households, communities and nations. Use the analyses of impoverishment to identify means to address, in either broad or targeted ways, the causes that lead to impoverishment.

2) Confront the role of men who are primarily responsible for creating the risks of sexual exploitation of girls (and some boys) and of HIV/AIDS. This can take a number of forms, but should include discussing and enactment of programs on children’s rights, defining in detail appropriate and acceptable male norms and behaviours towards girls and women, and high-profile enforcement of existing or new laws to prevent sexual exploitation of girls and boys.

3) Over a ten to twenty year period, focus national and international resources on job creation and social welfare re-construction.

4) For the ILO IPEC, support research on the ability of households, extended families and communities to protect and provide sustained care and support for children affected by HIV/AIDS.

5) For the ILO and other international agencies, support the regularly sharing of experiences through multiple forms and mechanisms of CBOs, NGOs, and other social partners in creatively addressing the needs of children affected by HIV/AIDS, the worst forms of child labour and sexual exploitation.