

Executive summary

This report presents a profile of street children interviewed in June 2006 in 12 Zambian towns by means of a structured questionnaire with a view to understand the problem better by gathering life style and life circumstances data. It should be emphasised that the data is not based on a census but on what can be defined as a sample of sufficient size (1584 respondents) to produce reliable data.

The study confirmed many findings of previous findings in respect of basic descriptive data on street children, but advances were also made in respect of a more detailed analysis. The following are some of the key findings of this study:

- o The age and gender profiles confirm findings of previous studies
- Approximately 25% of children seen on the street during the day sleep on the streets at night
- Very few street children are of foreign nationality
- The most significant drivers of the street child population appear to be a complex of poverty, parental mortality (especially the father), lack of access to education, and limited alternatives
- Children who do not sleep on the streets have been on the streets for less than 2 years on average, but children sleeping on the streets have been on the streets for between 3 and 10 years.
- Children spend the majority of time working and/or begging and there are some minor differences in this regard between street sleepers and non-street sleepers, as well as between males and females
- The majority of children earn less than K10 000 per day and use this money to buy mostly food and clothes.
- o Children on the streets are exposed to a wide range of risks and the majority have been victims of crime and/ort forced to commit acts against their will.
- Of the sample, 23% had been arrested by the police and claimed that they were verbally and physically assaulted by the police.
- Substance abuse was reported by a relative small proportion of the sample, but substance use is significantly higher amongst the street sleepers than amongst the non-street sleepers.
- o On average, less than half of the children knew of resources that were available to street children.
- o The use of these resources was intermittent and roughly a quarter stated that they never use the resources, with approximately 40% stating that they use some of the resources on a daily basis.
- o 47% of the sample stated that they had nowhere to go in case they needed help with a problem.
- o Just more than 50% of the sample stated that they don't know what HIV/Aids is and 38% did not know how to protect themselves against HIV/Aids.
- o 70% of the sample does not attend school and 67% described themselves as not being able to read a newspaper.
- There are in general significant differences between children who sleep on the street and those that do not, with the latter being more marginalised, exposed to more risks, and engaging in more risk behaviour.
- The profile of males and females are very similar but significant differences do exist:

- Of the sample only 15% are female and proportionally a lower percentage sleep on the streets compared to males
- o Females spend their money more wisely and less on drugs and alcohol
- o Females experience significantly higher levels of sexual harassment
- Females showed significantly lower school enrolment
- Based on a careful analysis of the data as well as relying on other sources of data, the street child population is estimated to be 13 500. It should be emphasised that there is a much larger population that are extremely vulnerable and who may end up on the streets.

PROFILE OF STREET CHILDREN IN ZAMBIA

Introduction

This report presents a profile of street children interviewed by means of a structured questionnaire with a view to understand the problem better by gathering life style and life circumstances data. It should be emphasised that the data is not based on a census but on what can be defined as a sample of sufficient size to produce reliable data. It was a deliberate decision in the design of this project not to attempt a census as this would be too costly, too time consuming and would in all likelihood still produce results that can be questioned.

The emphasis in developing this profile was placed on generating information that would be useful for policy development. The aim is thus to identify and described trends in respect of the total group but also significant sub-groups. The survey conducted generated an enormous amount of data and this profile deals with the data on a national level, although all the variables presented can be analysed in terms of geographical location, gender and a range of other sub-sets. This data in its raw form remains available and should be regarded as a resource by service delivery agents to understand their own localities better.

Overview

The survey upon which this profile is based was conducted between 16 June and 1 July 2006 throughout Zambia. A total of 75 fieldworkers were involved supported by 7 fieldwork supervisors. At the same time that the survey was conducted the fieldwork supervisors interviewed individuals stakeholders from NGOs and government departments in the respective towns. This data is dealt with in the main report.

Interviews were conducted with children by means of a structured questionnaire. The questionnaire contains 46 questions, of which most are closed ended questions and a limited number of open ended questions. A copy of the questionnaire is attached as Appendix 1. The questionnaire was developed by stakeholders in consultation with the research team and then tested in Lusaka. Following the testing, minor adjustments were made.

Based on population profiles the achievable quantum of interviews with street children were divided proportionally between the targeted town and it was the task of the fieldworkers to reach the set target. Children to be interviewed were identified based on availability and the observations of fieldworkers. Table 1 shows the towns involved in the survey, the targeted totals and the actual number interviewed by means of a structured questionnaire achieved.

Table 1 Target and actual questionnaires filled out

Town	Frequency	Percent	Target	Actual percentage of target
Unknown	13	0.82		
Lusaka	500	31.57	500	100.0
Kitwe	178	11.24	200	89.0
Ndola	136	8.59	200	68.0

Town	Frequency	Percent	Target	Actual percentage of target
Solwezi	85	5.37	100	85.0
Mufulira	84	5.30	100	84.0
Chipata	78	4.92	100	78.0
Kabwe	78	4.92	100	78.0
Mongu	76	4.80	100	76.0
Kapiri Mposhi	81	5.11	100	81.0
Livingstone	99	6.25	150	66.0
Kasama	80	5.05	100	80.0
Mansa	96	6.06	100	96.0
Total	1584	100.00	1850	85.6

For the purposes of this survey, it is concluded that the response rate was satisfactory as more than 85% of the target was yielded. As indicated in Table 1, a total of 1584 respondents were interviewed. The profile given below presents the data in its basic form without any further analysis.

Gender and age

Of the total of 1584 respondents, 1291 (81.5%) are male and 293 (18.5%) female. The age profile (in percentages) of the respondents is presented in Chart 1, indicating a not surprising concentration in the 15-18 year old category. The chart shows that nearly 80% of the respondents are aged 11-18 years.

An age profile was also drawn up of the children who reported that they sleep on the street (SSG) compared to those that reported that they do not sleep on the street (NSS). The difference is significant in that the group who sleep on the street are markedly older than the group who do not sleep on the street as shown in Chart 2. The trend

Chart 1

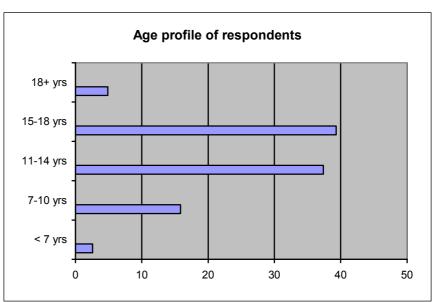
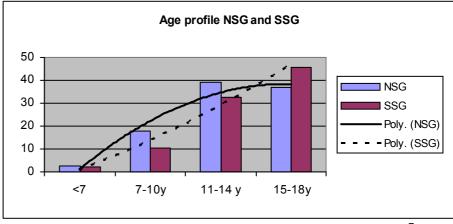


Chart 2



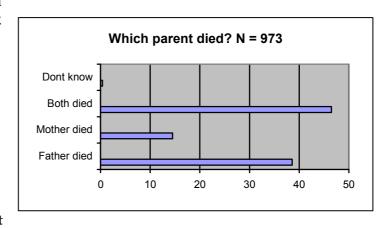
lines in Chart 2 illustrate this clearly.

Nationality and migration

Although there is no means of verifying the nationality of respondents, a very small percentage, 1.39% (or 22 in number), reported that they held a nationality other than Zambian. Of this group, 6 are from Zimbabwe, 6 from Rwanda, 3 from Angola, 3 from Malawi, 1 from Senegal and 1 from the DRC. Even if foreign nationality was significantly under-reported it has to be concluded that there does not appear to be a significant number of children holding foreign nationalities on the streets of Zambia. From this small group, it was reported that the majority travelled to Zambia with their families and only 3 came from refugee camps.

The respondents were also asked if they migrated recently (past 12 months) in Zambia, for example from one town to another. Just more than 20% responded that they did in fact move from one town to another. This indicates that the majority of children living or spending time on the streets are relatively stable in respect of geographical locality and are probably inclined to remain in a familiar environment

Chart 3



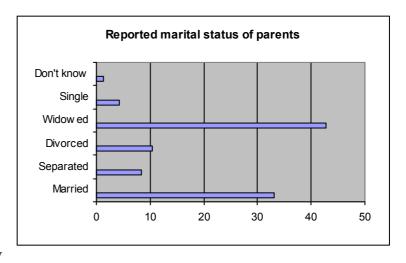
where they know where certain resources and threats are located. It can thus be concluded that street child populations are created in their areas of origin and that a limited proportion (approximately 20%) of children migrate between towns on a regular basis.

Marital status of parents

Respondents were asked to describe the marital status of their parents, if this was known. It

has to be accepted that when working with a transient and unstable group of children, such as street children, there may be some measure of inaccuracy in this regard as many have in fact lost contact with their families. It is also accepted that this is what the respondents perceived or last knew of the parent's marital status and actual fact may differ from it. Nonetheless it does provide sufficient information to make broad generalisations, especially how

Chart 4



the marital status of the parents may have impacted on the child's life.

As Chart 3 indicates, more than 40% of respondents indicated that at least one of their parents has died. In view of this, the respondents who have indicated that they have lost a parent were asked which parent or both. Chart 4 provides this profile. Of the group of 973 who indicated that they had lost at least one parent, 47% indicated that both parents have passed away, and a further 39% indicated that their father has passed away. Given the usual function as the male being the main income earner, it appears that the loss of a father can be a strong push factor in causing children to end up earning a living on the streets.

Table 2

The group of respondents which indicated that they had lost at least one parent were cross tabulated with their sleeping status (described further below), i.e. whether they sleep on

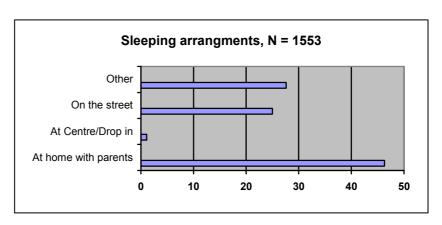
Mortality status	Not sleeping on the streets	Sleeping on streets
Both parents alive	44.1	24.7
Lost one or more	55.9	75.3
parent		
Total	100.0	100.0

the streets at night or somewhere else. Table 2 indicates that 75.3% of the children who sleep on the streets had lost one or both parents compared to the 55.9% of the group who are not sleeping on the streets. Similarly, 44.1% of the group who are not sleeping on the streets still had both parents alive, compared to the just below 25% of the group sleeping on the streets. There is therefore sufficient grounds to conclude that the death of both parents contribute in a significant manner to pushing children out onto the streets as support structures fail and these children are probably alienated from extended family structures.

Sleeping arrangements

The common wisdom with regard to street children is that for every 5 children one sees on the street during the day, only 1 will actually sleep on the streets. The data from the survey tend to conform to this common wisdom. Chart 5 shows the responses to the question: "Where do you sleep at night?". Just more than 46% of the children

Chart 5



interviewed, indicated that they sleep at their parents' home, with a further 27.6% sleeping at a place called "Other", which could be friends or other family members. Exactly 25% of the children interviewed indicated that they sleep on the street and just more than 1% reported that they are sleeping a centre. The data does however not show how consistently children do in fact sleep at these places, as it is quite possible that children may drift between these different options depending on a range of factors such as the financial situation at home, conflict in the household and weather patterns.

Table 3

Table 3 indicates significant variation between the different town in respect of the proportion of children sleeping on the streets and those that do not. Nearly 67% of respondents from Kitwe indicated that they sleep on the streets compared to the less than 3% in Chipata. Approximately 25% of children in Lusaka indicated that they sleep on the streets.

Town	Not sleeping on the street %	Sleeping on streets %	N
Lusaka	75.2	24.8	487
Kitwe	33.3	66.7	177
Ndola	82.1	17.9	134
Solwezi	75.6	24.4	82
Mufulira	86.9	13.1	84
Chipata	97.4	2.6	78
Kabwe	79.2	20.8	77
Mongu	88.2	11.8	76
Kapiri Mposhi	93.8	6.3	80
Livingstone	51.5	48.5	99
Kasama	91.0	9.0	78
Mansa	95.5	4.5	88

Overall it appears that proportionally more boys sleep on the streets than girls as indicated in Table 4. Just more than a quarter of the male respondents indicated that they sleep on the streets compared to the just be low 14% of female respondents.

Table 4

MaleFemaleSleeping on
street27.713.1Not sleeping
on street72.386.9

Reasons for going on the streets

The respondents were asked: "Why do you go on the streets?" and a number of options were presented in the

questionnaire, with the possibility of expanding on these. Unfortunately "no responses" were recorded in 425 (27%)

questionnaires on this

question and these were thus excluded from the analysis.¹ It is clear from Chart 6 that the overriding reason why children are on the streets is to earn money. If the category "To get money" is added to "Sent by parents" they collectively account for nearly 75% of the total. There is little doubt that the overall socio-economic

Chart 6



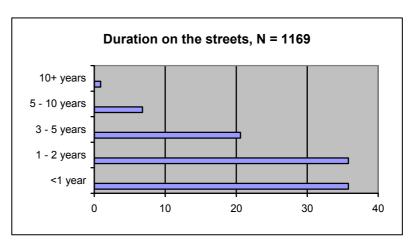
situation is exacerbated by individual vulnerabilities resulting in children having to earn money to supplement personal and household income. The use of monies earned on the streets is explored further below.

¹ At the time of writing reasons for this was still being investigated.

Duration of living on the streets

"No responses" were recorded in 415 cases (26.2%) of the sample and these are thus excluded. It should be noted that this description included both children who are not sleeping on the streets as well as those who sleep on the streets. Of the total group roughly 70% have been spending time on the streets for the past two years but there is also a smaller but yet significantly sized category that have been

Chart 7

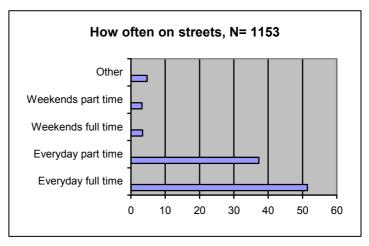


on the streets for 3 years and longer, and nearly 1% who have been on the streets for 10 years and longer. The fact that 70% of the children have been spending time on the streets for less than 2 years may make this particular category suitable for intervention.

Children also do not spend all their time on the streets and move between different activities. The children also do not spend every day on the streets as can be seen from Chart 8. There were "No responses" recorded in 431 (27.1%) of the questionnaires' and these are excluded from the description below.

Chart 8 shows that the overwhelming majority of respondents spend time everyday on the streets, part time or full time. There is a small proportion (less than 10%) that spend time on the street only over weekends.

Chart 8



Children who sleep on the street

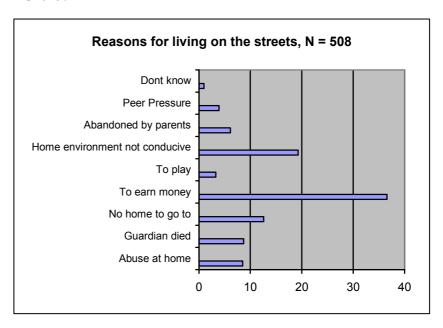
The following will report only on

children who sleep on the street as a distinct group within the larger group of respondents. Three questions were put to this group:

- Why do you live on the streets?
- o How long have you been on the streets?
- Where do you usually sleep at night?

The reasons for living on the street are diverse and are presented in Chart 9. Despite this diversity, personal home circumstances appear to be an important factor. If abuse at home, guardian died, home environment not conducive, and abandonment by parents are combined, this accounts for 42.5% of responses. These factors collectively within the context of poverty are very strong push factors and there is little evidence to suggest that

Chart 9



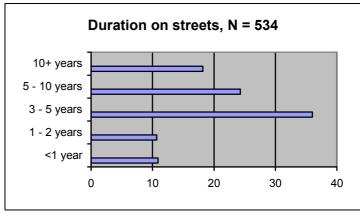
children are being pulled by the allure of the streets.

Amongst the group of children who indicated that they sleep on the streets, nearly 80% have been living on the streets for 3 years and longer (see Chart 10). There is thus also a relatively small proportion that have been sleeping on the streets for less than 3 years, indicating that a change-over to this life style does not occur at a rapid rate and that it is indeed a fairly select

group of children who continue to live on the streets. If this was not the case, there would have been a more even distribution amongst the different categories.

The actual sleeping arrangements of the children sleeping on the streets present an interesting profile of predominantly open urban spaces that are frequently associated with street children (see Chart 11). Nearly 30% of the children sleeping on the streets indicated that they sleep in

Chart 10

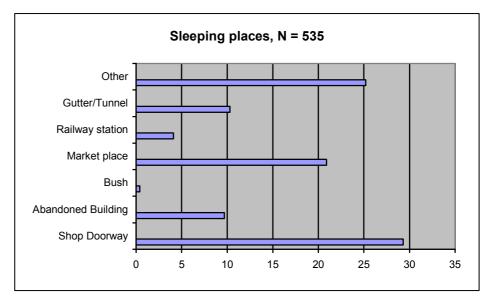


shop doorways, 21% that they sleep in the market place, and 25% that they sleep in spaces specific as "Other". There is reason to believe that children may also move between these different localities as a result of various safety factors and weather conditions.

Chart 11

Lifestyle of all children surveyed

Table 5 reflects respondents' responses in respect of how they spend their time during the week and over weekends, categorised in morning, afternoon, evening and at night. A wide range of responses were recorded. The three responses that received the highest frequencies for each of the categories of time are



shaded in the table. The responses are to some extent concentrated in three categories, namely *working*, *begging* and *hanging out on the streets*. A fourth category, *staying at home*, also received a significant number of responses. How the respondents defined work is subjective but it has to be assumed that they are busy with some form of income earning activity, which could include begging although this is also provided for separately. Either way, the data supports the conclusion that the respondents spend a very significant proportion of their time (40-50%) engaged in an income earning activity. *Hanging out on the street* can also overlap into income earning activities as this is often opportunistic and being on the street provides access to such opportunistic sources of income. *Working* and *begging* show slightly elevated levels during the week compared to weekends. *Hanging out on the streets* show slightly elevated levels over weekends compared to during the week. *Staying at home* shows in response slightly lower levels during the weekend in the evening compared to during the week. It is also significant that attending school received a very low response rate, even during week mornings.

Table 5

Tubic 5								
	Week morning	Week Afternoon	Week evening	Week night	W/end Morning	W/end Afternoon	W/end evening	W/end night
Go to School	15.9	7.5	0.6		0.4	0.5	0.3	0.0
Working	48.1	48.1	8.1	1.7	41.1	41.0	20.6	1.9
Begging	14.4	18.7	19.3	2.0	12.2	16.4	13.3	1.5
Selling drugs	0.1	0.1	0.2	0.0	0.1	0.1	0.1	
Hanging around on the street	8.7	15.6	22.9	4.6	9.2	19.7	20.7	4.6
Household Chores	6.6	1.6	3.1	0.3	6.6	3.4	3.4	0.6
Staying at home	2.8	4.6	33.6	17.3	5.3	10.5	28.7	17.7
Taking drugs	0.1	0.2	0.3	0.1	0.1	0.1	0.5	0.1
Studying	0.1	0.4	0.8	0.4	0.1	0.3	0.5	0.4
Watching TV	0.2	1.0	5.2	1.1	0.3	3.7	5.8	1.1
Leading the blind	0.4	0.2	0.3		0.1	0.1	0.1	0.1

	Week morning	Week Afternoon	Week evening	Week night	W/end Morning	W/end Afternoon	W/end evening	W/end night
Sleeping	0.7	0.5	2.9	70.3	1.1	0.3	2.7	70.1
Goes to Drop in centre	1.6	0.9	0.2	0.0	1.0	1.1	0.1	
Attend skills training	0.2	0.3					0.0	
Don't know	0.1	0.1			0.1		0.1	0.1
Visiting friends		0.1	0.8			0.4	1.1	0.1
Rob people		0.1	0.2	0.4			0.3	0.3
Go to church		0.1			22.3	2.1	0.2	0.1
Drinking beer		0.1	1.0	1.6	0.1	0.3	1.3	1.2
smoking			0.6	0.1			0.5	0.1
Total	100	100	100	100	100	100	100	100

Use of money earned

As indicated in Table 5, a very significant proportion of the respondents are involved in some form of income earning activity. The respondents were asked to explain what they do with the money they earn. Respondents could also indicate more than one option from the available list. Spending money on food and clothes ranked significantly higher than all the other uses of money at 81% and 61% respectively. Less than half (45%) of the respondents indicated that they give the money they have earned to a parent or guardian. This pattern essentially indicates that the children are taking care of

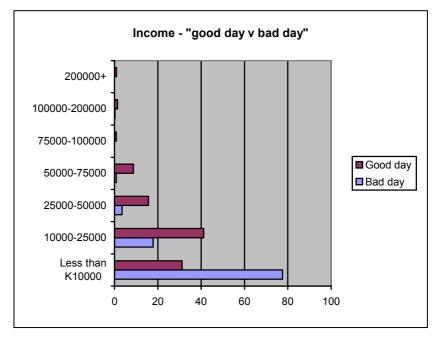
themselves to meet their basis needs themselves. A third of the respondents indicated that they spend their money on entertainment. Just below a quarter of the respondents state that they spend their money on drugs and 12% stated that they buy alcohol with it. Saving money was reported by 15% of respondents.

The respondents were asked how much money they earn on a "good day" compared

Table 6

Use of money	Frequency	% of total
Food	1290	81.4
Clothes	967	61.0
То	726	45.8
parent/guardian		
Entertainment	526	33.2
To Friend	373	23.5
Drugs	342	21.6
Save	234	14.8
Alcohol	190	12.0
Cigarettes	164	10.4
Education	140	8.8
To sibling	131	8.3

Chart 12



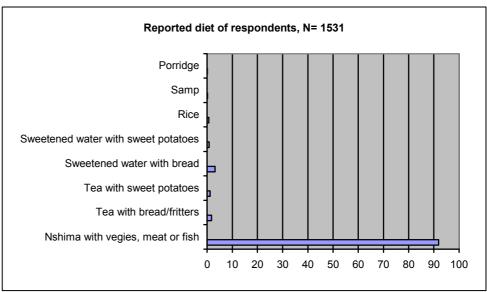
to a "bad day" and the profile of responses is presented in Chart 12. Income earned from the streets are meagre and the overwhelming majority (75%) of children reported that on a "bad day" they earned less than \$2.57 (K10 000). On a so-called "good day" income levels increased somewhat but 70% of respondents reported that they then earn less than \$6.44 (K25 000) per day. There is a small number of respondents indicating that they earn significant amounts per day, more than \$25.75 (K50 000). Despite these extreme cases, the overall impression is that earning a living on the streets is not easy and that there are, with a few exceptions, not a lot of money to be earned. However seen in the overall context of extreme poverty prevailing in Zambia, earning \$2.57 per day can make a significant difference to household income when the minimum wage is set at \$0.80 per day.

Diet of children

Chart 13 shows the reported diet of the respondents, indicating that more than 90% live on *nshima* with vegetables, chicken or fish. Unfortunately this data was not disaggregated in the

capturing process and a closer approximation of vegetable, chicken or fish separately in the diet is thus not possible. The balance of respondents reported an extremely meagre diet of items such as sweetened water and bread or tea with sweet potatoes.





Safety and conditions on the streets

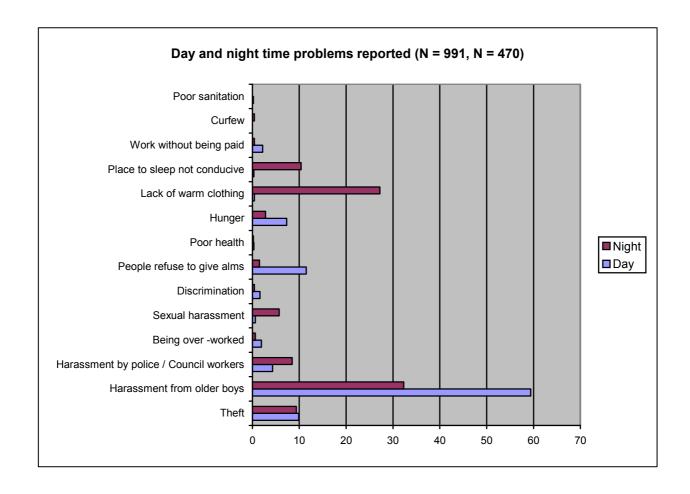
Living or spending time on the streets can involve a number of risks factors and children were asked what problems they experience during the day and at night respectively. They were also asked how they deal with these problems and how they stay safe on the streets. This section deals with these issues.

Chart 14 presents the data on the problems experienced by the respondents during day time and night time respectively. Only responses that described problems experienced were included in order to understand these experiences better. During both day time and night time harassment from older boys was reported with the highest frequency, although there is a very substantial difference between the day time and night time frequencies. Lack of warm clothing (and presumably bedding) was reported with the second highest frequency as a night-time problem.² Other categories that received significant responses were harassment by

² Note that the survey was conducted during the middle of winter and if done in summer, it may have produced different results in this regard.

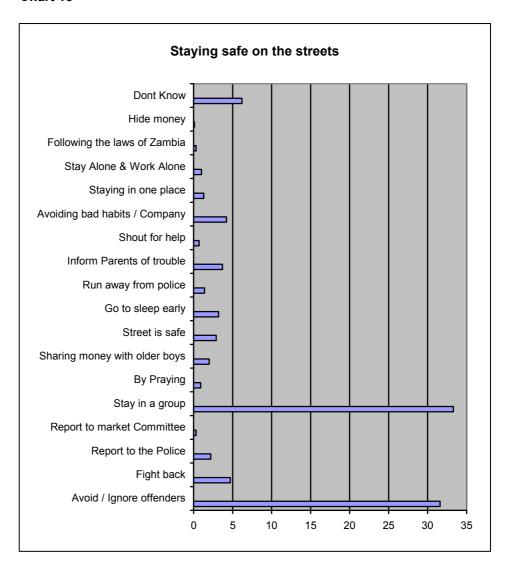
police or council workers, theft and sleeping place not conducive. Personal safety and adequate sleeping arrangements appear to be the dominant themes in this regard.

Chart 14



The respondents employ a number of measures to stay safe on the streets ranging from passive and preventative measures to more overt and aggressive means. The responses are presented in Chart 15. Two responses stand out – the first is avoidance of danger situations and in particular known offenders (this could presumably be older boys or adults), and the second is underpinned by the principle of safety in numbers. A group of children can be an effective defence against a limited and smaller number of adults. It is noticeable that a very small number of respondents resort to engaging with formal structures (i.e. police or market committee) to assist them in this regard. No mention is also made of organisations aimed at assisting children living on the streets.

Chart 15



With a few exceptions, male and female respondents reported very similar problems that they experience respectively during the day and the night as indicated in Tables 7 and 8 below. The most significant difference between the two profiles is that the female respondents reported a significantly bigger problem with sexual harassment at night than the male respondents did.

Table 7

Problems by day	Male	Female	% male	% female
Harassment from older boys	510	79	60.9	51.6
People refuse to give alms	90	24	10.7	15.7
Theft	82	16	9.8	10.5
Hunger	65	7	7.8	4.6
Harassment by police/council	32	11	3.8	7.2
Work without being paid	21	1	2.5	0.7
Being over -worked	15	4	1.8	2.6
Discrimination	13	3	1.6	2.0
Poor health	3	0	0.4	0.0
Lack of warm clothing	2	2	0.2	1.3
Place to sleep not conducive	2	1	0.2	0.7
Poor sanitation	2	0	0.2	0.0

Sexual harassment	1	5	0.1	3.3
Total	838	153		

Table 8

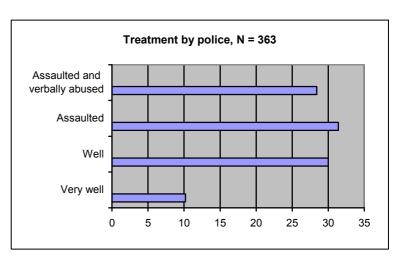
Problems by night	Male	Female	% Male	% Female
Harassment from older boys	130	22	40.9	34.9
Hunger	65	7	20.4	11.1
Theft	39	5	12.3	7.9
Harassment by police/council	36	4	11.3	6.3
Work without being paid	21	1	6.6	1.6
Sexual harassment	10	17	3.1	27.0
Being over -worked	3	0	0.9	0.0
People refuse to give alms	3	4	0.9	6.3
Poor health	3	0	0.9	0.0
Discrimination	2	0	0.6	0.0
Lack of warm clothing	2	2	0.6	3.2
Place to sleep not conducive	2	1	0.6	1.6
Poor sanitation	2	0	0.6	0.0
Total	318	63	-	

Contact with the criminal justice system

The respondents were asked if

they had ever been arrested and 1527 responded to the question. Of this group 22.9% responded in the affirmative. Whilst there is no baseline to measure this against, intuitively one can state that this is relatively high. Roughly it indicates that 1 out of every 5 children on the streets have been arrested by the police. Seen against the background that approximately 70% of the respondents have been spending time on the streets for the last two

Chart 16



years, this supports the notion that children spending time on the streets are disproportionately exposed to policing.

As with regard to treatment by the police, roughly 40% of the group who had been arrested reported that they were treated well or very well by the police. The balance of 60% indicated that they were assaulted and/or verbally abused by the police.

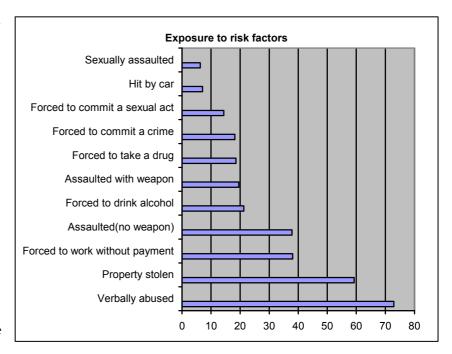
Risks of street life

In order to gain a description of specific risk exposure, the respondents were asked if they were exposed to a range of risk factors. These factors are:

- o property stolen (e.g. clothes, shoes, money);
- o forced to commit a sexual act;
- assaulted (without use of a weapon);
- o assaulted with use of a weapon (knife, bottle, shot at, etc);
- sexually assaulted;
- forced to commit a crime;
- forced to work without payment;
- forced to take a drug;
- forced to drink alcohol;
- o verbally abused;
- o hit by car, and
- o other (with the option to describe)

Chart 17 shows an astounding picture of the risks children are exposed to when spending





time or living on the streets. Being a victim of verbal abuse and property theft is extremely common and 73% of children reported being a victim of verbal abuse and 59% of property theft. Of the total, 60% reported being a victim of an assault (with and without a weapon involved). Being forced to do something that is illegal was also reported as a common experience and 72% of the total collective reported that they had been forced to commit a sexual act, take a drug, take alcohol or commit a crime. Just below 40% of the group reported that they had been forced to work without payment.

It is somewhat surprising that male and female respondents reported very similar profiles in respect of risk exposure as indicated in Table 9.

Table 9

Risks	Male	Female	% Male	% Female
Verbally abused	952	203	22.8	25.5
Property stolen	780	158	18.7	19.8
Forced to work without payment	523	80	12.5	10.1
Assaulted(no weapon)	522	78	12.5	9.8
Forced to drink alcohol	296	41	7.1	5.2
Assaulted with use of a weapon	281	30	6.7	3.8
Forced to take a drug	260	34	6.2	4.3
Forced to commit a crime	257	31	6.2	3.9
Forced to commit a sexual act	150	78	3.6	9.8
Hit by car	99	14	2.4	1.8
Sexually assaulted	51	49	1.2	6.2
Total	4171	796		

If there was any doubt as to how dangerous street life for children is, this data dispels that entirely. The tragedy is that despite these experiences, the children remain on the streets, indicating the desperateness of the situation and the lack of realistic alternatives. There is thus a need to develop a more victim support informed approach in dealing with these children.

Substance use and abuse

Children were asked about their substance use habits and it has to be accepted that there will be a measure of under-reporting, especially where it concerns illegal drugs. The overall pattern is that substance is lower than what is normally associated with street children.³ On average 78% of the respondents reported that they never use any of the listed substances. Just below 15% use any of the listed substances on a daily basis, 4% on a weekly basis and 2.5% on a monthly basis. *Sniffing glue* and *Other solvents* received the highest frequencies for daily use followed by cigarettes. The use of alcohol appears to be more prevalent when assessed on weekly and monthly use compared to the other substances.

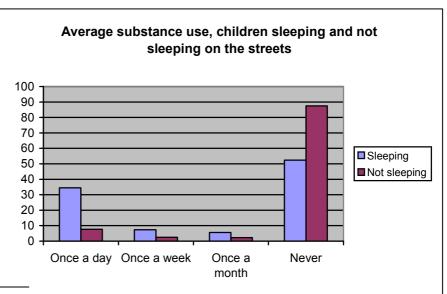
The substance use patterns, as described here, appear to tie up with the use of money earned reported on earlier (see Table 6) where it was noted that just below 22% of respondents indicated that they spend money on drugs, and that food and clothing consume the bulk of money earned. This should be assume to mean that they are able to secure sufficient clothing and food.

Table 10

Tubic 10					
Substance activity	Once a day	Once a week	Once a month	Never	N =
Smoke cigarettes	16.5	3.0	2.8	77.7	1415
Smoke dagga	9.0	3.9	3.2	83.9	1394
Sniff glue	16.9	2.2	1.9	79.0	1436
Sniff other solvents	17.0	1.3	1.5	80.2	1411
Drink alcohol	12.4	8.5	5.8	73.3	1423
Use other drugs	17.1	4.5	0.0	78.4	1584
Average	14.8	3.9	2.5	78.7	

Chart 18

The substance use profiles of children sleeping in the streets were compared with those that do not sleep on the streets and the data shows, unsurprisingly, that the substance use amongst children sleeping on the streets is significantly higher compared to those that do not sleep on the streets. This is



³ Telephonic interview with Sara Fisher of SMART, Cape Town, 24/8/2006.

shown in Chart 18. Of the sample, 34% of the children sleeping on the streets reported that they use one of the listed substances daily, compared to 8% of the group who do not sleep on the streets. Similarly, nearly 90% of the group not sleeping on the streets stated that they never use any of the substances listed, compared to 52% of the group sleeping on the streets. The higher use of substances should be regarded as a life style symptom and coping mechanism used by children at a higher level when they have to sleep on the streets. Services to street children therefore need to be mindful of the prevalence of substance use disorders in this target group.

Resources for street children

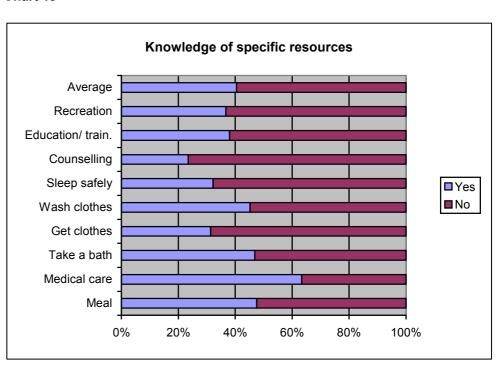
The respondents were asked if they were aware of certain resources available to street children. Of the 1524 children who responded to the question, 39% were aware of such services and 61% were not.

Pursuing this further, the respondents were asked if they knew where to access the following the resources: meal (food), medical care, take a bath/shower, get clothes, wash clothes, sleep safely, receive counselling, receive education or skills training recreation, and other (to specify).⁴

Regardless of whether a particular resources were available, only 40% the respondents on average knew where they could access the listed resources, indicating either a lack of knowledge of these resources or the lack of the resources themselves, or both. Either way, it has to be concluded that (with one exception i.e. medical services) the majority of children do not know where they can access the most basic services aimed at

street children.

Chart 19



Knowledge of resources was broken down based on the responses of the children who sleep on the street (SSG) and those that do not sleep on the streets (NSG). The proportions from each group who indicated that they are aware of the specific resources, are presented in Chart 20. It is noticeable that the SSG is in general more knowledgeable about resources for street children than the NSG. With a few exception, less than 40% of both groups indicated that they knew where to access the specified resources, and only in two instances did more than

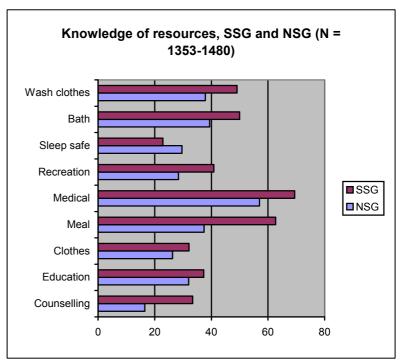
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⁴ No other services were specified by the respondents.

Chart 20

60% of a group indicated that they knew where they can use a particular resources, namely the SSG for meals and medical care. This finding indicates that the SSG are in general only slightly better informed than the NSG about resources available to street children.

All the respondents who indicated that they were aware of where to access these resources were further asked as to how frequently they make use of these services: never, seldom (once per month), often (once per week), everyday or almost everyday, or only when there is no other choice. Understandably certain resources may be required on a daily basis, such as food, whereas other



may be weekly, such as a place to wash clothes, and others may in fact be *ad hoc*, such as medical services. However, Table 11 indicates that just more than a third of the respondents, on average, would never use any of the listed resources despite them knowing where it is. This warrants further research in order to establish the exact reasons for this.⁵

Table 11

Resource	Never	Monthly	Weekly	Daily	No choice
Meal*	22.2	11.2	11.1	46.1	9.4
Take bath*	24.2	7.8	24.7	40.1	3.1
Sleep safely*	43.7	5.3	3.1	42.5	5.3
Education	50.9	14.7	7.0	24.9	2.5
Recreation	37.3	10.5	28.2	21.2	2.7
Wash clothes	26.0	13.7	43.3	14.0	3.1
Medical care	18.6	37.7	8.1	6.6	29.0
Counseling	52.4	15.9	16.3	7.4	8.0
Clothes	40.6	32.3	5.8	4.5	16.8
Average	34.4	14.6	17.7	25.4	7.9

Chart 21 selected three resources, namely food, a place to take a bath, and safe sleeping space and plotted the use of these resources as reported by the respondents. As indicated by the trend line, the respondents are roughly split in two groups, those that would never make use of these services, and those that make use of them on a daily basis. It can be argued that once children start using a service, they will continue to use it frequently. The converse may be

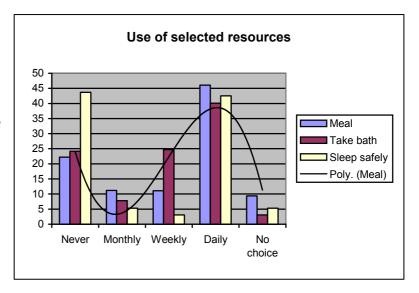
⁵ The 1996 situational analysis also found evidence of this and a more directed research study is required in this regard.

equally true, in that there are certain conditions attached to the use of the resource that are unacceptable to a large group of the respondents.

The children were also asked if they were satisfied with the services they received. Approximately one third did not respond to the question. The remainder was split halfhalf as to whether they were satisfied or not with the service they received.

As the above indicates, there are a number of resources known to the respondents that they choose not to use, or use selectively and infrequently. In view of this, the respondents were asked where they go if

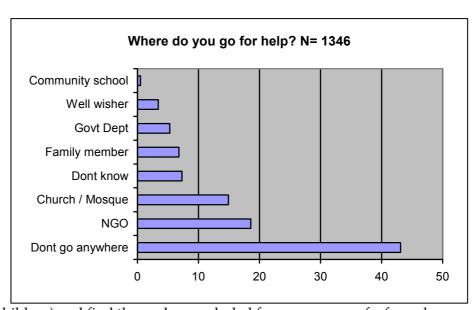
Chart 21



they need help with a problem. The profile of responses to this question is presented in Chart 22.

Of the total, 43% indicated that they had no place to go for help. This pattern is consistent with the data presented above in respect of known resources to the children (see Chart 19), confirming that a very large proportion of children spending time or living on the streets are entirely reliant upon themselves

Chart 22



(and possibly other children) and find themselves excluded from resources of a formal or informal nature. Religious structures and non-governmental organisations appear to be the only ones identified by the respondents in significant numbers (15% plus of responses) as a resource to turn to when in need of help.

Health

In the context of street children and marginalised children health issues are of particular concern as these have an exacerbating effect on prevalent socio-economic problems. The prevalence of HIV/Aids in Zambia further adds particular significance to this issue.

Respondents were asked about their personal state of health, where they access health care and treatment and also their knowledge and understanding of HIV/Aids.

The respondents were asked what particular health problems they experience and the profile of responses is presented in Table 12 ranked from highest to lowest frequency response.

Table 12

Health problem description	Frequency	Percent
No health problem	380	25.1
Fever	346	22.9
Headaches	231	15.3
Coughing / Throat problem	160	10.6
Stomach pains	151	10.0
Chest pains	43	2.8
Skin infections	38	2.5
Sexually transmitted infections	36	2.4
Diarrhea	17	1.1
Bilharzia	14	0.9
Colds and flu	14	0.9
Leg problem	14	0.9
Eye problem	11	0.7
Epilepsy	10	0.7
Heart problem	9	0.6
Backache	8	0.5
Blackouts	8	0.5
Nose bleeds	6	0.4
Ear infection	6	0.4
Toothache	5	0.3
Sickle cell	3	0.2
Neck problem	2	0.1
Anemia	1	0.1
Don't know	1	0.1
Total	1514	100.0

Table 12 shows that only 25% of the respondents indicated that they were not experiencing any health problems. Accepting that the diagnostic skills of the respondents are probably very limited, this figure still needs to be treated with the necessary seriousness and should be used as a basis for further investigation into this issue. There is good reason to believe that due to the children's life style, diet and general exposure to harsher conditions, that their health status will be compromised and it may be worse than what the respondents perceive it to be.

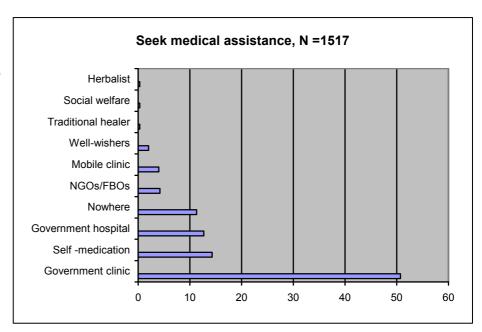
Chart 23 indicates that when the respondents are sick, the majority access government health care services, either through the hospitals or the clinics. Nearly 15% reported that they rely on self-medication, and 11 % reported that they had nowhere to go when they feel sick. Services provided by NGOs and FBOs were used by a small proportion of respondents.

In order to assess the respondents' knowledge of HIV/Aids, the were asked: "Can you tell me what is HIV/Aids?". The responses indicate (see Chart 24) that all those who responded saw it

Chart 23

as a health threat or illness but chose to emphasise particular aspects. A questionnaire such as the one used, may not yield the most accurate results in this regard and the findings are therefore treated with caution. Nonetheless, it is significant that just more than 50% of the sample indicated that they did not know what HIV/Aids is.

The responses also indicated some knowledge of possible causes of the disease such as sharing sharp instruments (for example shaving blades



and ear piercing instruments) and having sex with a person of the opposite sex. It is not necessary to debate here the validity of these views and the emphasis should rather be placed on the more than 50% of the sample who did not know what the disease is.

In respect of the two genders, profiles are presented below in Table 13 for this question. It is cause for concern that a higher proportion of females did not know what HIV/Aids is compared to the proportion of males- 52% and 55% respectively.

Chart 24

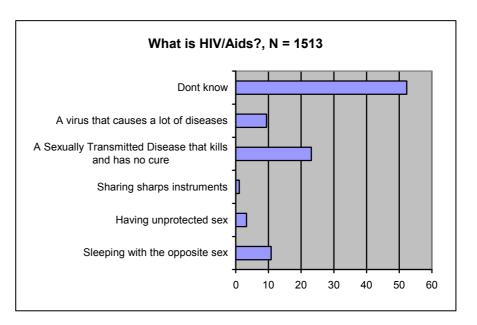


Table 13

Response	Males	Females	% M	% F
Don't know	637	155	51.7	55.4
It is a sexually transmitted disease that	282	67	22.9	23.9
kills and has no cure				
Sleeping with the opposite sex	142	21	11.5	7.5
A virus that causes a lot of diseases	118	24	9.6	8.6
Having unprotected sex	42	8	3.4	2.9
Sharing sharp instruments	12	5	1.0	1.8
Total	1233	280		

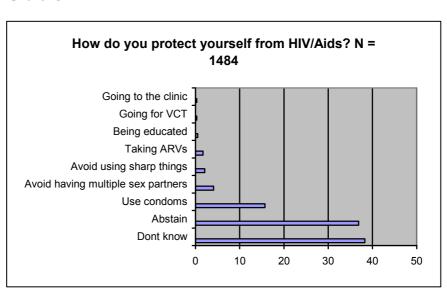
Responses on knowledge of HIV/Aids when broken down per age category indicate (see Table 14) that older children are more knowledgeable than younger children on the issue of HIV/Aids. Of the older group (15-18 years) 44% indicated that they do not know what HIV/Aids is, compared to the 72% of the 7-10 year category and 55% of the 11-14 year category.

Table 14

Response	7-10 Years	11-14 Years	15-18 Years
Don't know	71.8	55.3	43.7
It is a sexually transmitted disease that kills and has no cure	11.6	18.9	29.2
A virus that causes a lot of diseases	4.1	9.1	11.5
Sleeping with the opposite sex	10.0	12.1	10.7
Having unprotected sex	1.2	3.4	4.0
Sharing sharp instruments	1.2	1.2	0.8

In order to pursue this theme, all the respondents were asked: How do you protect yourself against HIV/Aids? The profile of responses is presented in Chart 25, showing that 38% of respondents reported that they do not know how to protect themselves against HIV/Aids. A slightly lower proportion stated that to abstain from sex is effective

Chart 25

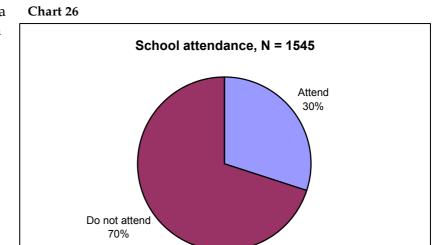


protection, and about 15% indicated that using condoms when having sex is protection. The remainder of responses are of very small proportions but indicates that there is a fair amount of misconception in respect of effective protection against HIV/Aids.

Education of respondents

Respondents were asked a number of questions with regard to their education; more specifically school attendance, grade completed and their reading ability.

Chart 25 shows that 70% of the respondents do not attend school. This is regarded as a very important indicator of their vulnerability and future life chances. It also



excludes them from possible resilience building activities that may improve their life quality.

The respondents, who indicated that they are not attending school, were asked to give the

Chart 27

reasons for this and the profile of the responses are presented in Chart 27.

Nearly 75% of the respondents indicated that they left school due to "Lack of educational support". This presumably means that their parents/guardian lacked the financial means to support their continued schooling

and/or that the home

financial situation was

of such a nature that

there was no income

and thus forcing the

basic requirements outside of the home.

child to meet his or her

Reasons for leaving School, N = 1057 School closed Health problems To guide blind parents The school was far Sexual abuse Lack of food at home Failed exams Peer pressure Dont know Because of a transfer Chased from a center Conflicts at school I have never been to school Parental negligence Not interested in going back to school Lack of educational support

10

20

30

40

50

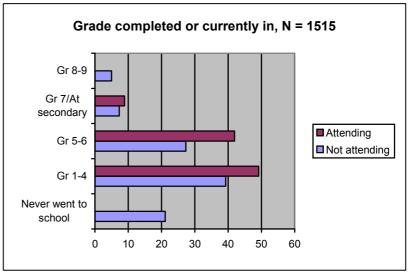
70

60

Educational qualification in respect of those that have left school and current school grade in for those respondents who are still attending school, are reported in Chart 28.

Just more than 20% of the group that is not attending school at the time of the survey, never went to school.⁶ A further 38% completed a grade between Grades 1 and 4, and 28% between Grades and 5 and 6. Of the group who are still attending school, nearly half were at the time of the survey in Grades 1 to 4, and another 41% in Grades 5 and 6. In both groups, small proportions have made it into secondary schooling, 12% and 9% respectively. This figure is substantially below the

Chart 28



national rate for secondary school enrolment, which is estimated to be at 30%.7

The respondents were asked as to their reading skills and 67% indicated that they cannot read. This is significant as it should inform assumptions about literacy when working with this particular target group. As this is based on self-reporting, this figure may in fact be higher. This is also well below the adult literacy rate of 76%.8

Assistance to street children

Chart 29

The respondents were asked how children who live on the streets can be assisted. The profile of responses is presented in Chart 29. It is obvious that the respondents regard returning to school as an important means of assisting street children. It perhaps represents more than just access to education and reflects a desire to be part of the larger group and do what

How can street children be helped? N = 1523 Provide recreational facilities Leave them to stay on the street Creation of employment for parents Need spiritual support Give them jobs Taken back home / repatriated Skills training Provide homes with foster parents Give them money for business Dont Know Take them to centers Support their families with basic needs Take them back to school 15 20 25 30 35 40

⁷ Unicef – Zambia, Statistics http://www.unicef.org/infobycountry/zambia statistics.html#15
Accessed 26/9/2006.

⁶ This category represents 14.9% of the total sample. According to Unicef the primary school enrollemnt rate is 85% and the information from the sample conform to this figure. (Unicef – Zambia, Statistics http://www.unicef.org/infobycountry/zambia statistics.html#15 Accessed 26/9/2006.

⁸ Unicef – Zambia, Statistics http://www.unicef.org/infobycountry/zambia statistics.html#15
Accessed 26/9/2006.

children are "supposed to do". The respondents also regarded their parent's or guardians' financial situation as an important means to improve the situation of street children, indicating that they understand the link between their own situation and that of the family.

The future aspirations of the children were also enquired into and the responses are reflected in Table 15.

Table 15

Transport officer Teacher Doctor Businessman / woman Don't know Nurse Goldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	246 200 167 132 109 87 61 59 47 45	16.7 13.6 11.4 9.0 7.4 5.9 4.1 4.0 3.2 3.1
Doctor Businessman / woman Don't know Nurse Boldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	167 132 109 87 61 59 47 45	11.4 9.0 7.4 5.9 4.1 4.0
Businessman / woman Don't know Nurse Boldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	132 109 87 61 59 47 45	9.0 7.4 5.9 4.1 4.0 3.2
Don't know Nurse Soldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	109 87 61 59 47 45	7.4 5.9 4.1 4.0 3.2
Nurse Soldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	87 61 59 47 45	5.9 4.1 4.0 3.2
Foldier Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	61 59 47 45	4.1 4.0 3.2
Policeman / woman Pilot / Air Hostess Craftsman / woman Religious profession	59 47 45	4.0 3.2
Pilot / Air Hostess Craftsman / woman Religious profession	47 45	3.2
Craftsman / woman Religious profession	45	
Religious profession		3.1
~ -	40	
~ -	10	2.7
Mechanic / Electrician	37	2.5
Accountant	30	2.0
Engineer	21	1.4
Member of Parliament / Minister	19	1.3
Lawyer	18	1.2
Farmer	16	1.1
Sportsman / woman	15	1.0
Manager	12	0.8
Social worker / Government Employee	12	0.8
/ Researcher		
Banker	10	0.7
Sales person	10	0.7
Miner	9	0.6
Housewife / Husband	9	0.6
Security guard	8	0.5
ournalist	8	0.5
President	8	0.5
Musician	7	0.5
Scientist / Pharmacist / Medical officers	7	0.5
Secretary	6	0.4
Fisherman	5	0.3
Maid / Gardener	4	0.3
Clerk	3	0.2
Cook	1	0.1
T Specialist / Computer expert	1	0.1
Horticulturalist	1	0.1
TOTAL	1470	100.0

It has to be commented on that despite the respondents educational and literacy levels, their aspirations remained by and large very ambitious.

Comparing children who sleep on the streets with children who do not sleep on the street

Approximately 25% of the sample interviewed reported that they sleep on the street. The question therefore arises if there are any significant difference between the profiles of these two groups, and furthermore whether they require different services. The following is a summary of the two profiles, indicating salient characteristics.

- 90% of the street sleeping group(SSG) are males compared to 80% of the nonstreet sleeping group(NSS)
- o The SSG is slightly older than the NSS, as shown in Chart 2
- o A very small percentage of the SSG have married parents
- Nearly 75% of the SSG has lost at least one parent compared to 55% of the NSS (see Table 2)
- 61% of the SSG has lost both parents compared to 40% of the NSS. 46% of the NSS had lost their father compared to 23% of the SSG. 14% and 15% respectively of their NSS and SSG have lost their mother
- o 68% of the NSS have been on the streets for less than 2 years
- 61% of the of SSG have been on the streets for between 3 and 10 years; between 3-5 years (34%) and 5 to 10 years (27%)
- o Both groups share a similar profile in respect of how they spend their time. Working and begging occupy most of their time but there are some minor differences. NSS tend to work more in the afternoon during the week compared to SSG. There is a significant proportion (19%) of the NSG that still attend school. During the weekend the profiles are very similar.
- o Differences in income are inconclusive with an indication that SSG earn slightly more.
- o The NSS are better off in terms of number of meals consumed per day with 24% stating that they eat only one meal per day compared to 32% of the SSG eating one meal per day. Of the NSS, 42% eat two meals per day compared to 39% of the SSG. 27% of the NSG eat three meals per day compared to 22% of the SSG.
- No obvious differences were reported in respect of diet.
- SSG experience more problems on the street during the day and reported that harassment by older boys is the major problem. At night the SSG also experience more problems; relating to harassment and lack of warm clothing.
- How the children stay safe produced a similar profile although the SSG reported "staying in a group" with a higher frequency.
- Significantly more SSG reported that they have been arrested by the police than the NSS (41% compared to 15%)
- SSG also reported that they were treated worse by the police than the NSG, with 70% stating that they had been verbally and physically abused compared to 50% of the NSG
- o On all the risk indicators, the SSG reported higher exposure than the NSG
- On all substance abuse indicators the SSG reported higher use than the NSG

- The SSG are more aware of available resources for street children, with the exception of a place to sleep safely, where the NSG probably indicated their home as such a place (see Chart 20)
- o In respect of the use of services the following emerged form the data when comparing the two groups:
 - SSG made more use of counselling service
 - NSG made more use of educational services
 - o On accessing clothing the NSG reported higher usage
 - o Both groups made high use of available meals but the NSG reported a higher use of this resource
 - Medical resources were used slightly more by SSG
 - o Recreational services were used seldom by both groups
 - o 70% of the SSG reported that the never use the resource "a safe place to sleep"
 - A place to take a bath was reportedly used more by the NSG as well as a place to wash your clothes.
- o Both groups were equally satisfied with the services received at a centre, with half stating that they were satisfied with the service.
- o In terms of seeking assistance, a large proportion in both groups indicated that they had nowhere to go, 45% in the NSS and 36% in the SSG. The SSG indicated that they rely more on NGOs for assistance than the NSS (35% compared to 13%). A church or mosque was cited by 15% of respondents in both groups.
- o The health problems reported did not indicate any significant differences.
- o Both groups reported that they use primarily government health services if needed. The SSG indicated slightly higher use of NGOs and a mobile clinic.
- The knowledge of HIV/Aids of both groups is similar with roughly 50% not knowing what it is.
- o Illiteracy amongst the SSG is higher than in the NSG; 76% compared to 61%.

Comparing males and females

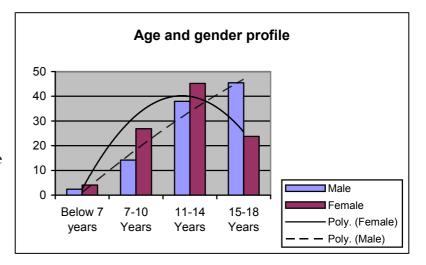
Age:

In order to assist in policy and service development, a comparative profile is presented here

of the two genders. It should be noted that in many aspects the two categories present very similar profiles, but this is also significant. There is however a number of differences and these will be highlighted.

In respect of age the two genders differ in a significant manner, as males tend to be concentred in the 15-18 year category, whereas females are concentrated in the younger categories, as shown in Chart 30. The reason for this is not evident.

Chart 30



Parents:

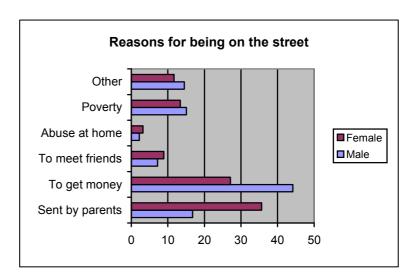
There are no significant differences between the two genders in respect of the marital status of their parents. The death of at least one parent was reported by 45% of females compared to 37% of males. In the case of both parents having died, males reported this with higher frequency than females; 48.1% compared to 38.4%. However, females reported with higher frequency that their father has died, 44.5% compared to 37.5% of those respondents who had lost one parent.

Being on the streets:

As noted in Table 4, 27.7% of males and 13.1% of females reported that they sleep on the streets. The differences in reasons why they are on the streets are presented in Chart 31. More females reported that they were sent to the streets, presumable to get money, than males.

The duration which the respondents have spent on the streets are similar for both genders and conforms to the national profile.

Chart 31



However, fewer females are full time on the streets and they tend to be more part-time on the streets compared to males; see Table 16. This pattern ties in with other observations in that there is a higher percentage of females still attending school and that there are fewer females who sleep on the streets. There is also evidence to suggest that they have retained stronger family contact than the males did.

Street sleeping:

Comparing the two genders in respect of where they sleep at night, for the group that reported that they sleep on the streets, there are some differences, although these are not overwhelming.

Table 16

Time on streets	Male	Female
Everyday full time	54.9	38.6
Everyday part time	34.5	47.6
Weekends full time	2.5	6.5
Weekends part time	3.3	2.8
Other	4.7	4.5

Females reported that they sleep in abandoned buildings and places recorded as "Other" with higher frequency, compared to males which reported that they sleep in shop doorways, market places and places recorded as "Other".

The duration that the two genders have been sleeping on the streets, is very similar with 60% of males and 52% of females reporting that they had been living on the streets for between 3 and 10 years.

Table 17

The reasons for the street sleeping group being on the streets are presented in Table 17. For both genders the necessity to earn money is equal. Other push factors seem to differ slightly with females reporting abuse at home more than males, as well as that there is no home to go to. An unsuitable home environment was reported with higher frequency by male respondents.

Reason	Male	Female
Abuse at home	7.8	13.1
Guardian died	9.2	4.9
No home to go to	11.6	19.7
To earn money	36.5	37.7
To play	3.6	1.6
Home environment not conducive	20.1	13.1
Abandoned by parents	6.0	6.6
Peer Pressure	4.0	3.3
Don't know	1.1	

How is time spent?

The data extracted to compile this comparison profile is complex and trends are not easy to discern as the numbers are often low. The following are trends that can be described with relative confidence on how the respondents reported they spend their time when comparing males with females:

- on weekday mornings, more females (27%) are attending school than males (13%)
- o more males (51%) are working on weekday mornings than females (31%)
- on week-day afternoons nearly equal proportions are engaged in the two most frequently cited activities, working and begging (58% and 60%)
- o males continue their economic activity with higher frequency after hours compared to females and 28% of males and 19.5% of females reported that they work on weekday evenings
- on weekday evenings 30% of females and 25% of males reported that they stay at home
- on weekend mornings, 43% of males and 34% of females reported that they work and this is the same for the weekend afternoons.
- o 21% of males and 28% of females reported that they attend church on weekend mornings
- o a larger proportion of females (35%) reported that they stay at home during weekend evenings compared to males (27%).

How money is spent:

Based on the reported data it appears that females tend to manage their income slightly better than males do. Males reported that they spend slightly more than females on cigarettes, alcohol and drugs compared to females who spend more money on contributing to household income, food, education and savings.

In terms of actual earnings the differences are slight, but it does appear as if females earn slightly more on a "bad day" compared to males who appear to earn more on a "good day".

Nutrition:

Females tend to have more frequent meals than males do with 82% reporting that they have 2-3 meals per day compare to 68% of males. There are no differences in respect of the reported diet.

Safety and risks:

The profiles in respect of how they stay safe on the streets, are similar for the two genders and conform to the national profile.

The more detailed risk profile was presented in Table 9 above and not repeated here.

Of the sample, 25.2% of males and 13% of females reported that they had been arrested by the police in the past. Of the respondents who had been arrested 61% of females and 58% of males reported that they were verbally and physically abused at the hands of the police.

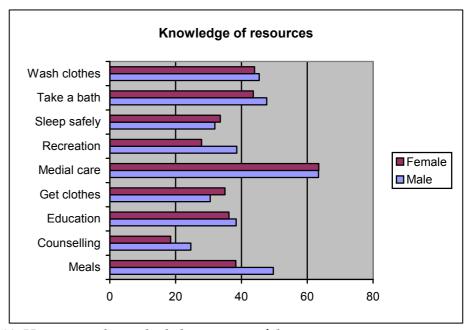
Substance abuse amongst males is more prevalent than females. Comparing once a day usage for the listed substances,

between 9.4% and 19.2% of **Chart 32**

males reported than they use these substances everyday. On the other hand, 1.4% to 7.8% of females reported that they use the listed substances at least once a day.

Knowledge of resources:

Overall males appear to be more knowledgeable about resources available to street children than females; 42% of males and only 28% of females knew of a centre available to street children. In respect of particular resources, the comparative



profile is presented in Chart 32. However, when asked about usage of these resources, females reported a higher frequency in using these resources than males.

What is perhaps more alarming is that 43% of males and 47% of females reported that they had nowhere to turn in case the needed assistance.

Health:

Both genders reported that they primarily use government medical services, although females tend to favour clinics (as opposed to hospitals) compared to males; 62% compared to 48%.

Both genders were nearly equally ignorant about how to protect themselves against HIV/Aids and 37.1% of males and 40.6% of female reported that they don't know how to protect themselves.

Education:

Substantially more females are attending school than males; 45.5% of females and 26.5% of males.

Those who have dropped out of school were asked for the reasons and the profiles in this regard are nearly identical and conform to the national profile.

A significantly higher proportion of females never attended school (30.5%) compared to males at 19.5%. Equal proportions (39%) of males and females completed a grade between Grades 1-4, but 29% of males and only 16.8% of females completed a grade between Grades 5-7. This marginalisation from education is further supported by the slightly higher illiteracy rate of females compared to males; 63% compared to 68%.

Those who are still attending school also share a very similar profile in respect of current grade, with 50% in Grades 1-4 and 40% in Grades 5-7.

Future plans:

Both genders indicated a preference for the helping professions with 25% of females wanting to become a nurse and further 25% wanting to be teacher. Males on the other hand showed a preference for being a transport officer (20%), doctor (11%) and teacher (11%).

The size of the street children population

This survey purposefully targeted a specific sample size nationally over a limited time period and, as was explained earlier, not aimed to conduct a census. To calculate the size of the street child population based on these figures would thus start on a wrong premise. However based on the data, it is possible to make some comments with regard to population size estimates.

The first issue is: who are counted as street children? A child may be physically on the street today and only in a week's time again. They may in fact have a structured pattern of attending school for three days of the week and working (or begging for the remainder of the week).9 Similarly, at Kapiri Mposhi it was observed that female children come out on the streets between the hours of 1900 and 2300 for purposes of prostitution and hang out at the truck stops. There is also consistent evidence of a relative small group of children who live, work and sleep on the streets, and they perhaps conform to a conventional definition of street children. The profile presented in the preceding clearly indicated that there is a larger number of children, estimated at a 1:4 ratio to children who sleep on the streets, of children who oscillate between a "home" and the streets and that some do this on a regular basis whilst other do this irregularly. Their appearance on the streets may also be with a specific purpose in mind, such as prostitution cited above, or when particular work opportunities are available, as was observed in Livingstone when fish is off loaded at the market. That all these children are vulnerable is without doubt, but to regard them all as "street children" may just over simplify a situation in a manner that may not assist in reaching a more nuanced understanding.

During this project it was observed that there is indeed great variety in what children are doing on the streets, how often they are there, the reasons for their presence, and so forth. Based on this it is argued that categorical statements attempting to pin down a national figure for the street child population of Zambia is not sensitive to the realities of the situation.

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⁹ An observation in this regard was made during the fieldwork at Kasama by the fieldwork supervisor. Some children who live far from Kasama commute in this manner between their villages and Kasama.

Secondly, extrapolating from demographics is a convenient and expeditious manner to produce a figure that can easily be used by aid agencies and government alike. The 1996 situation analysis of street children used this method. 10 The authors warned readers to treat the formula being used with caution as it has not been validated but the result of an estimated 75 718 street children in Zambia nonetheless entered the discourse as the only estimate. Central to the formula used was the argument that 10% of vulnerable urban children are street children. There is no scientific basis for the factor of 10% but as it was used in a 1991 study¹¹ on street children, it was used again in the 1996 study.

If one is to use the same formula with data from 2004, the answer would be that there are 289 000 street children in Zambia. 12 There was no evidence found in this study to support a figure of this magnitude and it therefore has to be concluded that the formula cannot provide an accurate estimate of the street child population.

Thirdly, there is evidence to indicate further that the street child population in Zambia is significantly below the 1996 estimate of 75 000. During the fieldwork for this study supervisors were asked to make observation as to the overall number of street children in particular towns. As this study was a sample of an unknown universe, it was important to get some idea of what the extent of the universe is based on fieldwork observations. The reports that came back indicated that, as was expected, that there were children who were observed during the fieldwork but who were not engaged and thus not counted. However these were not large numbers and were predominantly found in the three larger urban areas of Lusaka, Livingstone and Ndola.¹³ In other towns, this was not reported as a significant problem.

In 2001 a combined government and NGO group conducted an extensive survey of street children in Lusaka. 14 Conducted over a two-month period in April and May of that year, the survey collected data on 1 232 children. This study was thorough in identifying potential respondents and firstly divided the city into different zones that were targeted systematically. At ground level the assistance of children, gang leaders and shop owners were solicited to identify children. There is thus good reason to believe that this total is a closer approximation of the total number of street children in the city.

During the interviews for this study with stakeholders, stakeholders who render services to children were asked to state the number of children they are currently reaching and also estimate the number of children they are <u>not</u> reaching. Most of the estimates ranged between 20 and 150, and in some instances related to specific interventions such as school support. Higher estimates ranging from 800 to 1850 were made by stakeholders from the three major urban areas. Whilst this is not a scientific method, it does give a quantitative estimate based on the local knowledge of service providers. None of the stakeholders indicated that there are thousands of children that they are not reaching or that the problem is so overwhelming that they cannot venture an estimate.

 $^{^{10}}$ Lungwangwa G and Macwan'gi M (1996) Street children in Zambia- a situation analysis, Unicef, Lusaka, p. 6.

¹¹ Tacon P and Lungwangwa G (1991) *Street children in Zambia*, Institute for African Studies, University of Zambia, Lusaka.

¹² The number of 6-18 year olds is estimated at 4 140 000 by Unicef.

http://www.unicef.org/infobycountry/zambia_statistics.html#19

13 It was particularly in these areas that fieldworkers met with resistance from potential participants as the children wanted payment (cash or food) for participation.

¹⁴ Lemba M (2002) Rapid assessment of street children in Lusaka, MCDSS with Unicef and PCI, Lusaka.

In the preceding it has been demonstrated that the formula used in the 1991 and 1996 studies does not provide an accurate estimate of the street child population. The reasons for this are twofold; firstly that there is no scientific base for the factor of 10% to produce the final estimate of street children, and secondly, current data from a number of sources does not support the 1996 estimate.

When trying to estimate the size of the street child population it is perhaps easier to conceptualise this group as consisting of layers or concentric circles, increasing in numerical size from the centre outwards. At the centre there is a relative small group of children who sleep on the streets fulltime and who have been doing this for 3-10 years. They work or beg full time, is characterised by high levels of substance abuse, have no or very limited education, engage in other risk behaviour and has in all likelihood been the victim of multiple offences. This category is perhaps the archetype street child as they are often very visible and the focus of interventions with street children.

The next layer in the model consists of a larger group of children who do not sleep on the streets but are on the street full time. They engage in working and begging, have dropped out of school but has retained some connection with home or extended family members. Indications are that they are slightly less prone to engaging in risk behaviour and substance abuse. They effectively commute between the "home" and the commercial areas on a daily basis.

The third layer consists of children who do not sleep on the streets but are not on the streets full time either. They are on the streets engaging in work or begging on a part-time basis, which could be either everyday part time, weekends full time, or part of the week. This category would also include those children who come out onto the streets for specific purposes, such as prostitution or specific jobs. They tend to be younger, may still be attending school, are not engaging in the level of risk behaviour that the centre group is.

The fourth layer are those children that can be regarded as extremely vulnerable and whilst not (yet) engaging in the activities that street children are associated with, this is the segment of the population who feeds the preceding layers. Typical characteristics of this segment are orphan status (but in particular that the father has died); limited, none or unreceptive extended family; irregular or no school attendance; no to very low irregular household income and young age (under 14 years), and the children under 14 years of age may be working. It should be stated that this range of risk factors are not unique to street children but place children at risk of a wide range of problems such as delinquent behaviour, substance abuse, prostitution and criminal engagement. It should therefore not be assumed that all children in this category will only end up on the streets but that there is a very real likelihood that they may.

The fifth and largest segment in this model consists of children who can be regarded as moderately vulnerable. Typically their household is under economic pressure, the parent(s) have limited life expectancy, continued education (primary school) is uncertain, the household receives limited to no support from the extended family, to name a few. This segment is on the brink of becoming extremely vulnerable but timely interventions can make a difference.

Using this model it would be possible to come to a closer approximation of the street child population.

Layer 1: Based on what was recorded by study in 2001 in Lusaka [that of the 1232 interviewed, 25.3 % (or 307) stated that they sleep on the streets], the estimates of stakeholders, the current study and the field observations, it is estimated that there are in the region of 1600-2200 children who sleep on the streets in Zambia. If it is assumed that the 2001 study, despite its rigorous methods, still under-counted by one third and population growth as well as the influence of migratory patterns (contributing 20% to the natural population growth rate of 2.23% and thus using a combined rate of 2.46%) are incorporated, the Lusaka street child population for this particular category is estimated to be in the region of 500 to 550. This figure can be used as a guideline to estimate the relative size of street child populations in other towns.

Layers 2 and 3: Whilst these two layers are distinct in the model, they are combined for the purposes of this calculation. The evidence from the assessment of street children in Lusaka¹⁵ and the current one indicates that approximately 25% of children, who are seen on the streets, actually sleep on the streets. Using this figure, it can be argued, allowing for deliberate overestimating, that the size of the Layers 2 and 3 populations combined are 4 to 5 times larger than the Layer 1 population. This results in a total of between 6400 and 11 000. The following table explains this further and also provides for additional ration of 1:6 and 1:7.

Table 18

Size of street sleeping	Ratio 1:4	Ratio 1:5	Ratio 1:6	Ratio 1:7
population				
1600	6400	8000	9600	11200
2200	8800	11000	13200	15400

Layers 4 and 5: No attempt will be here to determine the size of these populations but this can be done through demographic studies and household surveys, but local knowledge of families and households will also inform estimates of this population size. As these are not street children yet, their relevance pertain to preventative services, the nature of which will in large parts overlap with other society strengthening initiatives.

Overall estimate: Based on these calculations and combining the Layers 1, 2 and 3 populations, the street child population in Zambia is estimated to be in the region of 8 000 to 13 200. It should also be noted that this population may not and probably is not equally distributed across the country and local conditions may influence the size of a local population greatly. There is a chance, although no evidence was found to suggest this that the ratio of 1:4 and 1:5 may be too low, in which case estimates can be higher as indicated in Table 18.

Projecting the street child population

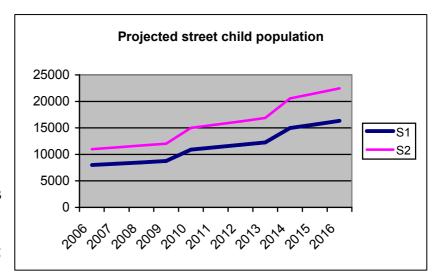
In the absence of historical data it is very risky to make projections and the following should be regarded as such. As it is unknown how the street child population varied in size over the

¹⁵ Lemba M (2002) Rapid assessment of street children in Lusaka, MCDSS with Unicef and PCI, Lusaka.

last 10 or 20 years, it is not possible to assess the impact of societal influences on this segment of the population. Reliance is therefore placed in mathematic calculations that should be treated with caution.

Two scenarios were developed and are presented in Chart 33. Scenario 1 uses the lower estimate of the street sleeping population as a point of departure and Scenario 2 uses the higher estimate of the street sleeping population. Using these bases an increase in the street sleeping population is estimated to occur at 3% for 3 years, then 4% for 3 years and then 4.5% for 3 years. The ratio of children sleeping on the street compare to

Chart 33



those not sleeping on the streets, also changes and increase from 1:4 to 1:6 at 3-year intervals. The result is a projected street child population of between 16 300 and 22 400 by 2016.

There is of course every reason to believe that the street child population does not have to increase and that it can in fact stabilise or decrease. The above projection was done merely to illustrate how an increase may look in quantitative terms, as it does appear to be the more likely scenario for the future.

End