



VIEWPOINT

Increased child abuse in Uganda amidst COVID-19 pandemicQuraish Sserwanja ¹, Joseph Kawuki ² and Jean H Kim³¹Programmes Department, GOAL Global, Khartoum, Sudan, ²Centre for Health Behaviours Research, Jockey Club School of Public Health and Primary Care, and ³Center for Global Health, Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong

Globally, COVID-19 lockdown measures have exposed children to more sexual, physical and emotional abuse and neglect. Although the COVID-19 pandemic is likely to have long-lasting adverse psychological effects on children, there have been comparatively few studies on children's health as compared with adults, particularly in low-income countries. Uganda implemented one of the most stringent lockdowns with bans on transportation and gatherings as well as the closure of schools, stores and places of worship. In order to address the dearth of information in less developed regions, the article aims to provide an insight into the increased cases of child abuse in Uganda during the COVID-19 pandemic. The data and information were primarily compiled from government and child welfare organisation open-source databases. The psychosocial impacts of COVID-19 have greatly disrupted the living conditions of children, limiting their access to basic needs such as food and health care. In addition, there is a lack of social support, thus putting children at an increased risk of different forms of child abuse. Since the implementation of the COVID-19 lockdown in Uganda, there has been a rise in the incidence of child abuse. Increased cases of physical and sexual abuse against children have been reported in different parts of the country as well as increased cases of child labour. To strengthen child protection during the COVID-19 pandemic, this article highlights a need for multi-level stakeholder cooperation to ensure increased funding, increased community awareness and sensitisation, early detection and effective management and referral of child abuse cases.

COVID-19 was declared a global pandemic by the World Health Organisation (WHO) on 11 March 2020, having spread to over 110 countries and territories.^{1,2} As of 28 October 2020, 1 303 000 cases (3.0% of global cases) and 29 380 deaths (2.5% of global mortality) were reported in Africa.^{3,4} Uganda reported the first case of COVID-19 on 21 March 2020. Within days, the government implemented the following measures: international border closures (including airport arrivals), closure of schools and places of worship, suspension of mass gatherings, suspension of public and private transportation, with a nationwide lockdown that was declared on 24 March 2020.^{5,6} On 30 March 2020, a national 7:30 pm curfew was instigated.⁷ As of 28 October 2020, 11 767 cases and 106 deaths had been reported in Uganda.⁵

Despite the widespread reach of the COVID-19's pandemic, children are an often-overlooked population due to their lower mortality rates.^{8–10} For instance, one study has reported a mortality rate of 0.03 per 100 000 deaths among children aged 0–9 years,¹¹ with some countries having rates as low as 0.18%,¹² as compared with mortality rates exceeding 10% among adults.^{12–14} However, child welfare organisations have warned that the various lockdown measures will lead to more cases of child sexual, physical and emotional abuse and neglect.¹⁵ Of the one billion children that are exposed to various forms of violence globally, almost one-quarter are in Africa.^{16,17} A recent Ugandan national violence against children survey showed that one in three girls and one in six boys, suffer sexual violence during their

childhood, and 70% of boys suffer physical violence.¹⁸ Over 8 million children in Uganda believed to be vulnerable¹⁹; previous studies conducted in Uganda have noted that child abuse victims are at higher risk of a multitude of adverse health outcomes (depression, suicidal behaviour, risky sexual behaviours, death) as well as poorer educational/employment outcomes later in life.²⁰

During lockdowns, children are compelled to spend much more time at home with relatives who may be the main perpetrators of abuse and the additional economic stressors on parents may further increase the risk of child abuse. In Uganda, the Ministry of Gender, Labour and Social Development is the nodal institution for child protection in the country. However, the mandate is shared with the Ministry of Internal Affairs, Ministry of Justice and Constitutional Affairs, Ministry of Education and Sports and Ministry of Health.^{21,22} At the district level, the mandate for child protection is with the Community-Based Services Department.²² The Judiciary also plays a major role in the protection of the rights of children by being responsible for the overall administration of justice for children as well as the protection of their rights through judicial processes.²¹ However, this child protection framework lacks proper coordination among the various stakeholders making it less effective compared with developed countries. This poorly coordinated child protection framework in Uganda combined with the stressors of COVID-19 pandemic makes children highly susceptible to abuse.²³

Since children are extremely vulnerable to the 'secondary' impacts of the pandemic, with a possibility of life-time effects,²⁴ it is crucial to look into the impact of COVID-19 on child abuse in a society with high baseline rates of child abuse. This article aims to provide an insight into the increased cases of child abuse in Uganda during the COVID-19 pandemic, primarily examining data from the Uganda Ministry of Health and international child

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welfare organisations (Save the Children, World Vision). We believe the highlights of this paper could be vital in informing the stakeholders of the actual scope of the problem. In addition, the article also highlights practical interventions to address this public health issue in Uganda during the COVID-19 pandemic.

The Changing Child Abuse Situation in Uganda During the COVID-19 Pandemic

Amidst the COVID-19 lockdown, there has been a rise in the incidence of child abuse of various forms throughout Uganda:

Increased violence against children

The Uganda Child Helpline (UCHL) run by the Ministry of Gender, Labour and Social Development was established as a child protection mechanism 6 years ago.¹⁸ Before the COVID-19 pandemic, the helpline averagely received 100 calls per day, reporting different forms of violence against children.¹⁸ Shortly after the lockdown measures were put into place, between 10 and 26 April 2020, 21 904 calls were received with an average of 1369 calls a day, a 13-fold increase.¹⁸ With the psychosocial impacts of the pandemic, many parents became stressed and aggressive due to the lack of social support, making children prone to experiencing violence at home.^{18,25} The reported cases mainly included child neglect, physical and sexual abuse, with two reports of murder.¹⁸ The lockdown has led to increased cases of child neglect in several parts of the country, where many children have been neglected by their parents and denied basic necessities such as food, medical care and shelter. According to the UCHL March 2020 report, 52.6% of all the violence cases reported were concerning child neglect, with girls being the most affected.²³ In addition, there has been a significant increase in the cases of physical abuse of children at home during the COVID-19 lockdown. In a recently concluded May 2020 child protection rapid survey comprising of 24 districts, 80% of the parents in Uganda were reported to have used violence, including spanking and slapping, to stop children from wandering away from home.²³

Increased sexual abuse

There has been a noticeable increase in the number of reported cases of child abuse since the lockdown in Uganda.²⁶ The UCHL March 2020 report revealed that sexual abuse was the third most reported form of child abuse contributing 20.1% of all the cases (98% of the victims being girls and 17% of the perpetrators being family members, including fathers, cousins and uncles).²³ In addition, Save the Children's recent report, indicated 60% of the respondents observed an increase in sexual violence against children since the lockdown started.²⁴ In June 2020, a few months after the lockdown, 59 and 58 cases of defilement (sexual abuse of a child) were reported in Mayuge and Jinja districts, respectively, located in Eastern Uganda.²⁷

Limited access to basic needs

The COVID-19 pandemic has limited children's access to basic needs such as food, health care, among others. Due to the

lockdown, a large proportion of parents lost their source of income, resulting in many families unable to regularly feed their households.^{24,27} In a recently concluded May 2020 child protection rapid survey that covered 24 districts, all the districts reported inability by most parents to provide their children with the basic needs citing the lack of gainful economic activities due to lockdown measures.²³ In such cash-strapped families, access to basic needs is hardly possible; further propelling children to indulge in risk behaviours for survival such as commercial sexual exploitation and, in some parts of the country, adolescent boys were reported resorting to food theft for survival.²⁴ Many girls are reported to have entered cross-generational relationships, to access basic supplies such as sanitary pads and soap, yet they have limited access to sexual and reproductive health services which have contributed to early pregnancies and sexually transmitted infections.^{23,27}

Increased child labour

Prior to the pandemic, children as young as 10 years are often sent to work or are married off as part of a family's survival strategy.¹⁹ As many parents lost income, unable to feed their families and their households being pushed into extreme poverty and hunger, children are thus increasingly forced into hazardous and exploitative work to support their families. According to the Save the Children's survey, 56% of respondents reported an increase in children working since lockdown began.²⁴ In many parts of the country, children have been seen selling food items, alcohol, firewood, working in gold mines and grazing animals, among others, since the lockdown started.^{18,24}

Delayed detection of abuse

Since a high number of child abuse cases are usually detected early and reported by educational personnel, the closure of schools increases the risks of late detection, increase in cases and under-reporting of child maltreatment cases.^{15,28} The closure of schools and places of worship, which act as safe havens for many children meant limited access to reach trusted adult figures who often can detect early signs of abuse and help families to cope with the added stress. Given the fact that the reporting channels and referral pathways are severely affected by the lockdown, the pandemic has worsened the living conditions of children, putting children at an increased risk of different forms of child abuse.¹⁸

Recommendations to Mitigate Harms to Ugandan Children During the Pandemic Lockdown

Adopting early detection measures with strengthened case management and referral

During the COVID-19 lockdown, common channels of reporting child abuse such as schools, friends, places of worship have been disrupted throughout the country. Hence, in addition to augmenting normative services (i.e. secure hotlines, opening outreach centres), strategic collaborations with the media houses/platforms is required to ensure increased awareness of UCHL services and case management referral pathways at the community

level.²⁵ Social media platforms whose utilisation in Uganda has increased, especially in urban areas, can be employed to facilitate immediate response.²⁹ District, parish, village and neighbourhood-level social media groups for stakeholders can also be initiated for more efficient communication. To ensure effective use of social media platforms, the government needs to stop the social media tax and also reduce taxes on telecommunication companies to ensure affordable internet rates.

Secondly, government frontline social workers who have the mandate to monitor cases of violence were classified as non-essential workers during the lockdown period in Uganda. Given the country-wide surge in child abuse cases during the pandemic lockdown, it is critical for these social workers to be reclassified as essential workers in order to provide early detection and management of cases. Once schools resume with proper standard operating procedures (SOPs), social workers can further strengthen the identification of child maltreatment cases by working with schools to ensure increased awareness of children and staff.

Thirdly, a multi-level stakeholder approach should be applied during this period by engaging different offices which are usually involved in the early detection of child abuse cases such as the District Probation and Social Welfare offices, police and health centres. Additionally, engaging local authority structures such as local council members in charge of children affairs may also strengthen the monitoring and reporting of cases. These interlinkages to the district task force teams and social workers may continue even after lockdown measures are relaxed in the country.

Child-friendly health services

In Uganda, health centres are usually the first, and often, the only point of contact for child survivors of violence and a frequented entry point into the system of care.²⁹ With the COVID-19 lockdown measures in the country, access to health services has been negatively affected due to the expensive transport means, curfew hours and reduced ability to afford private health services. Uganda initiated the Village Health Team (VHT) programme about two decades ago with the aim of reducing the gap created by the shortage of health workers and improving access to health services by bringing services closer to the community.³⁰ The VHT members undergo basic training after which they are signed households within their own communities, and they help provide a variety of health education and primary health services.³⁰ The capacity of existing VHTs can nonetheless be strengthened in numbers and provided with SOPs and proper personal protective equipment during the pandemic to ensure safe and effective treatment of the common childhood illnesses. Whenever feasible, paediatric units in public health facilities should also have psychologists/social workers to ensure free, timely identification and handling of child abuse cases. Given the normal public health facilities' structure in Uganda, where social workers/psychologists are not recruited in these facilities, this might have an impact on the limited available resources. However, collaboration with different child welfare organisations can minimise government's running costs and ensure these cadres are available in public health facilities. Through the engagement of stakeholders, child-friendly spaces can be set up in the communities with well-defined COVID-19 SOPs to provide

counselling and management of child abuse cases. The use of child-friendly information can enable children to be fully aware of child abuse and hence contribute to more effective children-centred mitigation measures.

Ensuring improved access to water, sanitation and hygiene services

Given that girls are at increased risk of physical and sexual violence when accessing unsafe water, sanitation and hygiene facilities such as water points,²³ these facilities can be made safe for children during the pandemic by ensuring that they are well lit, free of bushes and easily accessible by children with disabilities.²⁹ Children should be involved in the safety mapping discussion of these water points. These discussions should include menstrual hygiene management, possibility of subsidies of sanitary pad costs and financial incentives to manufacturers of reusable sanitary pads to ensure increased availability of affordable sanitary pads.

Financial/Social support for families at risk

During the initial lockdown that was sustained for several months and the subsequent lockdowns, many families sustained economic hardship. There is a need to provide financial support for such families in order to prevent child labour and reduce at-home child abuse. Financial support in the form of tax holidays for companies, government enhancement of savings schemes for unemployed workers, bank loan forbearance and increased welfare payments for highly vulnerable families should be examined as possible social harms mitigation strategies.²⁵ Parents should also be encouraged to join peer support groups for emotional support and stress release and also to generate ideas for improving their household livelihood.

Conclusion

This paper has provided insight into the current situation regarding child abuse in Uganda, where it has shown a significant increase in the cases of child abuse during the COVID-19 pandemic. In this regard, the study has noted an increase in child sexual and physical abuse, child labour, limited access to basic needs and lack of social support, especially since the national lockdown. In order to ensure the safety of children, the study highlights a need for the adoption of alternative child abuse detection measures, increased parental support and financial support for families at risk and improvement in case-detection/referral services. These measures underscore the necessity of multi-sectoral participation in reducing child abuse during the COVID-19 pandemic.

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