

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

**STUDY TO DETERMINE KNOWLEDGE ATTITUDE
AND PRACTICES OF THE COMMUNITY
TOWARDS STREET CHILDREN**

BY

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The research study is submitted to the department of Post Basic Nursing, School of Medicine, University of Zambia in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing (BScN).

February 2002
LUSAKA

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ACKNOWLEDGEMENTS

TO MINISTRY OF HEALTH

I am grateful for the scholarship, which enabled me to pursue the Bachelor of Science in Nursing.

TO RESPONDENTS

For their willingness to participate, without whose co-operation this study would not have been a success.

TO MY SUPERVISOR: MS. NDULO J.

For the valuable advice and guidance through out my research project.

TO MY COLLEAGUE CHILOPA .P

For her tireless support and guidance. I will always remember her.

TO MY SISTER

For looking after my daughter during my period of study.

TO NAKANYIKA DORIS

For professionally typing this manuscript.

DECLARATION

I hereby declare that the work presented in this study for the Degree of Bachelor of Science in nursing has not been presented either wholly or in part for any other degree and is not being currently submitted for any other degree.

Signed by:

[Signature]

Candidate

Signed by:

[Signature]

Supervising Lecturer

13/03/02

BASIC NURSING

SCHOOL OF MEDICINE

STATEMENT

I hereby certify that this study is entirely the out come of my own independent investigations. The various sources to which I am greatly indebted are gratefully and clearly acknowledged in the text and in the references.

Signed: 
Candidate

Date: 12/03/02

DEDICATION

I dedicate this study to my child Nduwa for her inspirational understanding, patience and support.

To my mother for instilling in me an early love and understanding of mankind.

To my sisters for looking after my daughter while trying to persue my busy schedule.

ABSTRACT

AIM OF THIS STUDY

To investigate the knowledge, attitudes, and practices of the people in the community towards the street children.

SUBJECTS AND METHODS

Fifty persons from one residential area in Lusaka Urban were interviewed using a semi-structured interview schedule. The data was analysed quantitatively.

RESULTS

All the people had knowledge on who the street children were, the common ages of these children, the causes, the dangers these children are exposed to and the various types of activities they were involved in whilst on the street.

They were all able to state the needs of these children. The majority were also willing to render assistance to the children in the form of material support and food but were not willing to adopt. In the area of prevention of children taking to the streets they recommended the provision of social services, parental teaching, the empowerment of parents in fund raising skills.

CONCLUSION/RECOMMENDATIONS

People have positive attitudes and are willing to render help to street children. As such there is a need for the government to involve more community members in the projects for the street children.

There is an urgent need for the government to improve the country's economy so that people can be enabled to earn a living wage to enable them to adequately meet the needs of their children.

LIST OF ABBREVIATION

CSO	–	Central Statistic Office
STDs	–	Sexual Transmitted Diseases
NGOs	–	Non-governmental Organisations
UN	–	United Nations

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

It has been estimated that there are about 80 million children world-wide living or working in the streets, and 10 million of these are in developed countries (Martin & Ebrahim, 1993). In Africa there are about 16 million street children (Ochola ,1996), where as in Zambia there are about 75,000 (Lungwangwa, & Mucuang'i. 1996). In Lusaka the Capital City of Zambia, there are about 7,750 street children (Tacon,1991).

A street child is any child who has not reached adulthood for whom the street has become his/her habitual abode and/or a source of livelihood. There are two types of street children, children of the street and children on the street. Children of the street are those who the street is their main living place, the family ties exist but are remote and their former homes are visited infrequently. Children on the street are those who come to the street to work in order to supplement their families' income and return to their families at night (Lalor,1999).

Some of the factors contributing to children going into the streets are extreme poverty, abuse at homes, family disharmony as well as search for adventure. While on the street, children participate in various activities such as carrying parcels, cleaning and guarding cars to earn some money. At times they indulge in sexual activities in exchange for money (Sampa et al., 1999).

Such children are also exposed to other health problems such as malnutrition, child abuse, gastro-enteritis, sexually transmitted diseases, chest infections, road traffic accidents and injuries (Scanlon. et al., 1998).

The results from a few studies done on street children (Tacon ,1991;Sampa ,1996; Sampa, et al 1999; Lungwangwa & Mucuang'i,1996) have aroused a lot of interest from the Government, NGOs and other agencies. It has raised national awareness about the plight of street children. A number of organizations have since expressed interest to address the problem.

Some of the follow up actions as a result of the findings from these studies include the conduct of National Workshops on the factors contributing to street children and the possible remedies, formulation of local committees to look into programmes on the welfare of street children, and the establishment of drop in centers for rehabilitation of street children in some cities. The electronic and print media have also taken an interest in drawing the attention of the public to the problems of street children by publishing articles on street children.

However, the government appear not to have done much to address the plight of street children. The incidence of these children seem to be on the increase in the streets of Lusaka as observed by the researcher. Owing to the way people treat these children while on the streets, motivated the researcher to conduct a study to

determine the knowledge, attitudes and practices of the people in the community towards street children.

1.2 STATEMENT OF THE PROBLEM AND JUSTIFICATION OF THE STUDY

The problem of street children in urban areas in Zambia is real. There are several factors that are believed to have contributed to this problem, for instance, high poverty levels in the country which has escalated in the past 10 – 15 years. About 70% of the Zambian population live below poverty datum line (Central Statistical Office, 1996).

The number of street children is increasing. In 1991 there were about 35,000 street children in Zambia and about 7,750 of these are in Lusaka (Tacon,1991). In the year 2000 there were a total number of 75,000 street children in Zambia. This number is made up of 52,000 children aged between 6 – 14 years and 23,000 children aged between 15 – 18 years. Seventy one percent(71%) of this total, are males and 29.3% are females (Lungwangwa & Mucuang'i, 1996).

This increase in the number of street children is a growing concern more especially among health workers in Zambia because of its adverse consequences on the children, the family and the nation as a whole. These children would not be able to attain any form of education and as a result of this could end up involving themselves in a variety of anti-social activities as well as being abused by the elders in the community. The main aim of the study is to determine the community's knowledge, attitudes and practices towards the street children.

1.3 OBJECTIVES

1.3.1 GENERAL OBJECTIVE

1. To determine the knowledge, attitude and practices of the community towards street children.

1.3.2 SPECIFIC OBJECTIVES

1. To describe knowledge of the community on street children.
2. To determine the causes of street children.
3. To identify the problems faced by street children.
4. To identify the role of the community in the care of street children.
5. To identify the activities initiated by the community to help the children
To make recommendations to relevant sectors.

1.4 HYPOTHESIS

Individuals who belong to a Christian denomination will be more willing to render assistance to the children on the streets than the non Christians.

1.5 **OPERATIONAL DEFINITIONS**

1. **Attitude** - A way of thinking or feeling about something or Somebody.
2. **Knowledge** - What a person knows or an understanding that one has.
3. **Practice** - The actual doing of some thing or a repeated, habitual act
4. **Community** - A group of people living in a locality with similar Characteristic
5. **Street** - A road with houses or other town buildings on one or both sides.
6. **Street child** A street child is any child whom the street has become his/her habitual abode.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 GLOBAL PERSPECTIVES

World-wide, millions of children live in the streets (Scalon etal, 1998). These children have no access to health care, education and other social amenities. At times they are subjected to violence. At times punitive measures have been used to remove them from the street. Children leave home due to poverty, parents' alcoholism, violence and neglect (Lalor, 1996). In Philippines, there is an estimated 300,000 street children in the major cities (anonymous, 1996). Many of these children experience sexual abuse, prostitution, substance abuse, street violence and contact crime syndicates.

Eighty to ninety percent of street children in Latin America have some contact with their families (Susana & Ebrahim, 1993). The average age of children entering the streets in Latin America is 9 years, girls comprise of 10-15% of the street children (Ochola, 1996). The phenomenon of street children represent a massive social failure and the violation of United Nations Convention on the rights of the child.

2.2 REGIONAL PERSPECTIVES

In Africa, the average age of street children is 13 – 14 years (Le Roux, 1993) indicating that the age group was much younger than that found in developed countries where the average age of street children is 18 – 21 years. In South Africa

there is an estimate of nearly 9000 black street children and there are no whites .The majority (81.1%) of street children are males, 33% of street children return home at the end of the day and 33% stay on the street (Richter, 1991). These children who are on the streets have homes though they spend most of their nights on the street and are without family support.

2.3 NATIONAL PERSPECTIVES

A few studies conducted on street children in Zambia have identified socio-economic factors, unemployment, big families and the high inflation rate as the major factors contributing to the increased number of street children (Sampa, 1996;Tacon, 1991; Lungwangwa & Mucuang'i, 1996). The recommendations from these studies were: to strengthen support programs for street children with special attention to girls; to link children to available care programs that provide counselling services, food, shelter, health care, education, general support, income generation and skill training.

In Zambia, cultural factors are thought to affect the knowledge and attitudes of the community members towards street children. The coming of western civilization, families are now doing away with the extended families which long before used to adopt orphaned children when their parents died (Shimwangala, 1999; Times of Zambia, 1999; Nzima, 1993). Out of 4.1 million children under the age of 18 years, 64% have deceased fathers, 22% have deceased mothers while 14% are double orphans implying that both mother and father are dead (Mulenga, 1993). These

children, because of the need to survive, turn to the street to find a means of livelihood.

Age of parents in the community has been identified as another factor that predisposes many children to go to the streets. Young parents are not yet mature and not well socialized on how to care for the children while elderly parents are too old and mostly without employment, so they have no resources or energy to support the children (Bond, 1994). These children because of lack of care and support may seek refuge onto the streets as an alternative.

The number of persons living in a household among other factors may drive the children away from home. In situations where there are too many people in a home, some breadwinners fail to provide basic needs of life (Sampa 1999). Therefore children found in such a situation become frustrated, leave home, abandon the family and end up on the street.

The level of education of the people in the community may affect the quality of care given to their children. Educated people in the community may be able to earn an income and provide adequate basic needs of life to their children.

The problem of street children is global and is on the increase. Street children are found both in developing and developed countries. The factors contributing to street children are many and varied and the consequences of children being on the street are very serious. The nation ought to regard this problem as a priority.

CHAPTER THREE

3.0 METHODOLOGY

3.1 RESEARCH DESIGN

A descriptive study design was used. A descriptive study is one that is used to answer a question, satisfy curiosity, solve problems or establish an association. It involves systematic collection and presentation of data to give a clear picture of a particular phenomena (Treece & Treece, 1986).

The design was chosen because it enabled the researcher to explore the knowledge, practices and attitudes the residents had on street children.

3.2 RESEARCH SETTING

The study was conducted in Mtendere compound, an un planned settlement which is located in the eastern part of Lusaka City and is about 10km from the city centre. Mtendere compound shares borders with Helen Kaunda, Kabulonga, Ibex Hill and Chainama. It is served by one urban health clinic. There is one police station located at the bus stop which is between the clinic and the market. Mtendere compound has 3 primary schools i.e. Chitukuko, Mahatma Ghandi and Mtendere school. There are many churches, one main market and a lot of bars and grocery stores. Mtendere compound is divided into sections from A to D and a clinic is situated at the centre of these sections.

Mtendere compound has a population of 80,940 people (Clinic records, 2000). The residents belong to different tribes and speak different languages though the commonly spoken languages are Bemba and Nyanja. Most people in Mtendere are of low education. Their main economic activities include street vending and other small scale income generating activities such as working as domestic workers, labourers, watch men in surrounding low residential areas.

3.3 STUDY POPULATION

The study population consisted of persons above 15 years of age living in Mtendere compound. Simple random sampling was used to select the participants from the residents of Mtendere compound. Simple random sampling is the selection of units in the sample by some sort of chance. The method ensured that all units in the population had an equal chance of being included in the sample. (Treece & Treece, 1986).

A lottery technique was used to draw a sample of 50 persons. This was done by getting a list of house numbers from the chairman of Mtendere compound. The number of each house was then written on a piece of paper and put in a container and shaken. One number was picked at a time until a required number of 50 was reached. The researcher then went round to interview one individual from each household whose number was picked. If in a household two or more people were eligible, they were each allocated a number and the number was written on a separate piece of paper, folded and put in a container. The container was shaken

and one paper was then picked. The person whose number was picked was then interviewed. A total of 50 individuals were selected and all agreed to participate in the study.

3.4 DATA COLLECTION TECHNIQUE AND TOOLS

A semi-structured interview schedule with closed and open-ended questions was used to collect data. The interview schedule covered questions on socio-demographic characteristics (age, sex, religion etc), knowledge on street children, the causes, the problems they face, activities they are involved in, types of support groups that exist and their activities to help street children. The interviews were conducted in the respondents' homes. The interviews were conducted in Nyanja and Bemba because these are the commonly spoken languages in Lusaka. This method of data collection was chosen because it was found to be the best since most of the people in Mtendere were illiterate and also it allowed for clarification, probes and ensured high response rate.

Pilot interviews were conducted prior to the main study to test the instrument. Where necessary, the rephrasing and editing of questions was done before the main study started. A pilot study was done in Garden compound with a sample size of 5. The area chosen for a pilot study was not the same area where the main study was conducted.

3.5 DATA ANALYSIS

All answers from the open ended questions and closed ended questions were reviewed. Response categories were constructed from the open ended questions. They were then grouped into common groups. Together with the responses from the closed ended questions, the responses were then entered into the data master sheet. The data was analyse manually using a calculator and the results presented in tables.

3.5 ETHICAL CLEARANCE

Permission was also obtained from the Chairman of Mtendere compound. A verbal consent was obtained from each participant recruited after giving them an explanation of the study prior to participation. Confidentiality and anonymity was assured by interviewing respondents in privacy in their own homes and by not revealing the information given and by numbering the questionnaires instead of using respondents names.

CHAPTER FOUR

4.0 RESULTS

4.1 BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

All the fifty (50) people who were asked to participate in the study agreed and were interviewed. Thirty-three (66%) were men and 17 (34%) were women. The majority, thirty-four (68%) were married. The respondents belonged to different religious denominations with the majority 47 (94%) being Christians. The age range was 20–60 years and the average age was 18 years. Thirty-one (62%) had attained secondary level of education, 12 (24%) primary level and 6 (12%) college level. Only one was a university graduate (Table I).

TABLE I: BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

CHARACTERISTICS	NUMBER	PERCENTAGE
<u>Sex:</u>		
Male	33	66%
Female	17	34%
<u>Age Range in Years:</u>		
20 – 30	21	42%
31 – 40	17	34%
41 – 50	11	22%
51 & above	1	2%
<u>Marital Status:</u>		
Married	34	68%
Single	11	22%
Divorced	2	4%
Widowed	3	6%
<u>Level of Education:</u>		
Primary	12	24%
Secondary	31	62%
College	6	12%
University	1	2%
Never been to school	-	-
<u>Religion:</u>		94%
Christian	47	2%
Moslem	1	-
Bhuddist	-	4%
Non Believer	2	

4.1.1 NUMBER OF CHILDREN AND THEIR STATUS IN SCHOOL

There were a total of one hundred and ninety-two (192) children from the 50 respondents interviewed. Fifty-three (27.6%) of the children were dependants and 139 (72.4%) were their own siblings. One hundred and sixty-two (84%) out of the total number of 192 children were from the respondents who were married. Out of these (162) children, 40 were dependants and 122 were their own siblings (Table 2).

TABLE 2: MARITAL STATUS OF THE RESPONDENTS AND THE NUMBER OF DEPENDANTS/OWN CHILDREN (PERCENTAGE IN BRACKETS)

		C H I L D R E N		
MARITAL STATUS	NUMBER OF RESPONDENTS	DEPENDANTS	OWN	TOTAL
Married	35	40 (75%)	122 (88%)	164 (84%)
Divorced	2	4 (8%)	3 (2%)	7 (4%)
Widower	3	-	7 (10%)	10 (5%)
Single	10	9 (17%)	4 (3%)	13 (7%)
TOTAL:	50	53	139	192

41.2 RESPONDENTS' CHILDREN AND THEIR STATUS IN SCHOOL

Out of the total of 192 children from the 50 respondents, one hundred and thirteen (59%) were still attending school, and the majority 98 (87%) of these were from married respondents. Eighteen (9%) were in pre-school and 31 (16%) had completed school while 20 (10%) had dropped out of school. Twenty-six (84%) of those who had completed school and 15 (75%) of those who had dropped out of school were children from married respondents (Table 3).

TABLE 3: RESPONDENTS' CHILDREN AND THEIR STATUS IN SCHOOL
THE STATUS OF CHILDREN IN SCHOOL

STATUS OF RESPONDENTS	PRE-SCHOOL	IN-SCHOOL	COMPLETED	DROP-OUT	OTHER	TOTAL
Married	13 (72%)	98 (87%)	26 (84%)	15 (75%)	10 (100%)	162 (84%)
Unmarried	2 (11%)	-	1 (3%)	4 (20%)	-	7 (4%)
Widowed	1 (6%)	8 (7%)	1 (3%)	-	-	10 (5%)
Divorced	2 (11%)	7 (6%)	3 (10%)	1 (5%)	-	13 (7%)
TOTAL:	18	113	31	20	10	192

41.3 REASONS FOR NOT CONTINUING WITH SCHOOL/EDUCATION

The main reasons given by the respondents with children who had dropped out of school for children dropping out of school were financial 9 (45%), pregnancy 2 (10%) and failing final examinations 9 (45%).

4.1.4 ACTIVITIES THE CHILDREN WERE INVOLVED IN

The activities in which those who dropped out of school are involved in were stated as: doing nothing 12 (60%), street vending 7 (35%) and guarding cars 1 (5%).

For those thirty-one (31) who had completed school, 18 (58%) are in informal business, 5 (16%) full time housewives, 3 (10%) in college and the remaining 5 (16%) are doing other things.

4.2 RESPONDENTS' KNOWLEDGE ON STREET CHILDREN

4.2.1 Definition of Street Children

Twenty-eight (56%) of the respondents defined street children as children without parental support and care who turn to the street for survival, 13 (26%) children of no fixed abode, 7 (14%) children found in the street begging or stealing, whereas 1 (2%) did not know who the street children were.

4.2.2 Common Ages of Children on the Street and activities they were engaged in:

The common ages for street children were stated as falling between 6 – 10 years by 32 (64%) of the respondents. On the respondents' views on the types of activities the children were involved in while on the street, in response to the question the majority of the respondents stated more than one activity. Forty

(80%) stated begging, 24 (43%) carrying luggage for shoppers and 20 (40%) stated stealing.

4.2.3 Causes of Children Leaving Home for the Street

The respondents gave more than one cause. The main causes stated for children leaving their homes for the streets were: failure of parents to provide basic needs to their children as a result of unemployment 44 (88%), parental deaths 27 (54%), 10 (20%) ill-treatment at home, 5 (10%) divorce and 1 (2%) stated alcoholism.

When respondents were asked as to whether children returned home at the end of the day or not, the majority 47 (94%) reported that some do while others do not, 2 (4%) said that they do return home and 1 (2%) did not know as to whether they returned home or not at the end of the day. The reasons given as to why children returned home for those who said that children return home, was that they go home to sleep and take food realised from begging. For those who do not return home, the respondents mentioned the various places or sites where they spend their nights. Twenty (40%) reported that they spend their nights in shop corridors, 18 (36%) in trenches, 15 (30%) in the markets and the remaining 9 (18%) stated stations and bars..

4.2.4 Dangers Street Children are exposed to whilst on the street

In response to this question, most respondents stated more than one danger. Five different types of dangers commonly identified were: diseases 40 (80%), violence 33 (66%), sexual abuse 20 (40%), drug abuse 22 (44%) and unexplained deaths by 7 (14%) of the respondents.

4.3 ATTITUDES AND PRACTICES TOWARDS STREET CHILDREN

When the respondents were asked for their views on what the needs of children on the street were. 33 (66%) of the respondents stated physical needs such as food, shelter, clothing and health care, 3 (6%) psychological needs such as parental care, reassurance and self-esteem, 6 (12%) financial assistance such as school fees and one stated spiritual needs such as prayers. The remaining percentage could not identify any needs of the street children. When asked as to whether they would be willing to render assistance to street children or not, forty-eight (96%) of the respondents stated that they would be willing to render assistance to street children, and the majority, 46 (96%) of those who were willing to render assistance were Christians.

On the type of assistance they would render to street children for those who were willing to assist, 24 (50%) stated that they would offer food, shelter and clothing, 11 (23%) moral support by being with children and spiritual support through prayers, 8 (17%) would make financial contributions to existing support groups as well as

donating food stuffs and clothing, 5 (10%) said they would assist in education of the children by paying school fees, buying uniforms and books for them.

When asked for their opinion as to whether they would be willing to adopt a street child or not if requested to do so, 33 (66%) of the respondents stated that they would not be willing to adopt a street child. The reasons given for their unwillingness were stated as: financial constraints 20 (61%), high cost of living 10 (30%), and the big families which they were already taking care of 3 (9%).

4.4 PREVENTION OF STREET CHILDREN

Suggestions were solicited from the respondents on how the problem of street children could be prevented. Most of the respondents gave more than one suggestion. Twenty seven (54%) of the respondents stated the provision of social services, 20 (40%) parental teaching, 5 (10%) improvement of the country's economy, 6 (12%) sending children to school and 7 (14%) stated the empowerment of parents with skills to raise funds.

4.5 AWARENESS OF THE SUPPORT GROUPS IN THE COMMUNITY

When respondents were asked as to whether they were aware of the existence of support groups for the street children in their community, 41 (82%) stated that they were aware and 9 (18%) were not aware. The forty-one (82%) who were aware of the existence of support groups were able to state the names and types of support

groups as follows: Mtendere Community School, Marapodi Home for Street Children (non-Governmental Organisation), Jesus Army, Jesus Cares Ministries, Ebenezer and Mother Theresa (Church Organisations). The type of support they were providing to the children were: shelter, food, clothing, education and recreation. One respondent was only able to mention names and types of support groups, but not their activities.

CHAPTER FIVE

5.0 DISCUSSION

5.1 KNOWLEDGE

Almost all the individuals interviewed in the community with the exception of one (2%) had good knowledge of street children because they defined street children as children without parental support and care turning to the street for survival. Their definition correlated with other researchers' definition of a street child (Susana and Ebrahim 1993; Scanlon et al, 1998). Suggesting that respondents know who the street children are.

Many causes leading the children to leave home for the street were stated. The major ones were the failure of parents to provide basic needs for their children due to an employment, parental factors such as death of one or both parents, alcoholism, ill-treatment at home and peer influence. These factors are similar to those identified by other researchers found in the literature reviewed (Sampa, 1996; Tacon, 1991; Lungwangwa and Mucuang'i 1996). These children are forced to live on the street on their own without anyone's support and care. As a result of this they engage themselves in risk behaviours and other anti-social activities as a means of livelihood.

In Zambia the common ages at which children go on to the streets were stated as falling between 6–10 years whereas in South Africa it is 13–14 years. In a developed country like Latin America the ages were between 8–17 years (Richter, 1991; Scanlon et al 1998). The study has demonstrated that in Zambia children take to the streets at a much younger age in comparison to South Africa that is also a developing country where children take to the streets at a much older age. Such a wide disparity in the ages of street children between Zambia and South Africa could be due to ever increasing poverty levels in Zambia and to the non enforcement of laws that protects the children against neglect and abuse.

While living on the streets the children are abused by many elders and are exposed to poor environmental conditions leading to high morbidity and mortality in these children. The stealing children are involved in may lead them into hard core criminals later on in life. The study revealed that at the end of the day, most of the children do not return home, they spend the whole day and night on the streets. At night they sleep in shop corridors, trenches, markets, stations and bars. This exposes them to various health risks such as chest infections, physical and sexual abuse, substance abuse and to hard core criminals. The results of a study done on street children in Latin America found similar risks (Scanlon et al, 1998).

5.2 ATTITUDE AND PRACTICES

Ninety-six percent of the respondents had positive attitudes and practices towards street children in that they were willing to render assistance to street children in the form of food, shelter or clothing though not by adopting the children.

In Zambia it is not feasible for many families to adopt children because most families already have large families consisting of their own siblings and dependants to care for and on the average the family incomes are very low.

The majority (82%) of the respondents confirmed the existence of different types of support groups for street children in their community. This confirms that the problem of street children has been acknowledged and that the Government and the community were doing something to arrest the situation. The results of the study points to the need for the Government to provide more social services to meet the needs of the growing population of young children in the country so as to prevent them from going on to the streets.

The hypothesis that the individuals who belong to Christian denominations would be more willing to render assistance to the children on the street than the non Christians was accepted in that amongst a total of 48 (96%) of the respondents who stated that they were willing to render assistance 46(96%) of these were Christians.

5.3 IMPLICATIONS TO THE HEALTH CARE SYSTEM

The number of street children is increasing in the streets of Lusaka. This may eventually lead to an increase in various forms of child abuse, drug abuse, violence, crime and injury eventually leading to high morbidity and mortality in this age group. As children remain on the streets, more will be exposed to diseases, violence and abuse. Such problems may eventually lead to hospitalisation increasing the government's expenditure on the health care services.

It is therefore advocated that the government put up rehabilitation centres where the children can be rehabilitated as well as strengthen the social welfare system in the country. The health workers can also whorl the children from the street to rehabilitation centres. While the children are in the rehabilitation centres, it is the responsibility of the health workers to try and find appropriate solutions for the children. Try to link them up with their parents as well as to teach the parents on the causes, effects and the measures of how they could prevent the children from going on to live on the streets.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

From the findings of the study it can be concluded that people in the community do know who the street children are. They know the main factors that drive children to go to the streets. People in the community have positive attitudes towards these children and are willing to render assistance. It is therefore recommended that the Government work hand in hand with the existing Non Governmental Organisations (NGOs), Church Organisations and the people in the community in the initiation and implementation of projects aimed at assisting the street children to lead a normal life in their own home environment so that they are enabled to contribute fruitfully to family and national development..

The Government should also work out measures to improve the economy of the country so as to improve the earning wages of the people to enable them provide adequately for their families.

5.1 LIMITATION OF THE STUDY

The sample size was too small, as such the findings of this study cannot be generalised to the country as a whole.

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QUESTIONNAIRE

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR COMMUNITY MEMBERS REGARDING STREET CHILDREN

INTERVIEWED BY

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR COMMUNITY
MEMBERS REGARDING STREET CHILDREN**

For Official

Use Only

IDENTIFICATION PARTICULARS

Name of Residential Area:

Respondent's Number:

Date of Interview:

SECTION A: DEMOGRAPHIC DATA

1. Sex:

(a) Male []

(b) Female []

2. Age in years []

3. Marital Status:

(a) Married []

(b) Single []

(c) Divorced []

(d) Widowed []

(e) Separated []

4. Religion:

(a) Christian []

(b) Moslem []

(c) Buddhist []

(d) Other, specify: []

For Official

Use Only

5. The highest level of Education attained:

- (a) Primary []
- (b) Secondary []
- (c) College []
- (d) University []
- (e) Never been to school []

6. Number of children:

- (a) Dependants []
- (b) Own children []

7. What is the family status of school attendance?

- (a) Number in school []
- (b) Number finished school []
- (c) Drop-outs []
- (d) Pre-School []

8. For those not in school, what are the reasons for not being in school?

.....
.....
.....

For Official

Use Only

9. For those not in school, what do they do for a living?

(a) Stay at home []

(a) Sell some merchandise on streets []

(b) Attend to cars in car packs []

(c) Wander around in streets []

(d) Don't know []

1.0 For those who have finished school, what do they
do for a living?

.....
.....

SECTION B: KNOWLEDGE

11. Who is a street child?

.....
.....

12. What are the common ages of street children?

.....
.....

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13. What causes the child to leave home for the street?

.....
.....
.....
.....

14. Do all the street children return home at the end of the day?

Yes []

No []

(c) Some do []

(d) Do not know []

15. If yes why do they return home?

.....
.....
.....
.....

16. If the answer in question 13 is 'No' where then do they go at the end of the day.

(a) Shop corridors []

(b) Markets []

(c) Stations []

(d) Trenches []

(e) All of the above []

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17. Why don't they return home ?

.....
.....
.....

18. What activities are children involved in while on the street.

.....
.....
.....
.....

19.. What are the dangers of children being on the street?

- (a) Drug abuse []
- (b) Prostitution []
- (c) Exposure to diseases []
- (d) Exposure to violence []

SECTION C : ATTITUDE AND PRACTICES

20. If you were approached for a foster parent will you be willing to adopt a street child?

- (a) Yes []
- (b) No []

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21. If the answer in 20 is "yes", give reasons.

.....
.....

22. If the answer in 20 is "no", give reasons.

.....
.....

23. What are the needs of street children?

.....
.....

24. What should be done to prevent children from going into the Street.

.....
.....
.....

25. Are you willing to render help to street children?

(a) Yes

(b) No

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26. .If yes , what kind of help would you be willing to render.

.....
.....

27 . If no, why are you not willing to render help?

.....
.....

28. Are there any support groups formed in your community
which are helping street children?

(a) Yes []

(a) No []

29. If answer in 28 is "Yes", mention the names and
types of these support groups.

.....
.....
.....

30 What are some of the activities that are carried
out by the support groups you have identified in (29)

.....
.....
.....

University of Zambia
School of Medicine
P.O. Box 50110
LUSAKA

The Chairman
Mtendere Neighbourhood Watch
P.O. Box
LUSAKA

u.s. The Head *J. S. Lyamba*
Department of PBN⁰² 07.01
LUSAKA

Dear Sir/Madam,

RE: STUDY PROJECT

I am a 4th year student at the University of Zambia, School of Medicine in the department of post basic nursing. I am pursuing the bachelor of science degree in nursing and in partial fulfilment of this course, I am required to conduct a research study.

I am particularly interested in determining the knowledge, attitude and practices of the community towards street children in Lusaka. It is hoped that the findings of the study will help in identifying relevant programmes to meet the needs of street children thereby helping in the reduction of their numbers on the street.

The purpose of this letter is to kindly request for your permission to allow me collect data from Mtendere compound a period of two (2) weeks.

I would be very grateful if my request is considered with favour and your earliest response to this letter will be highly appreciated.

Yours faithfully,

Jane S. Lyamba

The Chairman
Mtendere Co-operative
P.O. Box 39451
LUSAKA

02/02/2002.

Ms. Jane Nyamba
UNZA
School of Medicine
Dept. of Post Basic Nursing
Box 50110
LUSAKA.

Dear Madam,

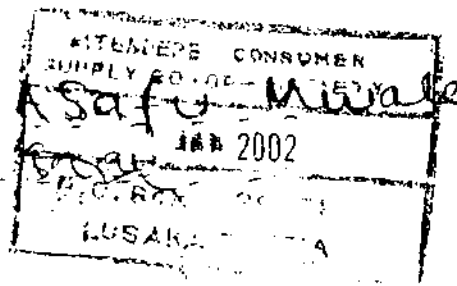
I acknowledge with thanks receipt of your letter dated 3rd September 2001, relating to your study to determine knowledge attitude and practices of the community towards street children in Lusaka District.

I am glad to inform you that authority has been granted for you to carry out the study.

Yours faithfully

ASAFU MWALE.

For the Chairman.



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