MULTIDIMENSIONAL CHILD POVERTY AND DEPRIVATION IN UGANDA: VOLUME TWO

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1.1 OVERVIEW

This report describes the findings from 60 focus group discussions (FGDs) commissioned by UNICEF Uganda and conducted in 2017 as part of development work associated with the Uganda National Household Survey (UNHS) module on consensual deprivation. The research reported here investigates public perceptions of poverty and deprivation in Uganda today and the impacts of poverty on children themselves and their households and communities. In doing so, it seeks to better understand the goods, activities, amenities and services considered by the public to constitute minimally adequate living standards in Ugandan society today. This qualitative work is intended to inform the interpretation and analysis of the 2016/17 UNHS data, and to assist in the further development of suitable survey indicators of consensual deprivation in Uganda. The associated report accompanying this volume (GoU & UNICEF, 2019) provides a survey-based analysis of child poverty and deprivation in Uganda today by examining the extent and social profile of child vulnerability to low-income and multidimensional poverty. *The findings reported here should be considered in the light of these survey results.*

This section begins by outlining the study aims and objectives and summarising methods of inquiry, as well as outlining the overall approach – a rights-based situation analysis of views on child poverty. Chapter 2 presents the main findings relating to participants’ general perceptions of poverty and deprivation in Uganda today based on an extended framework analysis of interview transcripts. Chapter 3 focuses on participants’ views on specific indicators of the ‘necessities of life’ – those items and activities that everyone in Uganda should be able to afford to have or do. Our overall conclusions are outlined in Chapter 4.
1.2 AIMS AND OBJECTIVES

The research reported here seeks to better understand public perceptions of poverty and deprivation with a specific focus on children. On this basis, it aims to inform analysis and interpretation of survey indicators of child deprivation in the 2016/17 UNHS dataset and assist subsequent survey development in this area. In addressing this agenda, this work engages with critical questions in understanding the nature of poverty and how it is experienced in Uganda today, for example:

- How does the Ugandan public understand terms like ‘poverty’ and ‘necessities’?
- Is there a shared understanding of these terms among Ugandans?
- What do these understandings tell us about the nature of human needs?
- How does the Ugandan public make decisions about needs and entitlements? Do these differ?

Understanding public perceptions and responses on these questions is critical to developing consensual deprivation indicators that genuinely reflect public views of the nature, symptoms and effects of child poverty. If indicators of personal and household deprivation are to be truly consensual, they should also reflect public deliberations on the nature of poverty and its symptoms that can serve as a guide to the subsequent measurement of poverty and the development of anti-poverty policies. Equally, public responses to survey items on deprivation are informative about how we should interpret survey results by providing additional insights concerning the rationale for items not accessible using traditional survey pre-testing methods. These insights concern both overall evaluations of survey question items and more specific issues relating to suitable indicator thresholds, question wording, response formats, etc. Qualitative methods can help address this agenda by focusing on participants’ own explanations, understandings and perspectives, and in the process providing holistic accounts of unique cases/settings which help us investigate and understand complex and dynamic processes.
In understanding and interpreting the views of the Ugandan public, this report takes a rights-based approach to poverty analysis. It contributes to UNICEF’s Situation Analysis of Child Poverty and Deprivation in Uganda (UNICEF, 2014) in line with its 2016 recommendations. Specifically, this report is a contribution towards a comprehensive assessment of the multidimensional deprivations experienced by Ugandan children and the inequities they face by:

• Providing evidence on how the situation of Ugandan children is at variance with nationally and internationally defined targets/goals (e.g. the Sustainable Development Goals (SDGs), the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of Persons with Disabilities), and examining the determinants supporting the realisation of children’s rights

• Examining evidence on social variation in the circumstances of children (e.g. by gender, age, household type, settlement type, geography, education, wealth, and disability), including intersectional analysis of processes of discrimination and exclusion for under-represented child populations (e.g. child migrants and refugees, disabled children, street children, children vulnerable to sexual exploitation, trafficked children, child labourers, children in urban slums). Focus groups and other qualitative methods can be especially useful in addressing the limitations of survey methods for these populations.
Since 2015, the Ugandan Government has been committed to achieving progress in 17 SDGs by 2030, with the overall goal of ‘ending poverty in all its forms everywhere’ during the 21st century, leaving no one behind. The Government of Uganda has thus agreed to a range of ambitious targets with potentially transformative implications for children growing up in Uganda relating, for example, to poverty eradication (Goal 1), the elimination of hunger (Goal 2), good health and wellbeing (Goal 3), quality education (Goal 4), gender equality (Goal 5), decent work (Goal 8) and reduced inequalities (Goal 10). With regard to the situation of the world’s children, this agenda seeks to build on advances in children’s wellbeing achieved since the adoption of the UNCRC in 1989, which Uganda ratified in 1990. The UNCRC recognises the human rights of children (aged up to 18), including for example the rights to:

- Life and development (Art. 6)
- Participation (Art. 12)
- Health, including the provision of medical assistance, adequate food, clean water and sanitation (Art. 24)
- An adequate standard of living for physical, mental, spiritual, moral and social development (Art. 27)
- Education (Art. 28)
- Rest and leisure, to engage in play and recreational activities (Art. 31)
- To be protected from economic exploitation and from performing work that is hazardous or interferes with education or development (Art. 32)

The 1995 Constitution of the Republic of Uganda makes clear the State’s national responsibilities to tackle child poverty and its causes. In particular, Article XIV requires the State to:

‘Ensure that all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security’

The Constitution also includes a number of additional social, economic and cultural rights to which all citizens are entitled, including children’s right to: education, health, clean water, and food nutrition and adequacy, as detailed below:

Education (Art. XVIII) (i) The State shall promote free and compulsory basic education; (ii) The State shall take appropriate measures to afford every citizen equal opportunity to attain the highest educational standard possible.

Medical services (Art. XX) The State shall take all practical measures to ensure the provision of basic medical services to the population.

Clean and safe water (Art. XXI) The State shall take all practical measures to promote a good water management system at all levels.

Food security and nutrition (Art. XXII) (i) The State shall take appropriate steps to encourage people to grow and store adequate food; (ii) establish national food reserves; and (iii) encourage and promote proper nutrition through mass education and other appropriate means.

The Constitution also safeguards citizens’ rights to freedom from discrimination (Art. 21) and from forced labour (Art. 25), and makes provisions relating to the rights of women (Art. 33), children (Art. 34), disabled people (Art. 35) and minority groups (Art. 36). These have a direct bearing on the processes of discrimination, marginalisation and exclusion that affect children’s lives.

This report investigates public views on poverty and deprivation for Ugandan children and their families in relation to the rights specified in Article XIV of the 1995 Constitution: i) access to education; ii) health services; iii) clean and safe water; iv) decent shelter; v) adequate clothing; vi) food security and nutrition; and vii) work and livelihood. This report investigates public views on poverty and deprivation in relation to these rights. In each area, children are the unit of analysis, including consideration of children’s family and household circumstances, and social, demographic and regional variations. Across these domains, the report provides an intersectional analysis of discrimination against and exclusion of vulnerable children (e.g. in relation to child migrants, disabled children, street children, children vulnerable to sexual exploitation, trafficked children, child labourers and children in urban slums).
Given Uganda’s diverse population (in terms of ethnicity, language, sources of livelihood) and the different challenges facing its different regions, a total of 60 FGDs were conducted involving more than 500 participants recruited from across every region in Uganda (see Figure 1). The FGD interviews began by asking participants about the challenges facing people and communities in Uganda today. These were exploratory conversations covering a wide range of subjects. With the consent of participants, all interviews were audio-recorded and subsequently translated and transcribed verbatim into English. This report focuses on the following thematic areas: diet and nutrition; housing and household items; education; health; income and livelihoods; and social relations. Responses to these questions are important in advancing understanding of how deprivation of minimally adequate living standards is experienced by the people of Uganda today. Information of this kind can also inform decisions about how to cover poverty and deprivation in future household surveys.

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2 A summary and overview of the methodology and a description of the sample profile are provided in the Appendices to this report, available at: www.unicef.org/uganda/resources_22176.html

3 Some quotes have since been edited slightly for this report to assist with comprehension.
This chapter begins by summarising data on poverty perceptions using framework analysis methods (Section 2.2), before going on to conduct further thematic analysis of interview transcripts on understandings and experiences of poverty. These sections examine the key dimensions of non-fulfilment of children’s rights (Section 2.3), and what it means to be ‘well off’ in Uganda today (Section 2.4). Finally, the various ways that poverty prevents children from experiencing a ‘normal’ childhood are discussed in Section 2.5. Chapter 3 focuses more specifically on public perceptions of individual survey indicators of deprivation included within the UNHS dataset. These data reveal the stark reality of deprivation of basic human needs, but also some critical regional and socioeconomic differences that are examined in relation to specific indicators (Section 3.1) and participants’ wider perceptions and experiences of poverty (Section 3.2). Framework methods can be especially productive in summarising public responses about these survey items. This section therefore concludes by providing an overview of variation in responses for different FGDs (Section 3.3). Finally, Chapter 4 summarises these findings as a whole (Section 4.1), and discusses their wider implications for the survey measurement of poverty and deprivation in Uganda (Section 4.2).
2.2 OVERVIEW: FRAMEWORK ANALYSIS OF POVERTY PERCEPTIONS

This section examines participants’ experiences of poverty, their understandings of what it means to be well off or badly off in Uganda today, and the impact of poverty on children. The overall pattern of response is summarised in the framework analysis tabulations (see Appendix A4, available at: www.unicef.org/uganda/resources_22176.html). By their nature, FGDs are well-suited to uncovering the breadth of public views and perceptions, rather than more in-depth personal narratives and experiences. Nevertheless, participants’ responses typically encompass both personal experiences and perceptions of wider social conditions in their communities and villages, perhaps reflecting the strength of community social ties and/or the nature of local settlement patterns. This is reflected in the thematic analysis presented below.

Research interviews began with a relatively unstructured discussion of these issues and subsequently went on to classify responses by topic guide item and FGD, as illustrated in Table A4.1, Appendix A4 (available at: www.unicef.org/uganda/resources_22176.html). However, responses on these issues touch on a diverse range of themes and issues, including diet and nutrition, accommodation and neighbourhood, education, health, income and livelihoods, and social relations. In the analyses that follow in Sections 2.3 to 2.6, a more in-depth thematic analysis is therefore undertaken.

Despite the diversity of these accounts, some common themes emerge. First, deprivation of basic human needs in relation to diet, shelter, access to clean water, education and health services remains widespread across regions and across the different social groups represented by the FGDs. Vulnerability to poverty reflects strongly both individuals’ and households’ command over resources, and their (lack of) access to collective resources, including education and health care, water and sanitation, transport and communication, etc. Achieving progress in tackling child poverty will require renewed commitment to improving both collective provision (e.g. health care, education, utilities, etc.) and to securing households’ livelihoods and opportunities.

Secondly, while poverty is understood in terms of the household and the collective resources that people have access to, the experience of poverty has much wider implications for social relations within communities, including for children’s development, their prospects and opportunities across their lifetimes. In the thematic analyses that follow, poverty is therefore represented both in terms of its material manifestations for children and their families, and as a social relationship characterised by processes of exclusion from everyday social relationships and norms of participation. Thirdly, while the summary of responses on these questions detailed in Table A4.1 shows many commonalities across regions in terms of public understandings of poverty (i.e. at the level of conceptualisation), the data also suggest substantial regional differences in its specific manifestations. For example, while experiences of hunger and inadequate diet are ubiquitous in these accounts, extreme deprivation in the form of famine and starvation are more localised, primarily in the eastern regions that have been subject to prolonged drought and crop failure. In comparison, social differences in responses between FGDs with different sample profiles appear much less pronounced. This might indicate that the determinants of material wellbeing are to some extent spatially determined.
2.3 UNDERSTANDING CONTEXT: THE CHALLENGES FACING COMMUNITIES

2.3.1 Access to education

Education was widely recognised by FGD participants across all age groups as a key necessity in promoting children's wellbeing and development and in ensuring future opportunities and life chances. However, the barriers erected by poverty in securing a child’s right to a decent education were strongly and repeatedly emphasised. These include the effects on children’s learning of hunger and the often long distances required to get to school, and the impact of school fees and other costs (e.g. books, meals, uniforms) on attendance, making the children of poorer families more vulnerable to school dropout.

Hunger and distance to school. The impact of persistent hunger on children's ability to concentrate and learn in class is widely acknowledged in participants’ accounts. Long walks to school exacerbate these problems and create personal security risks for children in some areas. The costs for parents, for example in providing children with lunch, uniforms, books and equipment, create additional barriers to participation for children from poor backgrounds and create additional stigmas for children whose parents are unable to achieve these norms of provision.

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Children have rights and one of them is the right to go to school. They have to be educated… If children don’t have money for education or to eat before going to school, this affects them in that they cannot concentrate in class because they are hungry.’ Kibuye [mixed, aged 18–30, not poor]

‘Hunger affects children’s concentration in class. If a teacher asks if they have understood, the child will respond with a “yes” because he/she cannot say “no”. In the mind, the child will be just thinking about food, hence low concentration.’ Hoima [mixed, aged 18–30, not poor]

‘You find a child who is capable in school but because the previous evening’s meal was not enough, she goes to school in the morning without breakfast. So when the teacher is teaching, the pupil’s mind is wondering about what she will eat when she gets back home… There is nothing to eat at home. So, all the time when they are supposed to be concentrating in class, their minds are at home wondering what they will eat.’ Mbarara [mixed, aged 31+]

‘The schools are far, especially the primary school. And there is also no food at the school so the children study with a hungry stomach.’ Soroti [women, aged 15–19, poor]

‘Most people eat once a day and some even don’t eat for two days, and that’s affecting their education. Like, if you don’t eat today and tomorrow… your mind is disturbed a lot. You will not be able to participate in class… [Poverty] has made education deteriorate.’ Soroti [mixed, aged 18–30, poor]

‘[Children] go to school on empty stomachs making it hard for them to grasp what is being taught in class. I don’t think that a child who goes to school in the morning without taking breakfast can grasp what they are being taught.’ Kampala [mixed, aged 31+]

‘The child will not be able to go to school and study well because of poverty at home. Some do not even reach school. They stop on the way and hide in bushes because they are hungry. This makes them suffer as children.’ Hoima [mixed, aged 31+]

‘We have drought right now, especially in Teso. It brings a lot of challenges in our lives. You go two days without a meal. You go to class, you are very hungry and there is no way you can perform well.’ Soroti [women, aged 15–19, poor]
The costs of attending school. Above all, participants referred to the difficulties in paying school fees for families already struggling to make ends meet. This was especially a problem for larger families trying to provide for their children to attend school regularly and enable their older children to continue their education through senior grades. Being able to afford school fees and other school-related costs was widely viewed as a social norm and an expectation of parents, from which poorer households are excluded.

‘We parents have a challenge in educating our children because agriculture is our only source of income and it is not steady. They are always chased for school fees.’ Hoima [mixed, aged 31+]

‘Our children lack school fees. They also face a problem of peer pressure from children who are not attending school.’ Mbale [mixed, aged 18–30, poor]

‘We can afford to take our children to school for lower classes. The situation toughens as they go to upper classes. The problem here is big families, where children do not get enough of the little resources from the parents… For the children, there is universal education, which is good. But you find a home with many children and that makes it tough sharing the available resources.’ Hoima [mixed, aged 31+]

‘Children are not going to school because of the high school fees in the private schools around. Even government schools under UPE now charge high fees like private schools.’ Soroti [mixed, aged 18–30, poor]

‘Although the government introduced UPE [universal primary education], because of poverty many parents cannot afford school requirements. This has resulted in children dropping out of school. Many children are on the streets because of high school fees.’ Iganga [mixed, aged 18–30, not poor]

‘Children and parents are about to start injuring each other because parents have sold all their land to pay fees. They are left with small plots that they find it impossible to share with their jobless children, who they spent all the money on.’ Mbarara [mixed, aged 31+]

‘There are no school materials for school-going children. We lack books and pens due to parents’ poverty.’ Mpigi [mixed, aged 15–19, poor]

‘Actually it is a problem of schooling when the family is poor and there is no way of paying school fees. So you have to struggle with life, looking for work. After that you keep saving money but then you use that same money to go to school. Otherwise you stay sitting at home.’ Moroto [mixed, aged 15–19, not poor]
Poverty and vulnerability to school dropout. School dropout was widely reported as a problem facing poorer students and their families due to prohibitive school fees and school-related costs. Although many children make a good start with their education, continued attendance often becomes impossible because of the costs involved and the stigma associated with poverty, for example when parents cannot afford to buy their children uniforms. Children and young people are forced to drop out of school early, with long-term negative impacts on their employment prospects, future earning capacity and wider life opportunities. Many young FGD participants reported being unable to complete their education due to the costs involved. This is a particular problem for orphaned children.

‘A child at school needs to have two sets of uniform but if he has only one with a patch a child cannot go to school. You tell him go to school and he doesn’t want to because his uniform has a patch. Some of them see others having something like a soda during lunch time at school and they don’t go back.’ Mbarara [mixed, aged 31+]

‘There are some families having one meal a day and it’s very hard. Most of the girls here stop at the level of education the parents can afford. There is no way you can say “me, I want to go up to senior six.” The parents are saying there is no fee and you drop out of school.’ Soroti [women, aged 15–19, poor]

For those who are orphans, there is nobody helping them to pay school fees. There are also children with parents, but they cannot afford to pay fees.’ Moroto [mixed, aged 18–30, not poor]

‘Badly off, with no school fees, they fish with their children on their backs. If they don’t fish, they will be forced to steal what others have tried to put up.’ Hoima [mixed, aged 15–19, not poor]

‘We are badly off because we failed to study. We also cannot pay school fees for the young ones and those who returned from rebel captivity in the bush.’ Lira [mixed, aged 15–19, poor]

‘Being poor stops children attending school. If the parent has a very big garden, they will tell their children to first help with farming and they can go to school later… When they reach school they are punished for not knowing some answers and when they tell their parents, the parents tell them that it is ok, they can do without school.’ Hoima [women, aged 15–19, poor]

‘The main problem here is poverty. We have no jobs, not even academic papers and qualifications for jobs because of the high school dropout rates. Even NGOs that try to sponsor education only educate people up to a certain class level, like P7. So NGO scholarships are not reaching us in the village here. If NGOs can help some young people to finish education up to university they would help their mothers and other old women. Most people here, especially the young ones, do not have money to support themselves and their parents.’ Moroto [mixed, aged 31+]

‘Children may perform poorly in school due to lack of school fees and other scholastic materials like full school uniform. They may suffer from an inferiority complex due to being in a poor state compared to their schoolmates, for example having a torn uniform or worn-out shoes. This may affect their participation in school activities or events.’ Mbarara [mixed, aged 31+]
2.3.2 Access to health services

In addition to personal assets, households’ command of resources over time (and therefore also their vulnerability to poverty) reflects the local services household members are able to access. These include primary and secondary medical services, associated medicines, and public health initiatives such as immunisations. FGD participants referred to the unaffordability of medical care for children and their parents, difficulties in accessing medical care associated with scarcity, and the associated long distances on poor roads with limited transport options. Participants’ accounts also emphasise the personal tragedy associated with being unable to provide medical care and treatment for sick children because of poverty and the potentially life-threatening consequences of being unable to access basic medical services.

Costly and inaccessible health services. While good health was widely viewed as a key element of a good lifestyle, the costs of medical care and the attendant difficulties in accessing treatment were widely commented on. Having to make unacceptable choices between treatment and other necessities (e.g. food) was a regular experience. A shortage of provision – including of doctors, health centres and public health services such as immunisations and maternal and paediatric health care – was widely identified and this was compounded by physical difficulties in accessing services associated with sparsity of provision, poor roads and limited transport options. Finally, the high cost of medications limited the effectiveness of health services and provision – without enough money to pay for effective drugs participants were often left with few options but to buy painkillers.

‘Medical care is the problem. In case of emergencies, like our wives in labour, there is even no vehicle to rush them to the nearby health centre. That really bothers us a lot.’ Hoima [mixed, aged 31+)

‘…If what is supposed to give you good health is not there, you are living a bad life. For example, today some people have not even tested for Hepatitis B and been vaccinated. If you go to a health centre, you find very many people and you end up giving up.’ Lira [mixed, aged 31+

‘We go to the main hospital... but because there are many people ... you have to wait for one doctor... and you might even find someone dies in your hands without attending to them.’ Soroti [mixed, aged 18–30, poor]

‘It [the nearest medical facility] is about six kilometres from this village. If someone is struck down by malaria at night, it may be hard to help them.’ Soroti [women, aged 15–19, poor]

‘Sometimes you might see the doctor but... there are no drugs. They tell you to go and buy drugs but some people cannot afford drugs.’ Soroti [mixed, aged 18–30, poor]

‘People are ending up getting loans once they have gone to see the doctor and they have prescribed drugs. But there is no way you can buy the drugs. You’ve seen that you may go three days without getting the drugs.’ Soroti [mixed, aged 18–30, poor]

‘We also lack health facilities. The ones in the area are very far and when you reach the health centre there’s no medicine. All they give you is panadol [paracetamol]. The clinics we have are very expensive so if you don’t have money you die.’ Mbale [mixed, aged 18–30, poor]

‘When a woman is in labour... she gives birth at home because of lack of means and because the nearest health centre is very far from here. Then when you take the newborn baby for immunisation, the nurses abuse you.’ Soroti [women, aged 15–19, poor]

‘There are no affordable hospitals. You may toil to earn say 2,000 shillings to buy food and meet medical needs. When you get ill and go to a medical facility, you are asked to pay 5,000 shillings, yet one has no food.’ Mbarara [mixed, aged 15–19, poor]
Inability to treat sick children. Participants’ accounts draw attention to the specific negative impacts of family poverty on children’s access to medical treatment, including in some cases the tragic and fatal consequences of a denial of access to basic medical services. Children’s vulnerability to diseases strongly associated with poverty – such as measles, whooping cough and kwashiorkor – is noted alongside the difficulties families already struggling to feed their children face in paying for costly medical treatment.

‘Poverty affects in that if a child falls sick and you don’t have money and you go to government hospitals, they don’t care about you. If a child needs a blood transfusion … you have to buy blood, but you don’t have the money.’ Iganga [mixed, aged 15–19, not poor]

‘You may have a sick child, but when you take him to the hospital without money he will not be treated. We produce children but because of poverty we fail to look after them. Many children have dropped out of school because of poverty.’ Iganga [mixed, aged 18–30, not poor]

‘The biggest problem here is we lack money to treat children when they fall sick. We struggle to dig and burn charcoal to earn a living.’ Moroto [mixed, aged 15–19, not poor]

‘We lack money for taking our children for treatment. I wake up early in the morning to go and collect firewood in the bush but I come back home to find the children are sick. The little money I make from firewood is meant for food and isn’t even enough for food.’ Moroto [mixed, aged 18–30, not poor]

‘A child might get sick but cannot access affordable health care since even government health facilities no longer provide free services. If you visit the health centre, they simply prescribe the medication and tell you to go and buy the drugs from a pharmacy, which risks your child’s health if you do not have money to buy the drugs.’ Kampala [women, aged 15–19, poor]

‘There is a failure to access medical care for the most deadly diseases like measles, whooping cough and kwashiorkor. Doctors pay less attention to the sick even when they are in a very poor state and some end up dying in their homes.’ Mbarara [mixed, aged 15–19, poor]

‘Diseases like kwashiorkor, not having clothes and the lack of many more basic needs… That leads to poor health.’ Hoima [mixed, aged 15–19, not poor]

‘If the father is poor, he cannot give you money to provide a balanced diet at home. This may lead to poor feeding and malnutrition.’ Soroti [mixed, aged 18–30, poor]

‘They take so long to attain 1st position in class because they come late and miss many lessons. They are always in and out of school, they are always sickly, they don’t feed well. Yet rich people’s children feed well.’ Iganga [mixed, aged 15–19, not poor]

‘A poor child can always be identified. They don’t look healthy at all, and in most cases they are stunted and emaciated.’ Lira [mixed, aged 15–19, poor]

‘Being poor denies children their right to education and also affects their growth and development.’ Kampala [women, aged 15–19, poor]

‘They miss a well-balanced diet in their homes. The parents may not have money to buy meat and every day they’re eating only one type food, which exposes the children to diseases like kwashiorkor.’ Soroti [women, aged 15–19, poor]

Negative impacts on child development and wellbeing. The longer-term impacts of poor child health arising from an inability to afford or access medical care is prominent in participant accounts. As we have already seen in Section 2.3.1 (above), the negative impact of illness on children’s education is noted, alongside a recognition of the wider impacts on child development in terms of malnutrition, stunting, and emaciation. We will return to the wider impacts of child poverty in Section 2.6 (below).
2.3.3 Access to clean and safe water

A lack of access to clean and safe drinking water was widely reported across all regions and for all social groups. The high cost of safe drinking water was widely noted, which especially for the poorest meant relying on unsafe sources resulting in vulnerability to illness, especially for children. Long distances to access safe drinking water also placed an unreasonable burden on children and their families, with negative impacts for children’s education and in some cases physical safety. Poor roads, a lack of transport, unreliable water supply, and long queues to access water were widely reported.

In most cases, safe drinking water was costly and beyond the reach of many or most villagers across all regions and for different social groups. Transporting clean water from busy and distant sources presents additional difficulties. Reliance on unimproved local water sources was widely identified as a key indicator of community disadvantage. Reliance on children fetching water after school also undermines children’s engagement with their studies.

‘We share drinking water with animals so this affects the children and they easily get affected by diseases.’ Kibuye [mixed, aged 31+]

‘The community is so badly off it shares water points with other villages and animals, so this is not safe for the children. When it rains, the rain water is drunk, which is also not safe.’ Kibuye [mixed, aged 31+]

‘The borehole is really far…You get [there and] the line is too long. A person goes to the borehole at 6am, and at this time the line is still long. Your work is to just wait in the lines or, if you have 100 shillings, you go to the tap. That day if the water is not there, a person can charge you 300 or even 500 shillings per jerrycan for ready-fetched water.’ Moroto [mixed, aged 15–19, not poor]

‘It’s hard to get clean water for drinking and domestic use, especially during dry season when we use dirty water from the lake.’ Soroti [mixed, aged 18–30, poor]

‘They are mostly affected by lack of water for uses such as bathing. They are badly off because they have to go very long distances to fetch water, which is not even clean water.’ Mbarara [mixed, aged 31+]

‘We have one well, which is on the upper side. If you want water you will walk for a whole mile to get it.’ Hoima [mixed, aged 31+]

‘There is water, but it’s not safe and when you go to your neighbours they don’t have [any]. During dry season especially you have to go like five miles to get water if you’re thirsty.’ Mbale [mixed, aged 31+]

‘In Anai Ober we are doing badly because of water issue. When children are back from school, like around this time, instead of reading their books you find all of them sent to look for water from very far places. This does not allow them time to read their books.’ Lira [mixed, aged 31+]
2.3.4 Decent shelter

Problems associated with poor housing and neighbourhood conditions were widely cited by FGD participants as a key problem for them and their communities associated with poverty. Participants referred to inadequate shelter and poor housing conditions associated both with household overcrowding, and with poor build quality (mud floors, thatched roofing, etc.) resulting in leaky roofs, water ingress and attendant consequences for child health as a result of vulnerability to pneumonia (and other respiratory conditions).

‘I am badly off because when I was growing up… my parents were very poor, even not providing us with food. We stayed in a very bad place in a slum. Whenever it rained we would be worried about where to sleep. It caused me to grow too thin.’ Kampala [mixed, aged 15–19, not poor]

‘When [the houses] leak, children fall sick with pneumonia and it increases the death rate. Pneumonia is very dangerous among young children and when it affects them, they die.’ Soroti [mixed, aged 18–30, poor]

‘In my home we are many children so space for sleeping is a problem. Some of us go and sleep at a relative’s place and only come home to eat. Now, we sleep six girls in the same room. So, we have to squeeze ourselves with young children so as to fit.’ Lira [mixed, aged 15–19, poor]

‘The majority of houses here are grass thatched houses… Indeed, they are very poor. When rain comes, for sure you have to suffer from inside. It leaks a lot and getting grass is a problem at times.’ Soroti [mixed, aged 18–30, poor]

Inadequate sanitation including limited or non-existent toilet facilities and an absence of local sewage disposal were widely cited as concerns for many participants and key indicators of household and community disadvantage. In addition to problems with accommodation itself, problems associated with poor environmental quality (especially insanitary garbage disposal) and limited or no access to electricity were also reported:

‘When children come back from school at night, they should first read their books before they go to bed. But because we do not have electricity, it becomes a problem for them to do so.’ Lira [mixed, aged 31+]

‘We have a big issue with environmental degradation. They pollute the whole area. We don’t have a proper area for the waste garbage.’ Mbale [mixed, aged 15–19, poor]

‘We don’t have pit latrines here… and the only problem is lack of money. So, you find that the landlords target… building homes for people to rent and get money but don’t have money to waste on building toilets.’ Moroto [mixed, aged 18–30, not poor]
2.3.5 Decent clothing

Inadequate clothing was a recurring theme in participants’ accounts of the nature and experience of poverty. An enforced inability for households to achieve minimally adequate standards of personal presentation (e.g. in terms of dress, personal care and grooming) was a recurring theme across regions and sample groups. The acute social stigma associated with very visible signifiers of personal disadvantage is clear in these accounts. For example, the indignity and assault on self-esteem associated with having to dress in torn clothes and rags due to insufficient income is articulated:

“When you are living a bad life, you don’t have food to eat. You cannot even afford to get clothes. You end up putting on torn clothes.’ Lira [mixed, aged 31+]

“There are people who keep on one dress for a whole year… until it gets off the body like wash and wear. Some of us can keep a dress for specific days. Like, if you have two dresses, you use one for Sunday prayer and one for moving about.’ Moroto [mixed, aged 18–30, not poor]

“Poverty is having no proper clothes, putting on rags.’ Moroto [mixed, aged 18–30, not poor]

“The problem with poverty is not being able to buy clothes for young children. The children are suffering, and they don’t have clothes. They [are] walking naked.’ Soroti [mixed, aged 18–30, poor]

“Children here are lacking proper clothes due to their parents’ poverty. We have to buy food first.’ Soroti [mixed, aged 18–30, poor]

As the above accounts illustrate, insufficient income means that families with children are forced to go without adequate clothing for their children in order to feed them. Younger participants felt the stigma associated with poor personal presentation acutely:

“Being poor means not being able to buy myself a beautiful dress like my peers. It’s too expensive so I end up buying an alternative… which I didn’t want in the first place.’ Mbarara [mixed, aged 18–30, not poor]

Asked what a poor family looks like, some poor young people (aged 15–19) in Mpigi said:

“Not being able to cut your hair, because when you have money you shave regularly.’

“When you don’t have things like knickers, a bra and sanitary pads.”

“I dress in torn clothes’

Asked what a well-off family looks like, they said:

“You admire what others have like plaiting your hair, buying a phone… If you come from a good family, you have good care and dress well’
2.3.6 Food security and nutrition

Perhaps more than any other area of personal consumption, inadequate diet and insufficient food were widely cited as a key feature of deprivation. Hunger and deprivation of adequate nutrition were very widely reported, although the extent and depth of hunger and nutritional inadequacy varied across regions and groups. In the most extreme cases, as illustrated below, the impacts of famine on dietary adequacy are profound and life-threatening.

**Widespread deprivation adequate diet.** These data demonstrate the pervasive nature and depth of hunger across Uganda. While prolonged famine is relatively rare, many communities and households across Uganda continue to face enforced hunger resulting in dietary inadequacy. This is expressed both in terms of frequency of meals and their quality, with reliance on basic staples of limited nutritional value being widespread.

‘There is hunger here in the community… There is no food to eat … Most people are surviving on the residue of the local brew, which is squeezed from the maruwa [millet] to make posho [cornmeal]). Mothers come and collect it from the brewing points and take it home. Sometimes, they boil it and give it like porridge to the children to drink because they may be tired of eating the residue. It’s what the people are now surviving on.’  
*Moroto [mixed, aged 18–30, not poor]*

‘Right now, we’re very poor and we cannot feed the family. There is no food to eat. If you want to feed the family, you have to go along the river to look for green leaves to use as food.’  
*Moroto [women, aged 15–19, poor]*
The impact of famine and climate change. In some regions (e.g. Moroto, Soroti) the effects of prolonged drought on diet and nutrition have clearly been devastating, with famine, starvation and reliance on (unreliable) food aid a feature of everyday life. Prolonged drought here is associated by some participants with wider climatic variation that is undermining agricultural productivity and output, eroding food security, and enforcing reliance on food aid and inappropriate food sources (e.g. beer residue).

‘The first thing is famine, because even now there is no rain… Since there is no rain, people are starving and there is no food, which has resulted in famine.’ Moroto [mixed, aged 18–30, not poor]

‘We have drought right now… It brings a lot of challenges in our lives. You go two days without a meal. When you go to class, you are very hungry and there is no way you can perform well. So it brings a lot [of pressure] in your life, which may lead to early marriage and early pregnancy.’ Soroti [women, aged 15–19, poor]

‘We have many problems but the main one is hunger. We are too weak to take care of ourselves.’ Moroto [mixed, aged 31+]

‘We [...]ack food to eat and sometimes beg for residue of the local brew to feed our family members, which is not solid food.’ Moroto [women, aged 15–19, poor]

‘Sometimes we drink Jolly jars [concentrate] which are cheap because we cannot afford to buy solid food.’ Moroto [mixed, aged 18–30, not poor]

‘When we feel hungry, we go to the bush to look for small bush fruits. We cannot go with children and the few fruits we bring for them are not enough so children are bound to die.’ Moroto [mixed, aged 15–19, not poor]

‘Sometimes we have to beg for some money to feed our family members. Even when we come and beg for some money from the people, we are just chased away.’ Moroto [women, aged 15–19, poor]

‘The women go to the bush to pick wild fruit and green leaves for survival. Even those are scarce because there are no forests. My wife expects me to provide something but we don’t have anything and the children keep crying because they are hungry.’ Moroto [mixed, aged 31+]

‘We feed on local brew residue, which is also difficult to get. You have to collect firewood from the bush and take it to town to exchange for residue.’ Moroto [mixed, aged 18–30, not poor]

‘There is no food. There is too much sun – even if I try to cultivate crops, the sun burns them off.

All the cattle have died, so I decided to come here with the children to look for local brew residue to feed on to survive.’ Moroto [mixed, aged 15–19, not poor]

‘There is no way to feed the children, so they are going to die. I plead with the government to help the children.’ Moroto [mixed, aged 15–19, not poor]

‘The worst has come now. The situation here is worse than ever before due to hunger.’ Moroto [mixed, aged 18–30, not poor]
Direct effects on children. The impacts on children and young people are also widely reported. These include the direct behavioural consequences of inadequate diet – such as enduring hunger, going to sleep hungry and enforced fasting – and the effects of prolonged hunger on physiological and cognitive functioning – for example, in limiting children’s capacity to concentrate on their schooling or to do the kinds of physically demanding agricultural work that may be necessary for household survival.

‘People don’t have anything to eat. Actually, some people starve for two days. Some even go three days without eating and they become weak. When you’re not eating, the body becomes weak and when it starts to rain, you cannot go to the gardens to dig because you are weak. You can’t do the work. Even when you go to school your mind is disturbed, and your mind is telling you “I need to eat”. The stomach is complaining you need something to eat. You cannot participate at school.’ Soroti [mixed, aged 18–30, poor]

‘We’re normally digging in the gardens, but some people can’t go because they haven’t eaten and don’t have energy for digging. Sometimes we use the little flour we have for porridge in the evening. Some families even go without any food in the evening.’ Moroto [mixed, aged 18–30, not poor]

‘I wake up in the morning to cut firewood and burn charcoal to sell, then buy food to eat. If we fail to burn charcoal we sleep hungry. Sometimes we survive on relief food from NGOs.’ Moroto [mixed, aged 31+]

‘They miss proper bedding and a well-balanced diet. The children cannot eat well because there is no money for buying the types of food that help them.’ Soroti [women, aged 15–19, poor]

‘We go to the quarry but there are no quarrying tools, no energy to do the job.’ Moroto [mixed, aged 15–19, not poor]

‘You want to go to do casual labouring but there is no energy since you haven’t eaten.’ Moroto [mixed, aged 15–19, not poor]

Poor infant growth due to dietary inadequacy. Participant accounts also refer to the longer-term developmental consequences of hunger and inadequate diet for young children in terms of malnourishment, stunting, poor physical growth, and vulnerability to disease and illness:

‘My life is bad because as we’re talking now, we don’t have food. Here in Adwila people have only one meal in a day because of lack of food. This means the children have poor growth due to lack of proper feeding.’ Lira [mixed, aged 15–19, poor]

‘They miss a balanced diet, so some children are malnourished and suffer from nutritional diseases.’ Moroto [mixed, aged 18–30, not poor]

‘The children miss a proper balanced diet and they become malnourished since their parents cannot afford to feed them well.’ Moroto [mixed, aged 18–30, not poor]

‘The children in the community are malnourished. The hospital… gives them soya flour for porridge as malnourishment food and they are told to take it alone when they come home, but they end up sharing it with their parents because there is nothing to eat at home.’ Moroto [mixed, aged 18–30, not poor]
The social and psychological impacts of hunger. Participant accounts emphasise not only the physiological effects of hunger but also its consequences for people’s capacity to fulfil social roles, for example as parent and ‘provider’. The corrosive effects of children’s deprivation of nutritional needs on family dynamics and functioning, and for parental role performance, are a persistent theme in these accounts. In some cases, extreme poverty means that children and young people themselves assume responsibility for providing for the welfare of family members, including parents and grandparents. At the same time, while elders are often placed in a position of responsibility for young children, the situation for older people can be especially dire. These dynamics reflect the long-term demographic and social effects of population displacement, famine, the HIV/AIDS crisis and, in some regions, civil unrest.

‘There is hunger, famine in the community. Some of us, we go looking for something since we are the ones feeding our parents. If you don’t get anything they will sleep hungry. They just take water and then sleep. So the old people are left at home here sleeping, hungry, without food.’ Moroto [mixed, aged 15–19, not poor]

‘You might have children at home and you are a father, and you don’t know how to get money [to feed them]. You’re just there, sitting with them. [The] problem of sickness can come from there but there is no way for you to take them to the health service.’ Soroti [mixed, aged 18–30, poor]

‘You can find children crying because of hunger and yet you have nothing to offer them. Even if you go to Rupa trading centre to look for something, you come back empty handed.’ Moroto [women, aged 15–19, poor]

‘I’m about to be 80 years of age… I retired in 1984 but up to now I haven’t received my pension. I’ve resorted to eating once a day… If we decide to eat at 6pm, we eat again at 6pm the following day. That’s the situation I’m in. I have children and grandchildren to take care of at home but I can’t afford their school fees, food, housing and all the rest. That’s the situation I’m living.’ Kampala [mixed, aged 31+]

‘We can work with our hands to get something to eat but there are old, old women who are very old in deep, deep villages. They totally lack food… and they end up eating this [local brew] residue which is not good for their health.’ Moroto [mixed, aged 15–19, not poor]

‘Some old women are begging for food having spent almost three days without eating.’ Moroto [mixed, aged 31+]
2.3.7 Work and livelihood

Pervasive vulnerability to unemployment, especially for young people and young adults, and a wider lack of access to the resources, principally land, necessary to sustain an adequate livelihood were widely cited both as key drivers of child poverty vulnerability and as key dimensions of the experience of disadvantage for young people.

**Vulnerability to unemployment.** Despite investments in education, training and skills – often at great personal cost – many participants report being unable to find the secure and regular employment needed to achieve minimally adequate living standards. Barriers to employment opportunities include vulnerability to early school dropout and incomplete education but, even for suitably-qualified candidates, securing employment can depend on personal networks and connections in the face of nepotism, tribalism and corruption in recruitment processes.

‘For me, who stopped [school] in primary seven, there are no employment opportunities in the district. It’s because people want you to have your papers, even for mixing the cement in construction. So you find that the constructor just employs his relatives. They tell you there is no job but when you go back you find that they’ve employed someone who stopped in primary two… There is also tribalism. People employ only their relatives in the offices, leaving some of us with papers jobless.’

*Moroto [mixed, aged 15–19, not poor]*

‘Due to unemployment, most young people have dropped out of school and when you want to get a job, they ask for your papers. There is also tribalism, where they employ their relatives.’

*Moroto [mixed, aged 15–19, not poor]*

‘The issue of tribalism is common in Uganda… You find that even though you’ve studied [and you have gone to] Makerere, even though you have the papers you need, as a Karimojong… there is no way for you to get the job.’

*Moroto [mixed, aged 15–19, not poor]*

‘So many people are unemployed here. Since there’s no rain no one can go and dig their land. That’s why people here have no meal to eat, even for two to three days. Sometimes they give you a job at the construction site, but when you’re supposed to be paid you find the constructor has left without paying you and you end up coming home without pay.’

*Moroto [mixed, aged 18–30, not poor]*

‘We have no jobs, not even academic papers and qualifications for jobs because of the high school dropout rates. Even NGOs that try to sponsor education only educate people up to a certain class level like P7, so NGO scholarships aren’t helping us in the village here. If NGOs could help some young people to finish education up to university, they would help their mothers and other old women.’

*Moroto [mixed, aged 31+]*

‘Children miss job opportunities because a child can study but the officials are corrupt… They ask for money in order for someone to get a job and if there is no money, you’re denied the job.’

*Soroti [women, aged 15–19, poor]*
Problems associated with unemployment seem especially acute for young Ugandans migrating to urban areas (e.g. Kampala) in the hope of employment and where they do not have other means of livelihood, such as arable land. A mixed group of 18–30-year-olds classified as ‘not poor’ in Kampala explained why they consider themselves badly off:

‘There are no jobs. Many people leave the village and come to towns thinking that there are jobs.’

‘I’m unemployed and the major cause of unemployment is nepotism. Where you expect to find employment, the bosses only look out for their relatives and friends leaving those he doesn’t know without jobs.’

‘Jobs are very scarce nowadays… Where you expect to go and get a job, the owner will tell you that he can no longer hire more workers…’

‘I left the village and came to town being certain that I would get a job and earn a living. But I failed to get a job and my dream of furthering my education was shattered.’

The impacts of drought and crop failure. In many cases, land is the principal asset available to FGD participants as a means of securing livelihoods. However, a combination of population pressures resulting in small plots and changes in climate, which appear to be causing persistent crop failure and reduced yields, is putting considerable pressure on community food systems, especially in northern and eastern Uganda. As discussed above, the consequences of declining agricultural yields associated with climatic variation and trends in land ownership is a key driver of vulnerability to extreme poverty and famine in some regions. This is exacerbated by a lack of access to technological innovations (e.g. adequate irrigation and reliable energy), equipment, seed, and other input factors (e.g. fertilisers, pest control, etc.).
Economic underdevelopment. The impacts of poor weather conditions and climate change in rural areas are further exacerbated by wider economic underdevelopment in rural areas, for example poor roads and transport infrastructure, lack of transport to get goods to market, the absence of trading station facilities, a lack of capital for business start-up, and lack of electrification and other local services (e.g. banking).

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<td>‘We don’t have good means of transport to take our produce to the central market and here in Kiryabana we don’t have any trading centre. So even if you produce agricultural products, you can’t find a market for them. We don’t have enough land to produce on a large scale. We just produce for home use.’</td>
<td>Hoima [mixed, aged 18–30, not poor]</td>
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<td>‘Our agricultural produce has no market. We have to walk long distances to the market and we don’t have the means [to transport them] so we carry them on our heads.’</td>
<td>Hoima [mixed, aged 31+]</td>
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<td>‘I’m extremely badly off. Actually, I’m the worst off here because my husband uses electricity in his business but sometimes it’s off. The charges are too high so he can’t be in business any more, but he’s the breadwinner in the family.’</td>
<td>Kampala [mixed, aged 18–30, poor]</td>
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<td>‘We are better off because we have what we need for cultivation such as hoes, pangas and axes, which is not the case with other people.’</td>
<td>Hoima [mixed, aged 18–30, not poor]</td>
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<td>‘We started a business but there is no capital. There is no money to buy goods and nowadays prices have gone up. Whenever you try to raise money to buy things, you find the prices of goods are going up every day.’</td>
<td>Moroto [mixed, aged 18–30, not poor]</td>
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The rising cost of living. Alongside problems associated with unemployment in urban areas and a lack of access to productive arable land in rural communities, many participants referred to a wider rise in the cost of living. Many referred to the dire consequences of significant increases in the prices of basic foodstuffs and other household commodities which mean that earnings must stretch further and further to meet household needs.

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<td>‘Ugandan money has no value. To get 20,000 shillings is difficult and to buy sugar you only get 1 kilogram. So we see that poverty is on us because our money has lost value.’</td>
<td>Mbale [mixed, aged 31+]</td>
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<td>‘Instead of just hiking the price of food, even produce like maize and sorghum are disappearing in the market. People are relying on local brew residue to eat.’</td>
<td>Moroto [mixed, aged 18–30, not poor]</td>
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<td>‘The food here comes from Mbale side so prices are very high and we don’t have jobs to get money for buying the food in the market. If you have many children and you buy half a kilo of beans and 1 kilo of posho, it will not be enough. Some will miss out and they will cry.’</td>
<td>Moroto [mixed, aged 18–30, not poor]</td>
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<td>‘First and foremost, commodities are expensive. In my case, I’m a boda rider. I earn little and spend a lot, and I have debts because of the higher prices of commodities.’</td>
<td>Mbarara [mixed, aged 18–30, poor]</td>
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<td>‘Expenditure is higher, and my earnings are low. I do some casual labour but I don’t have enough money to pay school fees for the children.’</td>
<td>Mbarara [mixed, aged 18–30, poor]</td>
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<td>‘The cost of living is high and sometimes it is difficult to meet the cost. Food is very expensive and we have to walk long distances to its source.’</td>
<td>Mbarara [mixed, aged 18–30, poor]</td>
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2.3.8 Discrimination and exclusion

In addition to the consequences of insufficient resources for people’s living standards and access to the material ‘necessities of life’, many FGD participants referred to the wider social consequences of poverty for affected communities. These accounts draw attention to the experience of poverty not simply as a material condition, but also as a social relationship characterised by marginalisation, exclusion and discrimination, with far-reaching negative effects for social relations within families and communities.

Children in conflict with the law. Participants’ accounts describe the corrosive effects of the extreme deprivation of children in undermining social norms associated with personal conduct. The links between child poverty and vulnerability to criminal activity are emphasised in participants’ accounts that focus on the links between school exclusion, material hardship and subsequent involvement in criminal activity:

‘Wherever we put our businesses, the places are vandalised. Often the items we’re selling are thrown away, taken away or destroyed. Some of us have children and those businesses are the ones we earn a living from. So if they’re vandalised, we’re left with nothing. I even failed to raise school fees for my child, and it’s now one year since he left school.’ Kampala [women, aged 15–19, poor]

‘Theft is on the increase. There are also intertribal raids and people are killed.’ Moroto [mixed, aged 31+]

‘We’re very poor because we have many thieves and street kids that snatch the little we’ve worked for.’ Mbarara [mixed, aged 15–19, poor]

‘Famine, lack of school fees, corruption, embezzlement, child abuse, negligence of parents, domestic violence, divorce, drunkenness among the youth, and lack of family planning.’ Mbale [mixed, aged 15–19, poor]

‘It’s bad in all places here. Children of the poor people have the same desires as rich children so end up stealing to acquire those things.’ Soroti [mixed, aged 18–30, poor]

‘There are so many children who don’t attend school and many who are stealing. These children are not yet 20 years old but are stealing. They’re not working and not attending school.’ Mpigi [women, aged 15–19, poor]

‘Now that I’m poor, I don’t have money to get what I want, so I steal… which is bad… I tell my parents, but they don’t provide what I want so I end up stealing.’ Lira [mixed, aged 15–19, poor]
Child abuse, neglect and family conflict. Participant accounts reveal the complex interactions arising from persistent exposure to entrenched poverty in heightening vulnerability to a range of family dysfunctions and exposing children to serious risks – for example, parental abuse and neglect, child trafficking and familial domestic conflict. The situation of street children is identified by participants as a result of persistent poverty and of particular concern.

> There’s child trafficking in the community. A family may decide to give their child to someone in Kampala to earn something and the child has to do a lot of work there and is beaten. The child’s parent is given like 10,000 shillings per month and the child is neglected there. Moroto [mixed, aged 15–19, not poor]

> ‘Sometimes people come here asking for children and they leave with the children, because of poverty in the community.’ Moroto [mixed, aged 15–19, not poor]

> ‘Another [problem] is child neglect resulting from poverty and many other things. For example, if a child is neglected in the family, that child is likely to drop out of school. In the end, he can even end up becoming a street kid, which will bring failure since he has not continued with his education… I think that domestic violence among parents can also bring very many problems to the children since it makes them vulnerable.’ Soroti [women, aged 15–19, poor]

Alcohol abuse. Several participants referred to the misuse of alcohol and the tensions it creates within families and communities. The negative consequences for children of parents’ excessive alcohol consumption are evident in these accounts. Parents’ resort to alcohol often appears to reflect a sense of despair at their inability to provide for their children and therefore to meet social expectations, or simply an attempt to ‘forget hunger’. At the same time, pervasive use of alcohol and other drugs is thought by younger participants to expose them to similar risks.

> ‘I’m badly off because my father doesn’t care about me. He just drinks walagi [a local brew].’ Iganga [women, aged 15–19, poor]

> ‘Boys also have many issues, especially if their fathers are drunkards and spend their nights beating children and disturbing their sleep. Children may resort to sleeping in nearby bushes. If that child likes school, he’ll just wake up and go to school without even taking a bath.’ Mbarara [mixed, aged 31+]

> ‘There is also the problem of [our] peer group, as we are the youth. We see the old people drinking and we’re influenced to drink alcohol. We start drinking, taking bangi [cannabis], which isn’t good and is affecting our lives when we’re still young. From there we start stealing, rape [and things] like that.’ Moroto [mixed, aged 15–19, not poor]

> ‘We don’t have food in the community. We sometimes go like a month without taking solid food. We just take the local brew or alcohol to get drunk and forget [our] hunger.’ Moroto [mixed, aged 18–30, not poor]

> ‘People don’t know anything about saving… Somebody gets money, doesn’t think of saving, buys food, and goes drinking until the money is gone. That problem is affecting people and leading to constant poverty. You don’t grow from one level to another… You just buy food and tomorrow you go back to drinking again. That’s the issue of most people in the community.’ Soroti [mixed, aged 18–30, poor]
Early marriage and teenage pregnancy. Many participants referred to the especially negative impacts of poverty for girls and young women who may be forced to terminate their studies prematurely and move on to adult roles as mothers and wives at a young age and before they are ready to make informed choices. Participant accounts reveal the financial and social vulnerability experienced by girls and young women as a result of family poverty forcing them to make ‘fast track’ transitions to adult status.

‘We’re not well off as we come from poor families, so no school fees. You’ll reach primary four, primary five, and the parents don’t have school fees… There’s no food so you’ll be forced to leave or, when you get a boyfriend, you’ll go with him. You start your marriage there and then so that you can support the family at home and even your own live.’ Moroto [mixed, aged 15–19, not poor]

Most of our children aren’t going to school… We don’t have money to take them back [to school] and if a child doesn’t go back, taking care of them becomes a problem, especially girls, who get pregnant before finishing school. She just finds any man to get her pregnant expecting to have a good life with him.’ Lira [mixed, aged 31+]

‘There’s no food, there’s nothing. Sometimes you come across a businessman who comes to your home [to ask for your hand in marriage], and the parents see the man is well off and decide to give you to him in order to survive.’ Moroto [mixed, aged 15–19, not poor]

Family poverty is viewed as a key driver of girls’ vulnerability to sexual exploitation, trafficking and prostitution. This includes reliance on ‘sugar daddies’, who are able to control girls through their financial power, as well as more commercialised sexual exploitation, again driven by vulnerability to extreme poverty.

‘Most young people are affected by some diseases. Because you’re a girl and you’ve finished studies, and you don’t have job, you go to get some sugar daddies who have money and you end up getting diseases like AIDS which spread very fast.’ Soroti [mixed, aged 18–30, not poor]

‘There is also prostitution in the community. Young people, especially girls, are involved in selling themselves to get money to meet their basic needs.’ Soroti [women, aged 15–19, poor]

‘In Uganda today there’s a high level of prostitution. You find young girls and women are involved in pornography and selling themselves because they need money and this is mainly because of unemployment.’ Moroto [mixed, aged 15–19, not poor]
Orphans and child abandonment. Finally, as noted elsewhere in this report, participants often associate vulnerability to extreme poverty with the experience of child abandonment. Participants note the ways in which poverty intersects with other drivers of vulnerability, for example, civil conflict, conflict over resources, population displacement, and the tragic consequences of the HIV/AIDS pandemic.

‘I wanted to talk about the orphanage situation, whereby the parent dies leaving the girls when they are still young. For example, AIDS kills. It doesn’t matter whether the girl has grown or not, the father has died and there’s no one to take over, leading to child poverty.’ Soroti [women, aged 15–19, poor]

‘My life is very hard because I have orphans I am looking after. But I don’t even have a house where I can put them, and no bedding or money to take them to school. Even food is a problem. We only have one meal a day and we sleep.’ Lira [mixed, aged 18–30, poor]

‘I was to go to school but now I don’t have the means. I had to drop out and that makes many problems. I’m also taking care of some orphans at my home who are supposed to be at school, but I can’t afford to send them. I’m a parent, but I don’t have anything to show for it… Even when it comes to sickness at home, there’s no way I can help since I don’t have any source of money.’ Lira [mixed, aged 18–30, poor]

‘I’m at home with children. I’m an orphan with nothing. My parents didn’t leave me with anything. I just dig in people’s gardens and get money to buy some things and food.’ Lira [mixed, aged 18–30, poor]

‘Children fail to help parents because of hunger and the child ends up being abandoned.’ Hoima [mixed, aged 15–19, not poor]

2.4 WHAT DOES IT MEAN TO BE WELL OFF IN UGANDA TODAY?

Given the above evidence concerning experiences and perceptions of extreme poverty and deprivation, what does it mean to be well off in Uganda today? Although participants’ accounts emphasise different features of the ‘good life’, they all focus in various ways on the realisation of key behavioural norms, for example good diet, good health and meeting social obligations such as a parent or caregiver.

‘A good lifestyle first of all is to be healthy. Secondly, when you can afford to meet all your needs and can educate your children… When you’re working, having an income-generating activity from which you get some money and make savings, and are able to assist others in need.’ Iganga [mixed, aged 18–30, not poor]

‘A good lifestyle is when you can afford to pay medical bills for your child.’ Iganga [mixed, aged 18–30, not poor]

‘A good situation is when you can meet your needs like food, shelter and clothes, and build yourself like a man in a home.’ Mbale [mixed, aged 31+]

‘A good lifestyle is renting a house, having a job, and being able to educate your children.’ Mpigi [women, aged 15–19, poor]

‘A good lifestyle is being able to educate the children and afford food, and having a job’ Mpigi [women, aged 15–19, poor]

‘A good lifestyle is when you can afford to meet all your needs and can educate your children… When you’re working, having an income-generating activity from which you get some money and make savings, and are able to assist others in need.’ Iganga [mixed, aged 18–30, not poor]

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‘A good lifestyle is being able to educate the children and afford food, and having a job’ Mpigi [women, aged 15–19, poor]
It is important to note that these accounts emphasise the social aspects of the ‘good life’ alongside the material pre-conditions for their realisation. Fulfilling customary norms associated with parenthood is widely identified as critical to achieving a socially-approved standard of living and lifestyle. As the accounts below illustrate, the personal consequences for parents of not being able to fulfil their roles are especially crushing. They not only include an inability to provide for material needs but also undermine child/parent bonds, precipitate family breakdown, and contribute to the deep exclusion of street children. From a child’s perspective, the provision of adequate care cannot be easily separated from being able to provide for children’s material needs.

‘Children are affected because they admire and want to be like others. Yet you can’t provide what the other child has. They keep feeling bad about their situation and the relationship and parental love dies and [the child] no longer listens.’ *gang* [mixed, aged 31+]

‘I left school because there was no money to pay my school fees since my parents are poor and now I’m also poor. I can’t help my children. It’s as if I’ve been cursed, since childhood I’ve been suffering. Right now, I do casual labour as a potter in construction… but I come back with back pain because of the heavy work. With the little money I earn I can’t buy food for the entire family. You come back home and find the children crying with hunger because they haven’t eaten anything since morning. Then my wife doesn’t know what to do. She has nothing to give them.’ *Moroto [mixed, aged 18–30, not poor]*

‘A bad lifestyle is being in a family where you’re suffering a lot, having no water, and not getting enough food, medication… And not being given care.’ *Lira [mixed, aged 31+]*

Finally, the accounts emphasise the importance of luxuries and desirable non-essentials to an understanding of the good life in Uganda today. In this perspective, sufficiency emphasises the importance of the self-esteem and self-respect that arise from being able to afford ‘elective’ items such as decent clothing and good personal presentation – a theme that this report will return to below.

Poor women in Mpigi aged 15–19 years described the ‘good life’ as:

‘Having everything like clothes, toys and your mother allows you to move around. You feel happy and have all you desire’

‘Like buying yourself a nice cloth/shirt/dress’

‘Being in a position to afford whatever you need in life’
A mixed group of poor 15–19-year-olds in Mpigi described the ‘good life’ and being ‘badly off’ as:

- ‘When you admire what others have like plaiting their hair, buying a phone’
- ‘If you come from a good family, you have good care, dress well…’
- ‘A person who dresses poorly/ has no good clothes’
- ‘A person without clothes (one set of clothes)’
- ‘A person without flour, the whole family sharing just one house and always having to wear the same clothes’

These accounts suggest the emotional security for children that comes with the provision (primarily by parents) of sufficient resources to achieve a good lifestyle and sense of wellbeing. Moreover, as the following accounts demonstrate, poverty for children is associated with heightened vulnerability to poverty due to their position of dependency within families and lack of control over their circumstances:

- ‘[Children are more vulnerable] because they can’t provide for themselves and meet their basic needs like education and health care. Some don’t have a clue about how to start a business and earn a living.’ Kampala [mixed, aged 15–19, not poor]
- ‘If my parents are poor, even though it may not be their will, it means we will starve.’ Kampala [mixed, aged 15–19, not poor]
- ‘There is a saying that goes “when two elephants fight, it’s the grass that suffers”. In the same way, it’s children who are most vulnerable to poverty. Take an example. It’s due to poverty that there is much family violence but still it’s mostly children who are more affected with this issue.’ Kampala [mixed, aged 18–30, poor]
- ‘Definitely children are most vulnerable because the parents can be okay without most of life’s basic needs but children won’t cope. For example, if you don’t have food you will bear it, but the child will cry till he gets something to eat… In most cases parents, wherever they are all over the country, go to work to meet the children’s needs, not minding about themselves.’ Kampala [mixed, aged 31+]
- ‘[Children are more vulnerable] because they don’t go out to look for employment to earn money. So if the adults are poor, the child will also be poor because it’s for the adults to meet the child’s needs.’ Kampala [mixed, aged 18–30, not poor]
While children are especially vulnerable to poverty as a result of their position of social dependency and its effects on their development, respondents young and older also emphasise the serious personal effects of child poverty on parents. These accounts document the personal and psychological impacts of child poverty for parents unable to provide for their children – and who are therefore also unable to meet customary norms associated with parental responsibility:

‘Adults [are more vulnerable] because we are there to meet our children’s needs. Therefore, when we are not able to buy food for example, the child will demand it and I will feel bad.’ Kampala [mixed, aged 18–30, not poor]

‘If a parent is poor, they will do whatever it takes to make their families survive, which children may not go through… If children are not taken care of, they end up blaming their parents which puts pressure in them.’ Kampala [mixed, aged 15–19, not poor]

Adults are more vulnerable because we are the ones taking care of our children’s needs.

For example, it’s for me to cater for the needs of my child of seven years, like seeing to it that he has a pair of shoes to wear to school, there is food for him to eat, or a school uniform to fit in with others at school, and clean drinking water. It is for me the parent to cater for all those needs but not the child himself, so the adult is vulnerable.

Kampala [women, aged 15–19, poor]

When asked ‘who is more vulnerable to poverty – children or adults?’ a mixed group of poor young people (aged 15–19) in Kampala responded:

‘Adults because they are responsible for taking care of us’

‘Adults, because they feel more shame due to lack of money and then provide to the children’

‘Adults because they are our providers’

‘Adults, because they are the ones who suffer to meet the basic needs’
2.5 WHAT DOES POVERTY STOP CHILDREN DOING?

So far, this report has focused primarily on the symptoms of poverty and its manifestations for children in Uganda today. This section expands this discussion by examining public perceptions of its consequences in undermining children’s transitions to adulthood, and in limiting children’s lifetime opportunities and life chances. Aside from the negative impacts of poverty on wider trajectories of personal achievement and fulfilment (discussed in Section 2.5.1, below), poverty also has important personal and psychological impacts that can undermine personal resilience, confidence and capacity to function socially. Section 2.5.2 therefore examines the personal effects of poverty in terms of isolation from common behavioural norms for children, as well as its impacts on wellbeing, development, self-esteem and self-perception.
### 2.5.1 Pathways to inclusion: opportunities and life chances

**Getting a good start in life.** Above all, participants’ accounts stress the role of child poverty in preventing children from making a good start in life in terms of educational engagement, academic attainment, social adjustment, and exposure to new opportunities and experiences that widen horizons. Poor children miss out on educational opportunities and as a result are effectively excluded from the wider career and life opportunities that a good basic education offers.

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<tr>
<th>Quote</th>
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<tr>
<td>‘A child from a poor background may end up not attaining education, hence illiteracy in the country.’</td>
<td>Hoima</td>
<td>mixed, aged 18–30, not poor</td>
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<td>‘Children from a poor background may fail to develop their talents because they know that even if they succeed in the competition, their parents will not give them enough support because they are poor.’</td>
<td>Hoima</td>
<td>mixed, aged 18–30, not poor</td>
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<td>‘They are badly off because the parents are also badly off. Parents would want to take their children to school but they cannot manage it… Imagine you have five children. The parents end up taking some and leaving others at home as they look for a better source of income. The ones who do not go to school will not have a bright future.’</td>
<td>Hoima</td>
<td>mixed, aged 31+</td>
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<td>‘The children in Kyakajaka are still badly off because they drink dirty water. The care is not good, the parents can’t afford good schools. The distance to those schools is also long. The children come back late in the evening, especially those in higher classes like p6 and p7… What really disappoints is that some children go far in education but still there is no hope. Some parents cannot even afford to take their children to a vocational school, so the children end up coming back home. Imagine a child goes as far as Senior 4 but the parent cannot go on. This makes the child so vulnerable.’</td>
<td>Mbarara</td>
<td>mixed, aged 31+</td>
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<tr>
<td>‘Students or children are most likely to miss school because of lack of fees, and all the basic needs.’</td>
<td>Hoima</td>
<td>mixed, aged 15–19, not poor</td>
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<td>‘Being poor stops children enjoying their rights, for example to education. If the parent is poor, the child will not be able to go to school.’</td>
<td>Kampala</td>
<td>mixed, aged 18–30, not poor</td>
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<td>‘Being poor denies children their right to education and also affects their growth and development.’</td>
<td>Kampala</td>
<td>women, aged 15–19, poor</td>
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<td>‘Being poor has denied my child so many things. Like now, he’s been going to school but he hasn’t sat for his exams meaning that the term has been wasted.’</td>
<td>Kampala</td>
<td>women, aged 15–19, poor</td>
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<td>‘Mostly a child who belongs to a rich family will study with children of his class, which means their knowledge is different and even their life will be different. When a child comes from a poor family and studied in poor schools, even their thinking will be poor.’</td>
<td>Kampala</td>
<td>mixed, aged 18–30, poor</td>
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<td>‘Poverty may cause a child to be what they’re not supposed to be. For example, a child may be wise but because they’re from a poor background they may end up dropping out of school and finishing their career. Even if there are scholarships, children from poor backgrounds are normally not considered for them compared with those from rich families. Often the screening of those who are supposed to get scholarships is done by the parents of rich children.’</td>
<td>Mbarara</td>
<td>mixed, aged 31+</td>
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<td>‘Most important is education. Once a family is poor your child cannot go to school. Nowadays people talk of better schools… People are taking their children to better schools. When you’re unable to pay, the child misses that opportunity of education.’</td>
<td>Soroti</td>
<td>mixed, aged 18–30, poor</td>
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<tr>
<td>‘…Even government schools nowadays chase pupils away. If your parents don’t pay anything you will not do an exam. Children [were sent] back recently when they were just doing exams. Even when the parent goes there and pleads just for today, tomorrow they’re chasing the child away again.’</td>
<td>Soroti</td>
<td>mixed, aged 18–30, poor</td>
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### Accessing opportunities, fulfilling potential

In the longer term, denial of children’s right to a decent education is acknowledged by participants as having lifelong impacts in preventing children from fulfilling their potential and pursuing their ambitions and dreams. As these and subsequent quotes illustrate, many FGD participants are explicit in identifying a denial of rights to basic provision (e.g. in healthcare, education, and water and sanitation) as key drivers of lifelong vulnerability to poverty for children.

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<th>Quote</th>
<th>Location</th>
<th>Age Group</th>
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<tr>
<td>‘When a child is poor, you find that they can’t fulfil their dreams in life. If they want to become a lawyer or doctor, after a certain level they don’t have enough money to maybe take them to university. So sometimes the option is to become a barber.’</td>
<td>Iganga</td>
<td>mixed, aged 15–19, not poor</td>
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<td>‘Poverty affects children’s talents. A child may be a footballer and... at a school where they need soccer shoes. So they ask the child to sit for fear that if he plays he might come back with no toes.’</td>
<td>Iganga</td>
<td>mixed, aged 15–19, not poor</td>
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<td>[A poor person] can’t start a business because there’s no role model to guide him. If a child wants to continue with school, even if you’re bright you may not fulfil your dream. Myself, I may know what to do, but I lack the funds to start.’</td>
<td>Iganga</td>
<td>mixed, aged 18–30, not poor</td>
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<td>‘Poverty stops children getting the good things in life, such as education, which hinders them from living a good life. We lose out on children’s potential, for example to become doctors, lawyers etc.’</td>
<td>Kampala</td>
<td>mixed, aged 31+</td>
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<td>‘Poverty has really crushed children’s talents. A child might be in a school that plays football but because he has no money to buy the sports shoes and other equipment, he’s taken off the school team and the one with less skill plays because he can afford the equipment.’</td>
<td>Mpigi</td>
<td>mixed, aged 18–30, poor</td>
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<td>‘I won’t have a bright future because of poverty [which] makes education impossible... You know one won’t be able to get a good job like Member of Parliament. There have been incidents where some MPs were thrown out of Parliament due to lack of papers [qualifications]. I say there’s no good future without education.’</td>
<td>Kampala</td>
<td>mixed, aged 15–19, not poor</td>
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<td>‘Any child who grows up in a poor family misses so many chances. First of all, they don’t go to school, but they would be very productive if they went to school. Secondly, the child doesn’t get good medical services and when they grow up they can’t get a good job because they don’t have the academic documents. They can’t go to popular ‘happening’ places to relieve stress and are denied happiness as a person. Poverty is the worst thing in life right from the old days.’</td>
<td>Kampala</td>
<td>mixed, aged 31+</td>
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<td>‘When a child is poor, they can easily lose their bright future and education. For example, when you’re from a poor family, your father can’t afford to send you to boarding school... Along the way to [day] school, there are many obstacles, like pastoralists who are always abusing each other. When one listens to them, they stop you from going to school. You end up joining those peer groups... and dropping out of school because you arrive at school late, and the teachers punish you. That finally leads to self-hate.’</td>
<td>Mbarara</td>
<td>mixed, aged 18–30, not poor</td>
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Children’s vulnerability to social exclusion. As discussed in Section 2.3.8, poverty can have profound impacts on social relations within a community, for example, in reinforcing relations of dependency and domination which are harmful to children. As discussed below, the personal impacts of child poverty are often most keenly felt for children with disabilities who are often unable to access services or subjected to social ostracism or other forms of exclusion and marginalisation:

DISABILITY

Some children are disabled and in many cases they are isolated by their parents and their fellows, which may lead to self-rejection. ’Hoima [mixed, aged 18–30, not poor]

‘We’ve been talking about children but we’ve left out disabled children. Some parents don’t consider them to be human beings. They find it hard to go to school, especially if their parents are poor and can’t afford to buy them wheelchairs that they can use to move from one place to another while at school.’ Mbarara [mixed, 31+]

‘Children who are born disabled cannot access services like education here in Ruhumba due to lack of schools for the disabled.’ Mbarara [mixed, aged 15–19, poor]
The immediate, manifest symptoms of social exclusion for children as a result of poverty have been extensively documented in the above analysis. However, the serious longer-term negative impacts of persistent deprivation of basic necessities are clearly documented in participant accounts of vulnerability to child labour, teenage pregnancy and early marriage, and vulnerability to crime and criminalisation. Extreme poverty makes children vulnerable to destitution, with disastrous consequences for their wellbeing, safety and life chances. These issues are summarised in the responses of various participants as follows:

**CHILD LABOUR, TEENAGE PREGNANCY & EARLY MARRIAGE**

‘Due to poverty, some children are subjected to forced labour or child labour as a means of contributing to daily bread at home. This kills their love of work due to over exploitation. For example, a parent may ask a child to help carry logs or firewood to burn for charcoal as a source of income or to give a hand in weeding somebody’s plantation for money, and a child may be so uncomfortable to be missing school to do such casual work.’ **Mbarara [mixed, aged 31+]**

‘With children, if you’re poor, especially for girls it may lead to early marriage, prostitution or even contracting diseases because of wanting to be well off.’ **Iganga [mixed, aged 31+]**

‘It has affected us by forcing our sisters to get involved in commercial sex because they need money.’ **Iganga [mixed, aged 18–30, not poor]**

‘The other thing for us girls, it leads us to fall for older men. If you get a man giving you 500 shillings you say, “Why don’t I go with this sugar daddy who is helping me?” Girls suffer a lot during menstruation because, if you tell your mother that your periods have started, she will tell you, “I am the way you see me”. But I can’t tell my [sugar]daddy, “We don’t have any knickers!”.’ **Iganga [mixed, aged 18–30, not poor]**

‘Being poor forces a child into doing what they wouldn’t have done, for example, going into prostitution. When the child is poor, she will be forced to trade her body for money, which can lead to the contraction of deadly diseases like HIV/AIDS.’ **Kampala [mixed, aged 18–30, not poor]**

‘When the family is poor, girl children drop out of school and engage in early marriages that increase the risks of maternal mortality and also an increase in the number of young girls who are bar attendants.’ **Mbarara [mixed, aged 31+]**

‘For example, when girls who go to boarding school see that friends have been given enough because [their parents] they can afford it, they’re pushed to look for the same things from sugar daddies. So, poverty pushes them into certain acts and in the end they get into trouble because they desired something that they couldn’t get but their friend has.’ **Mpigi [mixed, aged 18–30, poor]**

‘These youths have learned a lot of habits. For example, boys have taken to marijuana and girls to smoking, causing girls to indulge in other dubious acts like prostitution because of the influence of other chemicals. They have taken up alcohol at tender ages because of poverty.’ **Mpigi [mixed, aged 18–30, poor]**

...some children are subjected to forced labour or child labour as a means of contributing to daily bread at home.
VULNERABILITY TO CRIME AND CRIMINALISATION

‘They’re sent away from rich people’s homes because they think they’re coming to steal.’
Iganga [mixed, aged 31+]

‘Poverty can cause many things like stealing.’
Iganga [mixed, aged 18–30, not poor]

‘Poverty in the families has led children to get involved in bad habits like stealing. They steal people’s rice.’
Iganga [mixed, aged 18–30, not poor]

‘Children are forced to get involved in dubious activities other than prostitution, like stealing. If he doesn’t get food at home, he might go and steal the neighbour’s food and that behaviour will grow in him, which might make him end up in prison.’
Kampala [mixed, aged 18–30, not poor]

‘Poverty has sent both girls and boys into even greater poverty because they desire a lot of things they can’t afford, so they resort to theft. There are many who use hammers [Obuyondo] to kill. They lie in wait for someone who’s bought a new motorcycle and come and steal it. This has come as a result of poverty.’
Mpigi [mixed, aged 18–30, poor]

‘Poor children become thieves in the village.’
Iganga [mixed, aged 31+]

STREET CHILDREN

‘They [street children] roam around. You find them in buses taking drugs or alcohol. That behaviour makes parents annoyed. Sometimes you feel like killing yourself because your child is very dirty and smelly, and when you call them, they don’t respond well. You just know that the child is suffering from poverty. When you call a better-off child, they respond well and come to talk with you.’
Lira [mixed, aged 31+]

‘Poverty has led children to run away from home and end up on the street because they’ve lacked clothes and food. Others like my sisters are forced into prostitution and early marriage. This hampers their future because these could have been teachers or nurses, MPs. So, we end up missing such individuals.’
Iganga [mixed, aged 18–30, not poor]

‘There are mostly two things that come out when a child is poor. One is that the child born into a poor family escapes from home and leaves completely. Secondly, it forces the child to go and steal from other people so that they can get what they need.’
Mbarara [mixed, aged 18–30, not poor]

‘Poverty has led children to run away from home and end up on the street because they’ve lacked clothes and food. Others like my sisters are forced into prostitution and early marriage. This hampers their future because these could have been teachers or nurses, MPs. So, we end up missing such individuals.’
Iganga [mixed, aged 18–30, not poor]

‘Parents have nothing to give their children, like food. Sometimes the children are detained in the police cell for loitering in the streets and their parents are called to come and pick them up. In the process they’re fined, and they can’t pay such fines. They end up being detained with their children. They accept their mistakes but have nothing to keep the children home and also nothing to give them at the police cell.’
Moroto [mixed, aged 18–30, not poor]
The effects of persistent and chronic exposure to poverty and marginalisation are powerfully conveyed in participants’ testimonies. These accounts expose the hopelessness which can ensue from prolonged poverty, and the sometimes fatal consequences for children and their parents:

‘Poverty has led to the death of so many people because of not having money to go to the hospital.’ Hoima [mixed, aged 15-19, not poor]

‘They have no food, no healthcare, nothing. It’s like they’re just beggars. It really affects, there is even death – getting sick to the point of death.’ Iganga [mixed, aged 31+]

‘Because of being poor, a child gets fed up with everything in life. Since they have no idea ‘what the future holds, if anything goes wrong or they are not given what they want, they easily lose hope. They end missing out on the good things they would have achieved in future.’ Kampala [mixed, aged 18-30, not poor]

‘Being poor stops us from getting a balanced diet. When a child doesn’t eat well, the child doesn’t grow well, and poor feeding results in malnutrition. For example, there was a boy near our home who got sick and the father failed to get money to take him to the USA for treatment and the boy died!’ Lira [mixed, aged 15-19, poor]

‘It will reach a time when a mother has nothing to give her children, and she will go round the house and hang herself. So the children will have no one.’ Mpigi [mixed, aged 18-30, poor]

‘Poverty has caused some children to commit suicide.’ Hoima [mixed, aged 15-19, not poor]
2.5.2 Experiencing childhood: the personal impacts of impoverishment

The above discussion emphasises the consequences of poverty for children’s capacity to make a successful transition to adult life, for example in relation to school-to-work transitions, and in enjoying wider life opportunities and experiences.

**Participation and social inclusion.** The importance for children to participate in common childhood activities and norms of behaviour is widely emphasised across the FGDs. The harmful effects of the social stigma associated with childhood poverty are reflected in the following accounts. The shame associated with poverty is critical in understanding children’s experiences and the attendant social and psychological impacts of poverty. As Gubrium et al. (2014) show, shame is a universal aspect of poverty in different global settings, though its symptoms may differ. It is manifest here in reduced personal confidence and esteem, limited socialisation, and restricted horizons and aspirations.

The importance for children of being able to ‘fit in’ with their peers in terms of social expectations of personal presentation and the ability to afford usual school and extra-curricular activities is emphasised in these accounts. As they illustrate, children are often acutely aware of social distinctions associated with dress and self-presentation and may choose to self-exclude rather than experience the social opprobrium associated with poverty.

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A child may fail to attend a school party because of not having a nice dress. ‘Hoima [mixed, aged 15–19, not poor]

‘Children with torn uniform may feel ashamed to mix with their peers.’ Hoima [mixed, aged 18–30, not poor]

‘Poverty leads to a lack of confidence because… you’re… afraid to mix with people and people often say, “This person doesn’t mix freely with others.”’ Iganga [mixed, aged 31+]

‘They aren’t confident of themselves.’ Iganga [mixed, aged 18–30, not poor]

‘[Poor] children won’t be able to fit in society. For example, if your friends are going on a trip, you might not be able to go with them because you can’t think what you’ll wear because of your situation at home.’ Kampala [mixed, aged 15–19, not poor]

‘Poverty also makes children shy when they’re among people. The child is always in fear, so they don’t grow well. They can’t do anything because they’re afraid they’ll always be reminded that they’re poor.’ Lira [mixed, aged 31+]

‘Because they’re always dirty, they fear that when they go among friends, they’ll be chased away. They tell you to go away, that you’re poor. So that makes the child mentally disturbed.’ Lira [mixed, aged 31+]

‘A child may fail to go and play with others because he has jiggers [fleas], and has no good clothes to put on.’ Mbale [mixed, aged 18–30, poor]

‘A child may fail to associate with others because of not having soap to clean themselves.’ Hoima [mixed, aged 15–19, not poor]
‘FITTING IN’ AND SOCIAL INCLUSION

“A child may fail to take part in social gatherings, for example church, because they don’t have nice clothing like the rest.” Mbarara [mixed, aged 15–19, poor]

“When a child is poor and they’re dressed with no shoes, they tend to hide away and can’t join others for fear of being laughed at.” Mbarara [mixed, aged 18–30, poor]

“Children don’t play easily with others because they can’t afford to pack food and snacks to take to school, and this affects the child.” Mbarara [mixed, aged 18–30, poor]

“You may find in a family that a child is very bright but doesn’t have anything to pack for lunch. This makes them feel left out as they watch their peers eating. They feel they shouldn’t go to school, yet they’re bright pupils.” Mbarara [mixed, aged 18–30, not poor]

“If I go to school with a torn uniform, I’ll be afraid to enter class and join the other students, when they’re all smart and I have a torn uniform. I’ll stay outside. I may miss school because other students have packed food, and some schools don’t let you go home for lunch. When you’re from a poor family, maybe you can’t afford to pack food. This ends up demoralising you and you fail to continue in education, hence more poverty.” Mbarara [mixed, aged 18–30, not poor]

“You can’t socialise with your friends when they’re going to the beach. You can’t join them because you’re poor.” Mpigi [women, aged 15–19, poor]

“Children from a poor background normally have poor self-expression [confidence]. For example, if there are going to be elections for school leaders, such a child won’t compete with the rest because maybe they have no shoes or uniform and they won’t look smart in front of their peers. They feel they aren’t fit to compete with others who have those things.” Mbarara [mixed, aged 18–30, poor]

“(Children who are poor) miss meeting and making friends because, once a child is at school, they socialise and make friends and learn good ways of living together with others. Being at school – the togetherness of being at school – nurtures a child. Your child learns a lot. If they’re confined at home, they’ll not learn good manners and sharing. But once your child is at school, whether you like it or not, he or she will have many friends.” Soroti [mixed, aged 18–30, poor]

“Children become shy when they have a torn uniform. They don’t want to be seen to avoid being laughed at and they end up not playing.” Mbarara [mixed, aged 18–30, poor]
Assault on dignity and self-esteem. Poverty is both a material condition and, as we have seen in the sections above, a social relationship characterised by ‘othering’ processes of shaming, disenfranchisement and the psychosocial internalisation of inferiority. Aside from the material effects of poverty, these accounts emphasise the social consequences of impoverishment, for example assault on dignity, reduced self-esteem and social functioning, and diminished status.

‘When you see a young child like the one who just passed here, at home every day, playing and getting very dirty, you just know that child isn’t going to school. Secondly, the clothes he’s putting on are very dirty. Sometimes, you find their shorts are torn and their buttocks are exposed.’ Lira [mixed, aged 31+]

‘I can also see [that a child is poor] when the child is very dirty. That’s because they don’t have money to buy soap and keep themselves clean. When a child is hungry and there’s no food to give them, you just know things are bad.’ Lira [mixed, aged 15–19, poor]

‘When you’re poor, you fail to buy clothes for yourself. Cutting your nails also becomes a problem.’ Lira [mixed, aged 31+]

‘You want to be clean and have personal hygiene, but you lack money to buy things like soap, to be smart.’ Mbale [mixed, aged 15–19, poor]

‘The children are just suffering, and they don’t have clothes. They’re walking about naked.’ Soroti [mixed, aged 18–30, poor]

‘The other thing that shows a child is suffering from poverty is when they don’t cut their finger nails or hair, and they drink alcohol a lot because they have nothing else to do.’ Lira [mixed, aged 31+]

As these accounts demonstrate, child poverty can also have critical negative consequences both for children’s wellbeing and for their longer-term social and physical development and wider life chances.

‘A poor child can’t even be happy like other children. They live a very miserable life. They may fall sick but you… can’t treat them, which makes their life so miserable.’ Kampala [mixed, aged 18–30, poor]

‘Poverty prevents a child from growing well due to poor feeding. It also makes a child dull.’ Lira [mixed, aged 18–30, not poor]

‘The child can’t play freely with others because of being poor. They can’t learn new things from their fellow children. They don’t grow well and are stunted because of poor feeding.’ Lira [mixed, aged 18–30, poor]

‘When a child is growing up and the parents don’t have anything, you find that sometimes they’re mentally slow.’ Lira [mixed, aged 31+]
CHAPTER THREE
PUBLIC VIEWS
ON SURVEY INDICATORS OF DEPRIVATION
This section examines FGD participants’ responses to the 35 child, adult and household deprivation indicators included in the UNHS dataset. As we shall see, these data reveal some important social and regional differences in participants’ assessments of specific indicators and in their wider perceptions of poverty, which are addressed in Sections 3.1 and 3.2 respectively. Framework methods are especially informative in mapping responses across FGDs and question items and Section 3.3 concludes this section by summarising variations in responses across FGDs defined by region and socio-demographic profile.

3.1 SOCIAL AND REGIONAL DIFFERENCES: ASSESSMENT OF DEPRIVATION INDICATORS

In examining the extent and nature of social and spatial variations in participants’ views, it is important to acknowledge the limitations of these data as a source of representative information on the situation of Uganda’s children. This work seeks to represent the diversity of experiences and views on this topic by taking account of social and demographic characteristics, including living standards, gender, age and locality in sample selection. However, like other qualitative studies, it cannot provide a reliable guide to the prevalence of different views and experiences in the population because it lacks both a robust (random) sampling methodology, and the standardised instruments necessary for systematic comparison.

Fieldwork (and subsequent translation and transcription) was conducted by different enumeration teams across different regions, so it is likely that some of these regional variations may be attributable to differences in the conduct of fieldwork (i.e. to measurement error). Variations in interviewer practice and fieldwork setting also mean that topic coverage relating to wider perceptions of poverty, living standards and community disadvantage differed to some extent in its focus. Similarly, in considering more systematically public perceptions of deprivation items it should be noted that not all of the 35 items were evaluated in all 60 focus groups.

On the whole, this analysis does not suggest substantial variations in perceptions of these items across the socio-demographic characteristics defining the composition of FGDs. In other words, when looking at both the full indicator set and the sub-set of 18 child items, variations in perceptions of these items on the basis of age, gender and poverty status are not substantial. In fact, it is the commonalities rather than the differences in participants’ accounts that are most striking.
Nevertheless, overall these data do seem to confirm the picture presented above of substantial regional differences in wider perceptions of child poverty and deprivation. Table 1 (below) summarises FGD responses across all UNHS deprivation items by providing data on the percentage of FGDs classifying these items as essential for the 18 child items, 11 adult items, and 6 household items. Across all items and FGDs, a total of 1,704 indicators were evaluated (i.e. across all 60 focus groups and for the available set of 35 adult, child and household question items – although not all questions were covered in every group). Of these, 1,035 (61%) were classified by participants as ‘essential’. However, as Table 1 illustrates, this figure disguises notable regional disparities. For example, while more than four-fifths of items were classified as essential in Hoima and Mbarara, little over half were similarly classified in Iganga (59%) and Mpigi (57%). Most notably, support for these items was very limited in Soroti and Moroto, where only a small minority of items were classified as essential (19% and 9% respectively).

Despite the data and analysis limitations noted above, these differences are unlikely to explain entirely the dramatic differences in perceptions in the Northern and Eastern regions (i.e. Moroto and Soroti). This pattern of findings would be consistent with the theory of adaptive preferences (e.g. Hallerod, 2006), which suggests that individuals often tailor their stated preferences to reflect their material circumstances, such that poorer households are likely to report a more restrictive set of necessities than better-off ones. Nevertheless, public perceptions of what constitute socially acceptable living standards may not always be the same as public views on what their normative entitlements are in terms of international human rights commitments. In Uganda, the items and activities widely viewed as necessary to avoid poverty according to prevailing contemporary local norms may be less extensive than pertaining to the full realisation of human rights as agreed by international consensus.

### TABLE 1: PERCENTAGE OF ALL ITEMS VIEWED AS ‘ESSENTIAL’ BY REGION AND FGD TYPE

<table>
<thead>
<tr>
<th>GROUP TYPE</th>
<th>ALL ITEMS</th>
<th>CHILD ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youths (15–19), mixed gender, better off</strong></td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td><strong>Youths (15–19), female, badly off</strong></td>
<td>54</td>
<td>48</td>
</tr>
<tr>
<td><strong>Younger adults (18–30), mixed gender, badly off</strong></td>
<td>65</td>
<td>52</td>
</tr>
<tr>
<td><strong>Younger adults (18–30), mixed gender, better off</strong></td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td><strong>Youths (15–19), mixed gender, badly off</strong></td>
<td>62</td>
<td>60</td>
</tr>
<tr>
<td><strong>Older adults (31+), mixed gender, mixed poverty status</strong></td>
<td>70</td>
<td>67</td>
</tr>
<tr>
<td><strong>Moroto (Karamoja)</strong></td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td><strong>Soroti (Eastern)</strong></td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td><strong>Mpigi (South Central)</strong></td>
<td>57</td>
<td>50</td>
</tr>
<tr>
<td><strong>Iganga (Eastern)</strong></td>
<td>59</td>
<td>55</td>
</tr>
<tr>
<td><strong>Mbale (Eastern)</strong></td>
<td>69</td>
<td>61</td>
</tr>
<tr>
<td><strong>Kampala (Kampala)</strong></td>
<td>77</td>
<td>66</td>
</tr>
<tr>
<td><strong>Lira (Northern)</strong></td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td><strong>Mbarara (South West)</strong></td>
<td>81</td>
<td>76</td>
</tr>
<tr>
<td><strong>Hoima (Western)</strong></td>
<td>85</td>
<td>79</td>
</tr>
<tr>
<td><strong>ALL</strong></td>
<td>61</td>
<td>54</td>
</tr>
</tbody>
</table>
Overall, a broadly consistent pattern of findings is evident when examining regional variations in perceptions of the 18 child items. However, it is noticeable that support is less widespread in relation to these child items compared with the full set of 35 deprivation items: of the 882 child items evaluated across the 60 focus groups, only 479 (54%) were viewed as essential for all children in Uganda today. As is argued in Section 4 (below), this suggests that these items may tap deprivation at a higher threshold of unmet need than is applicable to Ugandan children today. This may suggest a need for the development of indicators that tap more basic or severe forms of social and material deprivation for Ugandan households and especially for Ugandan children.

### TABLE 2: PERCENTAGE OF FGDS VIEWING CHILD, ADULT AND HOUSEHOLD ITEMS AS ESSENTIAL

<table>
<thead>
<tr>
<th>SURVEY QUESTION ITEM</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD ITEMS</strong></td>
<td></td>
</tr>
<tr>
<td>A visit to a health facility when ill [visit]</td>
<td>80</td>
</tr>
<tr>
<td>Toiletries to be able to wash every day [toiletries]</td>
<td>68</td>
</tr>
<tr>
<td>All school fees, uniform and required equipment [feesC]</td>
<td>68</td>
</tr>
<tr>
<td>Two sets of clothing [clothes]</td>
<td>67</td>
</tr>
<tr>
<td>Three meals a day [meals]</td>
<td>62</td>
</tr>
<tr>
<td>Own blanket [blanket]</td>
<td>62</td>
</tr>
<tr>
<td>Own room for children over 10 of different sexes [ownroomC]</td>
<td>58</td>
</tr>
<tr>
<td>To be able to participate in school trips or events [tripsC]</td>
<td>47</td>
</tr>
<tr>
<td>Own bed [bed]</td>
<td>45</td>
</tr>
<tr>
<td>Books at home suitable for their age [books]</td>
<td>42</td>
</tr>
<tr>
<td>Bus/taxi fare or other transport (e.g. bicycle) to get to school [busfareC]</td>
<td>38</td>
</tr>
<tr>
<td>A desk and chair for homework for school-aged children [deskC]</td>
<td>37</td>
</tr>
<tr>
<td>Two pairs of properly-fitting shoes [shoes]</td>
<td>33</td>
</tr>
<tr>
<td>Some new clothes (not secondhand) [newcloth]</td>
<td>23</td>
</tr>
<tr>
<td>Educational toys and games [toys]</td>
<td>23</td>
</tr>
<tr>
<td>Presents for children once a year on special occasions [presentsC]</td>
<td>23</td>
</tr>
<tr>
<td>Some fashionable clothes for secondary school aged children [fashionC]</td>
<td>13</td>
</tr>
<tr>
<td>Own cell phone for secondary school aged children [mobileC]</td>
<td>7</td>
</tr>
<tr>
<td><strong>ADULT ITEMS</strong></td>
<td></td>
</tr>
<tr>
<td>A visit to a health facility when ill [visitA]</td>
<td>82</td>
</tr>
<tr>
<td>Toiletries to be able to wash every day [toiletA]</td>
<td>72</td>
</tr>
<tr>
<td>Enough money to take children to a medical facility when sick [sickA]</td>
<td>70</td>
</tr>
<tr>
<td>Enough money to pay school fees for children [feesA]</td>
<td>63</td>
</tr>
<tr>
<td>Attend weddings, funerals and other such occasions [weddingA]</td>
<td>55</td>
</tr>
<tr>
<td>Celebrations on special occasions, such as Christmas, Eid. [celebrateA]</td>
<td>53</td>
</tr>
<tr>
<td>Able to access to safe, reliable public transport [transportA]</td>
<td>52</td>
</tr>
<tr>
<td>Two pairs of properly-fitting shoes [shoesA]</td>
<td>42</td>
</tr>
<tr>
<td>Get together with friends/family for a drink/meal at least monthly [mealA]</td>
<td>32</td>
</tr>
<tr>
<td>Replace worn-out clothes with some new (not second-hand) ones [clothesA]</td>
<td>28</td>
</tr>
<tr>
<td>A small amount of money to spend each week on yourself [spendA]</td>
<td>25</td>
</tr>
<tr>
<td><strong>HOUSEHOLD ITEMS</strong></td>
<td></td>
</tr>
<tr>
<td>To be able to replace broken pots and pans for cooking [potsH]</td>
<td>73</td>
</tr>
<tr>
<td>Enough money to repair a leaking roof for the main living quarters [leaksH]</td>
<td>72</td>
</tr>
<tr>
<td>To be able to make regular savings for emergencies [saveH]</td>
<td>67</td>
</tr>
<tr>
<td>Enough money to repair or replace any worn-out furniture [furnitureH]</td>
<td>55</td>
</tr>
<tr>
<td>Have your own means of transportation (car, bike, etc) [transportH]</td>
<td>42</td>
</tr>
<tr>
<td>Enough money to repair or replace broken electrical goods [electricH]</td>
<td>37</td>
</tr>
</tbody>
</table>
The above estimates also disguise wide variations in the evaluation of the individual items comprising the UNHS deprivation module for children, adults and households. Table 2 (above) shows the percentage of FGDs viewing child, adult and household items as essential across the 60 groups. With regard to items directly applicable to children, a majority of focus groups classified the following items as essential for all children (in order of priority):

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A visit to a health facility when ill</td>
<td>80%</td>
</tr>
<tr>
<td>Money to take children to a medical facility when sick</td>
<td>70%</td>
</tr>
<tr>
<td>Toiletries to be able to wash every day</td>
<td>68%</td>
</tr>
<tr>
<td>Two sets of clothing</td>
<td>67%</td>
</tr>
<tr>
<td>All school fees, uniform and required equipment</td>
<td>68%</td>
</tr>
<tr>
<td>Money to pay school fees for children</td>
<td>63%</td>
</tr>
<tr>
<td>Own blanket</td>
<td>62%</td>
</tr>
<tr>
<td>Three meals a day</td>
<td>62%</td>
</tr>
<tr>
<td>Own room for children over 10 of different sexes</td>
<td>58%</td>
</tr>
</tbody>
</table>
3.2 SOCIAL AND REGIONAL DIFFERENCES: THEMATIC ANALYSIS

The above inference of strong regional differences is also consistent with thematic analysis of the interview transcripts, which suggest a much more limited appraisal of the necessities of life in the poorer, more geographically peripheral regions. On the whole, the nature and experience of child poverty shows far more commonalities than differences across the regions of Uganda. Nonetheless, there some notable regional differences in participants’ accounts which we expand on below:

3.2.1 Access to education

Hunger was reported as affecting children’s schooling in all regions, although there were fewer reports in central and southern Uganda. Many participants in Moroto and Soroti in particular related personal experiences of persistent hunger and malnutrition, whereas in some other areas comments appeared more often to be observations of hunger in their community.

‘Even when you go to school your mind is disturbed and is telling you “I need to eat”. The stomach is complaining that you need something to eat. You can’t participate at school.’ Soroti [mixed, aged 18–30, poor]

‘First of all, the children don’t get enough food. While you’re struggling for your child to be in school, you also have to struggle for that child to have food.’ Moroto [mixed, aged 18–30, not poor]

‘My life is very hard because I have orphans I am looking after. But I don’t even have a house where I can put them, and no bedding or money to take them to school. Lira [mixed, aged 18–30, poor]

Participants from all regions except Kampala and Mbale described distance to school as a major issue affecting access to education. The long distances children have to travel to school was especially noted as an issue by younger participants in the 15–19 aged groups, who also noted the many physical threats to children’s safety arising from long journeys in remote areas (e.g. wild animals, road traffic, and physical and sexual assault):

‘Those of us who have daughters are scared because of young men who spend their nights in bars and go back home early in the morning and who sometimes rape our children as they’re going to school.’ Mbarara [mixed, aged 31+]

‘The biggest problem here is that we need a school, especially a secondary school, because our children are killed on the way to school by people from a different clan.’ Moroto [mixed, aged 15–19, not poor]
3.2.2 Health services

Distance and lack of transportation to health centres and hospitals were reported to be problems in all regions except Mbarara, Kampala and Mpigi. Bad roads were particularly mentioned as a compounding factor in both Lira and Moroto. The problem of excessive queues for services was raised in Iganga, Kampala, Lira and Soroti.

“We also lack health facilities. The ones in the area are very far and when you reach the health centre there’s no medicine. All they give you is Panadol [paracetamol]. The clinics we have are very expensive so if you don’t have money you die. Mbale [mixed, aged 18–30, not poor]

‘I say that we’re doing badly because there are some people who don’t even have a bicycle. If someone’s sick, by the time he goes to borrow Okello [his friend’s] bicycle and finds that his friend has gone for a drink, the delay in taking the person for treatment may cause death.’ Lira [mixed, aged 31+]

3.2.3 Decent shelter

Inadequate accommodation was widely reported across regions but what constitutes a decent standard of shelter varied widely depending on local conditions. In Hoima, Lira, and Soroti, having any shelter was itself a problem (with the additional burden of providing shelter for orphans being noted in Lira). In Hoima and Soroti, traditional grass thatched housing was seen as inadequate as it was hard to repair, particularly when grass was unavailable due to drought. In Mbarara, Mpigi and Moroto the problem was being able to afford the rent and dealing with the attendant problems caused by the unaffordability of housing and poor housing conditions such as overcrowding, sharing living space with animals and leaking roofs.

“We are subsisting because if you have drought, there’s no food. During the windy time, the wind will destroy the grass thatched houses and you can’t get more grass for constructing the houses…” Soroti [women, aged 15–19, poor]

“You find that someone has only one shelter with one room and has eight children who have to share it with goats and chicken.” Mbale [mixed, aged 31+]

“When [the houses] leak children fall sick with pneumonia and it increases the death rate. Pneumonia is very dangerous among young children and when it affects them they die.” Soroti [mixed, aged 18–30, poor]

“My life is very hard because I have orphans I am looking after. But I don’t have even a house where I can put them, no bedding or money to take them to school.” Lira [mixed, aged 18–30, poor]
3.2.4 Decent clothing

Perceptions of what constitutes a ‘decent’ standard of clothing varied markedly across regions and groups. In wealthier areas, participants referred to needing good quality and special purpose items for children (e.g. sports shoes, suitable underwear, a nice outfit). In areas such as Hoima, Lira, Mbale, Moroto and Soroti, simply having any footwear for children to avoid walking barefoot, and any clothing to avoid public indecency, were more pressing priorities:

“In general, we’re badly off because so many children go about naked, have no food, no water for drinking, and walk barefoot. So we’re really badly off.” Hoima [mixed, aged 18–30, not poor]

“Children are sleeping in rags here, like pigs.” Soroti [mixed, aged 18–30, poor]

“Having no proper clothes, no cattle, a person just begs for a living.” Soroti [mixed, aged 18–30, poor]

3.2.4 Food security and nutrition

Famine, drought and crop failure were reported in all regions except Kampala. Famine and/or drought are specifically reported in Hoima, Mbale, Mbarara, Moroto, Mpigi and Soroti. From the number and nature of reports, the worst hit areas appear to be Hoima, Lira, Mbale, Moroto and Soroti. The effects of poor diet on children’s growth and development, including in the forms of malnutrition and stunting, are widely noted in Hoima, Lira, Mbarara, Moroto and Soroti:

“Children are most vulnerable to poverty. Because we’re in the season of famine, there’s no food and a child wakes up hungry if they miss lunch that day. They suffer from malnutrition and won’t grow properly.” Mbarara [mixed, aged 18–30, not poor]

“Yes, children are vulnerable to poverty because of this prolonged drought. There’s a lot of hunger and poverty. Parents have nothing to sell and no food for their family.” Moroto

“Yes, children are sleeping in rags here, like pigs.” Soroti [mixed, aged 18–30, poor]

“Children are sleeping in rags here, like pigs.” Soroti [mixed, aged 18–30, poor]
3.3 PUBLIC VIEWS ON SPECIFIC DEPRIVATION INDICATORS

The overall pattern of variation in public perceptions of UNHS deprivation indicators presented in Section 3.1 provides evidence on the extent of consensus across FGDs. However, in interpreting these data it is important to recognise that our unit of analysis here is the FGD itself, not individual participants. These summary statistics describe the extent of consensus across groups on items, not the proportion of individuals holding these views. As a dialogic methodology which seeks to reveal intersubjective understandings, FGDs tend towards consensus. As Appendix A4 (available at: www.unicef.org/uganda/resources_22176.html) reveals, where an item was supported it was only rarely that a vote was needed to establish consensus, and FGDs therefore probably underestimate the individual-level (unique) ‘variance’ in public views compared with survey methods.

These data also raise important questions about how the Ugandan public interprets and responds to the concept of ‘necessities’ as applied in household surveys. As the authors have suggested elsewhere (Fahmy et al., 2015), analysis of FGD data on perceptions of necessities can reveal quite different interpretations of this term by participants, which are also likely to shape survey response, including, for example:

- Necessities as basic requirements of physical survival
- Necessities as conditions of adequate social functioning
- Necessities as normatively valued items/activities (e.g. rights, entitlements).

In practice, participant deliberations on necessities frequently conflate items/activities that people ‘cannot’, ‘do not’, and ‘should not have to’ do without. For example, FGDs in poorer regions frequently classified items as ‘desirable but non-essential’ because they could not afford them. Although access to health care and education were sometimes explicitly acknowledged as human rights for children, this did not always result in items being classified as necessities (rather than merely desirable). As Townsend’s (1979, 1983) relative theory of poverty suggests, the local resource context is important in shaping perceptions of minimally adequate living standards so that it is in practice impossible to disentangle the objective and normative dimensions of living standards.

Nevertheless, qualitative methods like focus groups and more structured cognitive interviewing and question testing approaches can offer important insights into the survey response process. As such, FGDs have an important role in explaining and validating survey findings on perceptions of necessities, for example, in revealing participants’ rationales for item selection, cognition of item wording, and recall. Tables 3 and 4 therefore summarise the rationales and explanations offered by FGD participants for their choices concerning child necessities, and necessities for adults and households respectively. As Table 3 shows, participants’ rationales for item selection were varied but referred both to the importance of items in achieving adequate physiological functioning (e.g. good nutrition, health, child development) and for achieving adequate social functioning including, for example, in ensuring intellectual development, peer group participation, avoidance of shame and stigma, social adjustment, development of employment-related skills and competencies, etc.
Secondly, these accounts reflect a concern not only with destinations and outcomes for children (e.g. in terms of jobs, family life and other societal norms), but also with the experience of childhood itself. In other words, a concern with both ‘being’ and ‘becoming’ for children. While these accounts emphasise the importance of adequate living standards in ensuring successful transitions to adult status for children, for example, in relation to labour market participation, intimate partnerships and wider social roles, they also stress the importance of the experience of childhood itself, for example, in relation to children’s wellbeing, happiness, comfort and parental care. Relatedly these accounts stress children’s rights (e.g. to education and health care) not only because of their consequences but as ends in themselves to which all children should have access.

TABLE 3: SUMMARY OF PARTICIPANT RATIONALE FOR INDICATOR INCLUSION: CHILD ITEMS

<table>
<thead>
<tr>
<th>QUESTION ITEM</th>
<th>PARTICIPANT RATIONALE FOR INCLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three meals a day</td>
<td>Health; physical and cognitive development; wellbeing; good conduct; educational attendance and performance</td>
</tr>
<tr>
<td>Two pairs of properly-fitting shoes</td>
<td>Hygiene; avoid stigma; protection from disease and weather</td>
</tr>
<tr>
<td>Toiletries to be able to wash daily</td>
<td>Hygiene; protection from disease</td>
</tr>
<tr>
<td>Books at home suitable for their age</td>
<td>Improved school performance; mental development; for reference information; preparing children for future; to know (their) history; for revision and homework</td>
</tr>
<tr>
<td>Some new clothes (not secondhand)</td>
<td>Self-esteem and dignity; wellbeing; good presentation in public; reward for hard work; for special occasions (Xmas); disease prevention</td>
</tr>
<tr>
<td>Educational toys and games</td>
<td>Constructive use of time; educative; important for study; cognitive and skills development; makes child happy</td>
</tr>
<tr>
<td>A visit to a health facility when ill</td>
<td>Children’s rights; health and survival; child development</td>
</tr>
<tr>
<td>Own bed</td>
<td>Physical comfort; protection from (contagious) diseases; avoiding immorality; privacy; safety from pests (e.g. snakes); bed-wetting</td>
</tr>
<tr>
<td>Own blanket</td>
<td>Warmth; comfort; protection from contagious disease; safety from pests (malaria); aids sleep; avoid conflict between children</td>
</tr>
<tr>
<td>Two sets of clothing</td>
<td>Hygiene; good public presentation; protection from disease; to wash clothes</td>
</tr>
<tr>
<td>Presents for children once a year on special occasions</td>
<td>Parental love and joy; wellbeing and motivation; family bonding; encourages a giving spirit in children</td>
</tr>
<tr>
<td>All school fees, uniform and required equipment</td>
<td>Mandatory for school attendance; helps with studies; secures child’s future; prevents bullying; motivates children to study</td>
</tr>
<tr>
<td>To be able to participate in school trips or events</td>
<td>Academic development; encouraging exploration and discovery; exposure to new things; to avoid stigma of exclusion; wellbeing; developing knowledge and self-esteem</td>
</tr>
<tr>
<td>A desk and chair for homework for school-aged children</td>
<td>Ease of study; educational motivation and engagement; aids concentration; storage of books/materials; improves handwriting</td>
</tr>
<tr>
<td>Bus/taxi fare or other transport (e.g. bicycle) to get to school</td>
<td>Safety and physical security; saves time; getting to school punctually; avoids tiredness</td>
</tr>
<tr>
<td>Own room for children over 10 of different sexes</td>
<td>Privacy; morality</td>
</tr>
<tr>
<td>Some fashionable clothes for secondary school-aged children</td>
<td>Fit in with peers; avoid temptation (e.g. theft)</td>
</tr>
<tr>
<td>Own cell phone for secondary school-aged children</td>
<td>Access to information and communication</td>
</tr>
</tbody>
</table>
Turning now to participants’ responses to the adult and household items presented in Table 4 (below), it is again evident that the often-made distinction between material and social necessities is difficult to maintain in practice. Indeed, these accounts tend to emphasise more prominently the importance of different items and activities in avoiding the shame and stigma associated with poverty, and in maintaining standards (e.g. of dress, personal presentation, accommodation) that are customary or at least widely approved of in Ugandan society today. The importance of items and activities as social signifiers of status and normative inclusion is a theme to which this report returns in Section 4 in considering the wider implications of these findings.

**TABLE 4: SUMMARY OF PARTICIPANT RATIONALE FOR INDICATOR INCLUSION: ADULT AND HOUSEHOLD ITEMS**

<table>
<thead>
<tr>
<th>ADULT ITEMS</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A visit to a health facility when ill</td>
<td>Health; saving lives; health emergencies; human rights</td>
</tr>
<tr>
<td>Toiletries to be able to wash every day</td>
<td>Hygiene; good public presentation; avoiding stigma/shame</td>
</tr>
<tr>
<td>Two pairs of properly-fitting shoes</td>
<td>Hygiene; good public presentation; avoiding stigma/shame; protection from disease and weather</td>
</tr>
<tr>
<td>A small amount of money to spend each week on yourself</td>
<td>Pleasure; stress relief; social participation</td>
</tr>
<tr>
<td>Replace worn-out clothes with new (not secondhand) ones</td>
<td>Good public presentation; avoiding stigma/shame; self-esteem and confidence</td>
</tr>
<tr>
<td>To get together with friends or family for a drink/meal monthly</td>
<td>Maintenance social networks</td>
</tr>
<tr>
<td>Celebrations on special occasions, such as Christmas, Eid</td>
<td>Religious observance; morale and wellbeing; social custom; recreation and pleasure</td>
</tr>
<tr>
<td>Attend weddings, funerals and other such occasions</td>
<td>(Mutual) social support; customary norms; fitting in; social expectations; social cohesion; making new social connections</td>
</tr>
<tr>
<td>Able to access safe, reliable public transport</td>
<td>Ease of movement; transport of goods; personal safety; avoidance of shame; access work; in emergencies</td>
</tr>
<tr>
<td>Enough money to pay school fees for children</td>
<td>Educational attendance and performance; parental obligation; child development; children’s right; job prospects; child wellbeing/inclusion; social effects of dropout</td>
</tr>
<tr>
<td>Enough money to take children to a medical facility when sick</td>
<td>Health; child rights; medical emergencies; parental responsibility</td>
</tr>
<tr>
<td>HOUSEHOLD ITEMS</td>
<td></td>
</tr>
<tr>
<td>Enough money to repair or replace any worn-out furniture</td>
<td>Home maintenance; comfort; hosting visitors; avoid shame/stigma</td>
</tr>
<tr>
<td>Enough money to repair or replace broken electrical goods</td>
<td>Convenience; avoid shame/stigma; entertainment; food storage; access to info and communication; business use</td>
</tr>
<tr>
<td>To be able to make regular savings for emergencies</td>
<td>Unexpected needs; emergencies; business capital; for healthcare and social obligations; reduced family conflict; financial security</td>
</tr>
<tr>
<td>To be able to replace broken pots and pans for cooking</td>
<td>Cooking; maintain functioning home; serve visitors; avoid shame; hard to mend; water storage</td>
</tr>
<tr>
<td>Enough money to repair a leaking roof for the main living quarters</td>
<td>Prevent damage; comfort; safety; avoid diseases and safeguard health; aid sleep; prevent spoilt food</td>
</tr>
<tr>
<td>Have your own means of transportation (car, bike, etc.)</td>
<td>Convenience/time-saving; in emergencies (e.g. health); source of income; privacy</td>
</tr>
</tbody>
</table>
As described in Section 2 (above), our overall approach sought to validate proposed UNHS deprivation indicators, but participants were also offered an opportunity to suggest additional indicators of social and material deprivation and these are summarised in Table 5 (below). The most widely cited of these were being able to afford: sanitary pads for girls/women; toothbrush and paste; Vaseline (petroleum jelly) for children; paraffin/candles for lighting; clean, safe drinking water; livestock; attending a place of worship for children; a religious text (e.g. Bible/Quran) for children; and a recreation area for children to play.

<table>
<thead>
<tr>
<th>HEALTH AND HYGIENE</th>
<th>HOUSEHOLD ITEMS AND FACILITIES</th>
<th>EDUCATION AND CULTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitary pads for girls and women</td>
<td>Paraffin/candle for lighting</td>
<td>Religious texts (Bible/Quran) for children</td>
</tr>
<tr>
<td>Toothpaste/toothbrush for children</td>
<td>Salt</td>
<td>Attending church/mosque for children</td>
</tr>
<tr>
<td>Smearing Vaseline for children</td>
<td>Sugar</td>
<td>Recreation area for children to play</td>
</tr>
<tr>
<td>Soap</td>
<td>TV</td>
<td>Vocational institute</td>
</tr>
<tr>
<td>Washing toiletries</td>
<td>Toilet/pit latrine</td>
<td></td>
</tr>
<tr>
<td>Towel</td>
<td>Bathroom</td>
<td></td>
</tr>
<tr>
<td>Hair-cutting machine</td>
<td>Dustbin</td>
<td></td>
</tr>
<tr>
<td>Toilet paper</td>
<td>Kitchen</td>
<td></td>
</tr>
<tr>
<td>Medicines</td>
<td>Separate bathroom for adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cleaning utensils and equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adequate shelter</td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S ITEMS</td>
<td>Cupboard for food storage</td>
<td></td>
</tr>
<tr>
<td>Umbrella for children</td>
<td>Home security (e.g. padlocks)</td>
<td></td>
</tr>
<tr>
<td>Watches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone for children to access social media/info</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending clan meetings for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pocket money for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time for children to play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical check-ups for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School lunches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food relief for youths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure/sports equipment for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. football)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICES AND FACILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean water (borehole)</td>
<td>Roads</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nearby schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nearby hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child-care nursery</td>
<td></td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balanced nutritious diet for children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fresh fruit for children</td>
<td></td>
</tr>
<tr>
<td>ADULT ITEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jacket</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Petticoats and underwear for women</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Items **underlined** were reported by at least 5 of the 60 FGDs.
CHAPTER FOUR

CONCLUSION
4.1 PUBLIC VIEWS ON THE SITUATION OF UGANDAN CHILDREN

The above findings document the extent of child vulnerability to poverty and deprivation in Uganda today seen (so far as is possible) ‘through the eyes’ of ordinary citizens. They also emphasise the scale of the challenges facing Government, international agencies and civil society stakeholders in making progress in realising children’s rights, in eradicating child poverty, and in meeting international commitments in this area, for example, as outlined in the 2015 Sustainable Development Goals.

In addressing this much wider agenda, better evidence is needed on the nature and extent of child poverty in order to address its symptoms, causes, and consequences. Evidence is needed which goes beyond direct, monetary indicators of household circumstances to investigate the resources available to children in meeting their basic needs, and to identify children’s capacity to realise their basic rights, for example, to nutrition, hygiene and sanitation, shelter, health care, education, and information. This study contributes to this goal by providing better information on the situation of children in Uganda today, specifically with regard to how the Ugandan public understands child deprivation and its effects, for example with regard to:

- The causes and drivers of deprivation and exclusion for children and their families
- The ways in which deprivation and exclusion manifest themselves in the daily lives of children and their families and across the life course
- The ways in which deprivation and exclusion affect children’s wellbeing, and outcomes and destinations for children.

Deprivation of basic needs was widely interpreted to include not only deprivation of basic physiological needs (e.g. for food and shelter), but also denial of rights to collective provision in relation to education, health, clean water, sanitation, public roads, etc. Poverty is mostly understood in terms of the household and collective resources to which people have access, i.e. in terms of basic needs rather than subsistence only. Participants often and explicitly frame deprivation of basic needs in terms of a denial of rights (though this is not always equated with the concept of ‘necessities’).

Secondly, participants’ accounts document the wider implications of poverty both for social relations within communities, and for children’s own wellbeing, development, and opportunities across the life course. The negative impacts of poverty with regard to child welfare and protection and children’s participation are especially notable. These accounts describe poverty as a material condition, but also as a social relationship, characterised by processes of exclusion from everyday social relationships and norms of participation for children and their families. Indicators of child deprivation and exclusion need to encompass not only the material dimensions of poverty but also its effects in terms of social participation, for example in relation to educational engagement, peer group interaction, wellbeing, vulnerability to harm, etc.
4.2 DETERMINING THE ‘NECESSITIES OF LIFE’ IN UGANDA TODAY

Information of this kind can also inform interpretation of UNHS indicators on poverty and deprivation by highlighting participant understandings and decision making. It can also assist in the further development of the UNHS deprivation indicator set by revealing issues associated with survey cognition, recall, judgement and response for existing items and suggesting new items/activities. Our findings reveal that:

In practice, participant deliberations on necessities frequently conflate judgements about whether people ‘cannot’, ‘do not’, and ‘should not have to’ do without different items/activities. Participants’ deliberations on items and activities reflected views not only on their normative desirability, but also on their prevalence for participants and the villages and communities within which they live. Typically, where usage is constrained due to affordability or lack of provision, participants adapt their perceptions of necessities accordingly to encompass a more restrictive range of items/activities. While this is consistent with a relative understanding of poverty, it means that participants’ perceptions of necessities are sometimes more restrictive than a rights-based approach to poverty eradication might suggest. While participants frequently frame a lack of access to items/activities for children in terms of a denial of rights, this does not always mean they are always classified as ‘necessities’ given the extent and depth of deprivation reported here.

While responses show many commonalities across regions in terms of public understandings of poverty, these data also suggest important regional differences in its specific manifestations and suitable operational indicators that reflect regional differences in living standards and lifestyles. The full set of agreed items (as detailed in Appendix A4, available at: www.unicef.org/uganda/resources_22176.html) is therefore different across regions and reflects the sensitivity of participants’ judgements around the threshold of poverty vulnerability. Nevertheless, our findings suggest a clear consensus across regions and subgroups on many of the ‘core’ UNHS indicators of child deprivation and exclusion, including three meals a day, toiletries, visits to a health facility, and school fees and other costs which might be considered central to a ‘basic needs’ understanding of poverty as described above.

In considering wider implications, it is useful to distinguish between improvements in indicator specification designed to better discriminate between poor and non-poor households (i.e. headcount estimates), and those focused on better representing the intensity of poverty (i.e. the depth/severity of poverty). In view of the wide variations in living standards documented in official analyses and revealed in these transcripts, it may be that the development of additional indicators that can better represent the depth of poverty are also needed in order to more suitably discriminate between poor and very-poor households in the poorest regions. For example, ‘three meals a day’ and ‘two pairs of shoes’ establish a relatively high standard of adequacy relative to prevailing living standards and norms in many regions as represented here.
REFERENCES


GoU and UNICEF (2019) *Multidimensional Child Poverty and Deprivation in Uganda*  


