

COMMUNITY RESEARCH PROJECT

A STUDY ON THE CAUSAL FACTORS, SUBSTANCE USAGE AND EFFECTS OF
REHABILITATION OF STREET CHILDREN AT GARDEN COMPOUND DROP-IN
CENTRE- LUSAKA.

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SUMMARY

A total of one hundred "street children" attached to the street kids international projet being spearheaded by the Zambia Red Cross Society at Garden compound Drop-in centre were interviewed on a one to one basis. It was observed that street kids have a multifactorial aetiology with factors such as poverty, psychological as well as physical abuse playing a very important role; whilst armed conflicts, natural and man-made disasters, unlike in other countries, appeared not to play any role. Besides focusing on here and now survival strategies that inevitably subject them to various exploitative kinds of "piece work" and risk behaviours whilst on the streets. These children have also been found to partake all sort of illicite drinks and other psychoactive substances with the hopes of alleviating stress and suffering which unfortunately has often times worked out to the contrary.

The majority of children talked to were still in contact with their families to which they returned after a day's sojourn in the streets. However, some were completely homeless and without an knowledge of a living relative. Zambia Red Cross Society has become "a parent" to such children and seem to be doing an excellent job in rehabilitating these children as well as many others falling in different circumstances and/or categories.

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DEDICATION

To my beloved Fiancee Rosalyn Kangwa and my parents Mr. and Mrs Chapakwenda.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to the following people who lended various assistance towards this community research project. Dr. K.S. Baboo for permitting me to do the project and Professor A. Hawarth for introducing me to ZRCS-street Kids international and for teaching me how to do the coding and for his warm encouragements. Mrs. F.P. Lungu - for typing the questionnaire and the stencils and Mr. J. Mulenga who duplicated it. Mrs. Veronica Scott - for introducing me to the members of staff and providing me with the background introduction about the Garden Compound Drop-in Centre. Mr. J. Mulambia and Mr. Y Joseck for their support in prayers. Finally, I would like to say thank you to Mr. Aaron Phiri for typing this research paper.

BACKGROUND

Of late there has been a lot of talks on various aspects associated with Street children and their kind of life on the streets. The Zambia National Broadcasting Corporation (ZNBC) ^{has served} ~~serves~~ as one of the many forums at such discussions. Though numerous and detailed discussions might have been, very little information have been documented on the same. Between 1988 and 1992, there has been 299 documented global studies on substance (drug) abuse but alas non of these studies looked into this very important and ^{vulnerable} valuable yet relatively neglected group of street children. However, with the ever increasingly loudness of the public trumpet on the plight of street children, a number of projects have been done with the help of organisations such as World Health Organisation and UNICEF with the view to:

- i. Identify the needs of street children in order to provide primary health care services and alternative source of income.
- ii. Establish community advisory committees for the purpose of advocacy geared towards influencing societal attitudinal change towards Street children and the youth.
- iii. Influence policy markers and sensitise the public on the plight of Street children and youths.
- iv. Establish rehabilitation programmes for Street youth with the view to changing their behaviours on drug and substance abuse creating a sense of belonging to the wider society through engaging them in productivities and income earning activities.

Zambia has very few well established centres carrying out rehabilitation programmes. The notable ones being in Lusaka and Kabwe respectively. Efforts are being elsewhere to try and address the problem of Street children.

Youth homelessness is a phenomenon, not only of developing countries but experienced World wide (4). Besides Brazil, the Philippines, Egypt, Ireland and Honduras. Zambia is another country in which pilot intervention programmes have been put in place (4). This might be explained by the fact that Zambia is one of the few sub-Saharan African countries, where street youth and their problems are increasingly becoming visible (1). By March 1993, it was noted that Zambia

had approximately 35,000 street children (1). Efforts to address the problem of street children and youths by the Zambian Government date back to 1980, but it was not until when UNICEF carried out a survey to assess the magnitude of street children and their plight in Zambia (1).

So far, terms such as street children, street youth and homelessness have been used but one may still wonder as to what they really imply. Well, the definitions of "Street children", "homelessness" and "youth" varies across countries and cultures, as do their causes and associated problems.

However, WHO's definitions are as follows:

i. YOUTH - Adolescents and young people between the ages of 10 and 24 years.

ii. HOMELESS YOUTH -

(a) Those living on the street whose immediate concerns are survival and shelter.

(b) Those who are detached from their families and living in temporary shelters, such as abandoned houses, other houses and other buildings, youth refugees / shelters or moving about between friends.

(c) Those who remain in contact with their families, but because of poverty, overcrowding or sexual or physical abuse within the family will spend some nights on the street or most days on the streets. (d)

Those who are in institutional care who have come from a situation of homelessness and are at risk of returning to a homeless existence (4).

All the above definitions of a homeless youth may or may not apply to the Zambian situation. Nevertheless, it is within the scope of this study to try and redefine the Zambian phenomenon. Unlike in other countries a number of street children especially in Lusaka have homes and parents where they return after a days sojourn on the streets. Poverty seems to be the underlying factor driving children and youths into the streets in Zambia (1).

Generally, there are a number of other factors besides poverty that are associated with the aetiology of street children and these include:

- Family Breakdown
- Armed Conflicts

- Natural and man made disasters
- Physical and Sexual Abuse
- Exploitation through migration
- Dislocation through migration
- Urbanisation and overcrowding
- Acculturation (4)

These children may view themselves as invulnerable, they focus on the here and now, and see no use to be concerned about their long term consequences of their behaviour (4). Though in actual fact once on the street, the children live in deteriorating physical environment, they are vulnerable to a number of health risks and hazards, they are exposed to hunger and a number of communicable diseases, they have limited education opportunities, indeed many are not able to read and write. For many street children the street is their work place and their social abode. It is in the street where they earn their living, it is in streets where they feed, where they partake in illicit drinks and drugs, where they are exposed to prostitution, physical abuse and violence (1). Acts of criminal behaviour, prostitution / survival sex, begging exploitation by adults ^{and} drug usage are factors associated with criminal behaviours on the street and coping with stress. Surely one need not to close his eyes and ears to one factor which might prove to be the single most important cause of street children in the near future. This is no other than the most ^{devastating} ~~graded~~ human immunal deficiency virus (HIV) infection / Acquired Immunal Deficiency Syndrome (AIDS). HIV / AIDS contribute to the already escalating problem of street children through the orphans that result after the death of both parents or indeed one of the parents. WHO estimated that during the 1990 's HIV / AIDS will kill between 1.5 and 2.9 million women ~~at~~ a reproductive age. Now, because 50 percent or more of the population is 15 years old or younger, the death of these women will produce between 3.1 and 6.5 million orphans; that is 6 - 11 percent of the population under age will be orphaned (7). However, it is important to note that four possible outcomes for AIDS orphans do exist:

- Adoption by relatives or non relatives
- Orphanages
- Abandonment, and
- Death (8).

But if adoption, especially by relatives has to occur there has to be that very much needed closeness in the family. Unfortunately migration to urban areas and other economic factors may eliminate the closeness of the extended family and consequently cause disruption of fostering the orphans.

For instance it was reported that Lusaka with a high rate of urbanisation has been estimated to have 17,800 street children and youth " (UNICEF Report 1991 Page 3) . Indeed the problem of the street children in Zambia has been exacerbated by the high pace of urbanisation and the deterioration of the physical environment especially the quality of housing in the compounds where the majority of the people live . Most of the youth in the compound not only sleep in the same house as parents ,but may even live in the same room which is simply demarcated by a curtain . This naturally creates latent conflicts between the children especially the older children and the parents . Therefore day breaks and an escape into the streets from a crowded housing environment provide some considerable relief for the children (1) .

As already hinted above, life on the street is characterised with all sorts of risk behaviours. The WHO through the programme on substance abuse (PSA) has recognised that the problem of drug use by street children is a major concern (4) . The use and abuse of psychoactive substances have increased considerably in many parts of the World in recent years, and drug and alcohol abuse now constitute a very serious public health and socioeconomic problem in many countries. In developing countries, the situation is even more acute, because, despite the magnitude of the problem, the resources necessary to combat it remain very scarce (2) . Similarly, health workers in developed countries have been reluctant to tackle the complex problem of drug use by homeless youth (4) . In Zambia a number of street children are on alcohol, most of them illicit alcohol such as kachasu. Others on drugs such as marijuana, valium ,and mandrax. Glue petrol sniffing is also on the increase. With Lusaka as a transit point for drug trafficking. There is evidence heroine and cocaine are increasingly being exposed to street youths (1) .

However, the question of dependence on these substances, particularly during the early stages, can be very difficult to recognise. The psychological, social and physical manifestations vary widely depending on the particular substance or substances used. The amount used or frequently at use, and other factors such as the age and physical health of the user. The early stages of substance abuse may mimic the symptoms of many psychiatric and physical illnesses such as depression anxiety, paranoia and vague physical complaints (2) . A wide range of ^{theoretical}theological models have been developed in an attempt to explain the aetiology and nature of problematic or dependant drug use. No single model can adequately address the multiplicity*** of factors which contribute to different drug using

behaviour. The modified social stress model is one such model and it states as follows:

$$\text{RISK for Drug Use} = \frac{\text{Stress} + \text{Normalisation} + \text{Drug Effect}}{\text{Attachments} + \text{Coping Skills} + \text{Resources}}$$

Here, the risk of drug use is such as a function of the level of personal stress, the positive image of drug use in the community and the reinforcing properties of the drugs used, being offset by positive attachments, coping skills and resources. Although the model remains clinically untested, and the influence of various variables on adolescents drug use remain unknown, the model provides a structure within which an extremely complex problem can be viewed (5). I believe this same model can be used to measure the effects of rehabilitation on the risk for drug use. Proper attachments that provide good coping skills from an abundant resources will consequently reduce the stress and inevitably the drug effects. These parameters directly involve the user. But if the impact has to be great, the community has to have a negative image on drug use.

In addition, there are other systems of assessing the effects of rehabilitation. Considering all the factors associated with survival behaviours on the street, change in behavior seem to be the hallmark of positive rehabilitation. Generally, the following are types and levels of evaluating a rehabilitation programme on drug and alcohol problems:

- Level 1: Activity
 - Is the programme being carried out?
- Level 2: Inputs
 - Assess operations of the programme
 - What are the resources - Funds, Staff, Facilities, Equipment, Services, Materials, etc?
 - Number and characteristics of participants.
- Level 3: Process
 - What action has been taken ? By whom, for whom, with whom, how, when and where ?
- Level 4: Outputs
 - What comes out of the programme ?
 - Number of people served
 - Level and type of service received by different groups
 - Other products:
 - . Curriculum.
 - . T V or radio message
- Level 5: Outcome (or effectiveness)
 - Has the programme achieved its desired result ?
- Level 6: Impact
 - Any effects that were not planned or expected ?
- Level 7: Efficiency
 - Where the achievements reached as cheaply as possible ?
 - Was the maximum benefit derived from the resources ? (2)

OBJECTIVES

1. To have a non biased practical insight into the actiology of street children :
2. To ascertain the degree of substance usage among street children:
3. To evaluate the impact of rehabilitation on street children: and
4. To give appropriate recommendations to the Zambian Red Cross Society Street Kids International (SKI).

TARGET AREA

The study was carried out at Street Kids International- Garden Compound Drop-In Centre in Lusaka. The centre is situated on the southern end of Garden Compound, 940 meters north of manchichi road along road A (appendix 1) . The centre was opened by Street Kids International in association with Zambia Red Cross Society (ZRCS) in February 1991.

The aim was to intergrate street children into main stream society by intilling in them self respect and confidence - Enabling them to tapⁱⁿ onto existing social services.

The programme inically consisted of outreach only but it was observed that all the needs of street children could not be adequetly addressed on the street . Therefore a central place close to town was sought, hence the establishment of the centre at former National Housing Office premises. While renovation and construction work was going on, only rudimentary services were being offered, that is, literacy and medical. But as time went by, more and more services were introduced. Currently, the centre has a transit home; Is involved in income generating activities; Intergrates children into training centres and public schools; Is involved in counselling and offers recreation such as swimming, horse riding, judo, football, table tennis and weight lifting. During the first days contact with the street children was difficult to establish as the lads were suspicious of the new people on the street who wanted to befriend them. But gradually with time, from a small number of 40, the average number of kids at dropping in per day has ever since risen to 150.

Currently, the centre's infrastructure consists of 5 small classrooms, library, first aid room, 1hall, 1 office, toilets, storeroom (Appendix II) and has 4 members of staff - programme officer is involved in:

- general administration
- fundraising/ formulating programmes
- Budgeting and
- Stock contral.

Whilest the³educators embark on:

- outreach in prime areas,
- Aids programme,
- Literacy, and
- recreation.

The centre's future prospects are:

1. Income generation
2. To get the community involved into the problem of street children.

METHODOLOGY

SAMPLE SIZE - Ultimate total of 100 street children were recruited / interviewed.

SELECTION ELIGIBILITY -

Random interviews were carried out on any one of the kids in attendance at the centre from the age of 5 onwards.

DURATION OF STUDY-

The study stretched through a period of 5 months from February 1994 - This period was divided into three phases as follows:

Phase 1: (Feb 21 to May 16)

- Establishing internal corroboration with SKI through ZRCS
- Familiarising visits of the centre.
- Familiarising with the street children by getting involved in their day to day activities at the centre - For instance, teaching, playing football, medical scening etc.
- Preparation of the questionnaire and study protocal.

Phase 2: (May 17 to 28 June)

- Data collection - adminstration of questionnaire through through one to one confidential interview.

Phase 3: (June 29 to 4th July)

- Data analysis
- Writing of the repport.

STUDY DESIGN:

The above 3 phases under duration of study summarises the design of this investigation. The questionnaire was finally st^encilled and run after the fourth draft. Through the drafts. It under went various modifications to suit its purpose. Most of the questions were adapted from WHO menus on Street Children projects. It finally has the pattern shown bellow (Appendix 111):

A: Demografic Information

B: Questions

- . 1 -10 causal factors.
- . 11-15 substance usage
- . 16-31 effect of rehabilitation

C: Coded for computer analysis (SSPS programme)

A total of 102 questionnaires were used but questionnaire number 005 and 033 were incomplete, thus not considered during analysis. The analysis was not done on a computer as earlier intended.

Check definition below
 Bargraph: Rep. Fig. 2

Situation of Zambian Street Kids
 Those staying: with parent(s).....76%
 Relatives16%
 In transit house..... 5%
 with friends 1%
 in own house 1%
 intercity Bus 1%
 terminus

Hence, percentage homeless = 6%

- Poverty - very often shortage of food (Code 4)
- Psychological abuse - a child coming from an environment where he / she has experienced often / very often fights between people , shortage of food ,big quarrels and people getting drunk . The experiences could be in any combination.
- Physical abuse - a child who has been beaten often / very often at home or elsewhere .
- Orphans - Children under age of 15 who have lost one or both parents
- Migration - been in Lusaka only for the past one or two years . or even less but with evidence of migration.

4. Substance Usage

A. Substance seen taken by street Kids

Substance	Percentage
Alcohol : Chibuku	49
Mosi	42
Kachasu	41
Local wine	26
Wine	24
Whiskey	18
Mbamba	15
Solopi	14
Canned Beer	10
Gin	9
Kangala	6
spirits	5
7 days	5
Munkoyo	4
Chipumu	3
Katata	2
number 1	2
Sipesu	1
Mbote	1
Mutete	1
Brandy	1
Tobacco	82
Glue	66
Dagga	65
Petrol	54
Mandrax	13
Cocaine	12
Benzene	11
Lighter fuel	7
Paint thinner	4
Valiam	3
Heroin	3
Opium	2
Methylated spirit	1

B. Kids admitted to having had taken:

Alcohol	.....	34%
Dagga	.....	13%
Glue	.....	7%
Petrol	.....	6%
Tobacco	.....	5%
Cocaine	.....	1%

C. Average age of first usage of alcohol

Age	9	10	11	12	13	14	15	16	17	18	19	20	21	No. of kids
	2	4	1	2	5	5	3	2	2	1	0	0	1	

Average age = $\frac{378}{28} \Rightarrow 13.5$ Years.

Mode =

4 D. Knowledge about harmful effects of drugs

Substance	Harmful Effects	Knowledge (%)
Tobacco:	cough	22
	lung damage	16
	Liver damage	3
	Darkening of lips	3
	cancer	2
	chest pain	1
	weakness	1
	overspending of money	1
	theft	1
	Alcohol:	insulting	22
fighting		18
intoxication		8
liver damage		8
death		7
wasting		6
vomiting + blood		3
incontinence		3
infuses injuries		3
Intestinal damage		3
Burning of lips		1
Mental retardation		1
Cannabis:		Madness	53
	Violence	14
	Intoxication	8
	Increased appetite	4
	Thefts	5
	Misbehaving	2
	Insulting	2
	caught	2
	Sexual arousal	2
Volatile:	Madness	21
	Lung damage	10
	Intoxication	7
	Violence	5
	Misbehaving	3
	Insulting	2
	Dizziness	2
	Unusual problems	2
	Death	2
	Increased appetite	2
	Wasting	1
	Caught	1
	Thefts	1
	Risks of catching Aids	1

5.A Drop in Centre Attendance

1	2	4	12	16	20	24	42	72	96	144	192	240	Duration in weeks
1	3	3	4	2	1	3	9	5	13	38	8	1	No: of Kids

Bar Graph: Percentage of Kids versus duration of Attendance. see Fig. 3

- B. Range of Activities that the kids were involved in prior to coming to the centre:
- 1. Doing nothing 33%
 - 11. Going to school 10%
 - 111. "Piece" work
 - . carrying people's laggage 18
 - . selling other items (goods) 13

. drawing water in markets	9
. guarding parked cars	8
. carrying mealie-meal	8
. selling own items on streets	6
. carrying charcoal	4
. begging in town	2
. gardening	2
. offloading trucks	1
. emptying bins at markets	1
. transporting sand	1
. calling for salaula customers	1
. moving from one place to another	1
1v. in Sex:	
. with condom	3
. without condom	19
v. petty thefts	42%

C. Change in behavior

Effect	percentage
No change	15
Very little change	30
Drustic change	52

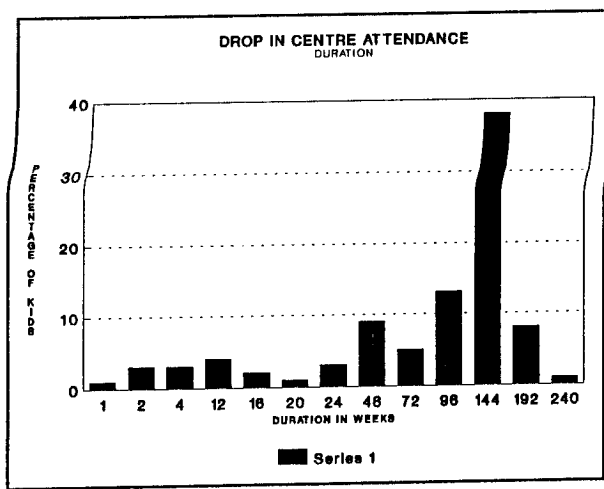
- D. Kids desuring to go back to school and /or to continue schooling: 87%
6. Relationship between street kids and the staff in terms of communication:

communication	percentage
Very difficult	19
Fairy difficult	19
Fairy easy	26
Very easy	33

STREET CHILDREN SURVEY

7. Other services suggested (By 81 Kids)

Service	Percentage
Games: Basket ball	9.68
chess	3.22
Tennis	3.22
Carpentry	25.81
Clothings and	16.13
Assisting kids to secure jobs	12.90
Gardening	9.68
Tailoring	9.68
Mechanics	6.45
Drawing	6.45
School aid	6.45
poultry	3.22
Cookery	3.22
Keeping goats	3.22
Establish a shop	3.22
Church service	3.22
Health	3.22
Social talks	3.22
Feeding support	3.22
Securing homes for the homeless	3.22
Swings	3.22



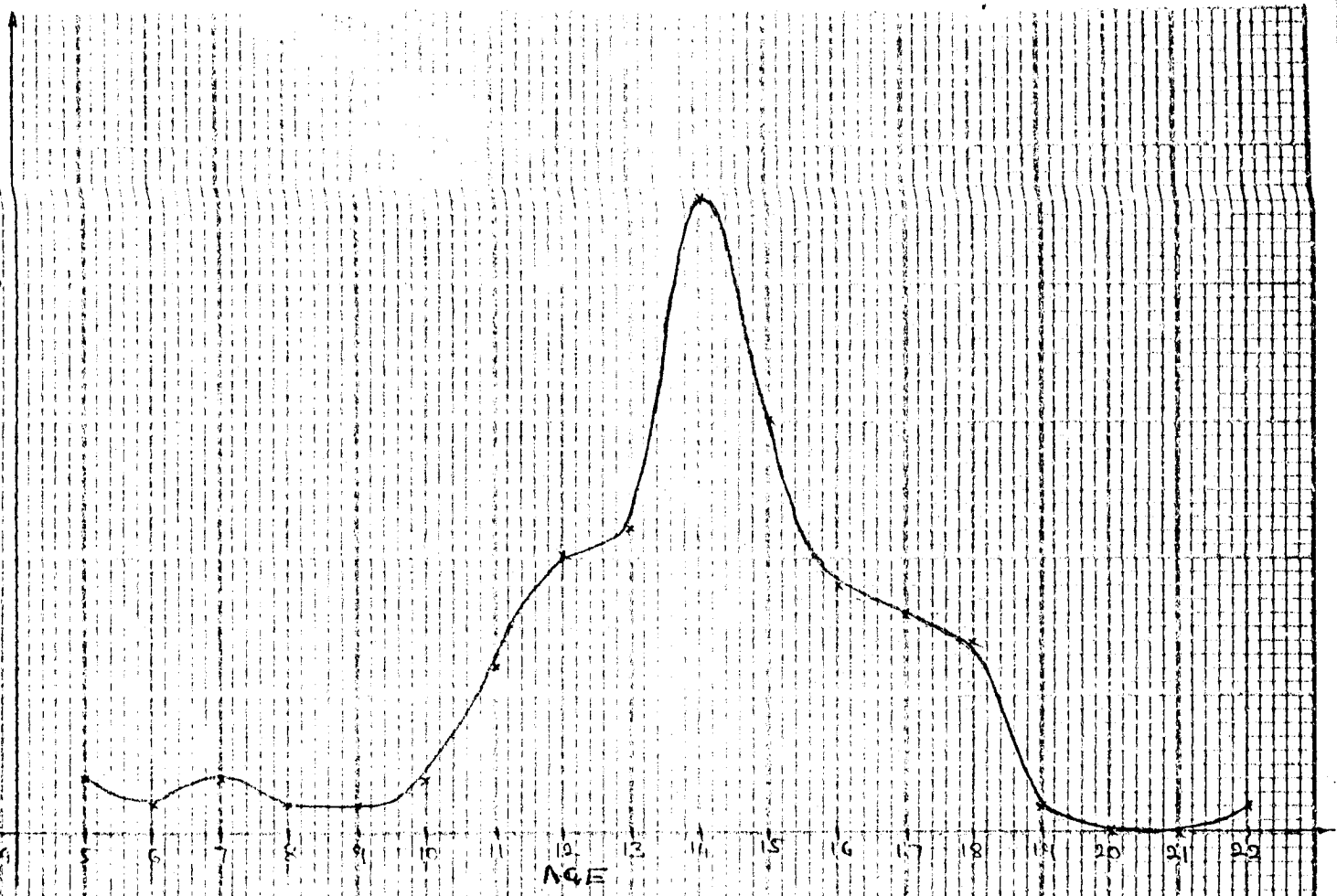
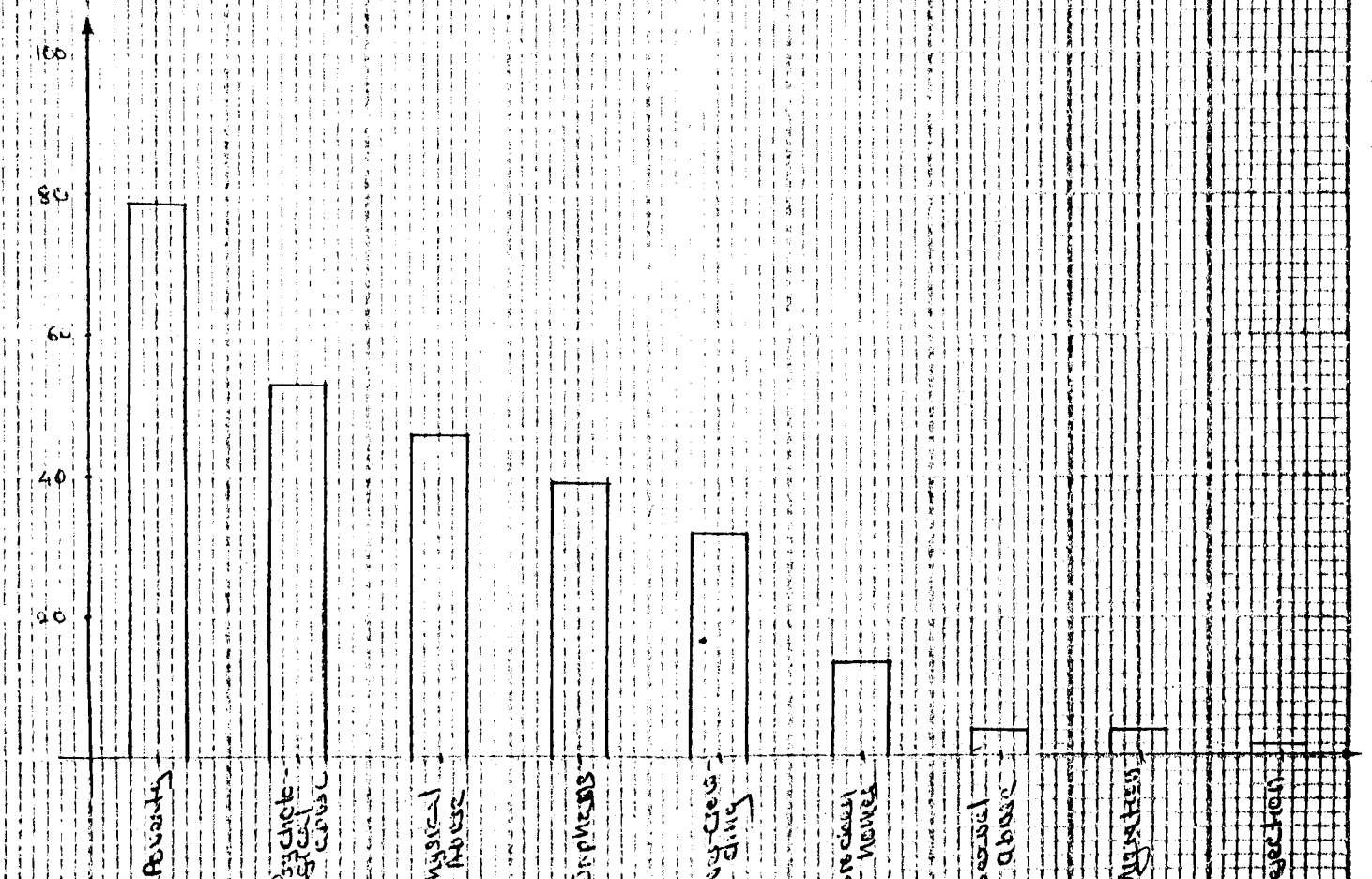


Fig. 2. Bar-graph showing percentage of kids vs. rural population



DISCUSSION

Though the age distribution curve does not show a typical bell shape distribution curve, there is some degree of normality with symmetry being reflected on either side of the peak which happens to be the ^{mean} ^{at age} 14 years. It is clear from the shape of the graph and the small ^{value} ^{of} the standard deviation that there is not much dispersion of the ages around the mean. An indication that reaffirms the purpose of Garden Compound Drop-in Centre, how that it was established for the youth and not extremes.

By coupling the results of 2 and 5B it becomes evident that from February 1991, to date, the centre has raised the number of school young kids from 10% to 48%. Almost all the kids interviewed would like to be put in formal schools and the majority of them were in attendance primarily for this reason. However, it should be born in mind that out of the 24% of kids without any kind of education and the 28% who at one time were in school but are no longer, only a few qualify to be put in schools as age has caught up with most of them. There is no doubt that the degree of literacy among these street kids has been raised above 60% serving as one of the ^{suitable} achievements of the centre in rehabilitation.

With 92% of "street Kids" coming from established homes, homelessness is not an alarming causal factor among Zambian street kids as it is only represented by 6%. Various factors contribute to the aetiology of street children though it is not ^{ne3} uncommon to have only one factor involved.

However, 6% of homeless ^{ne3} is not a negligible value, it is actually a challenge to the government and other organisations to have 6% of all street kids being out there without fixed abode. Infact, the real picture might be obscure reflecting some of the failures of outreach programmes. A number of kids started going to the centre on their own while others were influenced by friends for one reason or the other.

There is no doubt that Zambia, in particular, Lusaka's street kids are exposed to a number of substances ranging from chibuku to hard drugs such as heroin and cocaine. Though the numbers of kids who directly admitted to having had taken the various types of substances is lower than the numbers seen to be taking the substances, the fact still remains that those seen are street kids by street kids. Also, considering the fact that most people would rather choose to say no for fear of ~~of~~ being condemned and looked upon down. Therefore, its expected, for instance, to have 60% of street kids seen to be taking dagga but with only 13% consenting to having had smoked dagga before. Looking at 4.B and taking into consideration one of the commonly used substances, namely alcohol, it is clearly evident that most street kids start taking alcohol, and indeed other drugs, during their early teens. Obviously this is mostly due to wrong company in terms of friendships and close acquaintances and partly influenced by the explorative nature springing forth from the 'teenage drive' to discover new things and how it feels to be a man. Ofcourse, all these factors are exacerbated by the stress of being a street kid. Despite the tremendous knowledge about the harmful effects of drugs, these street kids go ahead to partaking the various substances. Perhaps they have had some ^{elucidations} on the adverse effects of drugs over the time they have been attached to the centre.

The questions on the evaluation of the effects of rehabilitation where not subjected to 3 of the street kids as they had been in attendance at the centre only for a couple of days, less than a week. Sixty % of kids had been in attendance for at least more than 2 years (46 weeks). 9% of these had already established contact with SKI even before the centre was established. The fact that they have not left is an indication on its own that they have been well incorporated into the programme. With the majority of the street kids having been involved in risk behaviors ranging from petty thefts through fights unto practicing unprotected sex, only 15% said that their behaviour had not changed. But since the majority had experienced behavioral change, the question about the ineffectiveness of rehabilitation programme is ^{is} out. One begins to look into various factors that might have contributed to the failure rate such as duration of attendance at the centre, reluctance to terminate wrong associations, remaining in the same environment, or simply being adamant. Already, the study reviewed that 16% of the kids had been in attendance for less than 4 months (16 weeks) and this is definitely a period not long enough to change someone's perverted behaviour.

In as much as i appreciate the great accomplishments achieved by a dedicated and committed team of staff that often times have gone out of their way for the sake of that desolate and impoverished street kid; and do here by give all credit and praise that they deserve, i do however, feel with the 38%

of the kids who find it difficult to communicate with the members of staff for various reasons. Out of this group, some are merely shy. Others are scared of receiving a NO to their requests, others sighted partiality as a let down, some said that some staff members get annoyed when approached and presented with needs, and yet others do not like the rude and intimidating responses that they get some times. For instance, and i quote "Is it us who can help you ?" " one of the teachers used to tell me to go and beg money at the robbots when asked for assistance" end of quotations. Such complaints though coming from a third of the kids need not to be overlooked if the initial objective(s) for the establishment of the centre is\are to be maintained to ensure efficiencie through and through.

in any case one is cautious when dealing with such complaints bearing in mind that they may be coming from hating and vioticious hearts with wrong intents/motives.

Though two languages, namely Bemba and Nyanja were used through the study care was taken not to alter the original English meaning after translation. And the fact that only one person administered the questionnaires reduces the inevitable error of change in meaning.

CONCLUSIONS:

With regard to the discussion put forward, it has been concluded that:

1. The following factors, ^{from} ~~from~~ the more common to the least common, are associated with the aetiology of street children in Lusaka.
 - (i) Poverty
 - (ii) Psychological abuse
 - (iii) Physical abuse
 - (iv) Orphans
 - (v) Broken homes
 - (vi) Sexual abuse
 - (vii) Migration
 - (viii) Rejection

2. Drug usage is common among street children in Lusaka both hard and soft drugs being used as shown below:

- (i) Alcohol
- (ii) Tobacco
- (iii) Glue
- (iv) Dagga
- (v) Petrol
- (vi) Mandrax
- (vii) Cocaine
- (viii) Benzene
- (ix) Lighter Fuel
- (x) Paint thinner
- (xi) Valium
- (xii) Heroin
- (xiii) Opium
- (xiv) Methylated spirit

3. The impact of the rehabilitation programme on street children at Garden Compound Drop-in centre has been tremendously effective.

RECOMMENDATIONS

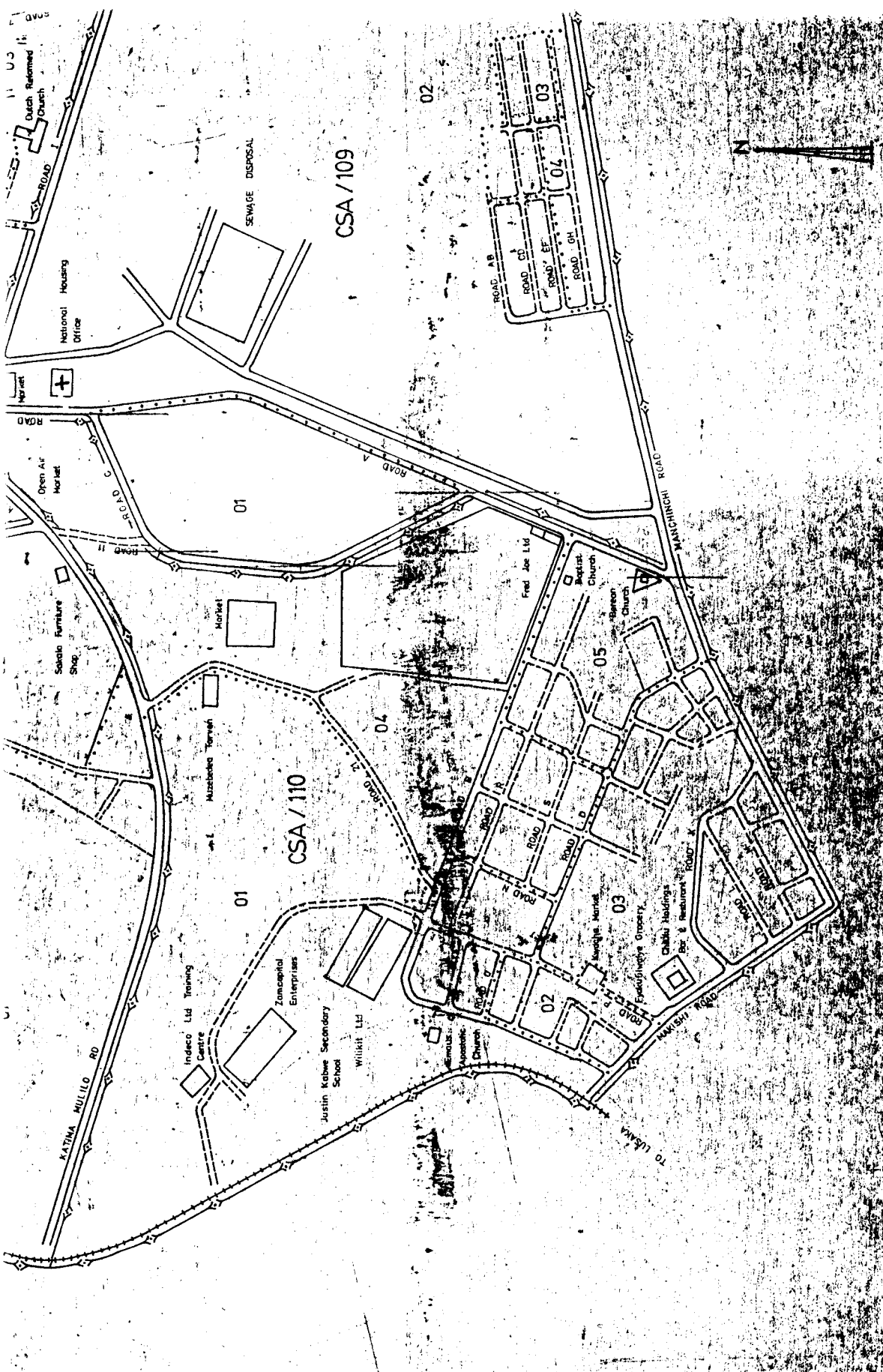
1. Government of the Republic of Zambia, through the Ministry of Social Welfare, must work hand in hand with other NGO's to alliviate the suffering of street children in Zambia.
2. Government should make sure that public firms and indeed itself, offer living wages to the employees.
3. Retirees and retrenched workers should be dicouraged to settle in urban areas if they are unable to sustain their living.
4. Families of street kids should be interviewed, educated on the causes of street kids and given appropriate assistance besides counselling.
5. Public education should be given especially to compounds identified to produce street kids. Part of the education should aim at discouraging risk behaviors, sensitising the community to take up a positive stand and attitude towards street kids.
6. Zambia Red Cross Society should continue its noble task of looking into the plight of street kids.
7. Outreach programmes tagexted at the homeless should be intensfied.
8. SKI should ensure that its limited and valued resources reach the right group. There should be a selection eligibility policy which should be strictly adhered to.
9. Staff should constantly recheck thir attitudes and identify kids who might be offended as a result.
10. The kids feel that the following services would also be beneficial:

Games (Basket ball, chess, tennis)
Carpentry
Assisting kids to secure jobs
Gardening
Tailoring
Mechanics
Driving
Poultry
Cookery
Keeping Goats
Establing a shop
Church service
Social talks
Swings

REFERENCES

1. Street Children and substance abuse in Zambia - R. Mtonga The common wealth Youth Programme African Centre (CYPAC) - March, 1993. Pg.i,iii,iv,3
2. Responding to Drug and alcohol problems in the community - WHO Geneva 1991, pages 1,2 and 81.
3. WHO offset publication number 50 - A Methodology For Student Drug use Surveys Geneva, 1980.
4. Programme on Substance abuse - WHO Street children Project. Project descussion and implimentation, Nov.1991.
5. Programme on Substance Abuse - Street Children Project. Modified Social Stress Model. Jan, 1992.
6. Programme on Substance Abuse - WHO Street Children Project, focus groups. Feb, 1992.
7. World Health Organisation: AIDS In Africa: The Situation and Future action. Washington, DC. 1989.
8. Impact of HIV/AIDS on African Children. Social Science and Medicine, 1990, vol.31, No:8, 871 -680. P A Elizabeth.
9. Health Net - UNZA Ridgeway Compus Library - 03/05/94 11:10 hours.

SOUTHERN END OF GARDEN COMPOUND



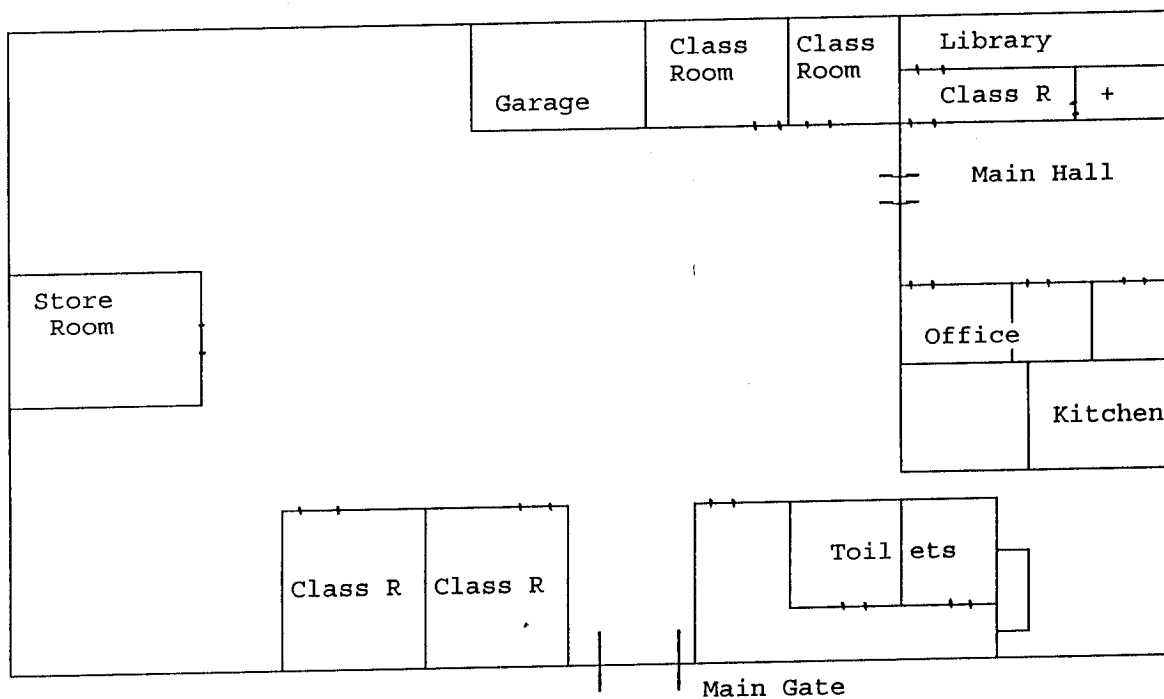
SCALE 1:5000

1000



APPENDIX (II)

Sketch Representation Of Garden Compound Drop -In Centre SKI . (Not to Scale)



Road A.

THE CAUSAL FACTORS, SUBSTANCE USAGE AND THE EFFECTS
OF REHABILITATION OF STREET CHILDREN SURVEY

ate.....

languages used.....

ex..... Age.....

ate of Birth Year.....

Month.....

Day.....

lace of birth.....

ime in any Town.....Months

ime in Lusaka.....Months

ears of Schooling.....

ighest grade Completed.....

umber of Siblings Boys.....Girls.....

osition in family.....

1. Who do you stay with now.....

2. If not with parents where is your Father?.....

DO NOT WRITE IN THIS COLUMN

IDENT

1	2	3
---	---	---

LAN 1

4

 LAN 2

5

SEX

6

 AGE

7	8
---	---

BYR

9	10
---	----

BMN

11	12
----	----

BDAY

13	14
----	----

PLACE

15

TOWN

16	17	18
----	----	----

LSK

19	20	21
----	----	----

SCHYR

22	23
----	----

GRADE

24	25
----	----

BOYS

26	27
----	----

 GIRLS

28	29
----	----

FAMPOS

30	31
----	----

STAY

32	33
----	----

FATHLOC

34

if Father dead how long ago (Months)

Where is Mother?

if dead how long ago?

Where do you usually sleep at night?

During last week how often have you slept away from home

(i) Where?

During the last month how often have you slept away from home?

(i) Where did you usually sleep?

If you don't live with your parents or other family member (Phrase according to your circumstances)

Why is this

FOR ALL

Have you ever experienced any of the following

	AT HOME	ELSEWHERE
Fights between people		
Been beaten		
Shortage of food		
Big quarrels		
People getting drunk		
Forced to have sex		

- DE
- 1. Never
 - 2. Once or twice

- 3. Often
- 4. very often

35 36 37
FDIED

38
MOTHLOC

39 40 41
MDIED

42
USLENGHT

43
SLAWAY

44 45
PLCE

46 47
TIMES

49 50
WHDID

51 52
WHY

53 54

55 56

57 58

59 60

61 62

63 64

Now I would like to ask you about beer drinking and similar activities:-

What kind of beer do you know?

MENTIONED SPONTANEOUSLY RECOGNIZED	SEVEN TAKEN BY STREET CHILDREN
"Wire"	
ku	
su	
key	
ba	
bi	
r	

65	70
71	76
1	6
7	12
13	18
19	24
25	30
31	36
37	42
43	

(Mentioned/Recognized) never (even used)

- Spontaneously 1. Yes
- Recognized 2. No
- Not known 8. N/A
- 9. N/A

1. Now I would like to ask you about beer drinking and similar activities:-

What kind of beer do you know?

	MENTIONED SPONTANEOUSLY RECOGNIZED	SEVEN TAKEN BY STREET CHILDREN
Local "Wire"		
hibuku		
bsi		
ncasu		
Whiskey		
gin		
boamba		
Solopi		
Wine		
Other		

65	70
71	76
1	6
7	12
13	18
19	24
25	30
31	36
37	42
43	

CODE (Mentioned/Recognized) (None seen used)

- | | |
|------------------|--------|
| 1. Spontaneously | 1. Yes |
| 2. Recognized | 2. No |
| 3. Not known | 8. N/A |
| | 9. N/A |

12. What other substances do people take to get drunk or "high"?

	MENTIONED SPONTANEOUSLY	RECOGNIZED	SEEN TAKEN BY STREETS CHILDREN
Petrol			
Glue			
Paint thinner			
Lighter fuel			
Benzene			
Tobacco			
Dagga			
Mandrax			
Opium			
Valium			
Heroin			
Cocaine			
Other Specify			

49	54
55	60
61	66
67	72
73	78
1	6
7	12
13	18
19	24
25	30
31	36
37	42
43	48

CODES for both (Mentioned/Recognized) CODES for (Seen used)

1. Spontaneously
2. Recognized
3. Not known

1. Yes
2. No
8. N/A
9. N/K

3. Have you taken used any alcohol or drug yourself?

DRUG	YES/NO FREQUENCY PAST 12 MONTHS	FREQUENCY PAST 30 DAYS	AGE FIRST USED

49	55
56	62
63	69
70	76
77	83
84	90
91	97

14. Why do you take the following if (Applicable)

	ALCOHOL	VOLAT	CANN	VALIUM	OTHER
Because Friends do					
Because given					
To take away hunger					
Just like it					
Like getting drunk					
To propose girls					
Else 1					
Else 2					

8	13
14	19
20	25
26	31
32	37
38	43
44	49
50	55

CODE

- 1. Spontaneous
- 2. Direct Q.
- 3. No.
- 4. N/A

15. Do you think any drugs cause harm?

WHICH DRUG	YES/NO	WHAT HARM	56	58
Tobacco			59	61
Alcohol			62	64
Cannabis			65	67
Volatile			68	70
Others			71	73
			74	76
			77	79

16. (a) How long ago did you start coming here (weeks)

.....

LOAGO

1	2
---	---

16. (b) Why did you start coming here?.....

.....

COMHER

3	4
---	---

17. How did you spend most of your time before coming here?

.....

.....

SPTIME

5	6	7	8
---	---	---	---

18. Did you ever steal any thing? Yes/No

(If Yes) What?

STWHAT

9
10

19. Do you have a really girl friend, Y/N

HAVEGF

11

20. How often did you play sex last 30 days?

.....

HWF SEX

12	13
----	----

21. How often with a condom?.....
.....

14	15
----	----

22. Ever played sex with a man Yes/No?
.....

16

23. What do you most want to do?
.....

17

MOSTDC

24. Has coming here helped you do just that? Yes/No
.....

18

25. (If no) Why?.....
.....

19

WHYN

26. How easy do you find approaching the staff whenever you have a problem or need help?
(tick only one from (i) to (iv))

20

EASTAFF

- (i) Very difficult
- (ii) Fairy difficult
- (iii) Fairy easy
- (iv) Very easy

27. How is your behaviour now compared to the past?
(i) No change
(ii) Very little change
(iii) Drastic change
(iv) Other comments
.....

21	22
----	----

PAST

28. What are your thoughts about school?
.....
.....

23	24
----	----

THSCH

29. What are your gains and losses ever since you started coming here?

25	26
----	----

WEGAIN

Gains

Losses

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

27 28

WHLOSS

--	--

0. What other services would you like to see being offered?

.....

.....

.....

29 30

SEOFFER

--	--

1. What are your future plans?

.....

.....

.....

32

FURLN

--	--