



International Programme on the Elimination of Child Labour (ILO/IPEC)

Rapid Assessment Report on HIV/AIDS and Child Labour



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**Stated in six selected districts of Zambia:
Lusaka, Luanshya, Livingstone, Kapiri Mposhi,
Katete and Chipata.**



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Synopsis of HIV-induced Child Labour in the Sampled Districts

Child labour and HIV/AIDS Interface

The tier between child labour and HIV/AIDS appeared obvious to many a respondent and key informants. The relationship was deemed bi-directional and strong. Evidence accrued from the study attested to anecdotal evidence about the link between the two social problems. On account of age at start of work, regardless of economic activity, about 18 % of all sampled children were engaged in child labour. Moreover, from the vantage of hazardous work and worst forms of child labour, it was clear from the weighted averages that Lusaka had the highest incidence, followed by Chipata district. The least incidences were recorded in Katete and Livingstone. The two measures of child labour were relied upon due to their intersect across the comparative age group categories.

It was evidently clear that of the total sum of weighted average incidences per district, urban districts [namely, Livingstone, Lusaka and Luanshya] had higher aggregate prevalence rate [90 %] compared to rural districts [10 %] of Chipata, Katete and Kapiri Mposhi. In relative terms vis-a-vis hazardous work, Child Labour prevalence was distributed as follows: 85 % Lusaka, 6 % Chipata, 4 % Kapiri, 2 % Luanshya, 1.3 % for Katete and 0.9 % Livingstone district. From the vantage of worst forms [i.e. streetism], the prevalence distribution was as follows: Lusaka [90 %], Chipata [6 %], Kapiri [3 %], Luanshya [0.9 %], Livingstone [0.6 %] and lastly, Katete [0.3 %]. The level of significance was quite comparable between the two measures.

With regards HIV-affected child labourers, it was quite challenging to filter out prevalence rate per district due to lack of reliable data at district level. Moreover, due to non random sampling procedures, only crude estimates could be deduced. As such emphasis was placed on the available secondary data and qualitative indication. Suffice to note that from the sampled children's perception index of HIV risk at work stations, the highest potential prevalence was in Lusaka [95 %], followed by Chipata [2 %] with the least perception index registered in Katete [0.1 %].

It should be noted that the basis for these indication were as per available data from the study, owing to the lack of actual testing for HIV and reliable data at district Health Management Board level. Henceforth, these indications needed to be cross referenced with the ZDHS [2001/2] and the forth coming one on indicative prevalence rate for age group 15-19 yrs by rural-urban and sex disaggregation. From the foregoing analysis, child labour was not equally prevalent in all the districts. Besides, the Focus Group Discussions [FGD] also provided useful insights into the problem of child labour, especially from the perspective of HIV/AIDS and its devastating effects.

According to a child in Katete: "Child Labour is there because we have to pay school fees on our own. To get money we have to work and some people give us as much as K 10 000 [about US\$ 2]. *Kusauka* ["Being poor"] also contributes to the urge to work. We have to work hard as our parents cannot find money. For example, we can make K 200,000 [approx. US \$ 49] from selling cotton during harvest season. But then we have to buy food, pay for hospital and medicines, hence, most of the time there is no money left for school fees. Where families are big and with grandchildren it is not easy."

Child Labour and Gender perspective

It was unanimously agreed by all study participants that there were many working children in the selected districts, though some of them had problems defining what constituted child labour. They also noted that it was not possible for them to know the exact numbers citing unavailability of survey data. As to the gender dimension, it was agreed that both girls and boys were involved in unknown proportions; thus, the ratio was not assumed as being 1:1. That perspective was not universal. For instance, key informants in Luanshya were of the considered view that though both girls and boys were involved in child labour, however, there were more girls working than boys. Generally, there was an element of "specialization of labour" in that girls were involved in one type of work and boys had their own.

In some districts and within same district [but different sources], divergent views on the gender mix of working children prevailed. For example, many boys were involved in "energy-intensive" employment such as lifting heavy loads, digging in unused mines, charcoal burning, digging water wells, fetching water for restaurant owners, working on farms, especially during cultivation and harvesting and picking bottles at beer drinking places both during the day and night. The girls were mainly involved in trade-related employment, including selling on the streets, market and at drinking places. Others worked as maids, cooks and waitresses in eating-places as well as washing clothes in residential areas in pre-dominantly rural districts [Katete, Kapiri and Chipata], the common activities children

reported to be involved in were selling edibles such as flitters, maize, groundnuts, drinks, water and *Nyau* [some form of traditional initiation and dance]. Other activities were related to farming such as land tiling or preparation, weeding and harvesting agricultural produce such as tobacco, maize and cotton. Heading cattle was predominantly reported to be a task for boys while fetching water and firewood mostly involved girls. Cattle herding was widespread in rural areas. In some cases a child was bonded to herd cattle for three to four years after which he would be given one animal if the “informally” agreed terms were adhered to by both parties. In any case, on a typical day these children woke up around 03:00 AM since they have to take the cattle very far and only to return around 18:00 PM.

Besides, boys were also involved in charcoal production, cutting trees as well as carrying timber and they usually dug pits for toilets. One child in Chipata recounted that: “Some of us only do this during holidays and we get paid. When we work, we are paid in-kind, things like maize, second hand clothes and shoes. When we work in gardens we usually get K 1000 or K 2000 [approx. 20 or 49 cents]. But money is usually a problem. When we work for money some people tell us that they will give us more money if we slept with them. Some can even rape you.” In short, the main sectors of participation by the children were:

- Informal sector [petty trading].
- Agriculture [usually under subsistent farmers; but also emergent and commercial farmers were found in a dilemma of outputs-based incentive i.e. at time of cotton picking. So available family labour was summoned by those engaged. Children were no exception].
- Building and construction [stone crushing].
- Transport [taxi and min-buses].

Hidden forms of child labour included domestic labour. Worst forms identified by the groups included the following:

- Sexual exploitation
- Hawking [in awkward places i.e. Bars]
- Bonded farm labour
- Child trafficking [a case in Kapiri Mposhi was confirmed concerning one named foreign woman, using rail transport].

Origin of Working Children

In terms of where the working children came from, the key informants mentioned that child labourers usually came from very poor families and mainly from shanty compounds. Sometimes such children originated even from upper class residential areas since some of them had lost their parents and they were staying on their own. Other children came from nearby farming blocks. The children normally worked in the informal sector, mainly selling foodstuffs, fetching water for use in homes and restaurants or bars. Cases of migratory or shifting labour were cited in transitory towns [Kapiri and Lusaka]. These children would be very difficult to track or assist.

Drivers of HIV-induced Child Labour

The most outstanding and cross cutting factor for the prevalence of child labour and HIV/AIDS in most of the districts was poverty. This factor was linked to diminishing household income owing to inactivity in the known productive sectors per given districts [i.e. industrial base or mining sector for Luanshya and Kapiri Mposhi versus agricultural stagnation in Eastern districts]. Prior to the rigorous privatization programme embarked on by the government-elect in the late 1990s and the subsequent retrenchments, most of the selected districts were deemed to have had meaningful economic vibrancy and many people lived better lives. However, the districts were now economically depressed and many people were living in abject poverty. This had really compounded the problem of child labour and HIV/AIDS in the respective areas.

Children, thus, worked to supplement household income, while the numbers of child-headed households have kept on increasing. Participants in the focus group discussions also noted that many households had dissolved especially where the household head had left in search of better employment opportunities in other towns. Others had totally abandoned their families and consequently increased the level of suffering for the remaining members of the family. In some cases, both parents left their children behind and never returned. Another consequence of the closure of “non-performing” national assets [i.e. copper mines in Luanshya] was the increased number of orphaned children. A good number of former miners [though, it was not possible to obtain the actual statistics] were said to have died as a result of depression due to lack of alternative employment, thereby leaving their spouses and children to fend for themselves. The other major contributing factor to the high level of child labour in the districts was HIV/AIDS. Again the bad economic situation of many residents in the areas had forced many people, especially girls

and women, to engage in illicit sexual activities at the risks of contracting sexually transmitted diseases, including HIV/AIDS. Many children had been left orphaned and the only means of survival was to find any kind of work to take care of themselves and other family members.

Some participants also observed that a good number of working children were being kept by their grand parents, especially grandmothers who were themselves too old to take good care of their grandchildren. As a result, these children ended up fending for themselves by working. Due to HIV/AIDS impact, some children had become major contributors to household income in addition to taking care of their sick parent(s) or guardian(s). In sum, key push factors fuelling child labour and HIV/AIDS included:

- Family labour, instability, abuse and potential parental negligence.
- Lack of household capacity to fend for children, adequately.
- Poverty and hunger [low wages].
- Peer influence.
- Orphan hood and resentment of being taken care of by distant relations.
- HIV/AIDS impact.
- Cultural context [existing socialization messages demanded getting used to hard work from childhood]
- Ignorance of or lack of consensus on what constituted child labour.
- Lack of appropriate technology transfer, especially for peasant and emergent farmers [lack of draught power and farming implements].

Conditions under which Children Worked

Participants in all FGDs described the working conditions for working children as pathetic. And since many of them worked in the informal sector, conditions of service were none existent and mainly at the mercy of the “employer”. Many children were meant to work long hours and some worked at night or in places that endangered their lives. In terms of payment mechanisms, many children were said to be engaged on cash basis with a few isolated cases of children who were paid in kind. Nevertheless, the payments were said to be very meager while others did not even pay the children. Children, in any case, preferred to work for cash to enable them use the money to buy basic necessities.

Effects of Child Labour

“When a child is involved in child labour, they do not look well. They are dirty. They have no time to bath and wash their clothes. They work hard but they are starved. As a result they do not grow normally. If you are the only girl in the family, like me, I started working very early about six or five years old. By the time I was nine years old; I could carry heavy things or work on big plots on the farm. As a result I often experience backaches and chest pains.” When in difficult situations, girls would resort to having illicit sex with boys because they want to eat, get soap, lotion and decent clothes. “Since girls are marginalized, they look up to boys. Taking care of children also makes some girls want to have children and they are not worried because they have gotten used to such situations”. Boys were also tempted to have illicit sex when they worked with girls and in the end they might get HIV. One boy in Chipata was blunt that: “If we are working with girls and they do not sit properly, we can even rape them.” In general, girls were usually not safe when they were working with older men because it was easy to be sexually abused. “Whereas between us as children we have sex because of sexual desires and peer pressure; with older men girls are just forced and when some girls get used, then they cannot stop”.

Children emphasized that: “When our parents die, we suffer. Some become prostitutes and some start stealing. Things become difficult, especially if you do not have good relatives to stay with. The main problem with boys, in particular, is that if they are in a difficult situation they often resort to stealing. If they are caught then they are beaten up. It is not good when people begin to think that you are a thief when they will not be willing to help you, anyway.” Moreover, children who worked in markets and near bars were exposed to bad habits such as smoking, drinking beer or taking other kinds of drugs from older persons. All in all, the following were the generic effects that child labour culminated into:

- Missed schooling opportunity.
- Moral degradation.
- Exposure to crime/criminal activities.
- Sexual abuse.
- Reformation becomes difficult [internalized child labour].
- Societal complacency [acceptance of the vice].

Hazards faced by Working Children

The lives of many working children had been affected in several and varying ways. Discussants lamented the fact that many working children had their future ruined because some of them had dropped out of school at an early stage. They also added that the working children that were still in school were unable to successfully complete their studies because they had to strike a balance between attending school and working. Others noted that the effects of child labour could be physically seen on some children. For instance, signs of stunted growth and malnourishment could easily be observed in some children. Even marks of physical and sexual abuse were manifest on some working children.

Participants, in a good number of FGDs, noted that many working children, especially girls, were being sexually exploited by older men. They explained that defilement cases were on the increase in the districts and most of those affected were working girls. In some cases, children as young as 13 years old had been made pregnant. Many working children were exposed to early sex encounters with the consequence of contracting sexually transmitted disease and the most dreaded of them all, HIV/AIDS. The main way in which some working children were engaged in illicit sexual activities was through inducement.

Older people, who had the habit of having sex with children, would promise money and other favours to the working children in order to have sex with them. They took advantage of the vulnerability of the children, especially as a result of high levels of poverty. However, there was lack of evidence to show that their “employers” were sexually exploiting working children; nonetheless, it was generally noted that most working children were having illicit sex with the people they encountered at work or on their way to or from work. Discussants also observed that it was difficult to protect working children from such vices because many of them worked on the streets where they could easily be molested by strangers and that way it was difficult to institute any legal proceedings against perpetrators. Other hazards or risks faced by working children included working without protective clothing, especially those who worked at farms and as a result many of them got hurt. Even those who worked on stone crushing sites, in Luanshya locally known as “*ku malupili (the mountains)*”, had no protective clothing such as gloves or any masks to cover their nostrils or goggles to protect their eyes.

Consequently, many of them suffered from persistent coughs and eye problems and cuts on their hands. Though it appeared that girls [working children] were more at risk of sexual exploitation and the eventual contracting of sexually transmitted infections or pregnancies, boys were also to some degree at risk of HIV/AIDS infection. It was noted that some boys in their drunken state would engage in sexual acts either with older prostitutes or with their fellow children. Related to sexual abuse of children was physical abuse. Drunkards were in the habit of beating up working children, especially in the night since most of them sold foodstuffs at nightclubs or bars. Again girls were the ones who usually got physically abused, mainly if or when they refused to have sex with older men or other boys.

Other hazards children face in their work had to do with safety. Those who worked on farms were exposed to the dangers of snakebites, or hurting themselves. Some worked in places where they would easily be burnt in an event of a fire since many places did not have fire fighting facilities or equipment. The interviewees also observed that the streets, where most of the children worked, were dangerous. At times children had to contend with raids by the combined team of state and council police, who usually used tear gas canisters to chase them from the streets.

Male working children usually assaulted themselves, as they liked fighting while older boys would grab money from younger boys. The district law enforcement authorities were also grappling with suspected practices of Satanism, whereby children were being targeted for ritual murder. An incident was reported, in Luanshya, of one working girl who had been brutally murdered and had her breasts removed in what many residents believed to be the works of suspected Satanists. In predominantly agri-business propelled local economies [i.e. Katete, Kapiri and Chipata], the use of pesticides and other chemicals, without protective clothing, had exposed the children to unexplained eye infections, while exposure to heavy machinery was another potential source of accidents.

Cattle herding also exposed the boys to serious injuries because of the violent nature of the animals when not handled properly. Spending most of the time in the bush put the boys at risk of snakebites or attacks by unscrupulous people. By its nature, cattle herding in most cases implied that the affected children would either not complete school or they would have not enrolled in the first place. Excreta and other wastes from the herd were also believed to make the children mentally retarded. Social risk, such as sexual harassment, was not ruled out, especially for girls. That eventually exposed them to the risk of contracting HIV/AIDS, while those involved in prostitution were perhaps more evidently at risk. It was generally noted by most respondents that exposure to certain environments led to a child contracting diseases. Such children were also likely to contract diseases from the same animals they were herding; for example TB and other zoonotic diseases [those found in both humans and animals and can be transmitted from animals to humans]. In addition, being away

from home for longer periods exposed the children to poor nutrition and unsafe water sources. In effect, potentiality of hazards might have had rural and urban bias, vis-à-vis such citations as:

- Early marriages and risk of infections or complications.
- Low school attendance or drop out.
- Chemical poisoning [especially, those working in the agriculture sector].
- Injuries.

HIV Response for Working Children

Although almost all the districts had well-coordinated HIV/AIDS response programs, there was none that was specifically meant for working children. In other words, working children had little opportunity to learn about HIV/AIDS prevention. However, and as an example, the Copperbelt Health Education Program [CHEP in Luanshya] had some programs meant for Orphans and Other Vulnerable Children [OVC]. The project also had come up with new programs in schools and communities by introducing the concept of peer educators and community mentors. Another organization that worked towards educating the youth on HIV/AIDS was Roan Youth Development HIV/AIDS Counseling Project. The project was educating the youth about HIV/AIDS through sport and also provided counseling services. Nevertheless, as earlier pointed out, these efforts were targeted at the general youth populace and not working children.

Major Challenges facing Support Organizations

The major challenge faced by organizations trying to reduce child labour in the districts was the attitude of many parents and guardians as a result of failure to understand the problem of child labour. Knowledge gap of the phenomenon was identified as one issue that was drawing back progress in reducing the prevalence of child labour. Many parents or guardians could not distinguish normal child work from child labour. This attitude was attributed to some traditions and customs that encouraged children to be strong and become self-reliant even at an early stage in life. Some of them were said to be suggesting that discouraging children from working would result in a generation of lazy people. Other challenges included inadequate financial base to enable communities or institutions to come up with programs targeted at working children. Other constraints were summarized as follows:

- Poor school performance by children withdrawn from child labour.
- Unruly or lack of concentration [rough language] by such children.
- Poor rehabilitation of learning infrastructure.
- HIV/AIDS programs concentrate on in-school children and sideline the out-of-school.
- Rural blackout [between and within districts] in terms of interventions.
- Breaks in funding pipeline. Non-durability and predictability of funding.
- Limited concentration on behaviour modeling and change among street children.
- Pre-determined donor preferences and restrictive geo-location targeting, coupled with tight durations [project oriented than programme approach].

Community-Based Response to Working Children

It was acknowledged that there were isolated people from some organizations [NGOs] that brought clothes. The Victim Support Unit, under Police, was also recognized, especially when a child was abused. In schools and hospitals, there was information given especially about child abuse and HIV/AIDS. In Katete, organizations like Children in Distress [CINDI] were helping through community schools and they also gave food to children and their parents. The food was sourced mostly from the World Food Programme (WFP). In this regard, community schools were better than government schools. However, it was underscored that despite receiving such assistance, most children and their families still faced a lot of challenges. As a result, the children continue working in order to meet certain needs and necessities of life. "We also hear about other activities about child labour but we have not benefited from them."

For Chipata, at the policy and government level, the Ministry of Education had been running a campaign called the BEST CHOICE Campaign for two years [between 2002 and 2004] in some selected government and community schools, in line with the policy objective of ensuring quality education. In this context, addressing the problem of child labour was seen as an important component preventing the exploitation of pupils as a way of ensuring access to quality education. The programme was funded by the US Department of Labour. Chipata was fortunate enough to be part of the pilot phase. In terms of strategy, the project relied mostly on community theatre in order to communicate the intended messages about the problem of child labour and the related issues. CARE International was also helping to tackle the problem indirectly by targeting community schools and by keeping some of these children in schools. One organization, Jesus Cares Ministries

had projects supported by the US Department of Labour that was trying to deal with the problem of child labour in a more direct manner. However, this project was quite limited in view of the scale and extent of the problem, even at district level. Other mentioned support systems included:

- Changes 2: Nutrition Promotion [SHN] in schools. This also included support to schools in providing fruit trees and fish ponds [for Kapiri, 17 basic schools and 13 community schools were being assisted].
- UNICEF “Go Girl Child Initiative”.
- BESSIP Bursaries to continue with school.
- Food Security Packs under Community Development.
- Social Protection activism [i.e. school requisites support] under Social Welfare.

In sum, some children could only reckon with deep-seated resentment that: “People just talk! Some are willing to help but they do not have the means to do that, as such, nothing much is being done to help children under difficult circumstances”. All the children affected by such problems needed assistance. But organizations [NGOs] only operated in some areas and as a result some children were obviously being left out.

Priority Actions to Eliminate HIV-induced Child Labour

It was noted that the effective way to bring about attitude change in people towards child labour and HIV/AIDS was through educating them on the difference between child labour and child work. Discussants observed that their efforts to combat the occurrence of child labour were being hindered by low levels of knowledge about child labour. They also said formation of community groups could help since people would meet to share knowledge on the subject matter. They added that even advocacy and sensitization programs could be carried out through these same groups. The groups would also identify working partners to educate the people on the rights of children including children themselves because knowledge gaps amongst children regarding child labour was also present. Other preventive measures that the community thought would assist included the formation of co-operatives so that the local community could be empowered. The rationale behind the formation of co-operatives was that it would be easier for members to obtain financial assistance or access farming inputs so that households would be self-sustaining. This was against the background that poverty was a major factor for the prevalence of child labour and HIV/AIDS in most of the districts. In terms of rehabilitation measures, it was strongly suggested that working children should be withdrawn from their work places and taken back to school.

For withdraw to materialize, community involvement would be vital. Besides, it was discovered that others still thought sending girls to school was a sheer waste of time and money, instead they should be married off as soon as possible. So in order to prepare them for marriage life, they subjected them to a lot of hard work at an early age, including carrying heavy loads and selling foodstuffs and other goods in public places. They also suggested that community-based organizations should be formed, empowered and where they already existed, they should be supported financially and otherwise. They objected to the idea of imposing NGOs on the community saying these did not understand the dynamics of those communities adding that the donor community should put emphasis on prevention.

There was also emphasis on empowering women with income-generating activities in order to improve household food security. Other recommendations included provision of financial assistance in form of soft loans to child-headed households and other OVC. But before the money was made available to them, they should be trained in management skills and proper monitoring mechanisms should be put in place. In essence, poverty reduction was identified as one of the key solutions to child labour in all districts. As such there was need to generally uplift the living standards of households where the working children come from. Economic empowerment of the affected households through provision of income generating activities would help to reduce the number of working children.

It would be impossible to stop child labour as long as the households remained poor because some of these working children contribute a lot to food security in their homes. Older working children must be enrolled at special skills training institutions and then provided with resources to enable them start small businesses. However, it was observed that the economic situation in most of the districts would make it difficult for the children to realize reasonable profits since the buying power of many residents was low, due to the high level of unemployment.

For working children still in school, they should be helped with school requisites since some of them said they worked because their parents or guardians had failed to provide the same school requisites to them. In addition to school requisites, school-feeding programs could be re-energized and scaled-up to improve the nutrition of children since a good number of them came from poverty-stricken families.

In sum, local solutions included, but not limited to:

- Enhanced sensitization using local organizations, especially faith-based.
- Increased funding of projects at community and household levels.
- Reform the education sector to increasingly incorporate practical and marketable skills acquisition at early stages.
- Strengthening existing extension services.
- Enhance the mobility of local government representatives.
- Expand inputs support programme, especially among poor households [in rural areas].
- Expansion of the Zambia National Service [implemented] pilot intervention of skills training for out-of-school youths.
- Alcohol control policy needed to be expedited.
- Bring on board traditional leadership structure to fight child labour and HIV/AIDS.
- Encourage “community parentage”, whereby community committees could take charge of welfare of orphaned children in their catchment by means of taking turns to fend for such kids in very difficult circumstances.

Child Protection Instruments

Regarding policy matters, discussants observed that the available relevant policies [i.e. youth or child policy] were not clear and did not even seem being implemented. They recommended that the policy should incorporate the issue of HIV/AIDS among the youth and how to tackle it. They also felt that violation of children's rights, including subjecting children to child labour and child abuse should be met with stiffer punishment. Key constraints to full application of existing child protection instruments included:

- Fear of retaliation [witchcraft].
- Low sensitization or awareness among the concerned public.
- Prosecutors did not have access to relevant Acts. Key law enforcement officers were also culprits due to low wages [weak leadership or mentorship].
- Decline of neighborhood watch vigilance.
- Even the Education Act provided for prosecution of parents neglecting child education. But enforcement was compromised by hopelessness facing most parents.
- The law was currently biased towards formal employment.
- Affected children lacked information about their rights vis-à-vis labour participation. They were the least likely to report cases of abuse.

Government was also urged to build more school, especially in rural areas, as some of the current schools were too far from where some children stayed. In terms of measures to address the problem, first a census of some sort had to be undertaken in order to determine the number of working children in the nation.

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List of Abbreviations and Acronyms

ABC	Abstinence, Be-Faith or Condomize
AIDS	Acquired Immuno-Deficiency Syndrome
ARV	Anti-retroviral [Therapy]
CBO	Community-Based Organization
CBoH	Central Board of Health
CSO	Central Statistical Office
FGD	Focus Group Discussion
FNDP	Fifth National Development Plan
GBV	Gender-Based Violence
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HDR	Human Development Report
HIPC	Highly Indebted Poor Country
HIV	Human Immuno-deficiency Virus
ILO	International Labour Organization
IPEC	International Programme for the Elimination of Child Labour
IRI	Interactive Radio Instructions
LCMS	Living Conditions Monitoring Survey
MDG	Millennium Development Goals
MoH	Ministry of Health
FGD	Focus Group Discussion
HIV	Human Immuno-deficiency Virus
JASZ	Joint Assistance Strategy for Zambia
NAC	National AIDS Council
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
ODA	Oversees Development Assistance
OVC	Orphans and Vulnerable Children
PTCT	Parent-To-Child Transmission of HIV
SAP	Structural Adjustment Programme
SD	Standard Deviation
TB	Tuberculosis
UN	United Nations
VCT	Voluntary Counseling and Testing
ZNS	Zambia National Service

CHAPTER ONE

INTRODUCTION, BACKGROUND AND RATIONALE

1. Background and Justification

1.1 Framing the Study

The study team adopted the definition provided by SIMPOC derived from the ILO Conventions on children at work. Children engaged in economic activities were referred to as “working children” while “child labour” represents only a subset of this group. Thus, child labour was defined by its consequences and included work that:

- Was mentally, physically, socially, or morally dangerous and harmful to children; and/or
- Interfered with their schooling by: -
- Depriving them of the opportunity to attend school;
- Obliging them to leave school prematurely; or
- Requiring them to attempt to combine school attendance with excessively long hours and heavy work.

It was underscored that whether or not particular forms of work could fairly be termed child labour depended on the **child's age**; the **type of work performed** and the **national objectives** pursued by individual countries, in this case Zambia.

1.2 Analysis of the problem

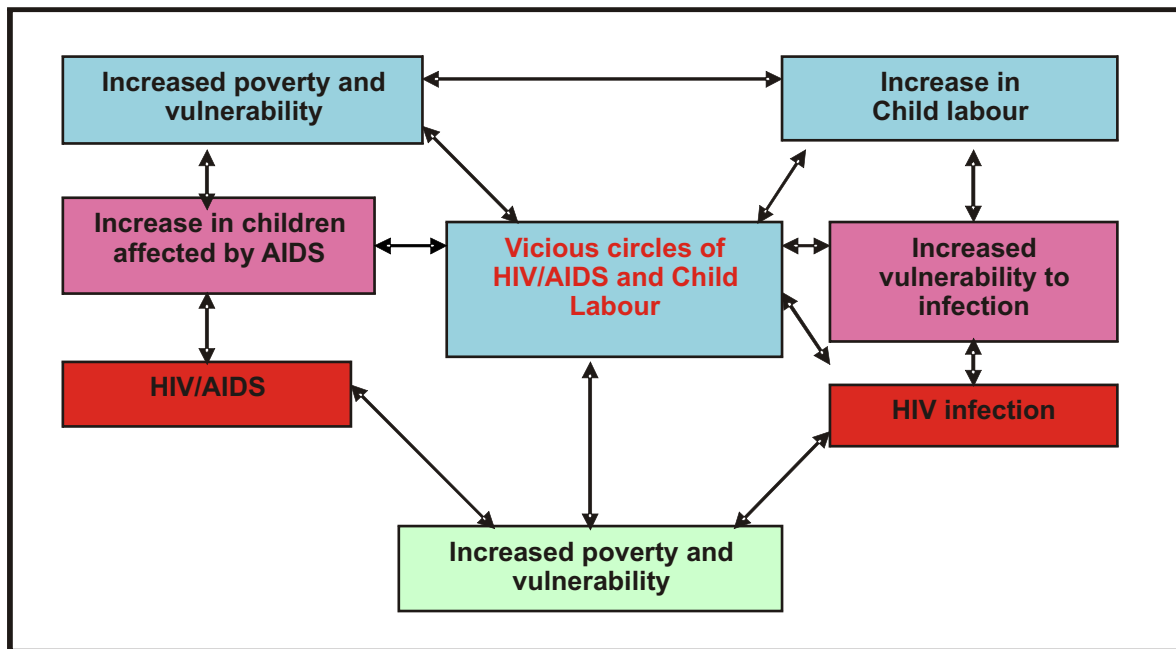
Child labour was recognized as a global problem. An estimated 250 million children were working in the world, among more than a third [80 million] were working in Africa alone [56 % boys and 44 % girls]. Of the estimated total of 250 million working children, about 50-60 million children were working in hazardous circumstances and many were hidden from view, exploited in virtual slavery.

Despite wide ranging efforts to curb child labour, such as many African countries ratifying the ILO conventions 138 and 182, domesticating such conventions on child labour into national laws, coupled with assorted collaborative efforts, the scourge still continued to persist. Child labour was a harsh reality in many countries, including Zambia, due to, among other factors, weak institutional and law enforcement capacity, lack of awareness of the law, entrenchment of child labour in many countries as part of the culture and the limited alternative choices available to children because of wider poverty and HIV/AIDS.

The aggravating impact of HIV/AIDS had even brought frightening implications for the culturally deep-rooted practice of child labour. The near-acceptance of this problem as a “defiant” means to cope with multiple vulnerabilities, entrenched upon the concerned households and communities, remained worrying. The predicament of HIV/AIDS, as an extraordinary crisis, by implication entails resisting the temptation to accept the inevitability of “HIV/AIDS-induced” child labour as just another of the world's many problems.

In essence an exceptional, equity-oriented response that remains flexible, creative, energetic and vigilant to deal with country-specific manifestations of inequities was eminently vital. Besides, the long-term programming perspective of “HIV/AIDS-induced” child labour was required. HIV/AIDS had made millions of generations of orphaned children and increased their “undue” responsibility of taking care of the sick. With limited choices, such children easily fall prey to the vice of child labour. Le Breton and Brusati (2001) explained that not only did HIV affected children and child labourers interface, HIV and child labour were creating vicious circles. The duo provided a useful analytical framework for understanding the interface between child labour and HIV/AIDS, based on reviewed literature (as depicted in the diagram).

Fig. 1a Child labour and HIV/AIDS Interface

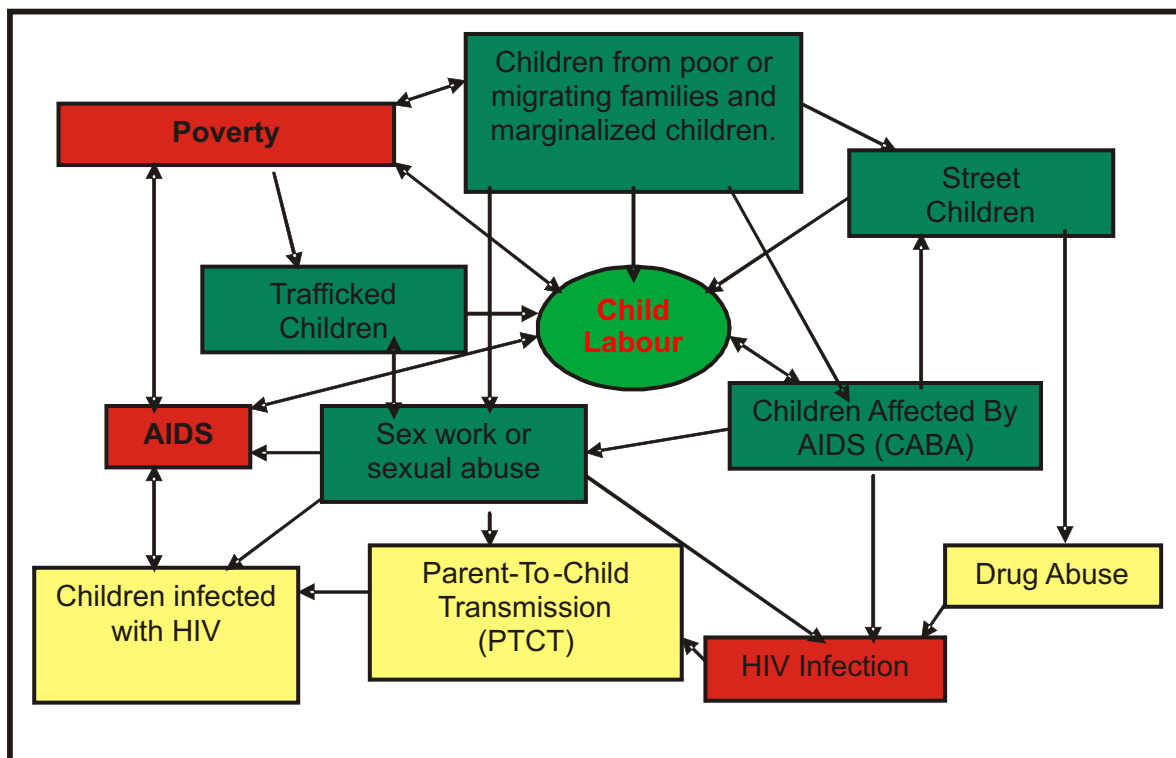


The diagram [above] illuminates the basic links between child labour and HIV/AIDS:

- HIV infection led to increased poverty and vulnerability, and an increase in HIV/AIDS and in children affected by AIDS;
- The increase in poverty and vulnerability then led many affected children to take up forms of work that in turn expose them to an increased risk of HIV infection.

HIV/AIDS and child labour are, thus, integrally linked to each other and to issues of poverty and vulnerability. This can be interpreted and expressed either in terms of rights, livelihoods or a combination of the two. A more detailed web of these links is shown in the diagram that follows from the framework of major and secondary links (major links are **in bold**, while secondary ones are not highlighted).

Fig. 1b Conceptual Web of Linkages between Child Labour and HIV/AIDS



Le Breton and Brusati (2001) also found in literature common themes and key links between the fields of child labour and, children and HIV. In fact, examples abound in literature on the actual experiences of children affected by AIDS vis-à-vis child labour. A review of the impact of HIV/AIDS on children in sub-Saharan Africa included a useful diagram of the problems among children and families affected by HIV/AIDS (Foster and Williamson, 2000).

Some child labour-related issues were highlighted in the diagram as consequences of loss of adult care (children as care providers, exploitative child labour and sexual exploitation). However, child labour, both paid and unpaid, was not included in the list of consequences of the economic problems where it clearly belonged. In sum, exploration of current literature on the interface between child labour and HIV/AIDS in Africa, and especially sub-Saharan Africa, revealed that:

- The links between child labour and HIV/AIDS were often made implicitly or in passing but were never really explored in any depth;
- There was limited literature which spanned both HIV/AIDS and child labour perspectives;
- The existing specific pieces of work that set out explicitly to examine the links failed to establish any clear conclusions on the links.

However, commonly understood links throughout the literature on HIV/AIDS and child labour included the following:

- HIV/AIDS in parents increased child labour;
- HIV/AIDS led to increased poverty, which led to increased child labour;
- Children affected by AIDS had an increased risk of engaging in risky livelihood strategies, such as living and working on the streets and informal sex work;
- Working children were exposed to increased risk of contracting HIV through the lack of a supportive, protective working environment, sexual abuse at work, or engaging in sex as a livelihood strategy;
- Working children might miss out on messages from school-based HIV/AIDS prevention programmes; and
- In some cases, where boys were earning an income, it opened up opportunities for them to engage in sex.

There were also clear gender dimensions to many of the links, especially for girls but also for boys in certain circumstances. For girls, early marriage and sexual abuse by older men carried major HIV risks, while gender roles often prioritized work over education in families affected by HIV/AIDS. For boys, the increase in poverty as a result of HIV/AIDS also created pressures to work, and earning an income and social expectation brought both pressures and opportunities for sex. Some significant gaps were apparent in the existing HIV/AIDS literature, for instance:

- Definitions of child labour were restrictive, leaving many areas of unpaid or hidden child labour unexplored;
- The HIV/AIDS literature largely failed to differentiate between hazardous and non-hazardous forms of work, a crucial distinction in the child labour field;
- The HIV/AIDS literature had a strong Africa and rural focus;
- Most evidence of the links between child labour and HIV/AIDS was anecdotal. There was a lack of verified information;
- There was little in-depth analysis on the impact of HIV/AIDS on families and children in terms of work.

Furthermore, Le Breton and Brusati (2001) noted that the child labour literature did not examine in any detail HIV/AIDS as a causal factor in child work, nor HIV/AIDS risks resulting from hazardous work. However, exposure to sex and sexual abuses through work and the increased pressures on children in families affected by AIDS to work were both widely recognized. Evidently, there was clearly scope for further research and documentation of good practice on:

- Alternatives to work;
- Reducing hazards and exploitation at work;
- Non-formal and flexible primary education;
- Health and education provision for working children;
- Safety nets;
- Community support mechanisms;
- General awareness on the links: for instance, child labour as an indicator integrally linked to rights infringements.

A few studies explored the links, but little substantive work appeared to have been done to date. An analysis of the existing literature provided pointers towards possible programme and policy recommendations such as a more holistic and multi-sectoral focus on:

- Livelihoods interventions, such as income-generation and vocational training;
- HIV education and outreach programmes for vulnerable children who were not in school;
- Community-based care and support that recognized and worked to eradicate hazards and exploitation for children under pressure to work; and
- Widespread advocacy illustrating the links between child labour and HIV/AIDS, so that they become better integrated in the planning and design of intervention programmes, such as making child labour an indicator of vulnerability in identifying orphans and vulnerable children (OVC). The literature review confirmed that this was an area of work where the overlaps were clear, but where there had been little record of practical policy experience and recommendations.

The outlined knowledge gaps presented an opportunity for the rapid assessment to play a strategic role in identifying and making practical recommendations on the links and action programmatic areas. The challenge was to find ways of working within current programming commitments to build greater internal understanding of the links, with a view to communicating externally the experiences and advocacy to a wider audience.

ASSESSMENT OBJECTIVES AND METHODOLOGY

2.0 Assessment Objectives

2.1 General Objective

To provide reliable information on child labour and HIV/AIDS in the six selected districts of Zambia, namely: Katete, Chipata, Livingstone, Lusaka, Kapiri Mposhi and Luanshya, as a basis for policy review and programming to combat HIV/AIDS-induced child labour. Kafue provided base for pre-testing of study tools.

2.2 Specific Objectives

To:

- Identify the key push [supply-side] and pull [demand-side] factors that induce child labour in the selected districts of Zambia.
- Establish the link between HIV/AIDS impact and child labour in the selected districts of Zambia.
- Establish the number and characteristics of children most adversely affected by HIV/AIDS-induced child labour in the selected districts of Zambia.
- Ascertain the existing activities, working conditions and the nature of hazards to which the working children are exposed in the selected districts of Zambia.
- Explore the extent to which HIV/AIDS issues have been integrated into existing anti-child labour programmes and policies in the selected districts of Zambia.
- Tabulate the existing child protection practices and standards as well as the key players in such efforts (who does what and for whom?) in the targeted districts.
- Explore the challenges and opportunities for new intervention measures to combat and prevent HIV/AIDS induced child labour in the selected districts.
- Suggest appropriate measures to prevent, mitigate and to eventually eliminate HIV/AIDS-induced child labour in the selected districts of Zambia.

2.3 Study Design

A comparative, descriptive and analytical study type was envisaged. This study design studies areas of concern, as they existed in selected survey districts or sites using both quantitative and qualitative methods of information gathering. Such a design was useful in this regard as it enabled establishment of multiple causes or risk factors for certain problems such as was revealed in the results sections. The design was based on both secondary and primary data. In essence, the envisaged study pursued an approach of triangulation of methods around the identified programme dimensions, as depicted by the annexed study instruments.

Given that the ultimate purpose of any cross-sectional study is to establish the prevailing state of affairs before interventions were effectively implemented, fieldwork was preceded by preliminary activities as outline in section 2.8, among which were a review of the survey protocol and instruments; sampling frame development, training of research assistants including systematic exposition to the issues involved, demonstration of interview techniques and pre-testing of research instruments. Pre-testing included the administration of all the instruments per enumerator in Kafue district, which had not been selected to pilot ILO-IPEC intervention.

2.4 Study Setting

2.4.1 Study Context

Zambia has a mixed economy comprised of a quasi-modern urban sector that follows the rail line and a rural agro-sector. Copper mining is still the main economic activity for the nation, accounting for about 95 % of export earnings. The 2005/6 projected total population was 11,470,234 with a growth rate of 2.9 %. The growth rates varied by province, ranging from 1.3 % on the Copperbelt Province to 4.3 % for Northern Province.

The population of Zambia continued to be termed “*young*” given that it was constituted by a high proportion of persons below the age of 15 years. In comparative terms, the 2000 population pyramid depicted a smoothened picture along the ages of 10-14 and mid 20s, which otherwise had a bumpy appearance in 1990. By comparison, this signified population gaps from age 8 to 23. These population gaps could be attributed to increased mortality, given the ravaging effects of HIV/AIDS pandemic coupled with odds of the declining economic situation in the country, particularly in the last decade. The table on the next page illustrates.

Table 1. Population Distribution by Age and Sex, Zambia, 2005/6

Age Group	Both Sexes	Male	Female	Population
0-4	17	18	17	2,000,572
5-9	15	15	14	1,668,077
10-14	14	14	14	1,588,852
15-19	12	12	12	1,331,743
20-24	10	9	10	1,099,967
25-29	8	8	9	966,607
30-34	6	6	6	716,683
35-39	5	4	5	517,278
40-44	3	3	3	392,898
45-49	3	3	3	332,263
50-54	2	2	2	235,717
55-59	2	2	2	185,121
60-64	1	1	1	141,460
65+	3	3	3	292,996
Total Pop	100	100	100	11,470,234

Source: CSO, Census Population Projections Report, 2003

An estimated 73 % of Zambians were classified as poor [CSO, LCMS, 2004]. Poverty was more prevalent in rural areas than urban areas [83 % and 56 %, respectively]. This had been attributed to persistent economy decline from the late 70s up till the turn of the millennium. Moreover, Zambia is one of the sub-Sahara African countries with a devastating impact of HIV/AIDS. National HIV/AIDS prevalence was estimated at 16 %. Women were more likely to be HIV positive than men [18 % vs. 13 %]. Generally, the proportion of HIV positive cases rose with age from **5 % among those 15-19 %** to 25 % in the age group 30-34, before falling to 17 % among those aged 45-49 [refer to table below].

Table 2. HIV Prevalence by Background Characteristics

Background Characteristic	HIV Prevalence [%]		Total
	Women	Men	
Age			
15-19	6.6	1.9	4.6
20-24	16.3	4.4	11.4
25-29	25.1	15.0	20.4
20-34	29.4	20.5	25.1
35-39	22.6	22.4	22.5
40-44	17.3	20.5	18.9
45-49	13.6	20.2	16.5
50-54	-	7.3	-
55-59	-	11.7	-
Residence			
Urban	26.3	19.2	23.1
Rural	12.4	8.9	10.8
Province			
Central	16.8	13.4	15.3
Copperbelt	22.1	17.3	19.9
Eastern	16.1	11.0	13.7
Luapula	13.3	8.6	11.2
Lusaka	25.0	18.7	22.0
Northern	10.0	6.2	8.3
North-Western	8.8	9.5	9.2
Southern	20.2	14.6	17.6
Western	16.9	8.3	13.1
Total 15-49	17.8	12.9	15.6
Total 15-59	-	12.6	-

Source: ZDHS, 2001-2, p.236.

HIV prevalence estimates, at district level, were not disaggregated by age group lower than 15-49. As such estimates for the said age groups would be relied upon for purposes of showing the situation per district of interest [refer to table below].

Table 3. HIV Prevalence by Selected District

District	HIV Prevalence 15-49 [%]	HIV+ Urban [N]	HIV+ Rural [N]	HIV+ Total [N]
Livingstone	31.0	13437	303	13741
Lusaka	29.5	160861	-	160861
Luanshya	26.6	19570	893	20463
Chipata	17.9	8991	18931	27922
Kapiri Mposhi	16.5	1413	8881	10294
Katete	15.7	13055	1251	11804

Source: MoH/CBoH, *HIV/AIDS in Zambia: Background Projections, Impacts, Interventions*, 1999, pp.71-73

With regards economic activities of the population, 70 % constituted the labour force out of the total population aged 12 years and above (CSO, 2004). Of these, 59 % were employed and 11 % were unemployed. The labour force participation rates were exceptionally high in Eastern Province at 78 %. Copperbelt and Lusaka Provinces recorded higher unemployment rates than the other provinces with 22 % and 29 %, respectively. The majority of employed persons were engaged in the agricultural sector, accounting for 72 % of all employed persons. Eighty-three percent of all employed persons were engaged in the informal sector; this mode was more common among females (91 %) than males (76 %). Reliable data on the extent of child labour in Zambia was only obtainable from the *Zambia 1999 Child Labour Survey Country Report*. The table below provided useful reference domains for the phenomenon of child labour as depicted in the said report.

Table 4. Key Indicators of Working Children in Zambia, 1999

	Number	Percentage of Total Population	
Total Number of children (5-17)	3,790,154	35.9	
Working Children			
<i>Last twelve months (5-17)</i>	595,033	15.7	
<i>Combining with school (5-17)</i>	126,734	21.3	
Employment Status (5-17)	595,033	100.0	
<i>Self employed</i>	43,525	7.3	
<i>Unpaid family worker</i>	483,229	81.2	
<i>Working in private households</i>	24,915	4.2	
<i>Not Stated</i>	43,364	7.2	
<i>Currently working (5-17)</i>	505,638	13.3	
<i>Combining with school (5-17)</i>	72,704	14.4	
Housekeeping Activities (5-17)	2,212,369	58.5	
<i>Work for less/up to 3 hours a day</i>	1,599,915	72.3	
<i>Work for at least 4 hours a day</i>	163,691	7.4	
Participation Rate by Province	Working children	Participation Rate	Children 5-17 as % Total Population
Central	66,702	16.7	10.5
Copperbelt	70,796	10.4	18.0
Eastern	102,240	21.7	12.5
Luapula	50,606	19.9	6.7
Lusaka	20,750	3.8	14.3
Northern	86,552	18.2	12.5
North-Western	32,161	15.7	5.4
Southern	125,926	25.3	13.1
Western	39,299	14.8	7.0
Type of Work	Children 15-17	% Total 15-17	
TOTAL	247,676	100.0	
Trading	15,851	6.4	
Domestic servants	10,155	4.1	
Restaurants/Bars	1,486	0.6	
Barbers/Hair Dressing	1,238	0.5	
Agricultural	203,094	82.0	
Carpentry/Crafts	2,724	1.1	
Food prodn./baking	2,477	1.0	
Vending/Hawking	7,678	3.1	

Source: CSO and ILO/IPEC, *Zambia 1999 Child Labour Survey Country Report*, 1999.

2.4.2 Study Population

The assessment targeted the six pilot districts of Zambia selected by ILO/IPEC, namely: Livingstone, Lusaka, Katete, Chipata, Kapiri Mposhi and Luanshya. These districts were selected by ILO-IPEC on the basis of the high prevalence of child labour and HIV/AIDS. Moreover, they both had a rural and urban comparative stratum.

Other reasons for selecting the said districts included that:

- The six districts also constituted the urban-rural core of the country and were severely affected by unemployment, street children, AIDS morbidity and mortality, and a concentration of orphans.
- These areas were also important in terms of data triangulation between urban, peri-urban and rural areas. A comparative study of urban and peri-urban areas was essential in producing a balanced view and understanding of the issues under study.

According to the Central Statistics Office of Zambia (CSO), the 2006 population estimates, with AIDS, in each of the selected districts of Chipata, Katete, Livingstone, Lusaka, Kapiri Mposhi and Luanshya, was as shown in the table.

Table 5. 2005/6 Projected mid-year Population by age and sex, medium variant, with AIDS

District	Population			Total 0-19 yrs [proxy for 5-17]			% 0-14 yrs
	Male	Female	Total	Male	Female	Total	
Kapiri Mposhi	117,545	115,937	233,482	64,547	64,028	128,575	45
Luanshya	80,081	87,970	168,051	37,101	45,651	82,752	38
Lusaka	638,277	626,959	1,265,236	310,804	318,132	628,936	40
L/stone	58,729	58,726	117,455	27,659	28,945	56,604	37
Chipata	210,229	210,285	420,514	57,680	57,237	114,917	45
Katete	113,279	113,527	226,806	28,100	27,740	55,840	47
Total	1,218,140	1,213,404	2,431,544	525,891	541,733	1,067,624	

Source: CSO, Zambia 2000 Census of Population and Housing: Population Projections Report 2000-2035, 2003.

District-wise data on labour force participation was not available. Thus, provincial figures were referred to as depicted below.

Table 6. Participation Rate by Province

Province	Children (5-17)	Reported Working	Participation Rate
Central	399,737	66,702	16.7
Copperbelt	681,906	70,796	10.4
Lusaka	540,108	20,750	3.8
Southern	497,969	125,926	25.3
Eastern	163,272	102,240	21.7

Source: CSO, 2000 Censuses of Population and Housing

2.4.3 Study Subjects and Eligibility Criteria

The study targeted the following categories of the survey population:

- *Working children* including those suspected to be driven into child labour by the impact of HIV/AIDS, and those who were at very high occupational risk of getting HIV/AIDS. Such children were targets for both quantitative and qualitative analysis.
- *Parents/Guardians of the working children to be interviewed* A purposefully sample of willing heads of households or employers of the sampled working children were subjected to a quantitative instrument while focus group discussions were also conducted with [Child Labour] Community Committees existing in the targeted districts.
- *Key Informants* the influential and knowledgeable people, who may not necessarily be employers, guardians of child labourers or members of the Committees, but were well informed about factors regarding child labour and HIV/AIDS were interviewed. These were part of the qualitative aspect of this

survey. They included but not limited to District Task Forces on Child Labour and HIV, the District Development Coordinating Committees, District Health Management Boards/Teams, District Labour Officers, Probation Officer, Juvenile Justice Officials and Heads of identified relevant NGOs.

- *Institutions/NGOs* that were caring for children at high risk of exposure to HIV/AIDS. Such encompassed those that were actually provided support to children affected by HIV/AIDS and those that were rehabilitating children formerly exploited or on the streets.

2.5 Data Collection Methods and Techniques

Data was collected through both secondary and primary data collection techniques. The latter was the main source, while the former provided supplementary information. In order to maximize data validity, data collection methodology applied triangulation techniques; analysing study subject using multiple methods, sources and personnel.

2.5.1 Secondary Data Collection

Secondary data collection involved a review of unpublished and published documents, especially seminar and conference papers, research reports, and books, at both national and selected district or field levels. This served a number of objectives. First, it provided the baseline or foundation data upon which the study was built. Second, it provided a perspective for the study [i.e. how the issue of the interface between the problem of child labour and HIV/AIDS had been approached by previous researchers]. Third, the literature review helped to locate the study within a wider body of knowledge on the subject or on related issues, while helping to identify the gaps in available knowledge on HIV/AIDS and child labour in Zambia.

Secondary literature was gathered from a number of free websites and databases, libraries, and from organizations that conducted HIV/AIDS research. These included the University of Zambia, the Commonwealth Youth Programme, the Central Board of Health [Ministry of Health], the Central Statistics Office [CSO], the ILO and other UN Agencies and a number of NGOs, among them the ILO-IPEC partners and a host of local national and international NGOs.

2.5.2 Primary Data Collection

For primary data, personal questionnaires for working children and their affected households, complimented by key informant interviews, focus group discussion and case studies were administered to the study subjects. Primary data was collected through interviews of children and household heads in the six areas of study, namely: Chipata, Katete, Livingstone, Lusaka, Kapiri Mposhi and Luanshya. In sum:

- Person-to-person interviews were important in securing first-hand experiences and perceptions from respondents. Individual questionnaires were administered to affected **children** and **other relevant members of the affected households**. The data collected was complemented by **key informant interviews**.
- Focus group discussions (FGDs) were conducted with identified groups of children and parents/guardians. FGDs were also vital in capturing common respondent perceptions concerning various relevant issues. The two interview techniques were complementary, compensating for each other's respective weaknesses. Data derived from (FGDs) was crosschecked with those derived from individual interviews.

Fieldwork commenced on 3rd September 2006 through to November 2006; owing to national election duration, all 20 enumerators and respective team leaders were momentarily withdrawn from the field during that tense period [on human rights and safety grounds]. Actual fieldwork took no more than 30 working days and was preceded by preliminary activities as outline in section 2.8, among which were a review of the survey's protocol and instruments, sampling frame construction; training of research assistants including systematic exposition of the issues involved, demonstration of interview techniques, and pre-testing of research instruments.

2.6 Sampling Design and Sample Size Determination

The referral sampling conceptual framework adapted by the study team was as defined in the SIMPOC Manual. The logic should be as follows: from the total national population (all ages) to total population aged 5 years and above; then total population aged between 5 and 17 years, followed by obtaining the estimation of economically active population aged between 5 and 17 years; thereafter, the number of those employed (full time or part time, paid or unpaid)

in production of a good or service; and finally boiled down to those aged from 5 to less than 18 Years, who were actually working for eventual identification of child labourers. The details of recommended considerations are depicted in the table below.

Table 7. Child Labour as defined for the purpose of the ILO global estimates

Age Groups	Forms of Work			
	Non-hazardous work (in non-hazardous industries and occupations and < 43 hrs./week)		Worst forms of child labour	
	Light work (< 14 hrs./week)	Regular work (> 14 hrs./week and < 43 hrs./week)	Hazardous work (In specified hazardous industries and occupations plus > 43 hrs./week in other industries and occupations)	Unconditional worst forms (Trafficked children; children in forced and bonded labour, armed conflict, prostitution and pornography, and illicit activities)
5-11				
12-14				
15-17				

Source: SIMPOC, p. 27

For the purpose of the study, reference was made to information in table 5. The sampling procedure as recommended by ILO-SIMPOC Manual proved unattainable due to budget constraints. No child labour, let alone with HIV, sampling frame [data] existed at district, provincial let alone national level. The national Central Statistical Office [CSO] indicated that construction of the sampling frame for the selected districts was a costly exercise that could not be accomplished within the budget ceiling set by ILO-IPEC. As such the team went by the recommendation to do an initial verification exercise in all the target districts. Despite not having a budget vote, the designate team leaders proceeded as recommended by ILO-IPEC and CSO Child Labour Statistician. The findings by the team leaders on the operation of the “child labour market”, in the selected districts, clearly confirmed the lack of reliable data at that level on working children, let alone, listings of households affected by the vice and/or HIV/AIDS. The only pointers were concentration of working children by ward [refer to Annex A2].

Within the said set of limitations on opting for probability sampling, at household level, the only feasible option was to locate the working children in the affected wards at their places of work, as indicated by the key informants interviewed by the designate associate team leaders in each district. This was complemented by the decision to enlarge the sample size to maximize validity of the estimate results based on the research principle of “sample of sufficient size (1,200)”. Moreover, the full application of all qualitative tools ensured that the limitation imposed on the study by lack of randomized sampling was minimized.

2.6.1 Sampling Technique

ILO-IPEC had already selected the districts to be surveyed on the basis of the justification given in 2.4.2. The sample size was proportionately allocated to each district on the basis of the population indicative figure for children aged below 18 [5-17] years or proportionate to the number of households at 2006 mid-year projected population, with HIV effect. Multistage stratified sampling technique was employed based on advisory from relevant Central Statistical Office [CSO] personnel in the Labour Statistics' Division/Unit and verification exercise undertaken by designate team leaders.

A sampling frame summary matrix and basic statistics of constituencies, wards, population and/or households in each of the selected district were constituted based on available data obtained from the CSO and verified at district level. Therefore, at the first stage of sampling, the sampling frame summary was adapted from the 2000 Census data on Population and Housing [refer to Annex A2]. For the purposes of the study, wards constituted the ultimate Primary Sampling Units (PSUs).

The final wards enlisted in Annex A2 were all sampled based on preliminary establishment of how the child labour “market” operated per district. Team leaders visited the targeted districts, prior to the actual data collection, to gather information from key informants on wards that were affected by the vice. At the second stage of sampling, lists of households in the selected wards were to be obtained, where they existed. Since this was not feasible, working children were simply traced from their duty stations as was indicated by prior verification with key informants.

In effect, the apriori field verification exercise coupled with information from district opinion leaders and the identified ILO-IPEC Lead partner organizations yielded linkage to working children. These children were then interviewed. With regard to key informants, a participatory and triangulatory approach was employed, at field level, with the ILO-IPEC partners and other relevant key informants [refer to Annex A9].

2.6.2 Sample Size Determination

The sample size was [statistically] calculated from the total target population of the six selected districts, using HIV/AIDS prevalence rate of 5 % among those aged between 15-19 years of age, as already depicted above in table 2. For the chosen design [cross sectional studies], information needed to determine the minimum required sample size was as follows:

- An estimate of prevalence (P) = 5 %
- Desired confidence level () = 95 %
- Desired width of confidence interval (d) = 2 %

For large target population sizes [as in this case], the sample size was obtained by the following formula:

$$n = \frac{z^2 PQ}{d^2}$$

where $z = 1.96$ at $\alpha = 0.02$ and $Q = 100 - P$

Using the HIV/AIDS prevalence rate of 5 % among those aged 15-19, 2 % error provision and 95 % confidence level, the study considered a sample size as follows:

$$1.96^2 \cdot 0.05 \cdot 0.95 / (0.02^2) = 456.19 = 460$$

Adjusting for an anticipating a response rate of 80 %, then the required minimum sample size was:
 $= 460 / 0.80 = 575$. Hence, a sample size of 600 was settled for.

For children whose guardians or parents existed and were response-able, such were also interviewed. To enhance validity of the study in the absence of randomized sampling procedure, the team in consultation with ILO-IPEC settled for a large sample size, multiplying it by factor 2 for comparative arms of sexes [male-female] and rural-urban. As such, in the final analysis, the study team considered a sample size of **1200** working children, for all the selected districts. The sample size was then allocated per district proportionate to the estimate population aged 5-17 [with AIDS], as demonstrated in table 5 and annex A2. With regards guardians, only 412 responded to interview out of the targeted 1,200, representing a response rate of 34 %, as compared to 100 % for children.

2.7 Data Processing, Analysis and Report Writing

The coded quantitative data [for both children and guardians] were entered into a computer using SPSS. This statistical package [version 11.0] was used for data analysis. Data processing encompassed finalization of much of the steps already began at data collection stage, namely: coding of all data collection forms; and developing the data entry screens, with in-built data range and consistency checks. The analytical framework for the processed data were: descriptive analysis of background variables; discussion of the generic results [for all working children by district and sex desegregation]; establishing incidence of child labour; and finally, the interface between child labour and HIV/AIDS coupled with analysis of other relevant emergent issues. Recurrent statistics included central tendency, dispersion and percentiles. Qualitative data analysis, on the other hand, was done by means of analysis log sheet annexed. In sum, data analysis involved the use of such techniques as description, interpretation, extrapolation, inference, and deduction.

2.8 Preparatory Activities

The following preparatory activities were undertaken before commencement of fieldwork:

- Attending the bidding process de-brief and obtaining terms of reference;
- Literature review;
- Drafting of the study protocols and submission;

- Review of this survey protocol with ILO-IPEC staff and the instruments;
- Signing of the agreement or contract;
- Visiting sites for sampling frame determination;
- Putting logistics in place and procurement of required materials and aids;
- Training of research assistants included systematic exposition of the issues involved, demonstration of interview techniques, and pre-testing of research instruments;
- Pre-testing will include the administration of all the instruments per enumerator in Kafue district that has not been selected to pilot ILO-IPEC;
- Signing of short-term agreements with enumerators;
- Linking up with district entry point/ILO-IPEC partner agencies at that level;
- Transport logistics for field teams; and
- Commencement of field data collection.

2.9 Target Groups

The study took into account all existing forms of child work. Selected activities included street vending, quarrying, stone clashing, domestic work (i.e. water fetching, house and crockery cleaning, cookery, etc.), pottering, agricultural work, and commercial sexual exploitation (of both boys and girls). A child was considered to have performed an act of work if he or she was found involved in any of the above economic activities, either for personal or family gain, prior to the time of the interview. The sample selected was aged five to 17 years, in line with international studies and instruments. The Zambia Employment Act, section 12, considered 15 years to be the minimum age at which a person might work legally, provided the work was "non-hazardous". Besides, the 1990 Constitution of Zambia, section 24, also prohibits the employment of persons younger than 15 years of age.

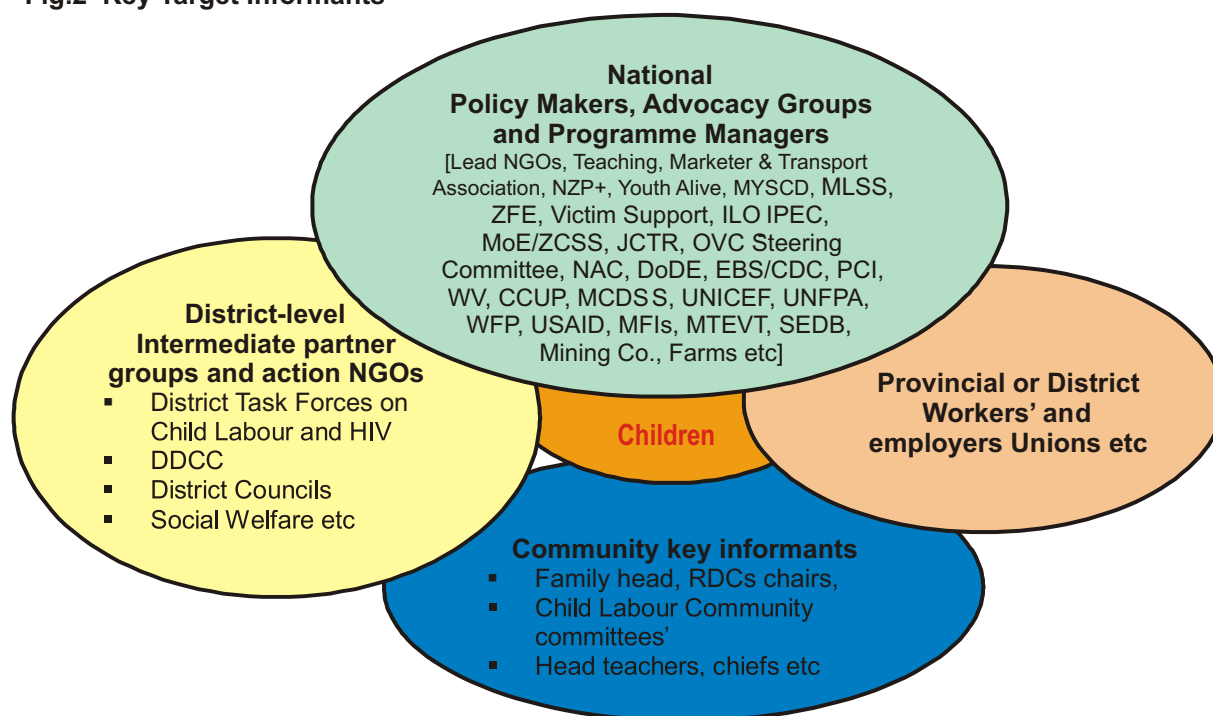
For the purposes of the ILO-commissioned study, the age limit set by ILO prevailed, 5-17 years, for obvious reasons: the study was commissioned by ILO and that rendered it to internationally compatible for reference and national child labour accounting. These international cut of age points, thus, encompassed the ultimate target age group. The most important criterion in selecting the sample was: the respondents' engagement in any economic activity for gain. As such, children, who were begging, doing household chores or simply roaming the streets, doing nothing, were not considered to be working and, therefore, not included in the study. According to the study framework, it required drawing a sample based on the following interrelated criteria:

- Orphans affected by HIV/AIDS;
- Children living with AIDS or who suffered a high risk of HIV infection due to the nature of their work; and
- Children affected by HIV/AIDS and forced to drop out of school to enter the job market.

However, to avoid introduction of sampling bias by taking these variables as the pre-requisites for being interviewed, the main selection criterion employed was simply working children aged 5-17 yrs and, therefore, to a certain extent, random. It was useful to see whether the respondents themselves would refer to the above three variables or characteristics as the reason for their deciding to work, at data analysis phase. All in all, the study targeted various key stakeholder groups to establish the interface between Child Labour and HIV/AIDS, that is, at both policy and community levels.

It was carefully guarded that the triangulation of the various sources of information on the prevailing situation of working children did not hide the very focus of the study, which was about, prevalence and situation analysis of HIV-induced Child Labour. The following diagram depicts the targeted groups' level of aggregation. Suffice to note that sampled working children and their guardians were interviewed using semi-structured questionnaire. Information from the opinion leaders, at national, district and community levels, was solicited by means of the key informant checklist. Besides, Focus Group Discussions [FGD] were facilitated with other adult community members and working children, who were not part of the sample, using the FGD checklist. Lastly, special case of waste forms of Child Labour and best forms of Child Protection were documented as such cases presented themselves [for details refer to Annex A].

Fig.2 Key Target Informants



2.10 Strengths and Limitations: Lessons Learnt

The study experience brought to the fore the following lessons learnt: -

- Prior visits to the sites by designate team leaders were very key and crucial especially for securing appointments for qualitative arm of the study. As such it was unanimously agreed by the study leadership that such were to be undertaken as a matter of urgency, despite no budget vote appreciable for the same.
- The pre-test ensured that major flaws with the instruments and their administration were rectified before disaster struck. As such quantitative instruments were revised, whereas for qualitative aspects, the flaws in facilitation were pointed out on the spot. Two prior decisions were validated: need to review the qualitative outputs the same day of their undertaking; and the vitality of recording aids. As such tape recorders were purchased relative to team spread. Besides, sequencing of the questions was straightened up.
- Skilful administration and approach of clients yielded higher compliance than the opposite. This was especially true for child interviews. It was resolved that follow up of resistant parent and/or guardians *cum* employers was to be engaged in the field. Besides, the relevant-other adults were to be expanded to include any adult knowledgeable about the plight of the sampled child, including the employer.
- The later recommendation came in the wake of serious defensive behaviour exhibited by both children, on information related to their parents or guardians and verse versa for parents and/or guardians on information related to particular children. One key consideration for any adult key informant was to be knowledgeable about any given child. The tracing was enhanced by the child's recommendation.
- For the focus group discussions, teams learnt about the importance of ensuring that destructive venues were avoided as well as habits such as cell phones and unnecessary movements. Such made discussants lose interest in the group dynamics. No focus group discussions were held in a noise place such as markets. Sitting arrangement was also to be strictly circular in formation.
- The sharing of report writing tasks among the team leader helped maintain key information-buds and ensured that the flow was well articulated. This would make presentation of the findings easier.
- The pre-test helped the team to put in place key guidance notes and adequate field logistics for team members. Besides, the reporting frameworks [as in data entry screens and analysis frames] had already been set ablaze. As such the subsequent actual fieldwork and aftermath dynamics would be managed accordingly.
- Given lack of data [listings of working children and/or their affected households] at field level, it was obvious that sampling of the children was most likely to be purposive, but proportionate to projected district statistics on children within the interest age group. New district-wise matrices of sample sizes were only finalized after the team leaders visited to the targeted sites. These were shared with ILO/IPEC.

CHAPTER THREE:

3.0 STUDY FINDINGS AND DISCUSSION

3.1 Background Data

3.1.1 Stratum of Respondent

Most of the sampled working children were traced from urban low cost stratum [57 %], followed by urban medium cost stratum [21 %]. That was the scenario across districts except for Katete, which were predominantly rural medium scale [60 %].

Table 8. Stratum by District for Children

Stratum	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Rural small scale	Count	4	1	-	4	45	37	91
	% within Stratum	4.4%	1.1%	-	4.4%	49.5%	40.7%	100.0%
	% within District	6.9%	.2%	-	4.8%	40.2%	17.8%	7.6%
	% of Total	.3%	.1%	-	.3%	3.8%	3.1%	7.6%
Rural medium scale	Count	13	-	-	9	67	22	111
	% within Stratum	11.7%	-	-	8.1%	60.4%	19.8%	100.0%
	% within District	22.4%	-	-	10.8%	59.8%	10.6%	9.3%
	% of Total	1.1%	-	-	.8%	5.6%	1.8%	9.3%
Rural Large Scale	Count	11	-	-	12	-	-	23
	% within Stratum	47.8%	-	-	52.2%	-	-	100.0%
	% within District	19.0%	-	-	14.5%	-	-	1.9%
	% of Total	.9%	-	-	1.0%	-	-	1.9%
Urban Low Cost	Count	23	386	109	29	-	136	683
	% within Stratum	3.4%	56.5%	16.0%	4.2%	-	19.9%	100.0%
	% within District	39.7%	62.9%	94.8%	34.9%	-	65.4%	57.4%
	% of Total	1.9%	32.4%	9.2%	2.4%	-	11.4%	57.4%
Urban Medium Cost	Count	7	191	6	28	-	12	244
	% within Stratum	2.9%	78.3%	2.5%	11.5%	-	4.9%	100.0%
	% within District	12.1%	31.1%	5.2%	33.7%	-	5.8%	20.5%
	% of Total	.6%	16.1%	.5%	2.4%	-	1.0%	20.5%
Urban High Cost	Count	-	36	-	1	-	1	38
	% within Stratum	-	94.7%	-	2.6%	-	2.6%	100.0%
	% within District	-	5.9%	-	1.2%	-	.5%	3.2%

For parents and/or guardians, the results clearly showed that accessibility was a significant limiting factor vis-à-vis the ability to get feedback from parents or guardian of the sampled children. Parents or guardians in urban [low cost] locality were quite well represented [49%] and the least were those residing in rural [large scale] areas [3%].

Table 9. Stratum by District for Parents

Stratum	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Rural small scale	Count	4	1	-	3	39	11	58
	% within District	16.0%	.4%	-	6.7%	57.4%	42.3%	14.5%
	% of Total	1.0%	.3%	-	.8%	9.8%	2.8%	14.5%
Rural medium scale	Count	3	-	-	7	25	1	36
	% within District	12.0%	-	-	15.6%	36.8%	3.8%	9.0%
	% of Total	.8%	-	-	1.8%	6.3%	.3%	9.0%
Rural Large Scale	Count	9	-	-	2	-	-	11
	% within District	36.0%	-	-	4.4%	-	-	2.8%
	% of Total	2.3%	-	-	.5%	-	-	2.8%
Urban Low Cost	Count	7	149	7	16	2	13	194
	% within District	28.0%	66.2%	70.0%	35.6%	2.9%	50.0%	48.6%
	% of Total	1.8%	37.3%	1.8%	4.0%	.5%	3.3%	48.6%
Urban Medium Cost	Count	2	59	3	16	2	1	83
	% within District	8.0%	26.2%	30.0%	35.6%	2.9%	3.8%	20.8%
	% of Total	.5%	14.8%	.8%	4.0%	.5%	.3%	20.8%
Urban High Cost	Count	-	16	-	1	-	-	17
	% within District	-	7.1%	-	2.2%	-	-	4.3%
	% of Total	-	4.0%	-	.3%	-	-	4.3%
Total	Count	25	225	10	45	68	26	399
	% of Total	6.3%	56.4%	2.5%	11.3%	17.0%	6.5%	100.0%

3.1.2 Constituency Representation

Children representation was distributed as in the table. In terms of constituencies, Lusaka [41%] had the widest reach, followed by Chipata [24 %]. With regards wards, representation was skewed towards Lusaka [36 %] and Luanshya [24 %].

Table 10. Constituency by District for Children

Type of Sample	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Constituencies	Count	1	7	1	2	2	4	17
	% of Total	6	41	6	12	12	24	100
Wards	Count	15	31	1	20	7	11	85
	% of Total	18	36	1	24	8	13	100

Representation of parent or guardians views was significantly skewed to Lusaka constituencies [Munali, Mandevu and Kabwata]. This was to be expected given the, proportionately, high Lusaka sample size.

Table 11. Constituency by District for Parents

Number of Representative Constituencies	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
	Count	1	8	1	2	3	5	20
Total	% of Total	5 %	40 %	5 %	10 %	15 %	25 %	100

3.1.3 Sex and Age of Working Children

The modal age for respondents was 15-17 years [49 %], followed by the age group 10-14 yrs [44 %].

Table 12. Age of Child Respondents

Age	Frequency	Percent	Valid Percent	Cumulative Percent
5-11 yrs	70	5.8	5.8	5.8
12-14 yrs	530	44.2	44.2	50.1
15-17 yrs	589	49.1	49.2	99.2
Not sure	9	.8	.8	100.0
Total	1198	99.8	100.0	
Missing	2	.2		
Total	1200	100.0		

Cross reference of sex of respondent by age was quite consistent with the distribution as established above for the entire study population. Age for either sex was skewed towards age group 15-17 yrs, followed by the age group 12-14 yrs. At this cluster, more boys fell in that age range than girls but the opposite was true for the lower age group limit [5-11 yrs]. The later might validate anecdotal evidence that socialization into the work culture starts early for girls than their counterparts.

Table 13. Age by Sex of Child Respondents

Age of Respondent	Statistic	Sex of Respondent		Total
		Male	Female	
5-11 yrs	Count	28	42	70
	% within Age of respondent	40.0%	60.0%	100.0%
	% within Sex of Respondent	4.6%	7.1%	5.8%
	% of Total	2.3%	3.5%	5.8%
12-14 yrs	Count	280	250	530
	% within Age of respondent	52.8%	47.2%	100.0%
	% within Sex of Respondent	46.1%	42.3%	44.2%
	% of Total	23.4%	20.9%	44.2%
15-17 yrs	Count	294	295	589
	% within Age of respondent	49.9%	50.1%	100.0%
	% within Sex of Respondent	48.4%	49.9%	49.2%
	% of Total	24.5%	24.6%	49.2%
Not sure	Count	5	4	9
	% within Age of respondent	55.6%	44.4%	100.0%
	% within Sex of Respondent	.8%	.7%	.8%
	% of Total	.4%	.3%	.8%
Total	Count	607	591	1198
	% of Total	50.7%	49.3%	100.0%

In terms of sex of the respondents, there was about the same national proportion of both sexes per district. This was deliberate owing to proportionate sampling procedure applied. Hence, Lusaka had the highest proportion [52 %] and Livingstone the least [5 %].

3.3 Main Occupation and Working Conditions of Children

3.3.1 Sector Participation and Locations

The main sectors of participation for children was the informal sector, seconded by the others [hawking, poster etc] and domestic work. The informal sector accounted for 48 per cent, other sources accounted for 21 per cent, while domestic labour had about 17 per cent. About four per cent were involved in agriculture, another four per cent in the formal sector, while four per cent were involved in sex work. Participation in the agriculture sectors followed the rural-urban divide, whereby Katete [38 %] and Chipata [23 %] recorded higher proportions than any other urban districts [Lusaka, 15 %], Livingstone, 4 %; and Luanshya, 4 %;

Table 14. Main Type of Work by District for Working Children

Main Income Source	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Agriculture	Count	2	8	9	2	20	12	53
	% within Income	3.8%	15.1%	17.0%	3.8%	37.7%	22.6%	100.0%
	% within District	3.4%	1.3%	7.8%	2.4%	17.9%	5.8%	4.4%
	% of Total	.2%	.7%	.8%	.2%	1.7%	1.0%	4.4%
Formal sector	Count	1	8	1	13	20	9	52
	% within Income	1.9%	15.4%	1.9%	25.0%	38.5%	17.3%	100.0%
	% within District	1.7%	1.3%	.9%	15.7%	17.9%	4.3%	4.3%
	% of Total	.1%	.7%	.1%	1.1%	1.7%	.8%	4.3%
Informal sector	Count	24	333	67	30	6	119	579
	% within Income	4.1%	57.5%	11.6%	5.2%	1.0%	20.6%	100.0%
	% within District	41.4%	53.4%	58.3%	36.1%	5.4%	57.2%	48.3%
	% of Total	2.0%	27.8%	5.6%	2.5%	.5%	9.9%	48.3%
Domestic labour	Count	4	94	19	8	51	28	204
	% within Income	2.0%	46.1%	9.3%	3.9%	25.0%	13.7%	100.0%
	% within District	6.9%	15.1%	16.5%	9.6%	45.5%	13.5%	17.0%
	% of Total	.3%	7.8%	1.6%	.7%	4.3%	2.3%	17.0%
Sex Work	Count	2	24	5	7	-	16	54
	% within Income	3.7%	44.4%	9.3%	13.0%	-	29.6%	100.0%
	% within District	3.4%	3.8%	4.3%	8.4%	-	7.7%	4.5%
	% of Total	.2%	2.0%	.4%	.6%	-	1.3%	4.5%
Others	Count	25	157	14	23	15	24	258
	% within Income	9.7%	60.9%	5.4%	8.9%	5.8%	9.3%	100.0%
	% within District	43.1%	25.2%	12.2%	27.7%	13.4%	11.5%	21.5%
	% of Total	2.1%	13.1%	1.2%	1.9%	1.3%	2.0%	21.5%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Boys [53 %], unlike girls [44 %] were more likely to be working in the informal sector. However, boys [13 %] were less likely to be involved in domestic work than girls [31 %]. Formal sector had the least likelihood [4 %] of child participation, especially for girls. Commercial sexual exploitation [4.5 %] barely surpassed the agriculture sector [4.4 %] in terms of levels of participation. In the former, girls [98 %] surpassed boys [2 %], while in the later sector, boys [57 %] were predominant than girls [43 %].

Table 15. Main Income Source by Sex of Child Respondents

Main Income Source	Statistic	Sex		Total
		Male	Female	
Agriculture	Count	30	23	53
	% within Income	56.6%	43.4%	100.0%
	% within Sex	4.9%	3.9%	4.4%
	% of Total	2.5%	1.9%	4.4%
Formal sector	Count	34	18	52
	% within Income	65.4%	34.6%	100.0%
	% within Sex	5.6%	3.0%	4.3%
	% of Total	2.8%	1.5%	4.3%
Informal sector	Count	320	259	579
	% within Income	55.3%	44.7%	100.0%
	% within Sex	52.7%	43.7%	48.3%
	% of Total	26.7%	21.6%	48.3%

Domestic labour	Count	77	127	204
	% within Income	37.7%	62.3%	100.0%
	% within Sex	12.7%	21.4%	17.0%
	% of Total	6.4%	10.6%	17.0%
Commercial sexual exploitation	Count	1	53	54
	% within Income	1.9%	98.1%	100.0%
	% within	.2%	8.9%	4.5%
	% of Total	.1%	4.4%	4.5%
Others	Count	145	113	258
	% within Income	56.2%	43.8%	100.0%
	% within Sex	23.9%	19.1%	21.5%
	% of Total	12.1%	9.4%	21.5%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

Data obtained from adult respondents showed that the informal sector was the most common source of household income with 47 per cent, while the formal sector and agriculture accounted for 11 per cent each. Domestic labour accounted for 10 per cent and other specific areas such as marketers accounted for 19 per cent. Transfers and commercial sexual exploitation had less than a per cent each; with approximately three households each while two households reported no main source of income.

Table 16. Main Source of Household Income by District for Adult Respondents

Income source by sector	District [Count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Agriculture	2	9	1	7	18	6	43
Formal sector	3	18	-	11	4	7	43
Informal sector	10	145	7	17		14	193
Domestic labour	4	10	1	1	25	1	42
Sexual exploitation	-	-	1	1		1	3
Transfers	-	1	-	-	2	-	3
Others	7	41	-	9	18	2	77
Not Specific	-	1	-	-	1	-	2
Total	26	225	10	46	31	31	406

The dominance of the informal sector in terms of being the main source of household income was reflected in all the districts except Katete. In Katete, domestic labour was reported to be the most dominant source of household income with a percentage share of 37 within the district while agriculture and others sources of income accounted for 26 per cent each.

3.3.1.1 Main Workplace

The commonest work stations for working children were on the streets [45 %], others or stations [22 %] and family dwellings [17 %]. The least likely duty station was industry or factory [2 %]. Working within employer's house accounted for 12 per cent and about four per cent of the children worked in construction or quarry sites. Indeed, even district-wise comparison showed that streetism was the order except for only Katete. Livingstone [47 %], Lusaka [50 %], Kapiri [41 %], Luanshya [35 %] and Chipata [52 %] had working children mainly on the streets. In the case of Katete, the majority of them [34 %] were actually working within home environment.

Table 17. Main Workplace by District for Working Children

Main Workplace	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Family dwelling	Count	3	86	25	10	38	38	200
	% within Workplace	1.5%	43.0%	12.5%	5.0%	19.0%	19.0%	100.0%
	% within District	5.2%	13.8%	21.7%	12.0%	33.9%	18.3%	16.7%
	% of Total	.3%	7.2%	2.1%	.8%	3.2%	3.2%	16.7%
Employer's house	Count	8	82	5	12	16	17	140
	% within Workplace	5.7%	58.6%	3.6%	8.6%	11.4%	12.1%	100.0%
	% within District	13.8%	13.1%	4.3%	14.5%	14.3%	8.2%	11.7%
	% of Total	.7%	6.8%	.4%	1.0%	1.3%	1.4%	11.7%

On the street	Count	27	313	47	29	10	109	535
	% within Workplace	5.0%	58.5%	8.8%	5.4%	1.9%	20.4%	100.0%
	% within District	46.6%	50.2%	40.9%	34.9%	8.9%	52.4%	44.6%
	% of Total	2.3%	26.1%	3.9%	2.4%	.8%	9.1%	44.6%
Industry or factory	Count	-	8	4	2	4	-	18
	% within Workplace	-	44.4%	22.2%	11.1%	22.2%	-	100.0%
	% within District	-	1.3%	3.5%	2.4%	3.6%	-	1.5%
	% of Total	-	.7%	.3%	.2%	.3%	-	1.5%
Construction or Quarry sites	Count	2	15	4	2	5	15	43
	% within Workplace	4.7%	34.9%	9.3%	4.7%	11.6%	34.9%	100.0%
	% within District	3.4%	2.4%	3.5%	2.4%	4.5%	7.2%	3.6%
	% of Total	.2%	1.3%	.3%	.2%	.4%	1.3%	3.6%
Others	Count	18	120	30	28	39	29	264
	% within Workplace	6.8%	45.5%	11.4%	10.6%	14.8%	11.0%	100.0%
	% within District	31.0%	19.2%	26.1%	33.7%	34.8%	13.9%	22.0%
	% of Total	1.5%	10.0%	2.5%	2.3%	3.3%	2.4%	22.0%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Comparison by sex showed that boys [47 %] were mostly likely to be found on the streets than girls [43 %]. In fact even for other workplaces, boys only slightly [22 %] outpaced girls [22 %]. However, with regards working within family dwelling, girls [64 %] could be traced as such than boys [37 %].

Table 18. Main Workplace by Sex of Child Respondents

Main Workplace	Statistic	Sex		Total
		Male	Female	
Family dwelling	Count	73	127	200
	% within Main Workplace	36.5%	63.5%	100.0%
	% within Sex	12.0%	21.4%	16.7%
	% of Total	6.1%	10.6%	16.7%
Employer's house	Count	68	72	140
	% within Main Workplace	48.6%	51.4%	100.0%
	% within Sex	11.2%	12.1%	11.7%
	% of Total	5.7%	6.0%	11.7%
On the street	Count	282	253	535
	% within Main Workplace	52.7%	47.3%	100.0%
	% within Sex	46.5%	42.7%	44.6%
	% of Total	23.5%	21.1%	44.6%
Industry/factory	Count	13	5	18
	% within Main Workplace	72.2%	27.8%	100.0%
	% within Sex	2.1%	.8%	1.5%
	% of Total	1.1%	.4%	1.5%
Construction or Quarry sites	Count	35	8	43
	% within Main Workplace	81.4%	18.6%	100.0%
	% within Sex	5.8%	1.3%	3.6%
	% of Total	2.9%	.7%	3.6%
Others	Count	136	128	264
	% within Main Workplace	51.5%	48.5%	100.0%
	% within Sex of Respondent	22.4%	21.6%	22.0%
	% of Total	11.3%	10.7%	22.0%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

Indeed, even adult respondents re-affirmed that the majority of the children were to be located on the street. According to the guardians, streets were the most common place of work for children with 15 per cent. Other places such as markets accounted for 7 per cent while family dwelling and employer's house accounted for 7 per cent and 4 per cent respectively. Construction /quarry sites were reported at 1 per cent while one child was reported to be working in a factory.

Table 19. Main Workplace by District: Adult Respondents

Main workplace	District [count]						Total
	L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Family dwelling	-	14	-	3	8	2	27
Employer's house	3	9	-	-	4	-	16
On the street	4	37	6	4	3	6	60
Industry or factory	-	-	1	-	-	-	1
Construction or quarry sites	1	1	-	2	-	2	6
Others (market, stores...)	10	14	1	2	1	1	29
Total	18	75	8	11	16	11	139

Being on the street as the main workplace was reflected mainly in Lusaka, Chipata and Kapiri with 16 per cent, 18 per cent and 60 per cent respectively. Luanshya also recorded streetism as the main working place at 8 per cent. In Livingstone other places such as markets were the most dominant with 38 per cent while Katete recorded family dwelling as the most dominant place of work with 12 per cent.

3.3.2 Key Characteristics of Working Children

3.3.2.1 Age at Start of Work

Age at start of work was clustered around age group 12-14 yrs. The likelihood of a child working at 5-11 yrs was reality but the least.

Table 20. Age at Start of Work for Working Children

Age	Frequency	Percent	Valid Percent	Cumulative Percent
5-11 yrs	218	18.2	18.2	18.2
12-14 yrs	696	58.0	58.1	76.3
15-17 yrs	259	21.6	21.6	97.9
Not sure	25	2.1	2.1	100.0
Total	1198	99.8	100.0	
Missing	2	.2		
Total	1200	100.0		

More than half, 58 per cent of the children started work at the ages of between 12-14 years, 22 per cent between the ages of 15-17 years and 18 per cent started work between 5-11 years old, while about 2 per cent were not sure of their age at the time of starting work. At that particular point, "age-specific" child labour, among the target groups, accounted for 18 %. That undesirable situation was mostly prevalent in Chipata [25 %], Katete [23 %], Kapiri [23 %] and Lusaka [18 %]. Livingstone [2 %] was the least likely at point of start of work to register significant proportion of child labourers, then Luanshya [5 %].

Table 21. Age at Start of Work by District for Working Children

Age at Start of Work	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
5-11 yrs	Count	1	110	26	4	26	51	218
	% within Age	.5%	50.5%	11.9%	1.8%	11.9%	23.4%	100.0%
	% within District	1.7%	17.7%	22.6%	4.8%	23.2%	24.5%	18.2%
	% of Total	.1%	9.2%	2.2%	.3%	2.2%	4.3%	18.2%
12-14 yrs	Count	36	384	70	37	65	104	696
	% within Age	5.2%	55.2%	10.1%	5.3%	9.3%	14.9%	100.0%
	% within District	62.1%	61.7%	60.9%	44.6%	58.0%	50.0%	58.1%
	% of Total	3.0%	32.1%	5.8%	3.1%	5.4%	8.7%	58.1%
15-17 yrs	Count	21	111	18	38	19	52	259
	% within Age	8.1%	42.9%	6.9%	14.7%	7.3%	20.1%	100.0%
	% within District	36.2%	17.8%	15.7%	45.8%	17.0%	25.0%	21.6%
	% of Total	1.8%	9.3%	1.5%	3.2%	1.6%	4.3%	21.6%
Not sure	Count	-	17	1	4	2	1	25
	% within Age	-	68.0%	4.0%	16.0%	8.0%	4.0%	100.0%
	% within District	-	2.7%	.9%	4.8%	1.8%	.5%	2.1%
	% of Total	-	1.4%	.1%	.3%	.2%	.1%	2.1%

Total	Count	58	622	115	83	112	208	1198
	% of Total	4.8%	51.9%	9.6%	6.9%	9.3%	17.4%	100.0%

Furthermore, age at start of work was clustered around age group 12-14 yrs for both sexes. The likelihood of a child working at 5-11 yrs was more a reality for girls [10 %] than boys [8 %]. Those that entered the labour market while aged between 15-17 yrs were most likely to be boys [12 %] than girls [10 %], probably because as children become older girls would increasingly find marriage as an option to work.

Table 22. Age at Start of Work by Sex of Child Respondents

Age at Start of Work	Statistic	Sex		Total
		Male	Female	
5-11 yrs	Count	95	123	218
	% within Age at Start of Work	43.6%	56.4%	100.0%
	% within Sex of Respondent	15.7%	20.8%	18.2%
	% of Total	7.9%	10.3%	18.2%
12-14 yrs	Count	351	345	696
	% within Age at Start of Work	50.4%	49.6%	100.0%
	% within Sex of Respondent	57.9%	58.3%	58.1%
	% of Total	29.3%	28.8%	58.1%
15-17 yrs	Count	140	119	259
	% within Age at Start of Work	54.1%	45.9%	100.0%
	% within Sex of Respondent	23.1%	20.1%	21.6%
	% of Total	11.7%	9.9%	21.6%
Not sure	Count	20	5	25
	% within Age at Start of Work	80.0%	20.0%	100.0%
	% within Sex of Respondent	3.3%	.8%	2.1%
	% of Total	1.7%	.4%	2.1%
Total	Count	606	592	1198
	% of Total	50.6%	49.4%	100.0%

Cross-reference by sector of participation demonstrated that the sectors where early entry was rampant were domestic labour [33 %] and agriculture [26 %].

Table 23. Age at Start of Work by Sector for Working Children

Age [years]	Sector						Total
	Agriculture	Formal Sector	Informal Sector	Domestic Labour	Sex Work	Others	
5-11	26 %	2 %	16 %	33 %	2 %	18 %	18 %
12-14	51 %	52 %	64 %	54 %	41 %	55 %	58 %
15-17	19 %	44 %	20 %	13 %	56 %	21 %	22 %
Unsure	4 %	2 %	1 %	0 %	2 %	6 %	2 %
Total	53 [100 %]	52 [100 %]	579 [100 %]	203 [100 %]	54 [100 %]	257 [100 %]	1198 [100 %]

Information gathered from adult respondents demonstrated that in fact the most dominant age group at the time of starting work was 12-14 years with 24 per cent, 1517 years accounted for about 11 per cent while 511 years accounted for 5 per cent and below 5 years had less than 1 per cent accounting approximately for two children.

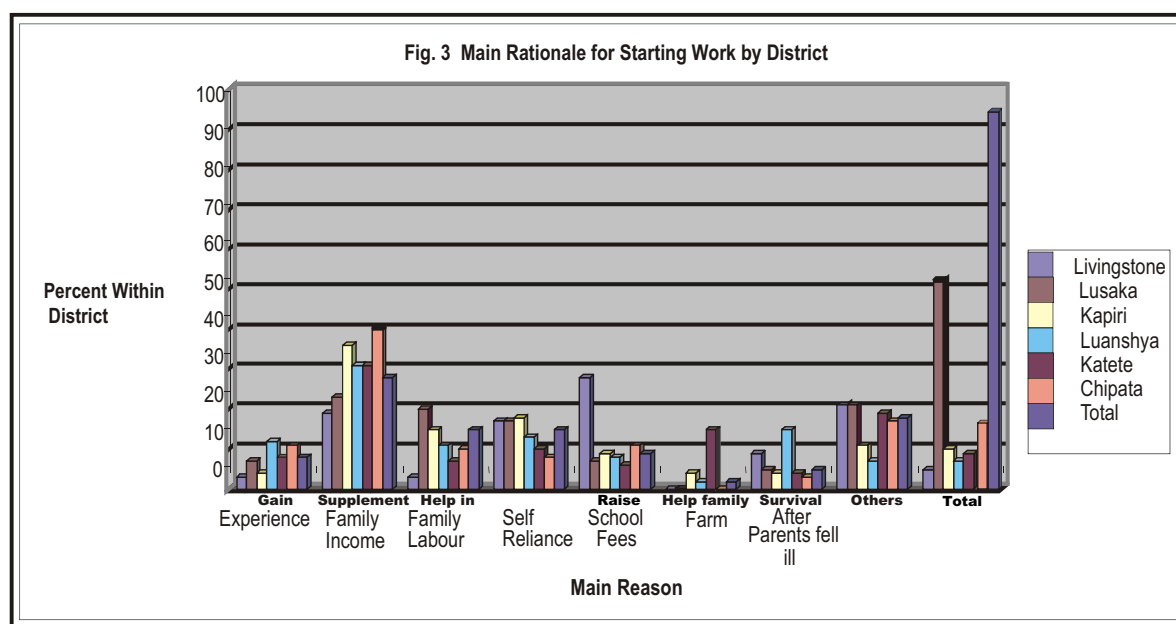
Table 24. Age at Start of Work by District: Adult Account

Age	District [Count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Under – 5	-	2	-	-	-	-	2
5 – 11	1	13	1	-	2	3	20
12 – 14	12	65	4	5	6	4	96
15 – 17	5	17	2	10	6	2	42

The dominance of the 12-14 years age group at the time of starting work was reflected in all the districts except Luanshya, where the age group of 15-17 years was reported to be more dominant with 21 per cent. For Katete the two age groups were at par with 9 per cent each.

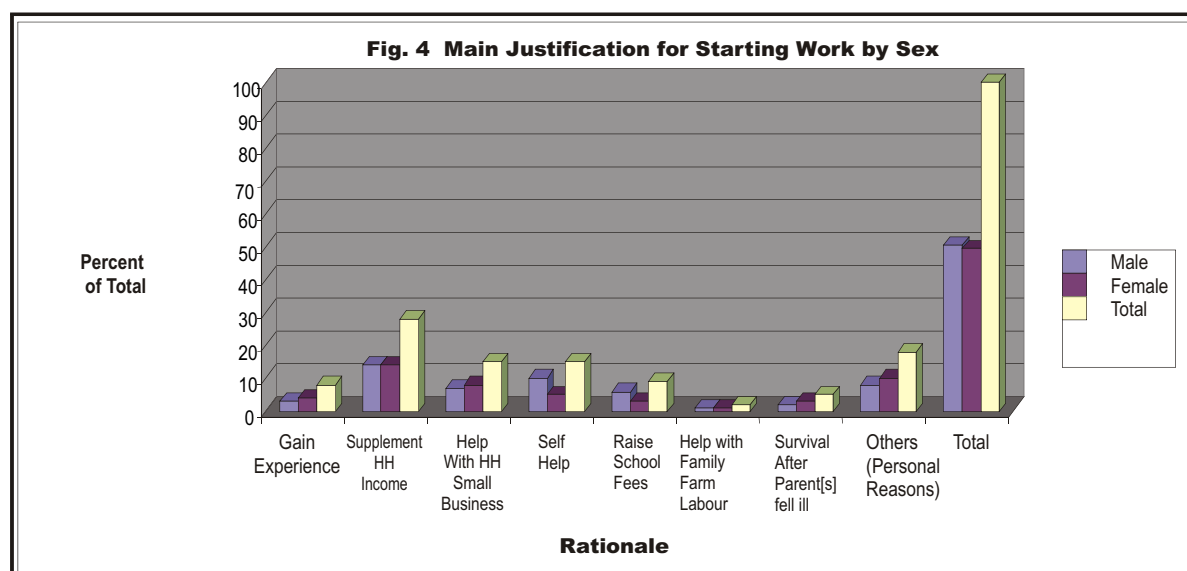
3.3.2.2 Rationale for Starting Work

In terms of reasons for starting work, 28 per cent cited the need to supplement family income, 15 per cent the need to help in family or household enterprise. About 14 per cent cited the need for self-reliance; nine per cent reported the need to raise school fees, eight per cent wanted to gain experience while five per cent reported that they needed to work in order to survive. Helping in family farming activities accounted for five per cent and other various reasons accounted for 18 per cent. The key reasons for children to enter into the labour market varied across districts. In Livingstone [28 %] children were drawn to work due to need to raise school fees. For Lusaka [23 %], Kapiri [36 %], Luanshya [31 %], Katete [31 %] and Chipata [40 %], pressure to supplement family income was a significant push factors, among others.



Comparison by sex indicated that a child's entry into the labour market was mainly influenced by the following factors, namely, the need to:-

- Supplement family income [28 %]. This push factor affected both sex equally [14 %, each].
- Assist in family business undertaking [15 %]. The difference in impact of this factor between boys [7 %] was decimal compared to girls [8 %].
- Assert ones own inner ability or self determination [15 %], sometimes referred to as the inner zeal to succeed. Boys [10 %] unlike girls [5 %] were significantly drawn into labour participation by this intra-person force.



Additional insights from adult respondents were that in terms of the main reason for children to start working, supporting the family was the most common with 14 per cent. To earn a living or income was reported at 10 per cent while assisting a close relative accounted for eight per cent. To support sick parents was reported at less than one percent accounting for 3 children.

Table 25. Main Reason for Starting Work by District: Adult Account

Main Reason	District [count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Support family	6	36	1	1	8	7	59
Support sick parent(s)	1	2	-	-	-	-	3
Earn a living or income	7	17	5	8	1	2	40
Assisting close relative	3	17	2	2	7	2	33
Total	17	72	8	11	16	11	135

To support family as the main reason for children to start working was reflected in Lusaka, Chipata and Katete with 16 per cent, 20 per cent and 12 per cent respectively. For Livingstone, Luanshya and Kapiri, to earn a living or income was the most dominant reason reported at 27 per cent, 17 per cent and 50 per cent respectively.

3.3.2.3 Nature or Mode of Work

About 38 per cent of the children reported working for their family or household and working outside the household accounted for 35 per cent. Self-employment accounted for 17 per cent, while working for other relatives and other various modes of work accounted for three per cent and seven per cent respectively. Predominantly rural districts, namely, Kapiri [39 %], Katete [58 %] and Chipata [44 %], had more children working for family compared to predominantly urban district. With regards Livingstone [50 %], Lusaka [39 %] and Luanshya [37 %], children were more likely to work outside homestead [non-family enterprise].

Table 26. Predominant Work Done by District for Working Children

Work Done	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Self employed	Count	16	67	37	19	5	57	201
	% within Work	8.0%	33.3%	18.4%	9.5%	2.5%	28.4%	100.0%
	% within District	27.6%	10.7%	32.2%	22.9%	4.5%	27.4%	16.8%
	% of Total	1.3%	5.6%	3.1%	1.6%	.4%	4.8%	16.8%
Work outside household	Count	29	241	22	31	40	58	421
	% within Work	6.9%	57.2%	5.2%	7.4%	9.5%	13.8%	100.0%
	% within District	50.0%	38.6%	19.1%	37.3%	35.7%	27.9%	35.1%
	% of Total	2.4%	20.1%	1.8%	2.6%	3.3%	4.8%	35.1%
Work for the household	Count	11	225	45	16	65	91	453
	% within Work	2.4%	49.7%	9.9%	3.5%	14.3%	20.1%	100.0%
	% within District	19.0%	36.1%	39.1%	19.3%	58.0%	43.8%	37.8%
	% of Total	.9%	18.8%	3.8%	1.3%	5.4%	7.6%	37.8%
Work for relatives	Count	2	21	2	11	1	1	38
	% within Work	5.3%	55.3%	5.3%	28.9%	2.6%	2.6%	100.0%
	% within District	3.4%	3.4%	1.7%	13.3%	.9%	.5%	3.2%
	% of Total	.2%	1.8%	.2%	.9%	.1%	.1%	3.2%
Others	Count	-	70	9	6	1	1	87
	% within Work	-	80.5%	10.3%	6.9%	1.1%	1.1%	100.0%
	% within District	-	11.2%	7.8%	7.2%	.9%	.5%	7.3%
	% of Total	-	5.8%	.8%	.5%	.1%	.1%	7.3%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

The nature of work done by the children varied by sex. Boys were mostly concentrated about working outside homestead [22 %] in contrast with girls who mainly were preying their trade within homestead bonding [24 %]. Apart of such, boys could be traceable working for some family business [14 %] while the second important domain of work for girls was working outside homestead [13 %]. A significant number of boys [9 %] were also self-employed against 8 % for girls. The least likely scenario between both sexes was working for other relatives [2 % for boys vs. 1 % for girls].

Table 27. Predominant Work Done by Sex of Child Respondents

Work Done	Statistic	Sex		Total
		Male	Female	
Self employed	Count	105	96	201
	% within Predominant Work Done	52.2%	47.8%	100.0%
	% within Sex of Respondent	17.3%	16.2%	16.8%
	% of Total	8.8%	8.0%	16.8%
Work outside household	Count	260	161	421
	% within Predominant Work Done	61.8%	38.2%	100.0%
	% within Sex of Respondent	42.8%	27.2%	35.1%
	% of Total	21.7%	13.4%	35.1%
Work for the household	Count	166	287	453
	% within Predominant Work Done	36.6%	63.4%	100.0%
	% within Sex of Respondent	27.3%	48.4%	37.8%
	% of Total	13.8%	23.9%	37.8%
Work for relatives	Count	21	17	38
	% within Predominant Work Done	55.3%	44.7%	100.0%
	% within Sex of Respondent	3.5%	2.9%	3.2%
	% of Total	1.8%	1.4%	3.2%
Others	Count	55	32	87
	% within Predominant Work Done	63.2%	36.8%	100.0%
	% within Sex of Respondent	9.1%	5.4%	7.3%
	% of Total	4.6%	2.7%	7.3%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

3.3.3 Conditions under which Children Worked

3.3.3.1 Workdays in a Week

Burden of work in a week for children was mainly daily routine [39 %] and exception of probably Sunday [11 %]. This demonstrated that children were usually working on a full time basis and not part time as would be expected. Other children [24 %] worked for no less than six days while 11 per cent worked for no less than five days. Working for four days was reported at six per cent, while three and two days were reported at eight per cent and nine per cent respectively. Working once in week accounted for three per cent.

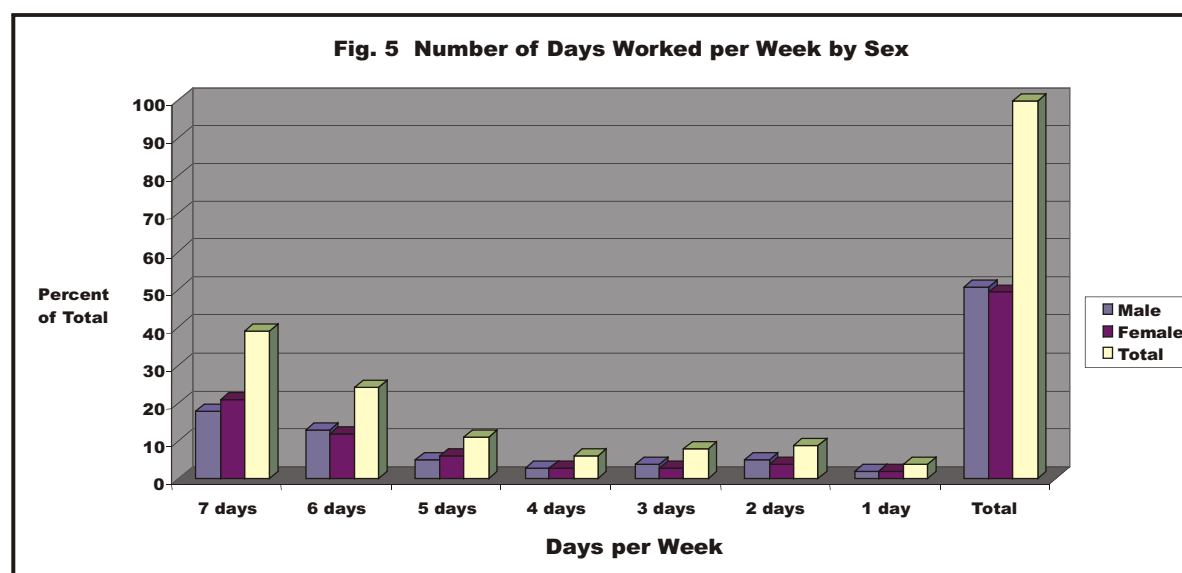
The majority of the children were working each day of the week mainly in Lusaka [42 %], Livingstone [41 %], Kapiri [37 %] and Luanshya [37 %]. In essence, the probability of finding significant numbers of children working recommended hours per week diminished with reduction in days [cum hours] worked. In other words, the majority of working children were working abnormal hours.

Table 28. Number of Days worked per week by District among Working Children

Number of Days worked per week	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
7 days	Count	24	263	43	31	31	73	465
	% within District	41.4%	42.1%	37.4%	37.3%	27.7%	35.1%	38.8%
	% of Total	2.0%	21.9%	3.6%	2.6%	2.6%	6.1%	38.8%
6 days	Count	26	137	10	27	17	74	291
	% within District	44.8%	22.0%	8.7%	32.5%	15.2%	35.6%	24.3%
	% of Total	2.2%	11.4%	.8%	2.3%	1.4%	6.2%	24.3%
5 days	Count	4	71	14	11	13	15	128
	% within District	6.9%	11.4%	12.2%	13.3%	11.6%	7.2%	10.7%
	% of Total	.3%	5.9%	1.2%	.9%	1.1%	1.3%	10.7%

4 days	Count	1	27	17	7	12	12	76
	% within District	1.7%	4.3%	14.8%	8.4%	10.7%	5.8%	6.3%
	% of Total	.1%	2.3%	1.4%	.6%	1.0%	1.0%	6.3%
3 days	Count	1	54	18	-	12	7	92
	% within District	1.7%	8.7%	15.7%	-	10.7%	3.4%	7.7%
	% of Total	.1%	4.5%	1.5%	-	1.0%	.6%	7.7%
2 days	Count	1	48	10	7	19	20	105
	% within District	1.7%	7.7%	8.7%	8.4%	17.0%	9.6%	8.8%
	% of Total	.1%	4.0%	.8%	.6%	1.6%	1.7%	8.8%
1 day	Count	1	24	3	-	8	7	43
	% within District	1.7%	3.8%	2.6%	-	7.1%	3.4%	3.6%
	% of Total	.1%	2.0%	.3%	-	.7%	.6%	3.6%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Girls [21 %] were more likely to work all week round than boys [18 %]. Even from the vantage of children who only worked [on average] once to twice a week, girls [6 %] were slightly less likely than boys [7 %].



In terms of sector participation, children were more prone to working more days per week if engaged in sex work [65 %] and few days per week in the regulated sector or formal [6 %]. Domestic work [42 %] was second to sex work in terms of workday demand on children.

Table 29. Number of Working Days by Sector for Working Children

Number of days	Sector						Total
	Agriculture	Formal sector	Informal sector	Domestic labour	Sex Work	Others	
7 days	40 %	27 %	35 %	42 %	65 %	40 %	39 %
6 days	17 %	25 %	30 %	22 %	13 %	15 %	24 %
5 days	4 %	8 %	11 %	12 %	2 %	13 %	11 %
4 days	15 %	4 %	5 %	6 %	6 %	9 %	6 %
3 days	4 %	13 %	7 %	8 %	11 %	8 %	8 %
2 days	17 %	17 %	7 %	8 %	4 %	10 %	9 %
1 day	4 %	6 %	3 %	2 %	0 %	5 %	4 %
Total	53 [100 %]	52 [100 %]	579 [100 %]	204 [100 %]	54 [100 %]	258 [100 %]	1200 [100 %]

3.3.3.2 Man Hours Worked per Week

In terms of the number of hours worked in a day, 34 per cent of the children reported working for more than eight hours, while the ranges between 5-8 hours and 24 hours accounted for 30 per cent and 29 per cent respectively. About six per cent reported working for less than two hours, while less than a per cent, approximately three children were not sure of the number of hours they worked in a day.

Working beyond the [formal sector] norm of eight hours per day was more prevalent in Livingstone [53 %], followed by Lusaka [38 %]. However, in Katete [8 %] working children were less likely to go beyond the eight hours norm.

Table 30. Hours worked in a Day by District among Working Children

Hours worked in a Day	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
More than 8 hours	Count	31	236	28	24	9	83	411
	% within District	53.4%	37.8%	24.3%	28.9%	8.0%	39.9%	34.3%
	% of Total	2.6%	19.7%	2.3%	2.0%	.8%	6.9%	34.3%
5-8 hours	Count	18	192	39	26	25	62	362
	% within District	31.0%	30.8%	33.9%	31.3%	22.3%	29.8%	30.2%
	% of Total	1.5%	16.0%	3.3%	2.2%	2.1%	5.2%	30.2%
2-4 hours	Count	9	170	41	18	55	61	354
	% within District	15.5%	27.2%	35.7%	21.7%	49.1%	29.3%	29.5%
	% of Total	.8%	14.2%	3.4%	1.5%	4.6%	5.1%	29.5%
Less than 2 hours	Count	-	23	7	15	23	2	70
	% within District	-	3.7%	6.1%	18.1%	20.5%	1.0%	5.8%
	% of Total	-	1.9%	.6%	1.3%	1.9%	.2%	5.8%
Not sure	Count	-	3	-	-	-	-	3
	% within District	-	.5%	-	-	-	-	.3%
	% of Total	-	.3%	-	-	-	-	.3%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Between the two sexes, boys [56%] were more likely than girls [44%] to work abnormal hours [>8hours]. The opposite was also true; girls [56%] were more likely to work acceptable hours [<2hours] a day than did boys [44%].

Table 31. Hours worked per Day by Sex of Child Respondents

Hours worked in a Day	Statistic	Sex		Total
		Male	Female	
More than 8 hours	Count	232	179	411
	% within Hours	56.4%	43.6%	100.0%
	% within Sex	38.2%	30.2%	34.3%
	% of Total	19.3%	14.9%	34.3%
5-8 hours	Count	169	193	362
	% within Hours	46.7%	53.3%	100.0%
	% within Sex	27.8%	32.5%	30.2%
	% of Total	14.1%	16.1%	30.2%
2-4 hours	Count	173	181	354
	% within Hours	48.9%	51.1%	100.0%
	% within Sex	28.5%	30.5%	29.5%
	% of Total	14.4%	15.1%	29.5%
Less than 2 hours	Count	31	39	70
	% within Hours	44.3%	55.7%	100.0%
	% within Sex	5.1%	6.6%	5.8%
	% of Total	2.6%	3.3%	5.8%
Not sure	Count	2	1	3
	% within Hours	66.7%	33.3%	100.0%
	% within Sex	.3%	.2%	.3%
	% of Total	.2%	.1%	.3%
Total	Count	607	593	1200
		50.6%	49.4%	100.0%

Extrapolation of work hour to sector of participation showed that more than the norm of eight hours a day was most expedited under the sexual exploitation. Within the [reportedly] meager wages in this sub-sector, it was not difficult to understand the motivation behind working "overtime".

3.5 Synergizing Child Labour, Sexuality and HIV/AIDS

3.5.1 Sexual Behaviour of Working Children

3.5.1.1 Indulgence in Sexual Intercourse

The majority of working children said they had not yet indulged in sexual intercourse [68%] compared to 32 % who said they had. Livingstone district [71%], had the highest percentage of working children who said they had indulged in sexual while Kapiri [71%] had the largest number of children who said they had not had sex

Table 32. Indulgence in Sexual Intercourse by District among Working Children

Indulgence in Sexual Intercourse	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	41	188	26	44	36	54	389
	% within District	70.7%	30.2%	22.6%	53.0%	32.1%	26.0%	32.4%
	% of Total	3.4%	15.7%	2.2%	3.7%	3.0%	4.5%	32.4%
No	Count	17	435	89	39	76	154	809
	% within District	29.3%	69.9%	77.4%	47.0%	67.9%	74.0%	67.6%
	% of Total	1.4%	36.2%	7.4%	3.3%	6.3%	12.8%	67.6%
Total	Count	58	623	115	83	112	208	1199
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Indulgence in sexual intercourse was quite even among both boys and girls. The difference was quite decimal. This was also true for the opposite situation of non-involvement.

Table 33. Indulgence in Sexual Intercourse by Sex of Child Respondents

Indulgence in Sexual Intercourse	Statistic	Sex		Total
		Male	Female	
Yes	Count	196	193	389
	% within Indulgence	50.4%	49.6%	100.0%
	% within Sex	32.3%	32.6%	32.4%
	% of Total	16.3%	16.1%	32.4%
No	Count	411	399	810
	% within Indulgence	50.7%	49.3%	100.0%
	% within Sex	67.7%	67.4%	67.6%
	% of Total	34.3%	33.3%	67.6%
Total	Count	607	592	1199
	% of Total	50.6%	49.4%	100.0%

3.5.1.2 Age at first Sexual Intercourse

As could be expected, age was a valid indicator of chances of indulgence in sexual exploits by the children. The trend showed increasing incidence as age increased, for both sexes, but especially boys. Indulgence in sexual intercourse was concentrated at age group 15-17yrs for boys, followed by 12-14yrs. With regards girls, age at first intercourse clustered around both 12-14yrs and 15-17yrs. Girl-children (1.9%) were slightly more vulnerable to sexual exploit at tender age than did boys (1.5%).

Table 34. Age at First Sexual Intercourse by Sex of Child Respondents

Age at First Sexual Intercourse	Statistic	Sex of Respondent		Total
		Male	Female	
5-11 yrs	Count	9	11	20
	% within Age at First Sex	45.0%	55.0%	100.0%
	% within Sex	1.5%	1.9%	1.7%
	% of Total	.8%	.9%	1.7%
12-14 yrs	Count	86	90	176
	% within Age at First Sex	48.9%	51.1%	100.0%
	% within Sex	14.2%	15.2%	14.7%
	% of Total	7.2%	7.5%	14.7%
15-17 yrs	Count	92	90	182
	% within Age at First Sex	50.5%	49.5%	100.0%
	% within Sex	15.2%	15.2%	15.2%
	% of Total	7.7%	7.5%	15.2%

Not sure	Count	2	-	2
	% within Age at First Sex	100.0%	-	100.0%
	% within Sex	.3%	-	.2%
	% of Total	.2%	-	.2%
Non-applicable	Count	416	402	818
	% within Age at First Sex	50.9%	49.1%	100.0%
	% within Sex	68.8%	67.8%	68.3%
	% of Total	34.7%	33.6%	68.3%
Total	Count	605	593	1198
	% of Total	50.5%	49.5%	100.0%

3.5.1.3 Sexual Indulgence in Relation to Work

Many children who said they had had sexual intercourse were more likely to have it after commencement of work [17%]. Luanshya district [24%] had the largest number of such children followed by Lusaka [18%].

Table 35. Timing of first sexual encounter vs. work by District among Working Children

Timing of first sex vs. work	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Before starting work	Count	31	62	10	19	1	16	139
	% within District	53.4%	9.9%	8.7%	22.9%	.9%	7.7%	11.6%
	% of Total	2.6%	5.2%	.8%	1.6%	.1%	1.3%	11.6%
After starting work	Count	10	112	16	20	14	36	208
	% within District	17.2%	17.9%	13.9%	24.1%	12.5%	17.3%	17.3%
	% of Total	.8%	9.3%	1.3%	1.7%	1.2%	3.0%	17.3%
Non-applicable	Count	17	450	89	44	97	156	853
	% within District	29.3%	72.1%	77.4%	53.0%	86.6%	75.0%	71.1%
	% of Total	1.4%	37.5%	7.4%	3.7%	8.1%	13.0%	71.1%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

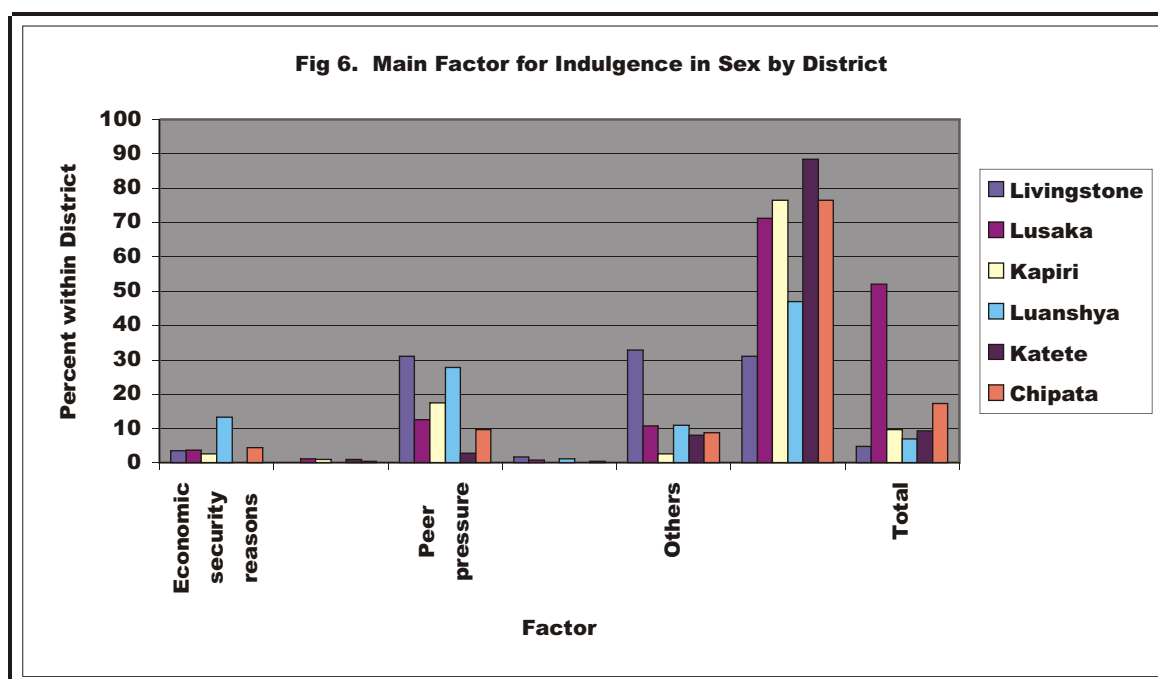
The majority of children, who said they first had sex after they had had started working, were more likely to be sexually exploited [52%], followed by those in the formal sector [17%]. Boys (51%) slightly represented a significant number of children, who experienced sexual intercourse after starting work, than girls (49%). The finding point to the observation that work environment indeed exposed children to the risk of sexual-related exploits. This might even transcend to the risk of contracting HIV.

Table 36. Timing of first sexual encounter vs. work by Sex of Child Respondents

Timing vs. work	Statistic	Sex		Total
		Male	Female	
Before starting work	Count	62	77	139
	% within Timing	44.6%	55.4%	100.0%
	% within Sex	10.2%	13.0%	11.6%
	% of Total	5.2%	6.4%	11.6%
After starting work	Count	107	101	208
	% within Timing	51.4%	48.6%	100.0%
	% within Sex	17.6%	17.0%	17.3%
	% of Total	8.9%	8.4%	17.3%
Non-applicable	Count	438	415	853
	% within Timing	51.3%	48.7%	100.0%
	% within Sex	72.2%	70.0%	71.1%
	% of Total	36.5%	34.6%	71.1%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

3.5.1.4 Main Factor Underlying Sexual Indulgence

The main factors to sexual indulgence were said to be peer pressure [14%] and other personal reasons [11%]. Livingstone district [31%] had the highest number of children who said they had been pressured into having sex by their peers, followed by Luanshya with 28%. Besides peer pressure, a significant number of working children in Luanshya said they had had sexual intercourse for economic security reasons [14%], followed by working children in Chipata [4%].



The key factors that pushed both boys and girls to resort to sexual intercourse were:

- Peer pressure, accounting for 56% among boys against 44% for girls,
- Other individualized situations, with boys (54%) being significantly influenced by such than girls (46%),
- Economic insecurity reasons, whereby girls (83%) were likely to be influenced by such than boys (17%).

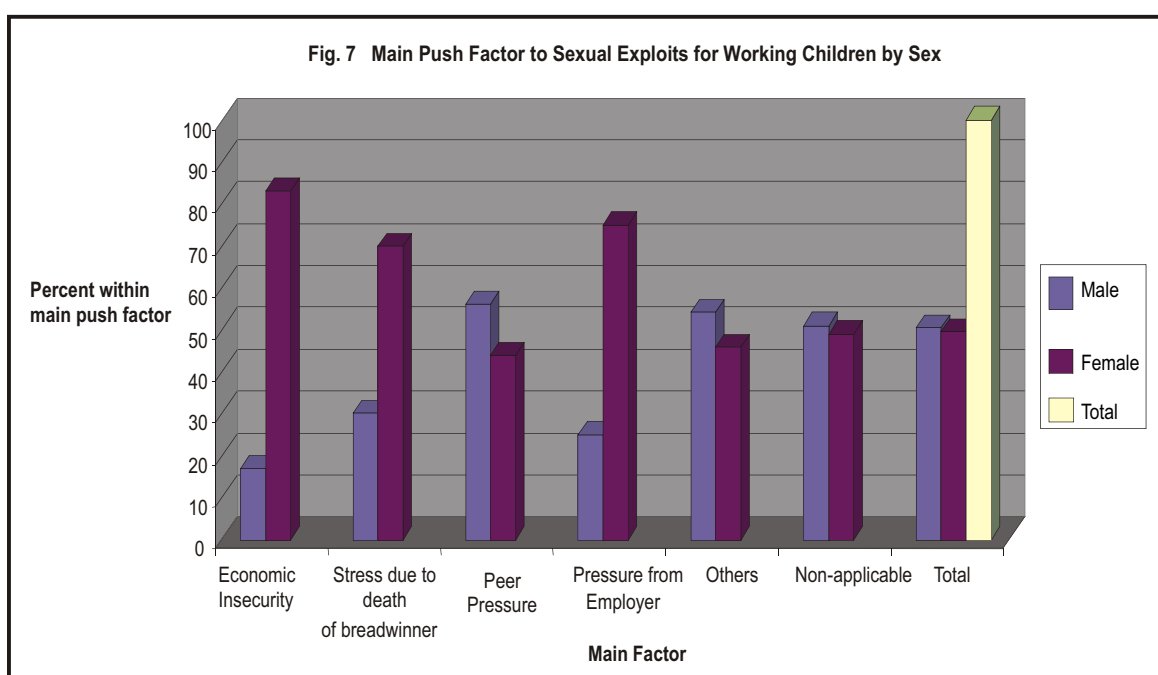


Table 37. Key Service Provided by Indulgence in Sexual Intercourse among Working Children

Key Service Provided	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Discussion or education	Count	28	54	82
	% within Key Service	34.1%	65.9%	100.0%
	% within Indulgence	7.2%	6.7%	6.8%
	% of Total	2.3%	4.5%	6.8%
Condoms	Count	38	5	43
	% within Key Service	88.4%	11.6%	100.0%
	% within Indulgence	9.8%	.6%	3.6%
	% of Total	3.2%	.4%	3.6%
VCT	Count	1	4	5
	% within Key Service	20.0%	80.0%	100.0%
	% within Indulgence	.3%	.5%	.4%
	% of Total	.1%	.3%	.4%
Care and support for the sick	Count	-	8	8
	% within Key Service	-	100.0%	100.0%
	% within Indulgence	-	1.0%	.7%
	% of Total	-	.7%	.7%
Others	Count	2	6	8
	% within Key Service	25.0%	75.0%	100.0%
	% within Indulgence	.5%	.7%	.7%
	% of Total	.2%	.5%	.7%
Non-applicable	Count	320	733	1053
	% within Key Service	30.4%	69.6%	100.0%
	% within Indulgence	82.3%	90.5%	87.8%
Total	Count	389	809	1199
	% of Total	32.4%	67.6%	100.0%

HIV/AIDS guidance was not remote from the working children, but quite significantly lacking. Almost two-thirds of working children did not access guidance on HIV/AIDS at their respective places of economic activity. This trend was same regardless of indulgence in sexual intercourse, in that out of those that were sexually active, 64% found no mentorship at places of work compared to 17% that acknowledged “workplace HIV policy”.

Table 38. Workplace HIV policy Existence by Indulgence in Sexual Intercourse for Working Children

Workplace HIV policy Existence	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	67	72	139
	% within Workplace policy	48.2%	51.8%	100.0%
	% within Indulgence	17.3%	8.9%	11.6%
	% of Total	5.6%	6.0%	11.6%
No	Count	248	508	756
	% within Workplace policy	32.8%	67.2%	100.0%
	% within Indulgence	63.9%	62.9%	63.2%
	% of Total	20.7%	42.5%	63.2%
Don't Know	Count	73	227	301
	% within Workplace policy	24.1%	75.6%	100.0%
	% within Indulgence	19.0%	28.2%	25.4%
	% of Total	6.1%	19.0%	25.2%
Total	Count	388	808	1196
	% of Total	32.4%	67.6%	100.0%

For the working children that attested to risk of HIV infection at work places, key exposure risks were persistent sexual harassment and others [personal reasons]. For those that were sexually active, the key factors were persistent sexual harassment [13%], late night return from work [9%] and adult immorality [8%]. The proportion of working children who perceived risk of contracting HIV/AIDS owing to the nature of work and work environment was significantly lower than those who did not. Over 50% of working children did not acknowledge the preposition. With regards those that had indulged in sexual intercourse, the difference were not wide; 30% attributed such risk to work while 46% disagreed. These findings should be understood subject to work experience and sex aggregation.

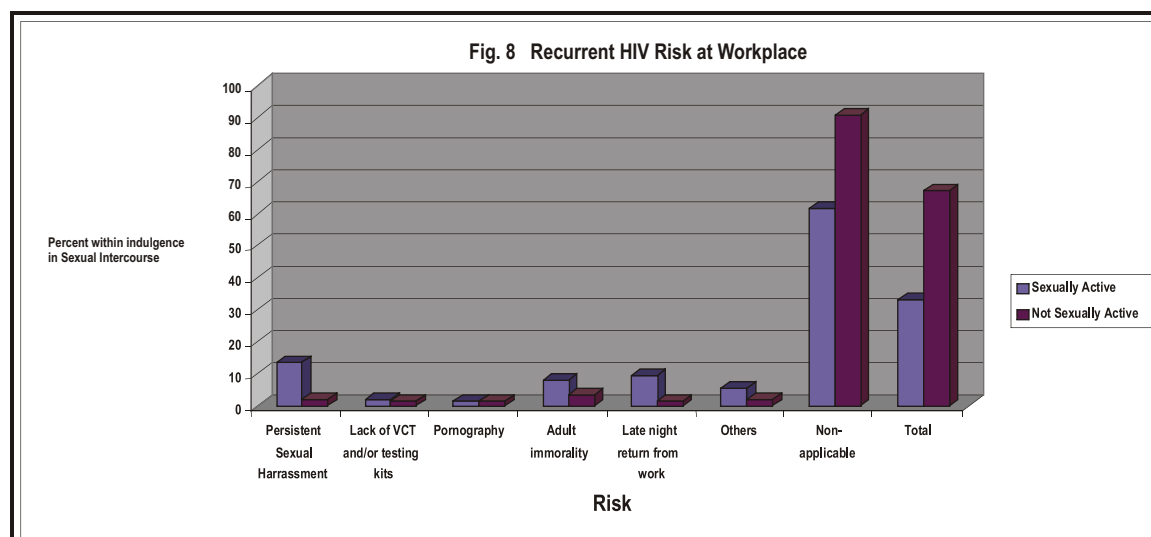
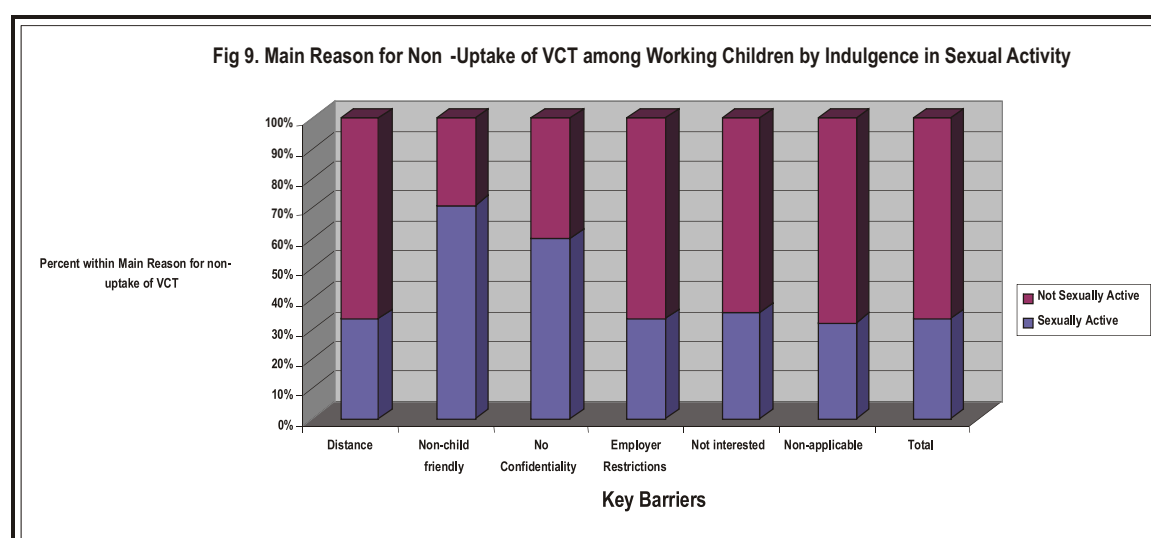


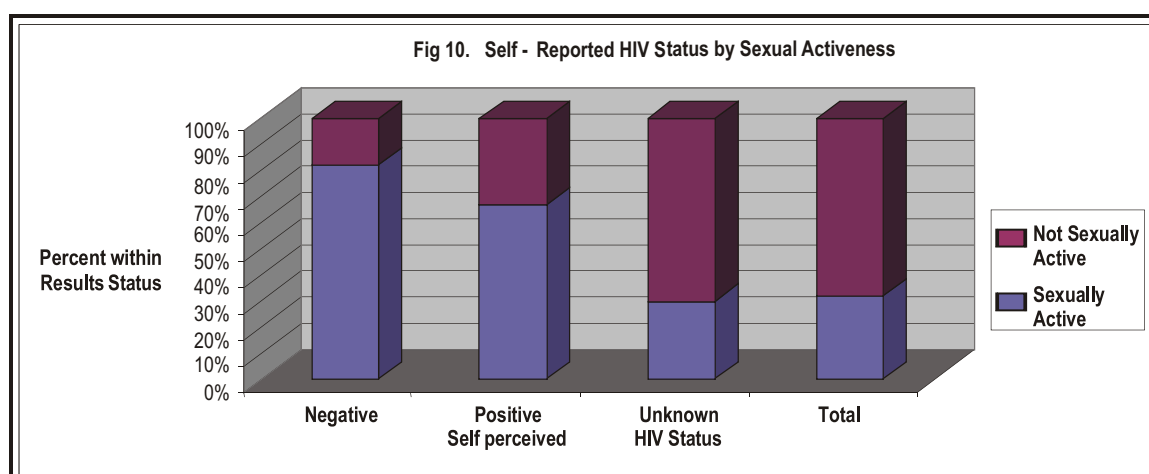
Table 126. Risk of HIV by Indulgence in Sexual Intercourse among Working Children

Risk of HIV from Work Environment	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	142	57	199
	% within Risk of HIV	71.4%	28.6%	100.0%
	% within Indulgence	36.5%	7.0%	16.6%
	% of Total	11.8%	4.8%	16.6%
No	Count	179	486	665
	% within Risk of HIV	26.9%	73.1%	100.0%
	% within Indulgence	46.0%	60.1%	55.5%
	% of Total	14.9%	40.5%	55.5%
Don't know	Count	45	145	190
	% within Risk of HIV	23.7%	76.3%	100.0%
	% within Indulgence	11.6%	17.9%	15.8%
	% of Total	3.8%	12.1%	15.8%
Non-applicable	Count	23	122	146
	% of Total	1.9%	10.2%	12.1%
Total	Count	389	810	1200
	% of Total	32.4%	67.6%	100.0%

The major constraints to undergoing VCT were others [31%] such as age or ignorance, followed by feeling of not being read yet or fear of adverse consequences [25%]. The factor of no assured cure, fear of stigma, lack of confidentiality [4%], and lack of access [5%] did not significant appear to be key barriers to accessing VCT among working children.



Self-reported HIV-status, demonstrated that those that choose to disclose were significant negative [83 %, i.e. 45/54]. Even among the sexual active working children, self-reported HIV-status was skewed to negativism [86 %, i.e. 37/43] compared to positive cases [14 %, i.e. 6/43].



Across the general plan of willingness to share HIV-status (VCT) results, those sexually active exhibited more openness (85%) than their opposite group (15%). Even among only those that had indulged, willingness to disclose results was high [54 %] than those that had not been exposed. Perhaps, that was expected behaviour pattern, in that, “only a sick person needs a doctor”.

Table 127. Willingness by Indulgence in Sexual Intercourse among Working Children

Willing to Share Results	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	51	9	60
	% within Willing	85.0%	15.0%	100.0%
	% within Indulgence	13.1%	1.1%	5.0%
	% of Total	4.3%	.8%	5.0%
No	Count	44	36	80
	% within Willing	55.0%	45.0%	100.0%
	% within Indulgence	11.3%	4.4%	6.7%
	% of Total	3.7%	3.0%	6.7%
Non-applicable [non-response + non-affected]	Count	294	765	1059
	% within Willing	27.8%	72.2%	100.0%
	% within Indulgence	75.6%	94.4%	88.3%
	% of Total	24.5%	63.8%	88.3%
Total	Count	389	810	1199
	% of Total	32.4%	67.5%	100.0%

Overall a number of sexually active working children (74%) had accessed VCT compared to those that had not yet been engaging in sex exploits (26%). Within indulgence in the act group, chances that one had undergone VCT diminishes; in essence 82% against 18% reported not having “freed their minds”, as the adage goes.

Table 39. VCT Access by Indulgence in Sexual Intercourse among Working Children

Ever undergone VCT	Statistic	Indulgence		Total
		Yes	No	
Yes	Count	70	25	95
	% within VCT	73.7%	26.3%	100.0%
	% within Indulgence	18.0%	3.1%	7.9%
	% of Total	5.8%	2.1%	7.9%
No	Count	319	783	1102
	% within VCT	28.9%	71.1%	100.0%
	% within Indulgence	82.0%	96.9%	92.1%
	% of Total	26.6%	65.4%	92.1%
Total	Count	389	808	1197
	% of Total	32.5%	67.4%	100.0%

Within the light of awareness of HIV and AIDS (causes plus), sexually active working children had lower level of knowledge compared to their counterparts that did not yet experience sexual intercourse. However, within the cluster of indulgence in sexual intercourse, a significant majority (91%) were aware of the risk of HIV infection compared to 9% that were not.

Table 40. HIV Awareness by Indulgence in Sexual Intercourse among Working Children

Awareness of cause of HIV	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	355	569	924
	% within Awareness	38.4%	61.6%	100.0%
	% within Indulgence	91.3%	70.2%	77.1%
	% of Total	29.6%	47.5%	77.1%
No	Count	34	241	275
	% within Awareness	12.4%	87.6%	100.0%
	% within Indulgence	8.7%	29.8%	22.9%
	% of Total	2.8%	20.1%	22.9%
Total	Count	389	810	1199
	% of Total	32.4%	67.5%	100.0%

Awareness of legal course among working children, attesting to [sexual] abuse was lower [37%] than the opposite [63%], which was, ignorance of the legal protection and remedies.

Table 41. Awareness of Law by Indulgence in Sexual Intercourse among Working Children

Awareness of Law	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	143	210	353
	% within Awareness	40.5%	59.5%	100.0%
	% within Indulgence	36.8%	25.9%	29.5%
	% of Total	11.9%	17.5%	29.5%
No	Count	246	599	845
	% within Awareness	29.1%	70.9%	100.0%
	% within Indulgence	63.2%	74.1%	70.5%
	% of Total	20.5%	50.0%	70.5%
Total	Count	389	809	1198
	% of Total	32.5%	67.5%	100.0%

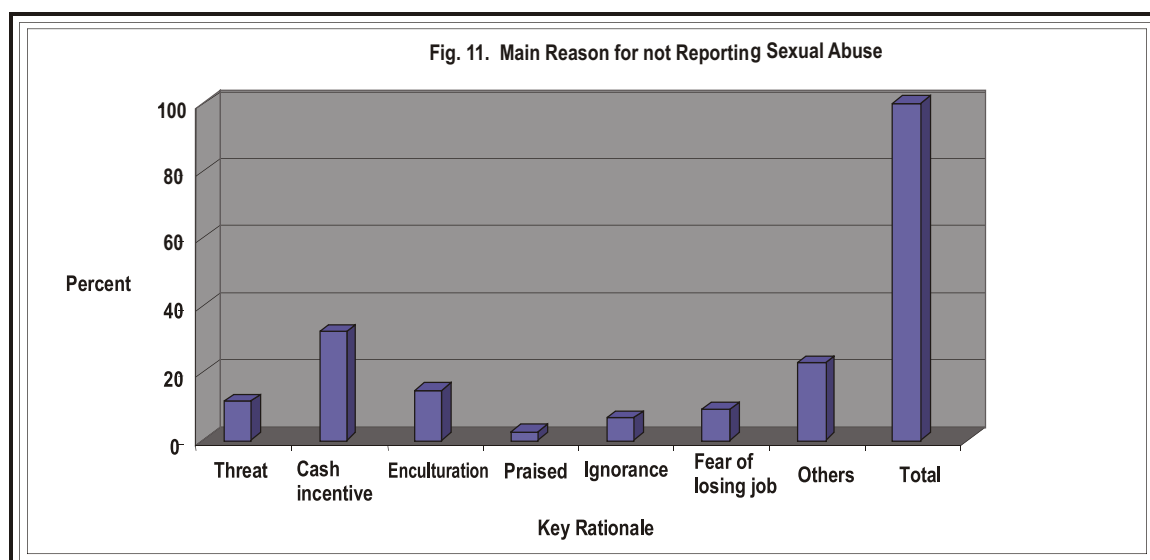
Repetitiveness of sexual quest was not necessarily uncommon [44%] compared to reports of "once in a while" [56%]

Table 42. Quest for Sex by Indulgence in Sexual Intercourse among Working Children

Quest for Sex	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	63	1	64
	% within Quest for Sex	98.4%	1.6%	100.0%
	% within Indulgence	16.2%	.1%	5.3%
	% of Total	5.3%	.1%	5.3%
No	Count	81	6	87
	% within Quest for Sex	93.1%	6.9%	100.0%
	% within Indulgence	20.8%	.7%	7.3%
	% of Total	6.8%	.5%	7.3%
Non-applicable	Count	245	803	1048
	% within Quest for Sex	23.4%	76.6%	100.0%
	% within Indulgence	63.0%	99.1%	87.4%
	% of Total	20.4%	67.0%	87.4%
Total	Count	389	810	1199
	% of Total	32.4%	67.6%	100.0%

The overriding barriers to reporting cases of forced sexual experience included:

- (A) Compensation [i.e. paid money, 32%]
- (b) Others...[23%]
- (c) Thought it was acceptable [15%] and
- (d) Threat of sanction [11%].

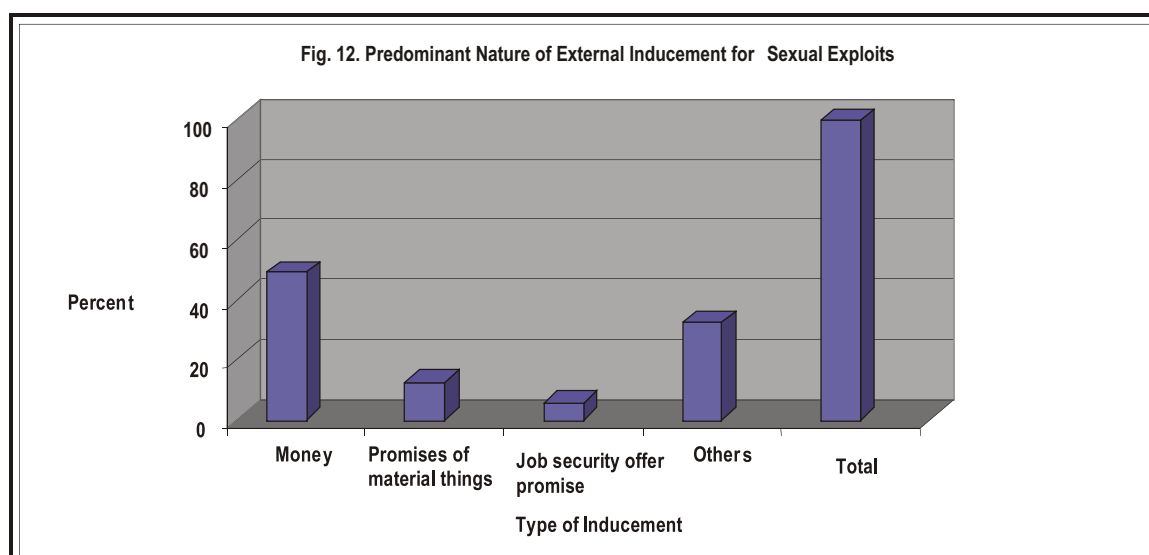


Intimation on reporting sexual abuse to relevant authorities was overwhelmingly negative [82%]. Of the total that acknowledged being forced into sexual intercourse, only slightly below a quarter did report the abuse. Also of significance was the freedom of choice that such indication pointed to; 75% reckoned free will.

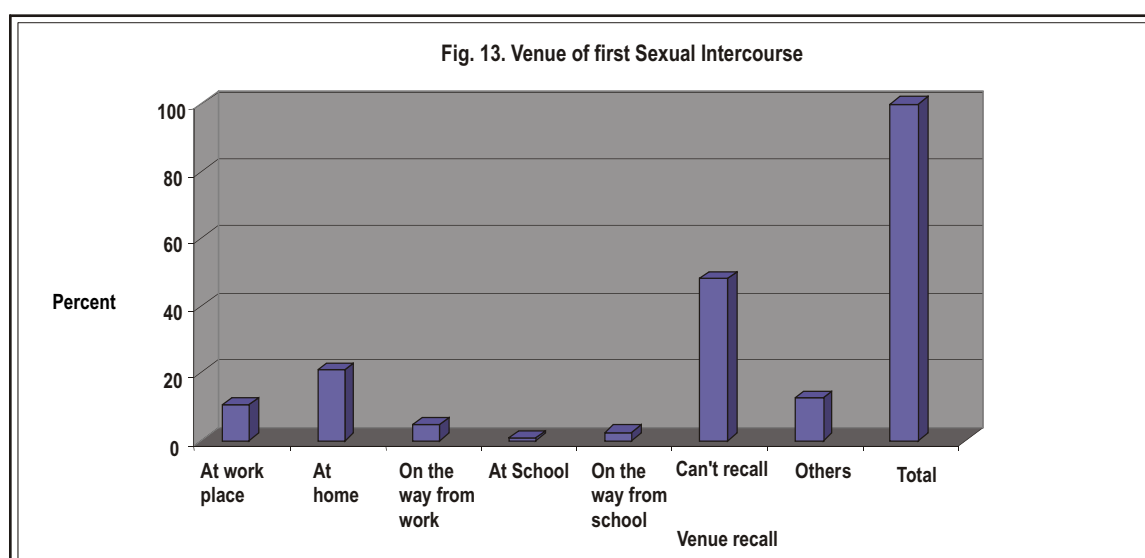
Table 43. Forced Sex Incidence Reporting by Indulgence among Working Children

Forced Sex Incidence Reporting	Statistic	Indulgence in Sexual Intercourse		Total
		Yes	No	
Yes	Count	17	-	17
	% within Forced Sex	100.0%	-	100.0%
	% within Indulgence	4.4%	-	1.4%
	% of Total	1.4%	-	1.4%
No	Count	80	-	80
	% within Forced Sex	100.0%	-	100.0%
	% within Indulgence	20.6%	-	6.7%
	% of Total	6.7%	-	6.7%
Non-applicable	Count	292	810	1102
	% within Forced Sex I	26.5%	73.5%	100.0%
	% within Indulgence	75.1%	100.0%	91.9%
	% of Total	24.4%	67.6%	91.9%
Total	Count	389	810	1199
	% of Total	32.4%	67.5%	100.0%

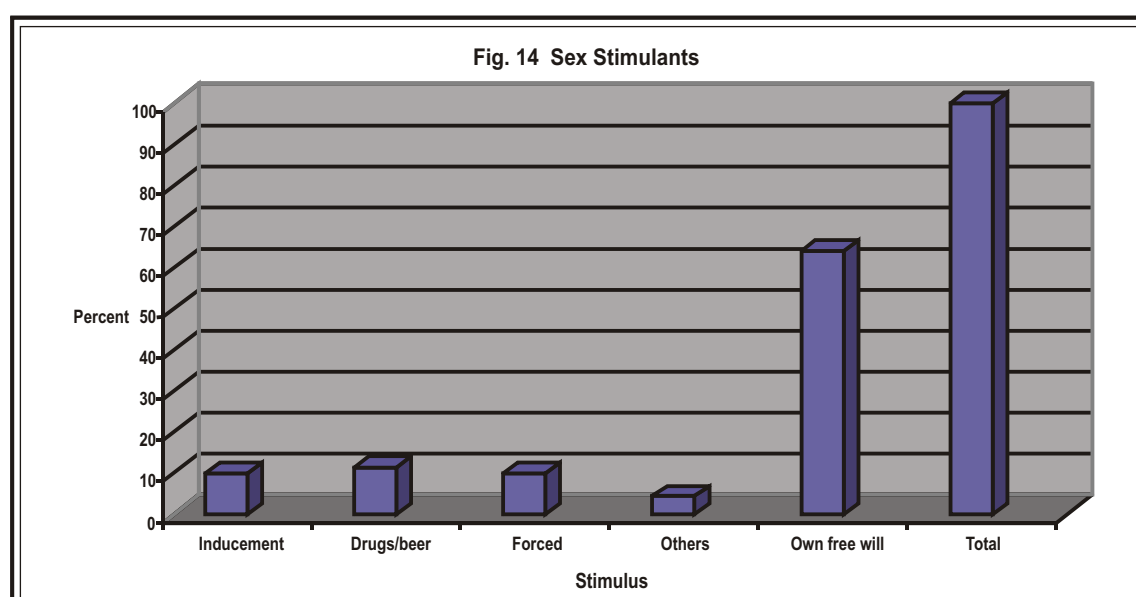
By and large, the majority of sexually active working children did not report any forced encounters [82%]. Of the few that were enticed, money was key inducer [49%] followed by others [32%] subtle inducement including promissory material benefits [13%] and job security [6%].



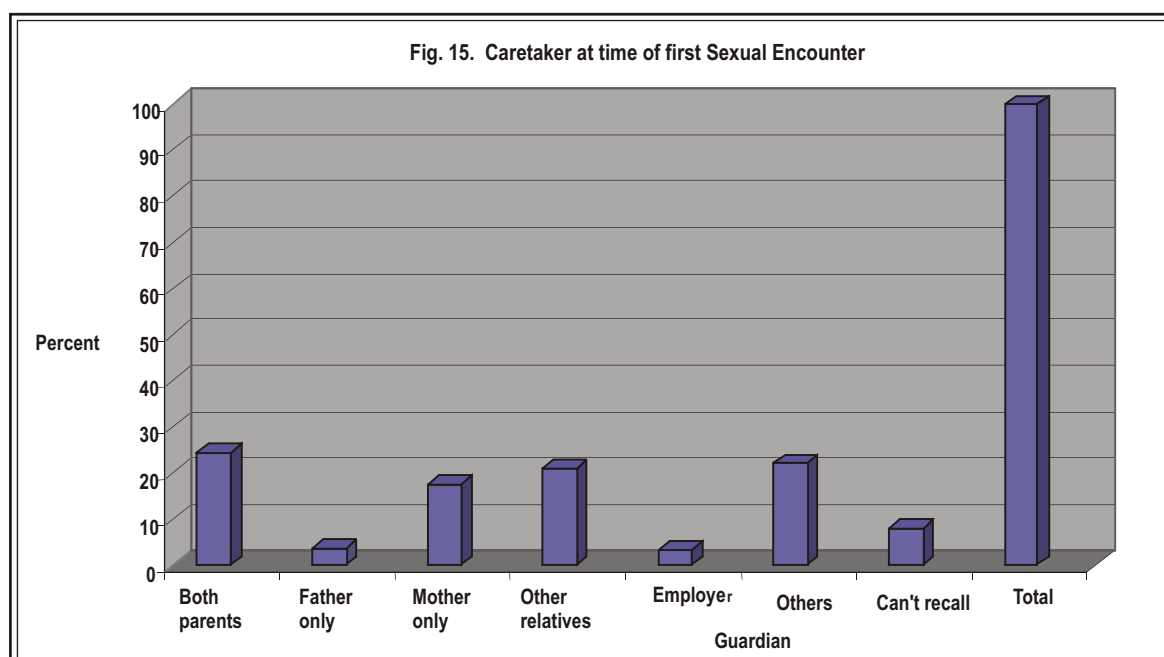
It could be observed that a significant proportion [48%] of sexual encounters happened in undefined accommodation or places. This group of circumstances was followed by home environment [21%]. Such homes, evidently, did not provide safe sanctuary for young ones. Other places [13%] ranked third, only slightly above work-induced, susceptibility [10%]. Quite interestingly and encouraging was the indication that schools were the least likely environment [1%] for first sexual encounters, slightly surpassing enroute to such [2%].



The main predisposing factors to first sexual intercourse were: (a) free (will) choice [54%]; (b) Inducement or forced [20%]; and (c) Drugs or beer [17%]. Inconsistency in follow up and/or response accounted for disparities.



Among working children who had experienced sexual intercourse, the likely custodian of their well being at that particular time were: (a) both parents [24%]; (b) Others...[22%]; and (c) other relatives [21%]. Between both parents, children were likely to have had sexual encounters where only the mother was the caretaker [83%] in contrast with scenario where only the male parent was custodian [17%]. In sum, it seemed less likely to be exposed to sexual exploits when under the providence of either the employers [3%] or father only [4%] than with other caretakers.

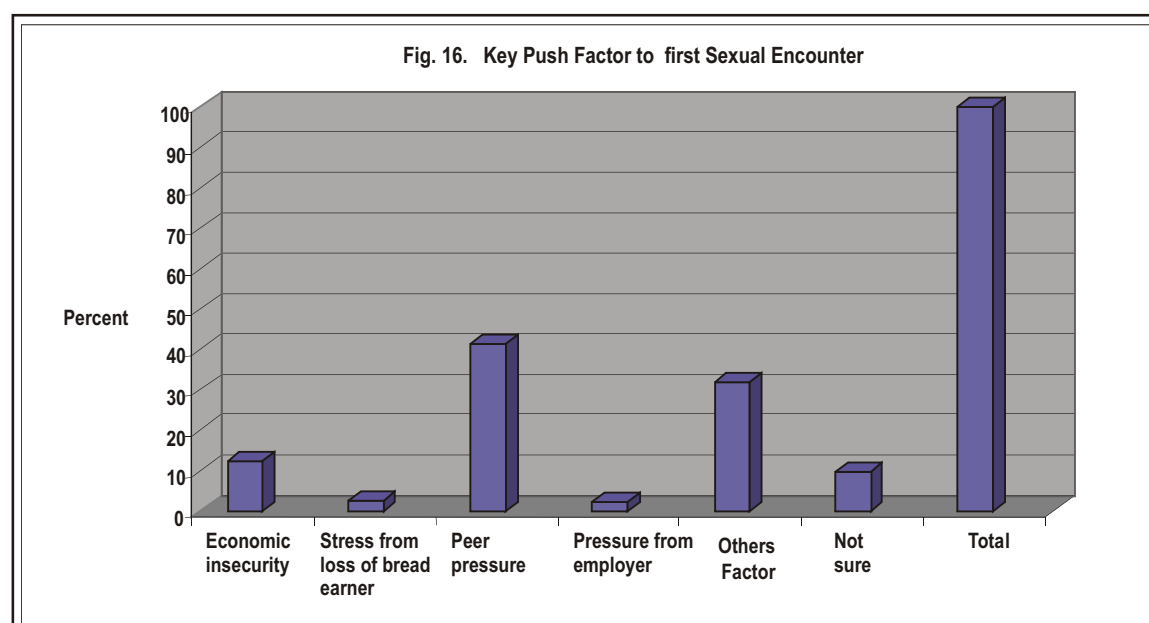


Among the children who had sexual intercourse before, key initial partners were: (a) fellow young persons [52%]; and (b) adult persons [37%]. Interesting, 11% could not recall. This could perhaps be related to the nature of the encounter and/or age at first intercourse, forced sex acts and at young age could easily be withdrawn into the subconscious part of human psychic.

Table 44. Partner of first Sexual Encounter by Indulgence for Working Children

Partner of first Sexual Encounter	Indulged in Sexual Intercourse [Count/%]
Fellow child	202 [52 %]
Older than self	144 [37 %]
Not sure	43 [11 %]
Total	389 [100.0%]

There were two main factors that drew the children to sexual exploits, namely: (a) peer pressure [14%] and (b) others personal (32%). Incidence of sexual encounters induced by pressure from employer[s] and stress due to loss of parents were quite low at 2 % and 3%, respectively.



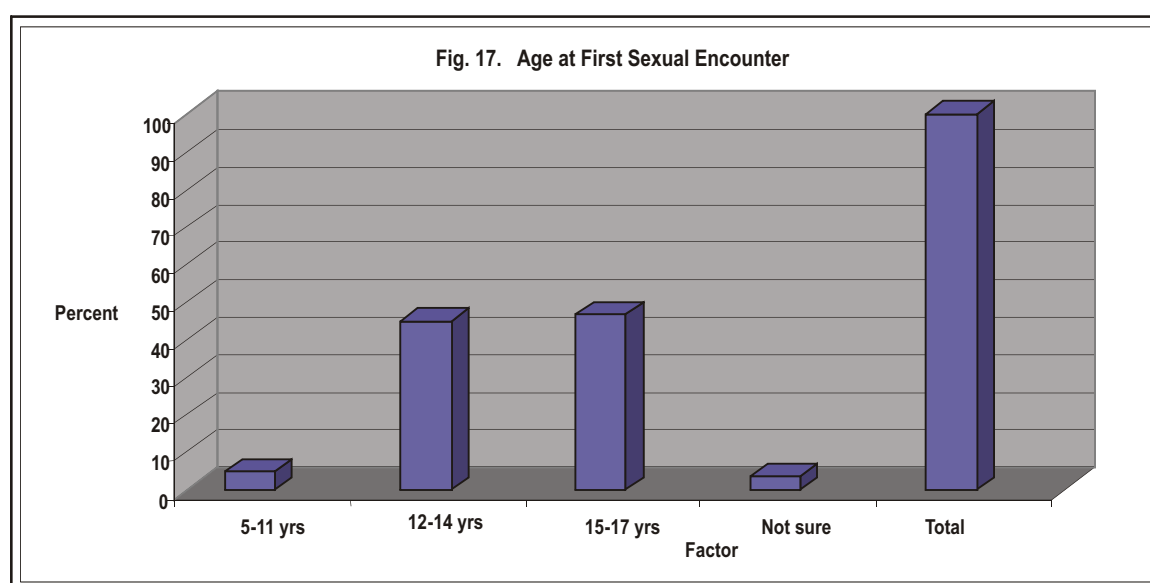
Timing of first sexual encounter vis-à-vis work experience is quite important for preventive strategies aimed at working children. This survey revealed that both after and before work encounters were quite significant; over half the children who recalled this reproductive health dynamic [52%] had their first exposure after joining the “labour market”. On the other hand, 36% were exposed before engaging in any economic activity.

Table 45. Timing of first Sex vis-à-Vis Working among Working Children

Timing of first sexual encounter vs. Work	Indulged in Sexual Intercourse [Count/%]
Before starting work	139 [36%]
After starting work	204 [52 %]
Not sure	46 [12 %]
Total	389 [100.0%]

Among children, prolonging sexual encounter [or abstinence] is a recognized strategy for HIV-infection prevention for such segments of population. It could, thus, be quite “a thought provoking” relief that only 5% reported first intercourse at very tender ages of 5-11 years. From the traditional and moral point of view that isn't acceptable, in fact, by any standard.

Given the increasing reported cases of child defilement for varying reasons [ritual purposes, explorations for AIDS cure etc]; this finding could not be dismissed as irrelevant in modern Zambia's context. The general trend, however, was that the older the child, the more likelihood of sexual encounter; 45% for those between 12-14year and 47% among age group 15-17 years.



3.5.3 Health Seeking Behaviour among Working Children

3.5.3.1 Awareness of the Pandemic

HIV and AIDS represent one of the formidable challenges facing humanity in our time. No human endeavour has been left unaffected by the pandemic. Many children [77%] said they were aware of the cause of HIV. Livingstone [87%] had the highest level of awareness, followed by Lusaka [79 %].

Table 46. Awareness of cause of HIV by District among Working Children

Awareness of cause of HIV	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	51	495	79	64	91	144	924
	% within District	87.9%	79.3%	68.7%	77.1%	81.3%	69.2%	77.0%
	% of Total	4.3%	41.3%	6.6%	5.3%	7.6%	12.0%	77.0%

No	Count	7	129	36	19	21	64	276
	% within District	12.1%	20.7%	31.3%	22.9%	18.8%	30.8%	23.0%
	% of Total	.6%	10.8%	3.0%	1.6%	1.8%	5.3%	23.0%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

In essence, more than three-quarters of working children were awareness of HIV and its causes. However, quite a sizeable number of children in Kapiri [31 %] and Chipata [31%] were more likely to be unaware of the causes of HIV than was the case with other districts. Boys [52%] were much more informed about HIV and its causality than girls [48%].

Table 47. Awareness of cause of HIV by Sex of Child Respondents

Awareness of cause of HIV	Statistic	Sex		Total
		Male	Female	
Yes	Count	480	444	924
	% within Awareness	51.9%	48.1%	100.0%
	% within Sex	79.1%	74.9%	77.0%
	% of Total	40.0%	37.0%	77.0%
No	Count	127	149	276
	% within Awareness	46.0%	54.0%	100.0%
	% within Sex	20.9%	25.1%	23.0%
	% of Total	10.6%	12.4%	23.0%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

3.5.3.2 Access to VCT

Nearly all the children interviewed [92 %] said they had never undergone VCT, with Katete being the least likely district [99 %], followed by Kapiri [94 %]. Livingstone [16 %] had the highest percentage of children who said they had undergone VCT, followed by Lusaka [9 %].

Table 48. VCT Access by District for Working Children

VCT Access	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	9	58	7	5	1	15	95
	% within District	15.5%	9.3%	6.1%	6.0%	.9%	7.2%	7.9%
	% of Total	.8%	4.8%	.6%	.4%	.1%	1.3%	7.9%
No	Count	49	564	108	78	111	193	1103
	% within District	84.5%	90.7%	93.9%	94.0%	99.1%	92.8%	92.1%
	% of Total	4.1%	47.1%	9.0%	6.5%	9.3%	16.1%	92.1%
Total	Count	58	622	115	83	112	208	1198
	% of Total	4.8%	51.9%	9.6%	6.9%	9.3%	17.4%	100.0%

Even though boys were much more informed about HIV causality than girls, the opposite was true vis-à-vis accessing VCT; HIV status seeking pattern was favourable among girls (68%) than boys (32%). This might be understood in light of literacy levels between the two sexes. In other words, whereas girls were less likely to understand the intricacies of HIV transmission, they were, however, more eager to undergo VCT than their counterparts.

Table 49. VCT Access by Sex of Child Respondents

If ever undergone VCT	Statistic	Sex		Total
		Male	Female	
Yes	Count	30	65	95
	% within VCT	31.6%	68.4%	100.0%
	% within Sex	5.0%	11.0%	7.9%
	% of Total	2.5%	5.4%	7.9%
No	Count	576	527	1103
	% within VCT	52.2%	47.8%	100.0%
	% within Sex	95.0%	89.0%	92.1%
	% of Total	48.1%	44.0%	92.1%
Total	Count	606	592	1198
	% of Total	50.6%	49.4%	100.0%

limited access to VCT was not only a child-specific concern. The majority of adult respondents [67%] said they had never undergone VCT and most of such were more likely to be found in Lusaka [36%], followed by Katete district [12%]. However, the largest percentages within the district, among those who had not undergone VCT, were to be traced in Chipata [82%] and Katete [75%]. On the other hand, Lusaka had the highest percentage of those who said they had undergone VCT [19%] out of the total for all the sampled districts.

Table 50. Adult VCT Access by District

VCT Access	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	7	78	4	12	15	6	122
	% within District	26.9%	34.4%	40.0%	25.5%	22.1%	17.6%	29.6%
	% of Total	1.7%	18.9%	1.0%	2.9%	3.6%	1.5%	29.6%
No	Count	19	148	6	35	51	28	287
	% within District	73.1%	65.2%	60.0%	74.5%	75.0%	82.4%	69.7%
	% of Total	4.6%	35.9%	1.5%	8.5%	12.4%	6.8%	69.7%
Don't Know	Count	-	1	-	-	2	-	3
	% within District	-	.4%	-	-	2.9%	-	.7%
	% of Total	-	.2%	-	-	.5%	-	.7%
Total	Count	26	227	10	47	68	34	412
	% of Total	6.3%	55.1%	2.4%	11.4%	16.5%	8.3%	100.0%

3.5.3.3 Policy Impact: Voluntarism and Positive Living

Most of the children who acknowledged undergoing VCT were unwilling to share their results [57 %] compared to [43 %] who said they could forego confidentiality and national policy expectation. Luanshya [30.1%] had the highest percentage of children who were not ready to disclose their results. Out of the total number [60] of children who said they could share the results, Livingstone district [9 %] had the highest representation among all the districts.

Table 51. Willing to Share Results by District among Working Children

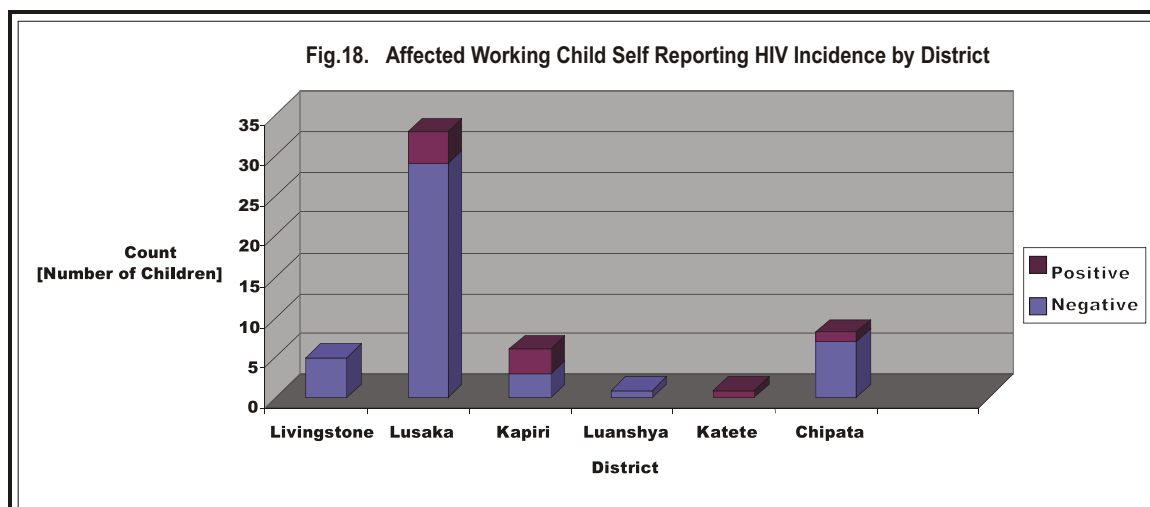
Willing to Share Results	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	5	38	6	1	-	10	60
	% within District	8.6%	6.1%	5.2%	1.2%	-	4.8%	5.0%
	% of Total	.4%	3.2%	.5%	.1%	-	.8%	5.0%
No	Count	4	36	5	25	4	6	80
	% within District	6.9%	5.8%	4.3%	30.1%	3.6%	2.9%	6.7%
	% of Total	.3%	3.0%	.4%	2.1%	.3%	.5%	6.7%
Non-applicable	Count	49	550	104	57	108	192	1060
	% within District	84.5%	88.1%	90.4%	68.7%	96.4%	92.3%	88.3%
	% of Total	4.1%	45.8%	8.7%	4.8%	9.0%	16.0%	88.3%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

The observation that girls were more likely to seek VCT than boys was in fact confirmed by level of willingness in sharing results, girls (59%) did not yield so much to total confidentiality than were boys (41%) inclined.

Table 52. Willing to Share Results by Sex of Child Respondent

Willing to Share Results	Statistic	Sex		Total
		Male	Female	
Yes	Count	17	43	60
	% within Willing	28.3%	71.7%	100.0%
	% within Sex	2.8%	7.3%	5.0%
	% of Total	1.4%	3.6%	5.0%
No	Count	33	47	80
	% within Willing	41.3%	58.8%	100.0%
	% within Sex	5.4%	7.9%	6.7%
	% of Total	2.8%	3.9%	6.7%
Non-applicable	Count	557	503	1060
	% within Willing	52.5%	47.5%	100.0%
	% within Sex	91.8%	84.8%	88.3%
	% of Total	46.4%	41.9%	88.3%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

of the total of 54 working children, who shared their HIV status, the majority [83 %] were likely to portray themselves as negative against nine, four in Lusaka and the other three in Kapiri, who attested to being HIV positive. All the concerned children in Livingstone affirmed that their HIV status was negative.



Incidentally, among the children that were willing and did actually indicate their HIV status only nine females (17%) declared positive. The rest deemed themselves negative. This was actually more than the national indication [5 %] for the age group under study, mainly owing to the low cases and possible bias.

3.6 Suggestions, Perceptions and Future Prospects for Children

It is not over-emphasis to state that any change-oriented programme depends largely on the pace of adaptability and willingness to shift gears, first and foremost, among the targeted groups and, secondly, the relevant-others [benefactors, policy makers and society at large]. As such the views of working children on their predicament and future plans become increasingly vital. Their [experienced] voices could provide key insights into meaningful action programmes to combat and eliminate child labour and HIV impact, among this age group.

3.6.1 Perspective on Child Labour

Many children [66%] said they did not support child labour. Lusaka [33 %] had the highest percentage of those who said they did not support the vice. On the contrary, Kapiri Mposhi [41 %] had the highest percentage of children who said they supported child labour, seconded by Lusaka [37 %].

Table 53. Support for Child Labour by District among Working Children

Supportive of Child Labour	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	17	232	47	23	28	61	408
	% within District	29.3%	37.2%	40.9%	27.7%	25.0%	29.3%	34.0%
	% of Total	1.4%	19.3%	3.9%	1.9%	2.3%	5.1%	34.0%
No	Count	41	392	68	60	84	147	792
	% within District	70.7%	62.8%	59.1%	72.3%	75.0%	70.7%	66.0%
	% of Total	3.4%	32.7%	5.7%	5.0%	7.0%	12.3%	66.0%
Total	Count	58	624	115	83	112	208	1200
	% of Total	4.8%	52.0%	9.6%	6.9%	9.3%	17.3%	100.0%

Boys (54%) were more likely to rationalize child labour than would girls (46%). Understandably, this could easily be linked to severity of consequences (i.e. HIV exposure, abuse and low incentives), which negatively affected mostly girls than boys.

Table 54. Supportive of Child Labour by Sex of Child Respondents

Supportive of Child Labour	Statistic	Sex		Total
		Male	Female	
Yes	Count	221	187	408
	% within Supportiveness	54.2%	45.8%	100.0%
	% within Sex	36.4%	31.5%	34.0%
	% of Total	18.4%	15.6%	34.0%

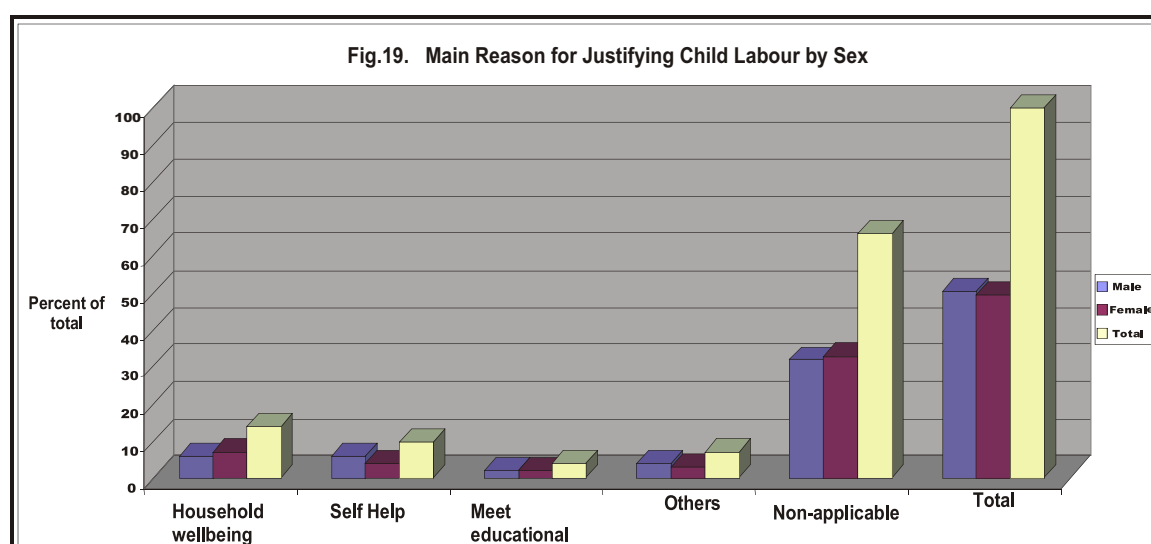
No	Count	386	406	792
	% within Supportiveness	48.7%	51.3%	100.0%
	% within Sex	63.6%	68.5%	66.0%
	% of Total	32.2%	33.8%	66.0%
Total	Count	607	593	1200
	% of Total	50.6%	49.4%	100.0%

The main reasons cited, by those who said they supported Child Labour, were to improve household well being [14 %], followed to be independent [10 %].

Table 55. Reason for Supporting Child Labour by District among Working Children

Rationale	Statistic	District						Total
		L/stone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Improve HH wellbeing	Count	4	94	24	9	10	25	166
	% within District	6.9%	15.2%	20.9%	10.8%	8.9%	12.0%	13.9%
	% of Total	.3%	7.9%	2.0%	.8%	.8%	2.1%	13.9%
Be independent	Count	6	67	14	11	7	15	120
	% within District	10.3%	10.8%	12.2%	13.3%	6.3%	7.2%	10.0%
	% of Total	.5%	5.6%	1.2%	.9%	.6%	1.3%	10.0%
Meet costs of education	Count	1	23	2	4	8	5	43
	% within District	1.7%	3.7%	1.7%	4.8%	7.1%	2.4%	3.6%
	% of Total	.1%	1.9%	.2%	.3%	.7%	.4%	3.6%
Others	Count	5	55	6	-	4	13	83
	% within District	8.6%	8.9%	5.2%	-	3.6%	6.3%	6.9%
	% of Total	.4%	4.6%	.5%	-	.3%	1.1%	6.9%
Non-applicable	Count	42	381	69	59	83	150	784
	% within District	72.4%	61.5%	60.0%	71.1%	74.1%	72.1%	65.6%
	% of Total	3.5%	31.9%	5.8%	4.9%	6.9%	12.5%	65.6%
Total	Count	58	620	115	83	112	208	1196
	% of Total	4.8%	51.8%	9.6%	6.9%	9.4%	17.4%	100.0%

Contribution towards improving household well being and quest for independence were the main justification for supporting Child Labour even between both sexes.



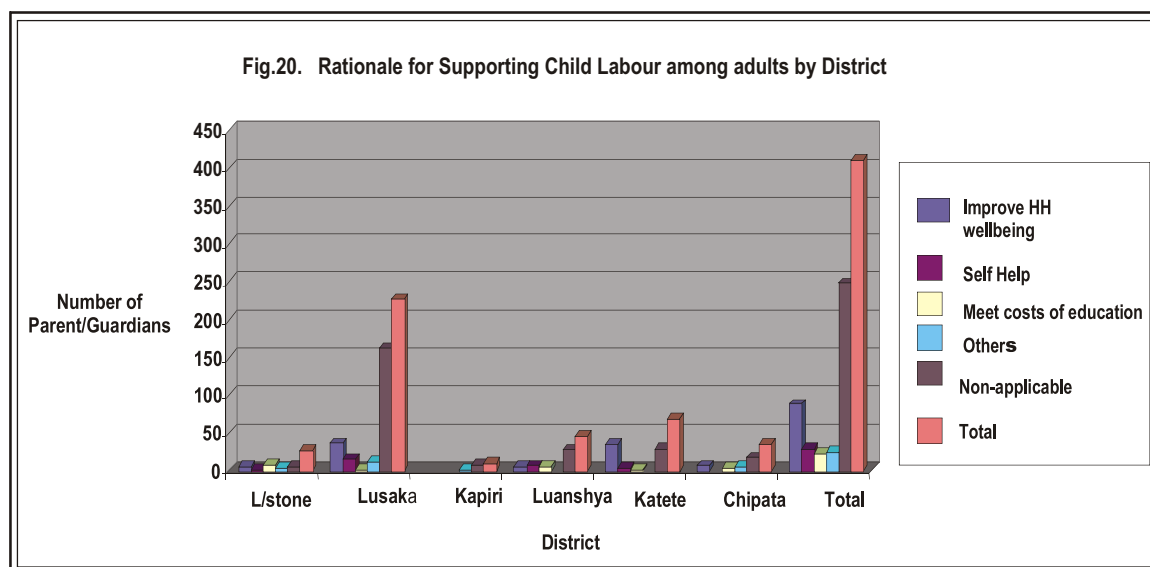
As for the adult respondents, the majority of parent and/or guardians said they did not support child labour [62%] and many of these were found in Kapiri district with 80%, followed by Lusaka 73 %. However, 73 % in Livingstone said they were in support of the child labour, followed by Katete 57%.

Table 56. Support for Child Labour by District among Adult Respondents

Supportive of Child Labour	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	19	62	2	17	39	17	156
	% within District	73.1%	27.3%	20.0%	36.2%	57.4%	50.0%	37.9%
	% of Total	4.6%	15.0%	.5%	4.1%	9.5%	4.1%	37.9%

No	Count	7	165	8	30	29	17	256
	% within District	26.9%	72.7%	80.0%	63.8%	42.6%	50.0%	62.1%
	% of Total	1.7%	40.0%	1.9%	7.3%	7.0%	4.1%	62.1%
Total	Count	26	227	10	47	68	34	412
	% of Total	6.3%	55.1%	2.4%	11.4%	16.5%	8.3%	100.0%

The main reason given by adults who supported the vice was to improve household well being 21.5% followed by the need to be independent 6.8%. Katete district [50.0%] had the highest number of adults that supported Child Labour on grounds of improved household well being.



CHAPTER FOUR:

4.0 ANALYSIS OF KEY FINDINGS

4.1 Child Labour Prevalence

As per ILO Child Labour Statistics guidelines, for purposes of quantifying child labour, the following analysis framework was adapted:

- Those between the ages 5-11 engaged in any economic activity;
- All working children aged between 12 and 14 years, except those in light work; and
- All children aged 15-17 years in hazardous work and unconditional worst forms [WFCL].

4.1.1 Age-Specific Child Labour Prevalence

Overall, it was noticeable that on account of age at start of work, regardless of economic activity, 18.2 % of all sampled working children fell into that definition of child labour.

Table 57. Age at Start of Work for Working Children

Age	Frequency	Percent	Valid Percent	Cumulative Percent
5-11 yrs	218	18.2	18.2	18.2
12-14 yrs	696	58.0	58.1	76.3
15-17 yrs	259	21.6	21.6	97.9
Not sure	25	2.1	2.1	100.0
Total	1198	99.8	100.0	-
Missing	2	.2	-	-
Total	1200	100.0	-	-

At district-level, the variations were quite marked. Intra-district analysis revealed that the highest incidences of child labour, on account of age at entry only, was to be found in Chipata [25 %], Katete [23 %] and Kapiiri Mposhi [23 %]. Lusaka ranked fourth on that score with a rate of 18 %, followed by Luanshya [5 %] and lastly, Livingstone [2 %]. It was evident then that rural areas were more likely than urban districts to engage young children in the vice. Evidence accrued in this report would link this finding to the predominant economic activity in rural areas [agriculture] vis-à-vis increased demand for family labour due to shortages created, in part, by HIV/AIDS impact. Closely related to that would be socialization [early enough] into the main livelihood support sector for posterity to fend for themselves.

Table 58. District by Age at Start of Work for Working Children

District	Statistic	Age at Start of Work				Total
		5-11 yrs	12-14 yrs	15-17 yrs	Not sure	
Livingstone	Count	1	36	21	-	58
	% within District	1.7%	62.1%	36.2%	-	100.0%
	% within Age	.5%	5.2%	8.1%	-	4.8%
	% of Total	.1%	3.0%	1.8%	-	4.8%
Lusaka	Count	110	384	111	17	622
	% within District	17.7%	61.7%	17.8%	2.7%	100.0%
	% within Age	50.5%	55.2%	42.9%	68.0%	51.9%
	% of Total	9.2%	32.1%	9.3%	1.4%	51.9%
Kapiiri	Count	26	70	18	1	115
	% within District	22.6%	60.9%	15.7%	.9%	100.0%
	% within Age	11.9%	10.1%	6.9%	4.0%	9.6%
	% of Total	2.2%	5.8%	1.5%	.1%	9.6%
Luanshya	Count	4	37	38	4	83
	% within District	4.8%	44.6%	45.8%	4.8%	100.0%
	% within Age	1.8%	5.3%	14.7%	16.0%	6.9%
	% of Total	.3%	3.1%	3.2%	.3%	6.9%
Katete	Count	26	65	19	2	112
	% within District	23.2%	58.0%	17.0%	1.8%	100.0%
	% within Age	11.9%	9.3%	7.3%	8.0%	9.3%
	% of Total	2.2%	5.4%	1.6%	.2%	9.3%
Chipata	Count	51	104	52	1	208
	% within District	24.5%	50.0%	25.0%	.5%	100.0%
	% within Age	23.4%	14.9%	20.1%	4.0%	17.4%
	% of Total	4.3%	8.7%	4.3%	.1%	17.4%
Total	Count	218	696	259	25	1198
	% of Total	18.2%	58.1%	21.6%	2.1%	100.0%

In terms of sex comparative, girls [10 %] were more predisposed to child labour than boys [8 %], in terms of age at entry. Within age entry specific comparative terms, it was consistently evidence that more girls [56 %] were at the messy of vice than boys [44 %].

Table 59. Sex of Child Respondents by Age at Start of Work

Sex	Statistic	Age at Start of Work				Total
		5-11 yrs	12-14 yrs	15-17 yrs	Not sure	
Male	Count	95	351	140	20	606
	% within Sex	15.7%	57.9%	23.1%	3.3%	100.0%
	% within Age at Start of Work	43.6%	50.4%	54.1%	80.0%	50.6%
	% of Total	7.9%	29.3%	11.7%	1.7%	50.6%
Female	Count	123	345	119	5	592
	% within Sex	20.8%	58.3%	20.1%	.8%	100.0%
	% within Age at Start of Work	56.4%	49.6%	45.9%	20.0%	49.4%
	% of Total	10.3%	28.8%	9.9%	.4%	49.4%
Total	Count	218	696	259	25	1198
	% of Total	18.2%	58.1%	21.6%	2.1%	100.0%

4.1.2 Nature or Forms of Child Labour

4.1.2.1 Non-Hazardous Work

It has already been noted that the average hours worked per day by any given child was 2 hours, 48 minutes [2.08 hrs]. Thus, the noted days could easily be standardized to hours, for purposes of easy analysis of second option for quantifying child labour. This present a very conservative estimate, especially given earlier evidence that a significant proportion of working children [64 %] worked more than 4 hours a day [i.e. beyond 2-4 hours category]. By this measure, 29 % of all working children constituted child labour; that implied that 348 out of 1200 working children were actually engaged as child labourers in that they worked more than the benchmark of more than 14 hours per week but less than 43 hrs.

Table 60. Number of Days [hours] worked By Children per week by Age at Start of Work

Number of Days worked per week	Statistics	Age at Start of Work				Total
		5-11 yrs	12-14 yrs	15-17 yrs	Not sure	
7 days [14.56 hrs]	Count	101	255	98	10	464
	% within days worked per week	21.8%	55.0%	21.1%	2.2%	100.0%
	% within Age at Start of Work	46.3%	36.6%	37.8%	40.0%	38.7%
	% of Total	8.4%	21.3%	8.2%	.8%	38.7%
6 days [12.48 hrs]	Count	46	159	81	4	290
	% within days worked per week	15.9%	54.8%	27.9%	1.4%	100.0%
	% within Age at Start of Work	21.1%	22.8%	31.3%	16.0%	24.2%
	% of Total	3.8%	13.3%	6.8%	.3%	24.2%
5 days [10.4 hrs]	Count	19	94	14	1	128
	% within days worked per week	14.8%	73.4%	10.9%	.8%	100.0%
	% within Age at Start of Work	8.7%	13.5%	5.4%	4.0%	10.7%
	% of Total	1.6%	7.8%	1.2%	.1%	10.7%
4 days [8.32 hrs]	Count	14	46	13	3	76
	% within days worked per week	18.4%	60.5%	17.1%	3.9%	100.0%
	% within Age at Start of Work	6.4%	6.6%	5.0%	12.0%	6.3%
	% of Total	1.2%	3.8%	1.1%	.3%	6.3%
3 days [6.24 hrs]	Count	16	53	20	3	92
	% within days worked per week	17.4%	57.6%	21.7%	3.3%	100.0%
	% within Age at Start of Work	7.3%	7.6%	7.7%	12.0%	7.7%
	% of Total	1.3%	4.4%	1.7%	.3%	7.7%
2 days [4.16 hrs]	Count	19	64	20	2	105
	% within days worked per week	18.1%	61.0%	19.0%	1.9%	100.0%
	% within Age at Start of Work	8.7%	9.2%	7.7%	8.0%	8.8%
	% of Total	1.6%	5.3%	1.7%	.2%	8.8%
1 day [2.08 hrs]	Count	3	25	13	2	43
	% within days worked per week	7.0%	58.1%	30.2%	4.7%	100.0%
	% within Age at Start of Work	1.4%	3.6%	5.0%	8.0%	3.6%
	% of Total	.3%	2.1%	1.1%	.2%	3.6%
Total	Count	218	696	259	25	1198
	% of Total	18.2%	58.1%	21.6%	2.1%	100.0%

By the same logic [refer to section 3.3.3.2], it was shown that Lusaka [22 %] had the highest prevalence of abnormal hours of work [>14 hrs./week]. The lowest were Livingstone [2 %] and Katete [2 %]. Intra-district analysis showed the following order on this score vis-à-vis characterization of child labour:

- Lusaka [42 %]
- Livingstone [41 %]
- Luanshya [37 %]
- Chipata [35 %]
- Katete [28 %].

Despite the contradiction with the foregoing age-specific indication, this finding demonstrated that working children were more likely to be engaged under abnormal working hours in pre-dominantly urban areas. This could be substantiated by the trade and cross-border traffic of potential buyers of products or labour traded by the children. Again, with regards to sex, girls [21 %] were, as would be expected, more affected by Child Labour than boys [18 %].

4.1.2.2 Worst Forms of Child Labour

Information from qualitative angle showed that worst forms of Child Labour existing were:

- Sexual exploitation.
- Streetism.
- Bonded farm labour [herding cattle].
- Child trafficking.

Extrapolation of such on the data obtained from quantitative means was not quite specific. Out of the said worst forms, only sex work was easy to link and constituted five percent [5 %] of the total sample. Streetism would easily be linked to informal sector but it was only the main part of this “largest employer” or sector of participation by the children [48 %]. Bonded farm labour fell under agriculture, but the sector was too broad to only narrow or equate to bonded labour. It was noteworthy, though, that participation level was comparatively low [4 %]. Child trafficking was only reported in Kapiri Mposhi, from key informant interviews; only one case. For district-wise and sex comparison, reference could be made to earlier sections [3.3, 3.4 and 3.5].

Table 61. Age at Start of Work by Sector of Participation

Age at Start of Work	Statistic	Main Income Source						Total
		Agriculture	Formal sector	Informal sector	Domestic labour	Illicit Sex Work	Others	
5-11 yrs	Count	14	1	91	66	1	45	218
	% within Age	6.4%	.5%	41.7%	30.3%	.5%	20.6%	100.0%
	% within Sector	26.4%	1.9%	15.7%	32.5%	1.9%	17.5%	18.2%
	% of Total	1.2%	.1%	7.6%	5.5%	.1%	3.8%	18.2%
12-14 yrs	Count	27	27	369	109	22	142	696
	% within Age	3.9%	3.9%	53.0%	15.7%	3.2%	20.4%	100.0%
	% within Sector	50.9%	51.9%	63.7%	53.7%	40.7%	55.3%	58.1%
	% of Total	2.3%	2.3%	30.8%	9.1%	1.8%	11.9%	58.1%
15-17 yrs	Count	10	23	115	27	30	54	259
	% within Age	3.9%	8.9%	44.4%	10.4%	11.6%	20.8%	100.0%
	% within Sector	18.9%	44.2%	19.9%	13.3%	55.6%	21.0%	21.6%
	% of Total	.8%	1.9%	9.6%	2.3%	2.5%	4.5%	21.6%
Not sure	Count	2	1	4	1	1	16	25
	% within Age	8.0%	4.0%	16.0%	4.0%	4.0%	64.0%	100.0%
	% within Sector	3.8%	1.9%	.7%	.5%	1.9%	6.2%	2.1%
	% of Total	.2%	.1%	.3%	.1%	.1%	1.3%	2.1%
Total	Count	53	52	579	203	54	257	1198
	% of Total	4.4%	4.3%	48.3%	16.9%	4.5%	21.5%	100.0%

Case Study I: Worst Form of Child Labour

“The Case of Gezan of Chipata: Bonded Labour – A Tale of a Shepherd

After his father and mother divorced, Gezan (not his real name) had been living with his grand parents in the village about 37 kilometers from town. The mother had since remarried and stayed in town with the new husband, while the father's whereabouts were not known. When Gezan was 12 years old, he entered into a contract to look after cattle for a period of four years after which he would be paid one cattle. But after working for three years and eight months, Gezan could not keep up with the demands of his task and decided to quit. For the employer, the issue appeared to be simple and straightforward: Gezan had failed to fulfill the agreement and as a result he had forfeited the reward of one cattle. Realizing this too, Gezan requested that the agreement be amended so that he negotiates for his dues on the basis of cash payments for the period he had served. The employer responded to the request with an offer of a non-negotiable ZMK 450 000. After several appeals failed to get him what he thought he deserved, Gezan decided to seek intervention from the Labour office at the district.

The involvement of the Labour office helped Gezan to secure cash payment of ZMK 1,000,000 for three years and eight months, which the employer agreed to pay in installments on specified dates agreed with the Labour office. After hearing the 'good news' Gezan's uncle decided to take the responsibility of collecting the money from the Labour office. But Gezan realized that he was not going to benefit from his sweat, as he did not see even a single kwacha from the two installments his uncle had collected. After receiving the complaint form Gezan, the Labour office decided to summon his uncle in order to get an explanation on the matter as to why Gezan did not receive any share of the money. The uncle's response to the query was that: "*Gezan ni mufana, uyu ni mwana mugono*"- (Gezan is a child), therefore, he wouldn't know how to use the money. "So I used the money to buy fertilizer so that we grow maize and cotton and so that the boy (Gezan) can also have something to eat". Realizing that Gezan was not satisfied with this explanation, the Labour office decided that Gezan himself should collect the remaining installments. In the end, Gezan collected a total of ZMK 450 000 and invested part of the money to buy a bicycle which he now used for himself to transport people and goods for a fee. At least Gezan was, in a sense, fortunate to have graduated from heading cattle to transportation which, however, was also not a risk free business given the possibility of accidents on the roads. Nonetheless his personal initiative was quite commendable.

Chipata Team Leader's Account

Counterchecking streetism with main place of work provided a reliable yardstick as to the prevalence of streetism among children. Evidently, an overwhelmingly majority of working children [45 %] were "street-based hawkers". With addition of those children that worked in factories and quarry site, child labour was quite rampant from the vantage of hazardous work and unconditional worst forms.

Table 62. Age at Start of Work by Main Workplace for Working Children

Age at Start of Work	Statistic	Main Workplace						Total
		Family dwelling	Employer's house	On the street	Industry or factory	Construction or Quarry sites	Others	
5-11 yrs	Count	60	12	107	1	6	32	218
	% within Age	27.5%	5.5%	49.1%	.5%	2.8%	14.7%	100.0%
	% within Workplace	30.0%	8.6%	20.0%	5.6%	14.0%	12.2%	18.2%
	% of Total	5.0%	1.0%	8.9%	.1%	.5%	2.7%	18.2%
12-14 yrs	Count	111	86	315	9	27	148	696
	% within Age	15.9%	12.4%	45.3%	1.3%	3.9%	21.3%	100.0%
	% within Workplace	55.5%	61.4%	59.0%	50.0%	62.8%	56.3%	58.1%
	% of Total	9.3%	7.2%	26.3%	.8%	2.3%	12.4%	58.1%
15-17 yrs	Count	28	41	101	8	9	72	259
	% within Age	10.8%	15.8%	39.0%	3.1%	3.5%	27.8%	100.0%
	% within Workplace	14.0%	29.3%	18.9%	44.4%	20.9%	27.4%	21.6%
	% of Total	2.3%	3.4%	8.4%	.7%	.8%	6.0%	21.6%
Not sure	Count	1	1	11	-	1	11	25
	% within Age	4.0%	4.0%	44.0%	-	4.0%	44.0%	100.0%
	% within Workplace	.5%	.7%	2.1%	-	2.3%	4.2%	2.1%
	% of Total	.1%	.1%	.9%	-	.1%	.9%	2.1%
Total	Count	200	140	534	18	43	263	1198
	% of Total	16.7%	11.7%	44.6%	1.5%	3.6%	22.0%	100.0%

Further probe on hazardous work from the lens of incidence of injuries at work, it was clear that 37 % of working children suffered such risk against 63 % that did not.

Table 63. Age at Start of Work by Injuries at Workplace among Working Children

Age at Start of Work	Statistic	Injuries at Workplace		Total
		Yes	No	
5-11 yrs	Count	71	147	218
	% within Age	32.6%	67.4%	100.0%
	% within Injuries	16.1%	19.4%	18.2%
	% of Total	5.9%	12.3%	18.2%
12-14 yrs	Count	265	431	696
	% within Age	38.1%	61.9%	100.0%
	% within Injuries	60.2%	56.9%	58.1%
	% of Total	22.1%	36.0%	58.1%
15-17 yrs	Count	99	160	259
	% within Age	38.2%	61.8%	100.0%
	% within Injuries	22.5%	21.1%	21.6%
	% of Total	8.3%	13.4%	21.6%

Not sure	Count	5	20	25
	% within Age	20.0%	80.0%	100.0%
	% within Injuries	1.1%	2.6%	2.1%
	% of Total	.4%	1.7%	2.1%
Total	Count	440	758	1198
	% of Total	36.7%	63.3%	100.0%

Even from the perspective of occurrence of health problems owing to the nature of work, 41 % reported being affected by assorted health problems, while the rest did not link that occurrence to the nature of work. It was consistently clear that working children in the districts of interest were indeed physically harmed and endangered by the nature of their work.

Table 64. Age at Start of Work by Experience of Health Problem among Working Children

Age at Start of Work	Statistic	Experience of Health Problem		Total
		Yes	No	
5-11 yrs	Count	91	127	218
	% within Age	41.7%	58.3%	100.0%
	% within Health Problem	18.5%	18.0%	18.2%
	% of Total	7.6%	10.6%	18.2%
12-14 yrs	Count	276	419	695
	% within Age	39.7%	60.2%	100.0%
	% within Health Problem	56.2%	59.3%	58.1%
	% of Total	23.1%	35.0%	58.1%
15-17 yrs	Count	113	146	259
	% within Age	43.6%	56.4%	100.0%
	% within Health Problem	23.0%	20.7%	21.6%
	% of Total	9.4%	12.2%	21.6%
Not sure	Count	11	14	25
	% within Age	44.0%	56.0%	100.0%
	% within Health Problem	2.2%	2.0%	2.1%
	% of Total	.9%	1.2%	2.1%
Total	Count	491	706	1197
	% of Total	41.0%	59.0%	100.0%

Finally, there was in fact a direct inquiry on the children's perception of any hazards at places of works. In liaison with the foregoing evidence, affirmative response [51 %] outpaced the opposite, combined [49 %].

Table 65. Age at Start of Work by Exposure to Risks among Working Children

Age at Start of Work	Statistic	Exposure to Risks			Total
		Yes	No	Don't know	
5-11 yrs	Count	79	79	60	218
	% within Age	36.2%	36.2%	27.5%	100.0%
	% within Risks	13.0%	18.7%	35.5%	18.2%
	% of Total	6.6%	6.6%	5.0%	18.2%
12-14 yrs	Count	370	235	90	695
	% within Age	53.2%	33.8%	12.9%	100.0%
	% within Risks	61.1%	55.7%	53.3%	58.1%
	% of Total	30.9%	19.6%	7.5%	58.1%
15-17 yrs	Count	148	93	18	259
	% within Age	57.1%	35.9%	6.9%	100.0%
	% within Risks	24.4%	22.0%	10.7%	21.6%
	% of Total	12.4%	7.8%	1.5%	21.6%
Not sure	Count	9	15	1	25
	% within Age	36.0%	60.0%	4.0%	100.0%
	% within Risks	1.5%	3.6%	.6%	2.1%
	% of Total	.8%	1.3%	.1%	2.1%
Total	Count	606	422	169	1197
	% of Total	50.6%	35.3%	14.1%	100.0%

4.1.3 Child Labour and HIV Synergy

For understanding the synergy between child labour and HIV/AIDS, only the lower range age specific definition applied [i.e. aged 5-11 years]. Cross reference to the exposure of the deceased parent to HIV, it was observed that out of the 218 working children to whom to this inquiry applied, a significant majority [53 %] were not aware of their parent's cause of death. However, among those that recalled, 61 % [22 out of 36] linked the cause to HIV-related illness. However, in total, only 2 % of the children could have been directly affected by HIV [loss of a breadwinner]. This factor was alluded to as a push factor to work, among children.

Table 66. Illness Period by Age at Start of Work among Working Children

Illness Period	Statistic	Age at Start of Work				Total
		5-11 yrs	12-14 yrs	15-17 yrs	Not sure	
Yes	Count	22	150	74	4	250
	% within Illness	8.8%	60.0%	29.6%	1.6%	100.0%
	% within Age	10.1%	21.6%	28.6%	16.0%	20.9%
	% of Total	1.8%	12.5%	6.2%	.3%	20.9%
No	Count	14	84	47	1	146
	% within Illness	9.6%	57.5%	32.2%	.7%	100.0%
	% within Age	6.4%	12.1%	18.1%	4.0%	12.2%
	% of Total	1.2%	7.0%	3.9%	.1%	12.2%
Don't know	Count	40	125	32	2	199
	% within Illness	20.1%	62.8%	16.1%	1.0%	100.0%
	% within Age	18.3%	18.0%	12.4%	8.0%	16.6%
	% of Total	3.3%	10.4%	2.7%	.2%	16.6%
Non-applicable	Count	142	337	106	18	603
	% within Illness	23.5%	55.9%	17.6%	3.0%	100.0%
	% within Age	65.1%	48.4%	40.9%	72.0%	50.3%
	% of Total	11.9%	28.1%	8.8%	1.5%	50.3%
Total	Count	218	696	259	25	1198
	% of Total	18.2%	58.1%	21.6%	2.1%	100.0%

Beyond their own parents, children were probed on whether they had lost any supportive relative to the pandemic. In reference to child labour [5-11 yrs], 12 % [14 out of 116] recognized that loss while the rest, 102, hadn't yet lost any close and supportive relative to the virus.

Table 67. Loss to HIV/AIDS by Age at Start of Work: Child Respondents' Perspective

Loss to HIV/AIDS	Statistic	Age at Start of Work				Total
		5-11yrs	12-14 yrs	15-17 yrs	Not sure	
Yes	Count	14	105	61	1	181
	% within Loss to HIV/AIDS	7.7%	58.0%	33.7%	.6%	100.0%
	% within Age	6.4%	15.1%	23.6%	4.0%	15.1%
	% of Total	1.2%	8.8%	5.1%	.1%	15.1%
No	Count	102	295	108	18	523
	% within Loss to HIV/AIDS	19.5%	56.4%	20.7%	3.4%	100.0%
	% within Age	46.8%	42.4%	41.7%	72.0%	43.7%
	% of Total	8.5%	24.6%	9.0%	1.5%	43.7%
Don't Know	Count	102	295	90	6	493
	% within Loss to HIV/AIDS	20.7%	59.8%	18.3%	1.2%	100.0%
	% within Age	46.8%	42.4%	34.7%	24.0%	41.2%
	% of Total	8.5%	24.6%	7.5%	.5%	41.2%
Total	Count	218	695	259	25	1197
	% of Total	18.2%	58.1%	21.6%	2.1%	100.0%

Probably, the key interest in the linkage between child labour and HIV could be attested by examining children's perception of the risk owing to the nature of their work environment. It was learnt that only a small fraction of the working children age 5-11 yrs [9%] actually acknowledged the HIV risk at work.

Table 68. Age at Start of Work by Risk of HIV from Work Environment for Working Children

Age at Start of Work	Statistic	Risk of HIV from Work Environment				Total
		Yes	No	Don't know	Non-applicable [Not sure]	
5-9 yrs	Count	12	118	50	38	218
	% within Age	5.5%	54.1%	22.9%	17.4%	100.0%
	% within Risk of HIV	6.0%	17.8%	26.3%	26.2%	18.2%
	% of Total	1.0%	9.8%	4.2%	3.2%	18.2%
10-14 yrs	Count	104	386	119	87	696
	% within Age	14.9%	55.5%	17.1%	12.5%	100.0%
	% within Risk of HIV	52.3%	58.1%	62.6%	60.0%	58.1%
	% of Total	8.7%	32.2%	9.9%	7.3%	58.1%
15-17 yrs	Count	78	141	21	19	259
	% within Age	30.1%	54.4%	8.1%	7.3%	100.0%
	% within Risk of HIV	39.2%	21.2%	11.1%	13.1%	21.6%
	% of Total	6.5%	11.8%	1.8%	1.6%	21.6%

Not sure	Count	5	19	-	1	25
	% within Age	20.0%	76.0%	-	4.0%	100.0%
	% within Risk of HIV	2.5%	2.9%	-	.7%	2.1%
	% of Total	.4%	1.6%	-	.1%	2.1%
Total	Count	199	664	190	145	1198
	% of Total	16.6%	55.4%	15.9%	12.1%	100.0%

Secondary data on the direct impact of HIV [infection] among children aged 5-17 yrs was scanty to non-existent at district level [refer to table 182].

4.1.3.1 Additional Exploration of HIV-Induced Child Labour

In spite of adult respondents having children that were working, 66 per cent of them (comprising parents, guardians and employers) did not see it as a problem as such, while 34 per cent acknowledged that it was a problem.

Table 69. Awareness of Child Labour by District among Adult Respondents

Awareness	District [count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	14	81	6	11	17	11	140
No	12	145	4	36	51	23	271
Total	26	226	10	47	68	34	411

Livingstone and Luanshya were the only districts where more guardians were significantly aware of the problem, representing 42 % and 34 %, respectively. From the analysis of adult respondents' data, about 29 per cent of the households reported having lost a member to HIV/AIDS, 58 per cent did not while 13 per cent did not know whether or not they had lost a member or close relative due to HIV/AIDS.

Table 70. Loss to HIV/AIDS by District: Adult Respondents' Perspective

Loss to HIV/AIDS	District [count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	9	74	1	20	4	11	119
No	11	128	5	12	63	20	239
Don't Know	6	24	4	15	1	3	53
Total	26	227	10	47	68	34	411

Of those that had lost a member of the household, losing a breadwinner and husband accounted for six per cent each while loss of other close relatives and divorce accounted for 16 per cent and about one per cent reported losing a wife.

Table 71. Major Effects of AIDS by District: Adult Respondents' Perspective

Effects	District [count]						Total
	Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Loss of husband	1	12	-	6	3	2	24
Loss of wife	-	2	-	2	-	-	4
Loss of breadwinner	5	13	-	4	-	2	24
Other relations or divorce	3	48	1	8	1	7	68
Total	9	75	1	20	4	11	120

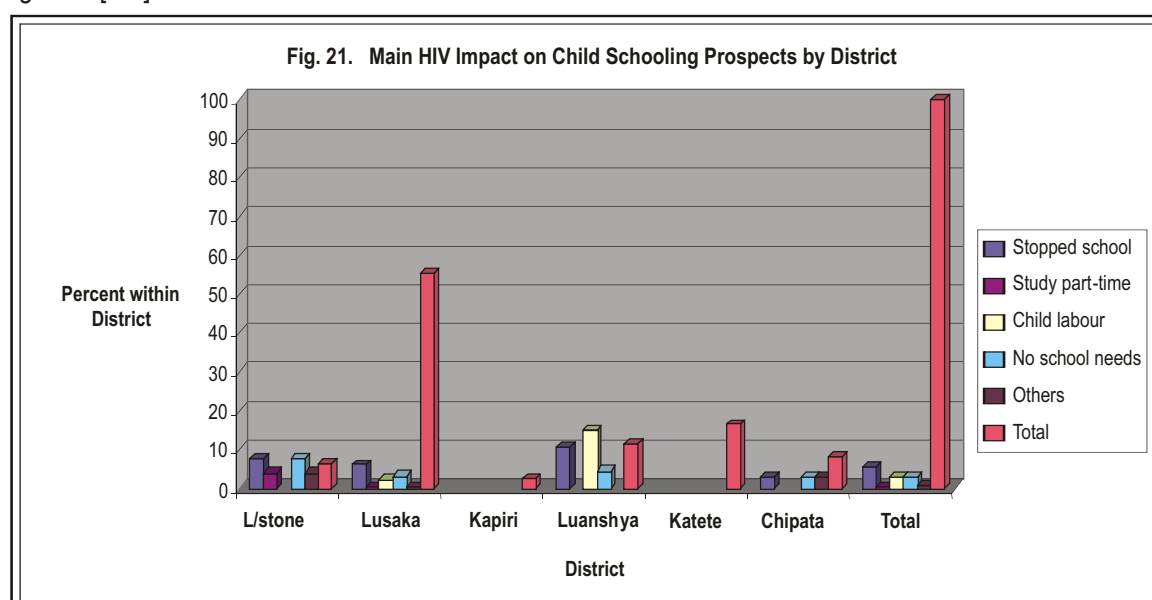
Of the affected households, 23 per cent reported that the children were not aware of the HIV/AIDS status of the infected or deceased member of the household while about eight per cent were reported to be aware. Further, about nine per cent of the households reported the children to be aware about the likelihood effects of HIV/AIDS while 18 per cent reported the children not to be aware.

As to why some children were not aware, seven per cent of the respondents were of the view that the children were still too young to be told issues of HIV/AIDS, while six per cent reported that it was difficult to talk to children about such issues. About two per cent were of the view that it was shameful to talk about issues of HIV/AIDS with children while other various reasons accounted for about one per cent. Most of the parent and guardians held the view that HIV/AIDS impact had not affected children's or sibling's school attendance [14%], compared to 12% who said it had. Luanshya district [26%] had the highest percentage of respondents who said HIV/AIDS was a factor, followed by Livingstone [24%].

Table 72. Effect of HIV on School Attendance by District: Adult Respondents' Perspective

Effect of HIV	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	6	28	-	12	-	3	49
	% within District	24.0%	12.4%	-	26.1%	-	8.8%	12.0%
	% of Total	1.5%	6.8%	-	2.9%	-	.7%	12.0%
No	Count	4	35	-	8	5	5	57
	% within District	16.0%	15.5%	-	17.4%	7.4%	14.7%	13.9%
	% of Total	1.0%	8.6%	-	2.0%	1.2%	1.2%	13.9%
Not sure	Count	1	5	-	3	1	1	11
	% within District	4.0%	2.2%	-	6.5%	1.5%	2.9%	2.7%
	% of Total	.2%	1.2%	-	.7%	.2%	.2%	2.7%
Non-applicable	Count	14	158	10	23	62	25	292
	% within District	56.0%	69.9%	100.0%	50.0%	91.2%	73.5%	71.4%
	% of Total	3.4%	38.6%	2.4%	5.6%	15.2%	6.1%	71.4%
Total	Count	25	226	10	46	68	34	409
	% of Total	6.1%	55.3%	2.4%	11.2%	16.6%	8.3%	100.0%

The major effect of HIV/AIDS on children was stoppage of school, followed by working to earn money. The majority of children who had stopped school as a result of the effects of HIV/AIDS were likely to be found in Luanshya [11%], followed by Livingstone [8%].

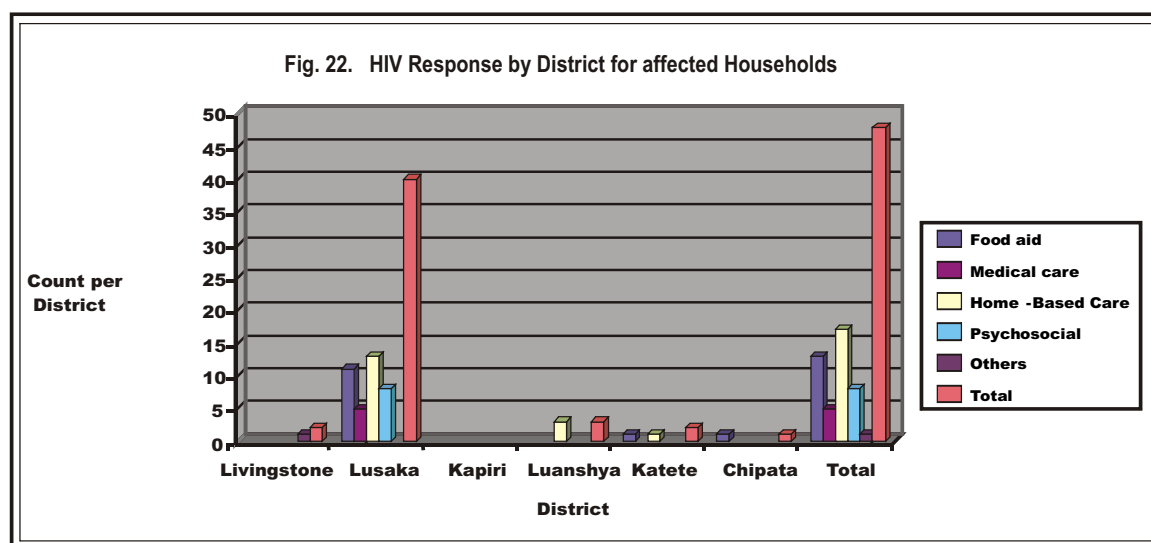


About 18 % of parents and/or guardians said they were receiving support following the HIV impact, while 10.4% said they did not receive any support. Luanshya district had the highest percentage of those who did not receive any help [38 %], followed by Chipata district [24%].

Table 73. Support to Household following AIDS Effect by District: Adults Perspective

Support Receipt	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	-	37	-	3	2	1	43
	% within District	-	16.3%	-	6.4%	2.9%	2.9%	10.4%
	% of Total	-	9.0%	-	.7%	.5%	.2%	10.4%
No	Count	6	36	1	18	3	8	72
	% within District	23.1%	15.9%	10.0%	38.3%	4.4%	23.5%	17.5%
	% of Total	1.5%	8.7%	.2%	4.4%	.7%	1.9%	17.5%
Don't Know	Count	3	4	-	1	-	-	8
	% within District	11.5%	1.8%	-	2.1%	-	-	1.9%
	% of Total	.7%	1.0%	-	.2%	-	-	1.9%
Non-applicable	Count	17	150	9	25	63	25	289
	% within District	65.4%	66.1%	90.0%	53.2%	92.6%	73.5%	70.1%
	% of Total	4.1%	36.4%	2.2%	6.1%	15.3%	6.1%	70.1%
Total	Count	26	227	10	47	68	34	412
	% of Total	6.3%	55.1%	2.4%	11.4%	16.5%	8.3%	100.0%

The main type of support received was home-based care, followed by food aid. HIV/AIDS-affected households in Luanshya were more likely to receive home-based care [6%], and so was Lusaka district accounting for about 6%.



The support received by HIV/AIDS affected households was said to be adequate compared to those who said it was inadequate. The majority of those who said the support was adequate were from Lusaka district [12 %], whereas respondents in Luanshya held the contrary view.

Table 74. Adequacy of Support by District: Adult Respondents' Perspective

Adequacy of Support	Statistic	District						Total
		Livingstone	Lusaka	Kapiri	Luanshya	Katete	Chipata	
Yes	Count	-	26	-	-	1	1	28
	% within District	-	11.5%	-	-	1.5%	2.9%	6.8%
	% of Total	-	6.3%	-	-	.2%	.2%	6.8%
No	Count	2	14	-	5	1	-	22
	% within District	7.7%	6.2%	-	10.6%	1.5%	-	5.3%
	% of Total	.5%	3.4%	-	1.2%	.2%	-	5.3%
Non-applicable	Count	24	187	10	42	66	33	362
	% within District	92.3%	82.4%	100.0%	89.4%	97.1%	97.1%	87.9%
	% of Total	5.8%	45.4%	2.4%	10.2%	16.0%	8.0%	87.9%
Total	Count	26	227	10	47	68	34	412
	% of Total	6.3%	55.1%	2.4%	11.4%	16.5%	8.3%	100.0%

4.1.3.1 Case Study of Infection Rates among Children

Among all other districts, Kapiri had some useful information on HIV prevalence, segregated by sex and age group. Of the reported positive case of HIV, eight percent were aged less than 20 years of age. The highest prevalence was concentrated around age group 25-34 years. The lowest [3 %] was actually in the age range of 15-19 years.

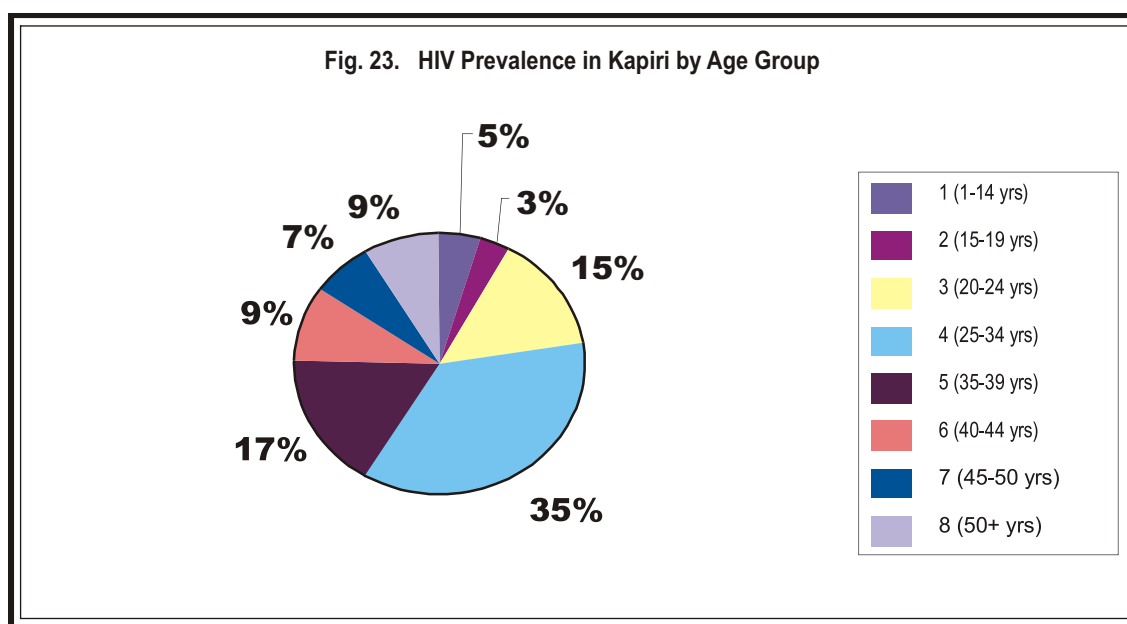
Table 75. Summary HIV/AIDS and ART Situation Update

District	Current District HIV Prevalence Indicators						Information Gaps						Estimate of Rate [Enrolled or confirmed cases reported]
	% HIV+ Adult [15-49] Rate	% HIV+ Urban [15-49] Rate	% HIV+ Rural [15-49] Rate	Total HIV+ Adult [15-49]	Under 18 yrs HIV Rate	18 yrs and Over Rate	ART Outreach [#]						
							Rollout Target [Enrolled HIV+]			Actual Reach to Date			
							Total	Under 18 yrs	18 yrs and above [adults]	Total	Under 18 yrs	18 yrs and above [adults]	
L/stone	31.0	97.8	2.2	13,741	-	-	-	-	-	-	-	-	-
Lusaka	29.5	100.0	0.0	160,861	-	-	45,311	3,180	42,131	26,404	2,036	24,368	7 %
Luanshya	26.6	95.6	4.4	20,463	-	-	-	-	-	-	-	-	-
Chipata	17.9	32.2	67.8	27,922	-	-	2,668	1,217	1,451	2,774	1,270	1,504	46 %
Kapiri	16.5	13.7	86.3	10,294	-	-	750	60	690	1,500	-	-	8 %
Katete	15.7	9.6	90.4	13,055	-	-	1,828	457	1,371	2,014	245	1,769	25 %
NB: Health Information System data uses the following ages: Under 5 yrs; 5 -14 yrs; and above 15 yrs. This made collection of data specific to the interests of the study difficult or non-starter													

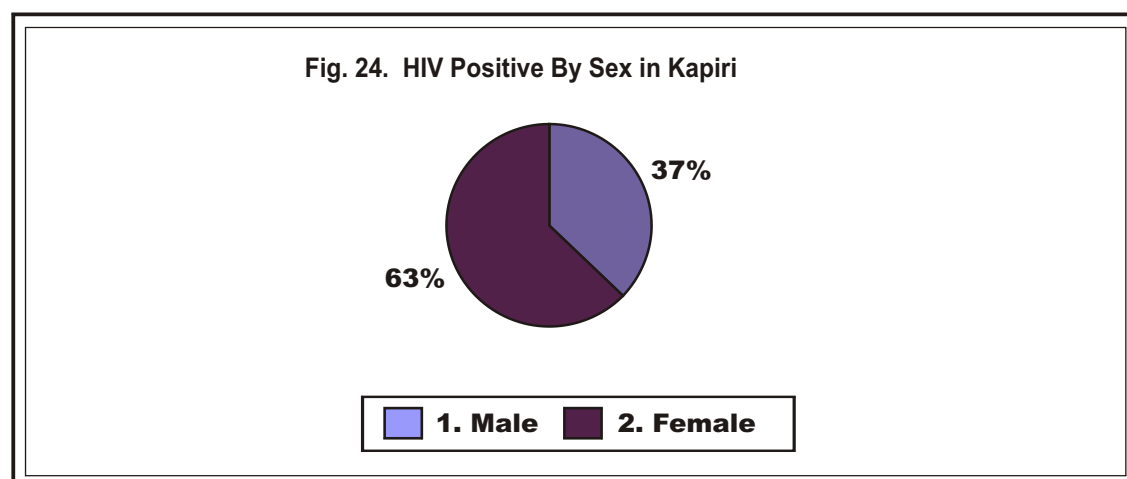
NB: Health Information System data uses the following ages: Under 5 yrs; 5 -14 yrs; and above 15 yrs. This made collection of data specific to the interest of the study difficult or non-starter.

Source: DHMTs

Dateline Flag: 31st October 2006.

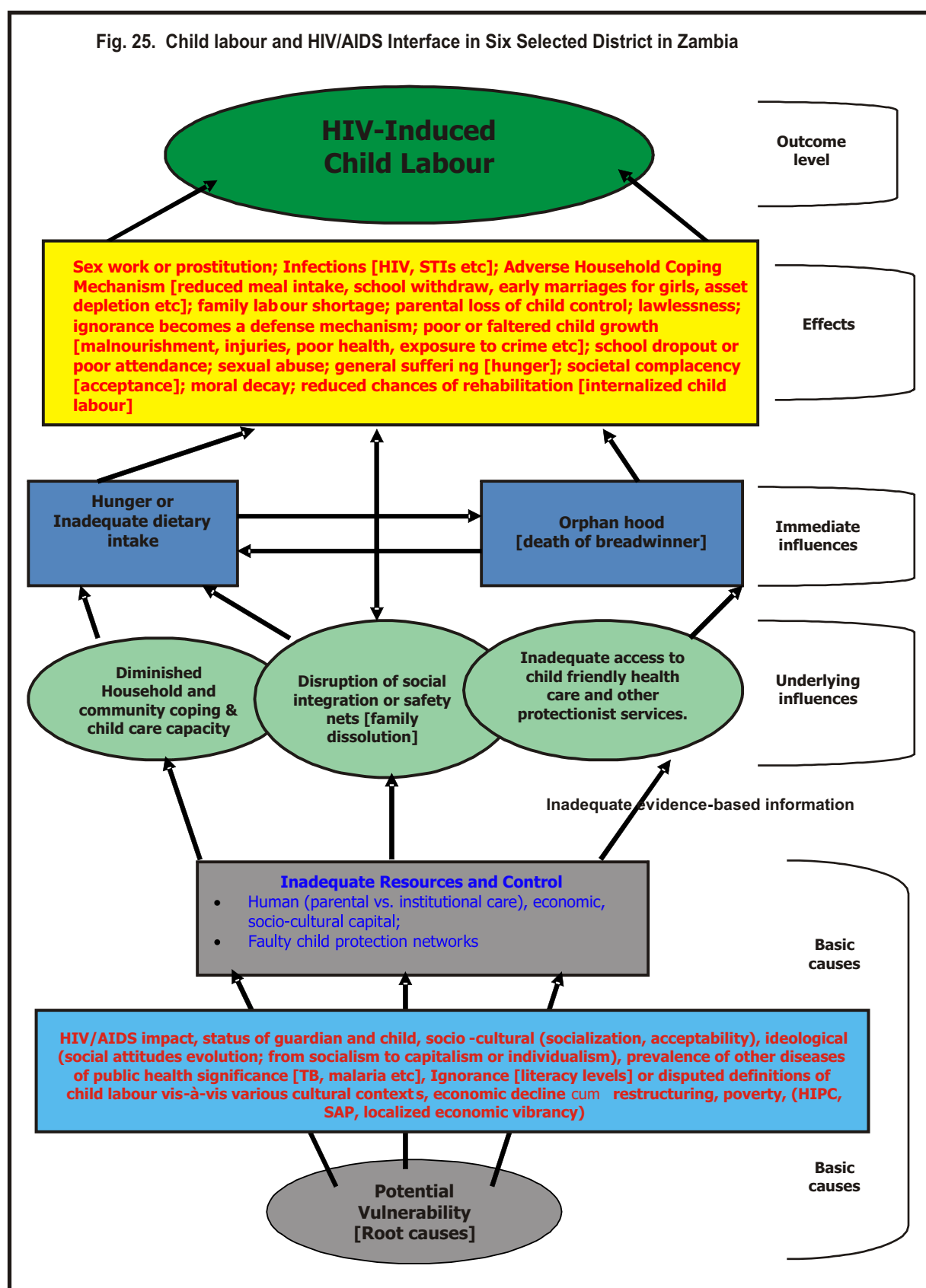


With regards sex comparison, females [63 %] were more likely to be HIV positive than their male counterparts [37 %]. This was in conformity with the dynamics of the engendered pandemic in Zambia.



Based on information accrued from this study, the linkage between HIV and Child Labour in the six selected districts could be conceptualized as depicted in the graph [below].

Fig. 25. Child labour and HIV/AIDS Interface in Six Selected District in Zambia



4.2 Policy Framework and Current Issues

The International Community has set the pace for harmonization of benchmarks for the protection of children. Of recent notice are the United Nations' Millennium Development Goals [MDGs]. These international benchmark oblige nations, Zambia included, to expedite human development efforts, with a strong focus on the Rights-Based Approach, decentralization, community participation and self-determination. It is perfectly right to state that from a comprehensive mindset, all the seven MDGs are relevant to the subject matter of child labour and HIV/AIDS.

Nonetheless, five out of the seven adapted to Zambia make direct sense, namely:

- Eradicate extreme poverty and hunger [halve];
- Achieve universal primary education [completion of full primary schooling];
- Promote gender equality [no gender disparity in primary and secondary education];
- Reduce child mortality [reduce by two-thirds]; and
- Combat HIV/AIDS, malaria and other diseases [halve].

The Zambia MDG Status Report [2005] demonstrated that progress was being made in the right direction and all the five scored positive indication of likelihood of attainment by 2015. At regional level, various cooperation frameworks exist such as NEPAD, Common Market blocks and so on and so forth. The extent to which such groupings recognize HIV-induced child labour remained unclear. At national level, Zambia presents an interesting case study on policy reform challenges and effects. She has not avoided adopting and enframing guidelines in each sector. The child development sub-sector has not been spared of reform. The current constitution and various policy documents contain laws or guidelines against child labour as well as HIV/AIDS. The following were worthy mentioning:

- The Employment of Women, Young Persons and Children Act [Chapter 505 of the Laws of Zambia]. The Act makes it an offence to employ in any industrial concerns any persons under age of 14 except where all employees in the enterprise are members of the same family;
- The Employment and Labour Market Policy;
- In 1991, the Zambian government ratified the ILO Convention [No. 138], which concerns the elimination of child labour by increasing the minimum age for entry into employment or work;
- In 2000, the government also ratified ILO Convention [No. 182] that outlawed worst forms of child labour;
- Zambia is signatory to and ratified the UN Convention on the Rights of the Child in 1991;
- The Vision 2030 give focus to the desired development path for the nation, with the specific intent of moving Zambia to a middle income [wealthy] category;
- The Fifth National Development Plan 2006-2010 pressed emphasis on district and provincial self-determination in defining the development agenda. Among its top priorities is to ensure poverty reduction.
- The revised National Child Policy of 2006, which sort to incorporate issue that had emerged vis-à-vis child development. The new thrusts included inclusion of streetism, HIV/AIDS, orphans, child abuse and children with disabilities. It also integrated health and nutrition as well as other cross-cutting issues [education, family welfare, water and sanitation etc];
- The Educating Our Future Policy [1996]; and
- The National Gender Policy [2000].
- The Joint Assistance Strategy for Zambia (JASZ) seeks to harmonizes support from the participating Cooperating Partners (CPs) to the development efforts led by the Government of the Republic of Zambia (GRZ). It aims at strengthening local ownership of the development process, enhancing ODA effectiveness and mutual accountability;
- The National HIV Policy [2000] was sufficiently aligned to the achievement of MDGs.

The Ministry of Labour and Social Security was making an attempt to have the final draft of the “National Child Labour Policy” approved by Cabinet. Nonetheless, it was indicated that approval had been deferred on account of the need to synchronize the document with the existing Child Policy, hosted under Ministry of Youth, Sport and Child Development. In essence, this case bring to the fore the recurrent problem of institutional ownership of child development agenda. There seemed to be principally five key ministries with a stake in child welfare mandate, namely:

- Ministry of Education;
- Ministry of Youth and Child Development;
- Ministry of Community Development;
- Ministry of Women Affairs;
- Ministry of Labour and Social Security; and
- Ministry of Health.

4 Refer to a UN Country Team Report for Zambia: *Making it possible: How the UN is helping Zambia towards the Millennium Development Goals*, UN Zambia, 2005.

5 A recent publication “*A Glance at Primary Education in Zambia 2005: Progress towards achieving the Millennium Development Goals*” by Ministry of Education provides encouraging positive strides

This case demonstrated the rationale for increasing call for strong synergies and coordination if the set benchmarks would be actually attained. Information triangulation from key informants and focus group discussions brought forth some key concerns about current child protection instruments, at both district and community levels. The existing Laws and guidelines were deemed not specific, in which case the definition of child labour might be vague and not in cognizance of the ratified Conventions. In addition, there was need to harmonize international and local aspects about the issue of child labour, for example the age at which one was still considered a child.

Children should be made to know their rights and be taught how to recognize normal child work from child labour. There was need for all concerned stakeholders to provide support toward raising awareness about the problem of child labour. Besides, responsible government officers and NGO's extension workers required training on child labour, especially, vis-à-vis HIV/AIDS, so that "...they can have the same vision and speak with the same voice". It was also important to involve traditional leaders so that their influences could be tapped into. Improvement of existing infrastructure, especially community schools, was required so that more children could be attracted instead of being distracted or discouraged from attending school because of the poor state of infrastructure.

Furthermore, sustained interventions as opposed to project-based interventions that would only run for a short period and then fold up must be paid particular attention. In most cases, the period was too short to realize the desired impact. It was also noted that empowerment of the parents or guardians was vital. In that vein, poverty reduction was essential so that they could cater for the needs of the children with little or no assistance from the children themselves. Provision of skills and vocational training, for instance in carpentry and tailoring, was attested to for the future benefit of the children.

Legal reform, as it related to child protection, was urgently needed and preferably a legal body set up to specifically enforce the labour laws and protect the children from the devastating effect of HIV. Since law will back such a body, it will be in a better position to take action. The increasing number of orphans meant that there were fewer guardians; as a result, those willing were being overstretched. The easiest way, it seemed, for the guardians to cope with the situation was to use the same children in order to 'make ends meet' particularly in view of the harsh economic realities. Some would also tend to look at it as a way of preparing the children for the future and would not understand why the issue had to be looked at as a separate problem. Again, poverty was a major constraint. In farming communities, for example, households had no income to hire labour. It followed that their only option was to resort to use children, as there was pressure to produce more by cultivating reasonable acreage.

With regards, the civil society, it was emphasized that when NGOs intervened, it was not possible to support a child for a long time because their projects were limited in terms of duration. Even if a child were withdrawn from labour, inability to support the child on the part of guardians would continue. For instance, keeping a child in school could still be a challenge for parents or guardians. It was, thus, very difficult to convince some parents about the need to send their children to school because they looked at a child as a source of income.

Some did not see the immediate benefit of schooling [*opportunity cost*]; for example, as opposed to cattle heading which was seen as immediate wealth. It was also not easy to remove children from the street when they had become used to making money as compared to having "nothing at all". Behaviorists have long demonstrated that living beings [individually or collectively] seek what is in their "best interests". As such behavioral patterns aren't irrational in that understanding but rather need to be understood. Options available would initially require assessment and settlement on any one course would be deemed the "best interest" at that particular time or within the set of limitations.

The participants held that there was lack of clear policy guidelines to enhance existing regulations to protect the children. In addition, there seems to be no linkages, coordination and networking between the different relevant organizations and institutions. Institutions that were supposedly charged with the responsibility did not have the equivalent capacity they needed to deal with the problem [of child labour] at its prevailing scale and intensity. This involved the lack of basics such as transport, knowledge and information. "Even if the children are protected by law and yet those that are suppose to enforce the law are not aware or clear about what the law exactly entails, then they will not be able to protect the children."

In specific terms, the Department of Labour should be properly equipped and should not just focus on problems relating to adult employees or formal sector. Legislation could be there but implementation was the problem due to lack of staff, transport and other requirements. It was also retaliated that it was vital for the judiciary to consult other stakeholders on the issue of penalties. When penalties were too stiff, for instance, if one was looking at 520 years in prison, reporting cases and convicting becomes difficult and in such cases punishing the parents or guardians might not be the best possible option.

Withdrawing children from school for the sake of initiation ceremonies was seen as contributing to the problem of child labour in specified districts. One key informant in Chipata, for instance, said that: "Some of these practices may even have outlived their usefulness now; people have no other reason to do them except because it is tradition." Early marriages were also a significant factor, for example, in order to meet their 'lobola' [bride price] obligations, the "would-be bridegrooms" had to start heading cattle early so that when it was time to marry they would have accumulated a reasonable number of cattle.

4.2.1 Gender Mainstreaming

The main gender related aspect that was reported to be prevailing was the sort of occupations or social roles that boys and girls were expected to play. Gender aspects were also cited in view of the social specialization or expectation in terms of the roles performed by girls as compared to boys. For example, cattle heading was exclusively a role for boys while domestic chores and child heading were to be roles suited for girls. Consequent upon such divisions of roles were the peculiarities in terms of the associated risks faced by either sex. Some respondents also noted that gender-specific division of labour was more pronounced in rural sections. Girls, generally, felt over-worked; they did a lot of chores outside and within home environments. This could be traced to cultural orientation [socialization].

4.2.2 HIV/AIDS Activities

It seemed obvious to some respondents that HIV/AIDS had contributed to the problem of child labour in the sense that children have lost their parents and thereof, forced to do what they did in order to survive. As result of the activities they may be involved, and for the girls especially, they were also exposed to the risk of contracting HIV/AIDS. While efforts were being made in town to have HIV/AIDS services and programmes that were user-friendly to children, in rural areas very little or nothing was being done. In sum, key resurgent issues of concern to the existing policy regime include, though not limited to the following:

- Lack of clear ownership of the mandate to mitigate or eliminate HIV-induced child labour.
- The former concern is directly linked to viability of existing institutional framework. It was obvious from the findings that the directly responsible ministry [Labour] had serious capacity issues at district and community levels. It would seem Local Government, Agriculture, Community Development, Health and Education were the rightful ministries that had adequate tentacles at the said levels. As such usage of their existing local structures would be the obvious approach to reaching out to the afflicted children.
- Resourcing remained unpredictable and non-durable. In the spirit of donor harmonization efforts, anchored around the Joint Assistance Strategy for Zambia and the Aid Policy documents, joint targeting missions, concentration, coherence, durability, capacity [not NGOs] building of government agencies as well as integration or synergizing of technical and logistical services would improved achievement of thresholds.
- Without clarity and practical steps on the above concerns, monitoring and evaluation [M&E] outputs would continue to be inadequate and unreliable for planning and budgeting purposes. Without an effective and time-on M&E system, advocacy for the elimination of HIV-induced child labour would yield little results.
- Sustainability of not only interventions but positive outcomes would depend on the scale of investment in eradicating child labour over an extended time framework as set forth in the Vision 2030 and the Fifth National Development Plan. Innovative programmes would for ever remain just as such with little memorable impact if not implemented proportionate to the scale of the challenge and if not enshrined within the Human Rights Approach to sustainable child development.

4.3 Sub-Sector Coordination

Without clarity of guidance [policies, strategic and field specific plans] coupled with acceptable and adequate administrative structures at field level, coordination of interventions pitted against working children would only bear minimum results. As such it was gratifying that coordination structures existed at National [Steering Committees], Provincial and District Coordination Committees. Coordination across sectoral interests is a major theme in the current National Development Plan. At district level, district plans were jointly worked out under the guidance of the Councils' District Planning Office and coordination was being pursued through the District Development Coordinating Committees, chaired by the District Commissioners. Some strides had been made to encompass all development agencies available, regardless of being state or non-state entities. With increasing entry of non-state parties in social service delivery, the demand on coordination had even become immense in terms of avoidance of:

- Duplication or dumping of assistance.
- Poor targeting [double or multiple targeting].
- Restrictive outreach to service only easily accessible urban or peri-urban areas at the peril of core rural

- vulnerable populations.
- Wastage and cost management.
- The possibility of false declaration of beneficiary figures.

Discussions with key informants also brought to bare room for adjustment and improvement in coordination systems up to the community level. It was noted that different agencies had varying entry points into the service areas. This aspect made coordination very challenging. Besides, most of the available district development plans were not sufficiently grounded on evidence-based information but rather premised on historical trends and wit or rather existing level of normal resource envelop. The preparations of the plans had very little practical involvement of communities in a meaningful and transparent manner. The process was usually technocrat driven.

On a positive note, the impact of HIV/AIDS had been adequately analyzed and prioritized within most of the existing district plans. However, the stipulated interventions weighed heavily on information provisions and less on mitigation of the impact at household and community levels. Urban-bias was also evident. Clearly, capacity building in participatory planning was a niche. Analytical depth of some district development plans was quite limited. Without clear articulation of the problems, solutions or strategies would also be shallow and likely to yield nothing. Child labour was seriously not a frontline issue.

Case Study II: Worst Form of Child Labour **“Self-Styled Saviours”: 13 Year Old [Mwamba] – Night Commuter [Transporter] Tale**

I started off quite late [18:00 hrs] from Lusaka for Kapiri Mposhi on Thursday, with the intent to check on the data collection progress by enumerators and finalize key informant interviews. I was to be the last passenger on a mini-bus [Toyota DCM], not the luxury coaches. I sat next to the driver's seat. Before we could take off, a fight ensued between the driver and one of the conductors, on one hand, and call-boys, on another, over non-payment of commission to the later for assisting with loading the bus.

Indulgence of the passengers saved the journey. We rolled through the night at very rough speed; it seemed to me the driver and conductor had taken some bulky beers. What a risk this was, I thought to myself. The lighting on the bus was also not encouraging; some business ladies behind started drinking the local brew [*chibuku*] as we headed for Chisamba. Soon, the bus was too noise to rest. In the mist of things, I noticed a lonely young boy sitting next to the driver [on what is common known as bondex, no seat]. So I picked a conversation with the driver as we approached Kabwe about the boy. What I was told ignited this account as it was precisely relevant to the study I was going to supervise.

The young boy, aged 13, had been spotted haplessly patronizing the Kitwe [KMB Bus Station] by this particular driver. Upon inquiry, the driver found out that the boy's parents had both died and other relatives were poverty-stricken. Thus, he felt pity and recruited the boys as a trustee “co-conductor” to commute between Lusaka and Kitwe, at night. Night rides were deemed beneficial as it was easy to move with a defective bus and easy time to corrupt traffic officers. The boy's duty description was to handle luggage and petty cash [excess from overloading and schemed luggage charges]. From the driver's perspective, the boy was more trustworthy than the elder conductor. No payment was availed the boy; his dues were convertible to snacks, sleeping on the bus and future promissory of tutorship in driving lessons.

My inquiry was frequently interrupted by rude shouts at the boy any time he dosed off. Abusive language was justified as identical to the transport sector as orders were for the military! A brief stop over in Kabwe gave me an opportunity to chat with the boy. He told me that he was under strict guidance not to talk to anyone about his situation. He said what the driver did for him, was for the time being, a better option than begging for nothing at KMB bus stop. At least something occupied his mind. On any case of police intervention, the boy said traffic officers or even concerned NGOs would find it very difficult to trace such a case as “I pose as a normal passenger and they are corruptible anyway”. He complained about verbal, emotional and physical assault. His over-itching desire was to learn a trade, at that juncture, driving seemed a realistic dream.

Finally, the driver told me that if only each privilege adult could do something about street children; it could be defeated in Zambia. What a solution! As I disembarked in Kapiri, I remained convinced that what I had witnessed, first hand, was just a tip of an ice berg vis-à-vis child labour and possible trafficking via the transport sector [especially, night commuters]. There could be a lot of “self-styled child redeemers”, who remained immune to the implications of their intervention on children's development. Surely, such cases could not be arrested by any one single agency; coordination is called to bear!

Kapiri Team Leader's Account

4.4 Community Mobilization and Self-Help Approaches

It is no exaggeration to state that throughout the nation, one phenomenal aspect of the response to the impact of HIV/AIDS, in our context of “brain drain” and de-motivated health workers, has been the overwhelming response by community groups [known as Community-Based Organizations, CBOs] in providing palliative care. The light of the faith they professed had mainly driven these unprecedented self-help initiators.

In a nutshell, efforts of such CBOs revolve around enhancing household capacity to cope and meet some basic needs. Community mobilization, even in the areas of the specific HIV/AIDS impact of child labour, will be essential to the eventual eradication of child labour. Within the ILO-IPEC HIV-Induced Child Labour programme strategy, formation of Child Labour Committees at community level is envisaged. This is but one indication of the realization of the vitality of community involvement and active participation.

Building of social bonds and common purpose around elimination of child labour would require studying of the findings of this and other studies as to the peculiar impediment to ignition of full and active community involvement in the process of programme management. Some of these barriers were not inseparable from push factors for child labour. The major one, though, was that no substantial positive change had been witnessed, at community and household levels, despite all the various efforts and number of interest agencies to curb the vice. Thus, demonstration of best practice would be one sure way of igniting willingness of the communities' cooperation and self-determination to change. As such the involvement of specialized agencies such as established Community Development structures and Traditional Leadership would be indispensable.

In fact, a recent special combined USAID mission on Community Action noted that: “...Policymakers, donors, and development organizations should allow community groups to decide how to assess vulnerability and which children and households should be targeted for assistance. They should avoid imposing specific eligibility criteria. Assuming that a genuine mobilization process is in place, communities are best able to determine the most vulnerable among them..”. The argument was that in effect sustainability and ownership anchored around active community participation from the start [planning] to the finish [hand over].

A synopsis of key issues imbedding successful community mobilization and desired response follows. Participants, in qualitative data collection sessions, indicated displeasure that at the district level, there were no reported measures in place in terms of government programmes or activities intended to address the problem of child labour. There were, however, some Non-Governmental Organizations (NGOs) that were involved in addressing the problem even though in an indirect way. The overall agenda for most of these organizations were about assistance to orphans and vulnerable children [OVC] or other related concerns, relief programmes or even generally developmental related activities.

One major challenge that some key informants cited was that members of the community and parents, in particular, were either not aware of the problem of child labour or they did not appreciate it. “Most parents feel that they have the exclusive right to determine what their children can or can not do. This makes it difficult for any member of the community to intervene in the affairs of another family.” High illiteracy levels, poverty and the breakdown of the extended family system, in view of the increasing number of orphans, were also a source of significant challenges for communities. Inadequate resources and skills on the part of organizations that were currently involved in addressing the problem were also cited as barriers. Resources at issue included means of transport, staffing as well as accommodation. Lack of clear policy or legal guidelines that were accessible to both enforcement agents as well as community members was also reported as a significant hindrance. “Consequently, office bearers and members of the community who may be aware of the problem would feel that they have no mandate or framework that will enable them to assist in addressing the problem.” Initiation ceremonies, in as far as they interfered with school and made some children lose interest in school and began to think of themselves as adults were also said to be contributing to the problem of mobilizing community action against child labour. “Nyawu” as commonly practiced in Eastern Province was cited a typical example in the case of boys, while early marriages was cited as a problem in the case of girls.

4.5 Targeting Efficiency

The general feedback on targeting efficiency was as follows. HIV/AIDS awareness programmes were reported to have been taking place even though most of these were not running at the time since the projects had elapsed. These programmes were targeting communities in general and, thus, they were not focused specifically on children affected by HIV-induced child labour. What came to light, nonetheless,

6. Donahue Jill and Mwewa, Louis. Dec 2006. *Community Action and the Test of Time: Learning from Community Experiences and Perceptions: Case Studies of Mobilization and Capacity Building to Benefit Vulnerable Children in Malawi and Zambia*; USAID, PCI and Care et al..

was the keen awareness of the impact of HIV/AIDS on the problem of child labour, in particular its impact of increasing the number of orphaned children. “This problem [of child labour] is endless as long as the HIV/AIDS pandemic continues”, were the views in the words of one respondent.

Recent evolution of the Social Protection agenda in Zambia has fairly made a clear shift from targeting the poor in general to those most in need or vulnerable to external shocks. The Social Protection Chapter of the Fifth National Development Plans [2006-2010] provided useful insights on the direction and possible strategies. To identify the most need [or vulnerable] among a significant pool of “potential beneficiaries” vis-à-vis limited resources could be quite challenging and potentially disruptive of local societal functioning and interactions.

A recent UN World Food Programme study on the Vulnerability of OVC documented that: “...lack of common and widespread understanding of the applied selection criteria has the potential for creating tension and divisions within communities, particularly in areas of high poverty levels and few opportunities to supplement income. Whilst communities recognize vulnerability and the special needs of certain categories of people, there is also the possibility of conflict.” With HIV/AIDS programmes, extra care needed to be taken to quarantine stigmatization and ridicule.

It should be emphasized that successful implementation of any [working] child protectionist strategy will require more community education about programming certain types of assistance to reach the “most vulnerable” rather than a blanket approach that targets the poor. Therefore, the criteria for determining vulnerability should be community established but taking into account the programmatic criteria identified in standing guiding strategic document[s]. Besides, such criteria should ideally be suited for program monitoring and evaluation. In sum, utilizing multiple targeting indicators and scoring system in vulnerability assessments at household level would be time well spent.

Case Study III: Best Practices **Award Winning Amudame Community School– MMCI, Kapiri Mposhi**

This project was started in 2005 on the initiative of the Maureen Mwanawasa Community Initiative, with support from various Cooperating Partners. The basic rationale was “taking formational education [pre-school] as close as possible to children at risk of non-attendance”. The target group was women marketers who went to trade with young children. The project has quite successfully built a good community school within the market premises and hence, made some positive difference in the bid to break the cycle of initializing children too early in work. This had helped young children to develop value for schooling than merely “what brought a meal to the table”! This had also relieved working mother of extra burden of baby seating while trading and reduced exposure of kid to injuries and possibility of infections. At the time of spot check, Amudame had enrolment figure of 140 children, of which about 70 % were girls. The school operated from 07:30 hrs to 17:00 hrs. Through various synergies, attending children were even being served a meal. The target age group was under six yrs. As the local name “Amudame” really implies [“Take Care of Me”, young children were really being “taken care of”. Its no wonder the project won international prize for innovation.

A Teacher’s Account.

4.6 Social Protection Agenda

The Fifth National Development Plan [2006-2010] provided a useful reference point on the status of Social Protection in Zambia. It was acknowledged that: “Zambia suffers from the absence of a reliable social security system. The HIV/AIDS pandemic had brought about serious challenges to the social security system in Zambia. Uninfected family members were also affected by HIV/AIDS, as they suffer from reduced incomes, and increased and changed demands on the time and labour of both adults and children.” It was further epitomized that the diverse effects of HIV/AIDS on children included being orphaned; dropping out of school; child labour; failing to access health services; and facing emotional burdens and social stigma.

Projections showed that the total number of orphans would increase to 1,470,000 by 2010, making about 20 percent of children orphaned. Children living without adult caregivers were extremely vulnerable to abuse and exploitation, and lived lives of absolute poverty. According to the Zambia HDR [2007], the number of children orphaned by AIDS reached 1,197,867 in 2005, two-third of the total number of orphans. About 39.5 % of babies born to HIV positive mothers were infected with the virus and likely to die within a few years. It was also recounted that the core social

7. WFP, Dec 2006. *Orphans and Vulnerable Children in Zambia: An Assessment of Vulnerability in Selected Districts Supported Under Community Schools Feeding Programme, WFP, Zambia*

protection interventions on HIV/AIDS had focused on mitigation and coping activities, such as home based care and giving free ARVs. However, the coverage was small and associated costs related to medical tests were not free.

The Ministry of Health had been pursuing a user-fee strategy while FBOs and NGOs offered a range of services that support households affected by HIV/AIDS. It was common knowledge, now, that children who did not access adequate education and training suffered the impact in later life, and were less able to find decent employment, start businesses or manage income-generating activities. On the same plain, women who had not had adequate education were generally at greater risk than those who had completed at least primary education. The most affected groups were the rural poor, girls, girl orphans, double orphans and children living with grandparents.

Many vulnerable children of school-going age were dropping out of school to work or beg on the streets due to lack of income to sustain themselves. Past interventions have included the policy of free basic education and bursary schemes. Access to health care services had also worsened the problem of vulnerability in Zambia. The introduction of user fees, which were payable for all services apart from specified exempt age groups, conditions and preventive services, had worsened the problem of access to health facilities. Gender-based violence (GBV), including sexual, physical, economic or psychological abuse, had been identified as Zambia's most significant "invisible threat that was now being exposed", and is a critical problem that affects many women and children, in particular.

The most vulnerable victims were those who had low capacity to deal with the situation or to escape from it, such as the poor and uneducated and the voiceless. The Government responded to this risk through legal means by signing to a number of international conventions that encompassed concerns with GBV. The Zambia Police Service has promoted the expansion of Victim Support Units (VSUs). The Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women were also key international covenants related to low capacity households. There was, however, lack of compliance and domestication of the provisions of international charters. As such the goal set for this crucial sector in the FNDP is: *To contribute to the security of all vulnerable Zambians by ensuring that incapacitated and low capacity households have sufficient livelihood security to meet basic needs, and are protected from the worst impacts of risks and shocks.* The resounding call for action was the development of a comprehensive social security system, which should include informal sector workers. The Ministry of Labour was tasked to among other mandates "...enhance child survival, development and protection interventions and support for and protection of orphans and vulnerable children to eliminate child labour:"

5.0 Conclusions and Recommendations

5.1 Generic Advisory: Macro and Meso Level Actions

- Parents should be advised or be made to appreciate the importance of educating their children. It is also important to adequately disseminate information about government policies. For instance, the free education policy has not made much difference may be because the parents are not aware as some had continued to cite school fees as the main reason for their children not being in school.
- Households using child labour should be empowered in terms of income generating activities and alternative sources of income. The affected children when withdrawn would also need skills training so that they were equipped with viable skills. Penalizing the employers without providing alternatives in terms of livelihood options does not help “decongest prisons”. As for parents, some respondents strongly suggested that prosecution was out of the question while some were of the view that parents found to be involving children in labour should be punished so that others also could learn a lesson.
- There is need for an integrated child protection policy that would enhance existing regulations to protect children. It is also important for relevant government ministries to work together and draw up a programme of action. Government also needs to be clear about what each NGO was doing in relation to others and encourage networking “so that everybody knows who is doing what and how far they have gone. It is only because of different interests that organizations will approach issues from different angles but end up doing almost the same thing. Hence, there is need to organize and coordinate.”
- Overall, it is important to ensure that both rural and urban areas were catered for and that children were provided with sustained support. There is also need to carry role models to rural areas that will motivate the children and change their worldview so that they can aspire for higher goals.
- Poverty reinforces the spread of HIV and vice versa. As such, consistent economic growth [according to the HDR, 2007, of over 7 %] will be needed to make sufficient inroads into widespread poverty reduction; effective and equity based wealth distribution mechanisms is a must.
- Social security system enhancement. There is need to scale up skills transfer initiatives [i.e. ZNS model] to facilitate re-building of household capital asset base.
- Engage adaptive or learning structures at district level as close to HHs and communities as possible. That entails placing household as the necessarily unit of action in Zambia's HIV and AIDS response on the strength of effectiveness, impact velocity, knowledge and measurement.
- Development planning, implementation and monitoring be more inclusive and engage community and affected HHs in a meaningful manner. That will enhance the promotion and protection of the livelihood security of HIV-affected households through options that suit their situation and work in their best interest [i.e. through agro-support schemes, food security packs, food diversification, constituency development fund etc].
- Refine targeting tools of existing social protection programmes and specific weight be awarded to HIV-affected households.
- Strategies of frontline action networks need to re-adjust response to all three levels of intervention prevention, treatment and care, and impact mitigation at household and community levels.
- Be evidence-based and flexible in organizational designs, incorporating existing community structures [grown at that level] not imposed on communities. The DATFs need to be in line with the three ones principles at district level to the household for the purposes of enhanced coordination and timely adaptation to new emerging knowledge.
- Reclaiming and cultivating social values and at the same time filtering out bad norms or practices such as “prolonged initiations, bonded child labour, sexual cleansing and property grabbing].
- Rebuild the asset-base of the household through livelihood promotional programmes [i.e. using the sustainable livelihood approach's components of human, social, physical, natural, financial capital

- development].
- Re-orient the current institutional arrangements towards practical relevance for affected households.
- Reforming the relevant policy regimes so that they are made relevant to the expectations of the households and community with high HIV prevalence and impact; be more supportive to HIV-affected households.
- Revitalize existing support structures at community level.

5.2 Specific Advisory: Micro Level Actions

As correctly conceptualized in the Zambia HDR 2007, for a household to be rendered capable of responding to HIV/AIDS, it must tackle the pandemic from all known three axes of intervention: the premise of awareness and prevention; treatment and care; and ability to adopt viable livelihood strategies, despite the HIV impact. To bring about that level of capacity at household and community levels, the following actions would be required, especially for households affected by HIV in general and HIV-induced child labour in particular:

- Initiative targeted at HIV-induced child labour would need to be designed with the perspective of long- term sustainability and emphasizing actions at household and community levels.
- Sexual behaviour change promotion among working children. Increasing access to information and products on VCT, care and support. Motivational-oriented action adapted to new behavioural traits that reduce the risk of transmission would need to be pursued [i.e. the circumcision crusade].
- Pursuance of a holistic approach that takes into account all the needs and issues affecting households that have succumbed to the realities of HIV/AIDS and child labour, with inbuilt sustainability. The sustainable livelihood approach would be a useful model to apply.

Table 76. Recommendation Matrix

S/No.	Study Parameter	Key Findings and Discussion	Recommendations	Possible Strategies
1.	Background Information	- There were a lot of working children in the districts of interest. Actual scope and extent of the problem of child labour was not documented in any district level policy or analysis reports. - More girls were perceived to be working than boys. Such children usually came from poor families or households and shanties, surrounding town centre.	- There is need to tackle root cause of child labour, such as, vulnerability to poverty and hunger for the scourge to be decisively uprooted. - Special focus needed to be placed on the girl-child. - Improve household incomes	- HH-focused protectionist strategies. - Cash transfers synergies. - Food for Assets projects linkage. - Scale up the Heifer model of pass-on-the gift, for small ruminants [i.e. goats and chickens]. Incentive-based packages.
2.	Access to Education	- Working children were likely to be forced to withdraw from school in pursuit of the demands of work. - Forms of hidden or bonded child labour existed and included being forced to go and work as pre-conditions for uptake of meals and/or lodging space.	- Sensitization of the wider public, through various mass media and advocacy key point, is also vital for creating a critical mass for positive change in the protection of children's rights. - Improve household food security.	- Linkage to existing food security promotion programmes [i.e. food security packs, input subsidies, less labour intensive technologies such as conservation farming. - Lobbying for school feeding programme in training centers that offered practical life skills.
3.	Main Occupation and Working Conditions of Children	- Children normally worked in the informal sector, engaged in petty trading and selling of foodstuffs, carrying heavy bundle of firewood, drawing water, as call boys at bus stations and doing burdensome domestic chores. - Farm labour was also an issue in rural areas, whereby children were engaged especially during harvest time.	- Interventions that paid particular attention to withdraw or rehabilitation of children in the informal sector would bear more dividends in terms of positive results. - Agricultural extension staff and farm owners needed to be sensitized about the provisions of law and conversions against child labour.	- Revitalize support structures and practices within communities. - Facilitate adoption of viable livelihood strategies. - Coordinated structures for external assistance at community level, preferably using existing ones.

S/No.	Study Parameter	Key Findings and Discussion	Recommendations	Possible Strategies
3.	Main Occupation and Working Conditions of Children [cont.]	- Children were mainly forced into the labour market due to loss of 'bread winners' parent[s] to HIV/AIDS. - Orphanhood made children more vulnerable to the vice of child labour than would be the case if the opposite was true. - This situation was compounded by the incapacity of children's guardians or caretakers' to meet their basic requisites. It became obvious that such guardians fell back on the very children they were required to protect, from temporal to eventual long-term supplementation to household basic needs.	- Prolonging the lives of parents through free access to ART would ensure that proper arrangements were made for the surviving children. - Poverty reduction interventions must be targeted at household and community levels to ensure socio-economic empowerment of the basic economic productive unit [household]. This would greatly boost chances of children not being forced to work or at best remaining in school. - Support talents to flourish	Build capacities of arts, music and culture trainers and peer educator, especially among working children or those out of school children.
4.	Work Hazards, Safety and Health Status	- The working children were exposed to many dangers as they worked. The most outstanding risk was sexual assault, especially among girls. This further increased the risk of contracting STIs, including HIV. - The disturbing reality was that such molestation was becoming normalized or acceptable to some levels. It becomes an inevitable survival vice in the scenario of poverty, HIV and food insecurity. - Safety was also not guaranteed for the working children. Those who worked in the farms or collected firewood were faced with the danger of snakebites, hurting themselves with sharp tools [i.e. hoes and slashers].	- In the context of multiple vulnerability and incapacitated households due to poverty and other poor economic performance indicators, immediate survival begin to supersede long term [off shoot] complication. - There is need to accelerate poor economic development. - In the context of multiple vulnerability and incapacitated households due to poverty and other poor economic performance indicators, immediate survival begin to supersede long term [off shoot] complication.	- Lobby for balanced treatment access to VCT and ART enhancement, especially for rural areas - Child-friendly corners be rolled out, especially to rural areas. - DATFs as main entry points for enhancing the existing response at district to household levels.

S/No.	Study Parameter	Key Findings and Discussion	Recommendations	Possible Strategies
4.	Work Hazards, Safety and Health Status [cont.]	- For those that worked in the restraints without proper safety gargets, they always risked burning to death in the event of fire. - As such cases of injuries and other health problems of a physical nature abound.	- There is need to accelerate pro - poor socio-economic development. - Places where children mostly worked needed sensitization on the need for withdraw from such work stations and/or, in the immediate term, protection from known dangers.	Revision and enforcement of existing child protection laws.
5.	Synergizing Child Labour, Sexuality and HIV/AIDS	- Sexually active [working] children were outnumbered by those that were not active. Rather worrisome was the young age at which girls were being entangled in sexual relationships in comparison to the boys. - Work seemed not to have been a significant factor in the timing of the sexual encounter. - Remedies against forced sex were mainly unknown to children. - The main culprit place for sexual exploitation of the children, especially girls, was the home environment, most likely with known relatives.	- Sexuality socializing agents need to be re-educated on the modern republic prospects of delayed sexual initiation. - Child-friendly awareness of child rights protection conduits need be availed to the children. - Advocacy strategy should pay particular attention at community and household level in ensuring close monitoring of the variables that promote exploitation of children. - As such the initiative of child labour sub -committees within Resident or Area Development Committee is vital. - The child labour agenda need be decentralized to community and household-level using existing [and elective] community participation structures.	- Household empowerment anchored on asset creation lens, especially among women. - Capacity building of existing support partners at district and community levels; especially, those with traceable reach at village level. - Effective monitoring mechanism for child labour trends.
6.	Existing Outreach Program Support for Working Children and Key Challenges	It was sadly learnt that the scale of services or opportunities available for working children to protect themselves against HIV/AIDS was limited.	There was need to base programming on the basis of evidence than usual common sense or tied to visibility bias.	- Peer support groups - Child-friendly health services

S/No.	Study Parameter	Key Findings and Discussion	Recommendations	Possible Strategies
6.	Existing Outreach Program Support for Working Children and Key Challenges [cont].	By design most intentions were elusive for working children. Such programmes were in essence inaccessible by the working kids.	- Out-of-school children require well thought protective interventions that are as close as possible to where such children are found [work stations]. - Increase access to information about HIV and AIDS in general, and HIV-induced child labour in particular.	- Tapping into the HBC network and CBOs focused on HIV mitigation, treatment and care. - Targeting institutions, cardinal to the socialization process among children [i.e. community schools, other schools, work stations, initiation <i>gurus</i> etc]. - Health fee waivers for rural populace and age group 5-17 years. - Sensitization on legal rights for children and training for child protection staff in communities. - Strengthen and support integrated community-based care and support system for orphans and vulnerable children. - Step up awareness campaigns at district and community levels.
7.	Suggestions, Perceptions and Future Prospects for Children	- The key recommendation was the need to increase opportunities to be reintegrated in school. - Census data was also challenged to incorporate issues of child labour for programming guidance purposes in all the districts. - Poverty reduction interventions at community and household levels were deemed as cardinal.	- Economic empowerment of the affected communities and households, through provision of income-generating activities would drastically help reduce the number of working children. - Mitigation measures need to be in tandem with community-based protective interventions...	- Situation analysis of viable livelihood options per given district. - Asset creation and replenishment interventions from either the food security -base or income generation perspective.

S/No.	Study Parameter	Key Findings and Discussion	Recommendations	Possible Strategies
7.	Suggestions, Perceptions and Future Prospects for Children [cont.]	- For children, who could not go back to school for one reason or another [i.e. age, internalized child labour, lack of interest etc], special life skills training schools [such as the GRZ/ZNS Street Kids Rehabilitati on Project] need be established or replicated complimented by literacy education. - Stiffer law enforcement and/or punishment for perpetrator of child labour was also another supplement action area.	- Poverty reduction at household level and appropriate to spe cific area dynamics. - Harmonization of policies and other social protection instruments [laws] on child development, incorporating enabling environment for responding to HIV and AIDS.	- Facilitation of adjustment efforts to less labour intensive but reasonably profitable activities. With few options available for people already in extreme poverty, such would be expected to be challenging. - Scaling up direct transfers [cash or in -kind] and other safety nets to households affected by HIV/AIDS. - Energy saving techn ological diffusion. - Educational bursaries scale up for children from households affected by HIV/AIDS, especially concentrated at functional levels of education [vocational skills training and specialized levels of competence building]. - Promotion or scaling up of pro-poor savings and credit schemes such as the UNDP's Micro -Financing for Poverty Reduction Programme.]

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A9. Summary of Qualitative Outputs

S/No	District	Key Informants
1.	Katete	Senior Administrative Officer, Katete District Council
		Project Co-ordination, CINDI
		Field Officer, CINDI Nyembe Community School
		Assistant Community Development Officer, Ministry of Community Development and Social Services
		Social Welfare Officer, Ministry of Community Development
		Taxi Drivers [2]
		Bar Tenders [2]
		Parent/Street Vendors [2]
		Shop owner
		Cattle owners [2]
2.	Kapiri	The Education Standards Officer, Ministry of Education, DEBS Office
		Local Court Justices [2]
		Acting Senior Agriculture Officer, MACO, District Agriculture Coordinator's Office
		Mother and Child Health Coordinator, DHMT, Ministry of Health
		The Health Information Officer, DHMT, Ministry of Health
		The Field Coordinator, MSF
		The Deputy Council Secretary
		The Treasurer, Kapiri [Anti] Child Trafficking Committee
		The Coordinator, Street Kids, Orphans and Widows' Association [SKOWA]
		The District Community Development Office, MCDSS
		The District Labour Officer, Ministry of Labour and Social Security
		The District Social Welfare Officer, MCDSS
3.	Lusaka	The Project Officer, Jesus Cares Ministry
		The District Principal Labour Officer, Department of Labour
		The Labour Officer, Child Labour Unit, Ministry of Labour & Social Security
		The Coordinator, Tasintha
		The Commercial Officer, Children In Need Network [CHIN]
4.	Livingstone	The District Commissioner
		Project Coordinator, YWCA
		OVC District Coordinator
		District Planning Officer
		Coordinator, Anglican Church Project
5.	Chipata	The District Commissioner
		The Labour Officers
		The Labour Registry Clerk
		Standards Officer, Ministry of Education
		District Social Welfare Officer, Ministry of Community Development
		Assistant Social Welfare Officer, Ministry of Community Development
		Registry Clerk, Local and Magistrate Court
		Senior Project Officer, Jesus Cares Ministries
		Facilitator, Community School and Youth Project, Care International
		Teacher, Catholic Community School
		Town Planner, Chipata District Council

6.	Luanshya	Program Manager for Copperbelt Health Education Program (CHEP) Luanshya district
		Secretary, District Development Coordinating Committee, who was at the time also the District Planning Officer
		The Executive Director for Roan Youth Development-HIV/AIDS–Counseling Project
		The District Development Officer, the District Social Welfare Officer
		The National Coordinator, Teachers Against Aids Network
		The District Administration Officer.
NB: Six focus group discussions were held in each district. In the case of Lusaka, a roundtable discussion was used. So, with only the exception of the first five officials, the rest were engaged using that approach.		

A10. HIV-induced Child Labour: Crude Estimates¹

BOX 1: HIV-Child Labour Interface

The linkage between Child Labour and HIV/AIDS appeared obvious to many a respondent and key informant. The relationship was deemed bi-directional and strong. The crude estimates from the study attested to anecdotal evidence about the link between the two social problems [refer to Annex A 10]. On account of age at start of work, regardless of economic activity, about 18 % of all sampled children were engaged in child labour [approximately, 192,172 children, based on population estimates of 1,067,624 for the age group 5-17 yrs in the selected districts]. Moreover, from the vantage of hazardous work and worst forms of child labour, it was clear from the weighted averages that Lusaka had the highest incidence [135, 221], followed by Chipata district [9,194].

The least incidences were recorded in Katete [1,117] and Livingstone [1,132]. The two measures of child labour were relied upon due to their intersect across the comparative age group categories. It was evidently clear that of the total sum of weighted average incidences per district [153,876 child labourers], urban districts [namely, Livingstone, Lusaka and Luanshya] had higher aggregate prevalence rate [90 %] compared to rural districts [10 %] of Chipata, Katete and Kapiri Mposhi [refer to Table 182]. The range for child labour estimates was 1,117 [Katete] to 163,523 [Lusaka].

In terms of percentiles and from the vantage of hazardous work, child labour prevalence was distributed as follows: 85 % Lusaka, 6 % Chipata, 4 % Kapiri, 2 % Luanshya, 1.3 % for Katete and 0.9 % Livingstone district. From the vantage of worst forms [i.e. streetism], the prevalence distribution was as follows: Lusaka [90 %], Chipata [6 %], Kapiri [3 %], Luanshya [0.9 %], Livingstone [0.6 %] and lastly, Katete [0.3 %]. The order of significance was quite comparable between the two measures. Deduction from available data from the study and the ZDHS [2001/2] vis-à-vis HIV-affected child labourers, it became apparent that the range of those affected was 2 [Livingstone] to 14,874 [Lusaka], with a weighted average of 7,347 affected child labourers.

From the children's perception rate of HIV risk at work stations, the highest potential prevalence was in Lusaka [95 %], followed by Chipata [2 %] with the least perception index registered in Katete [0.1 %]. It should be noted that the basis for these estimates were as depicted in Table 182, owing to the lack of actual testing for HIV and reliable data at district Health Management Board level. Henceforth, these estimates were deemed crude. Superimposing of the ZDHS [2001/2] indicative prevalence rate for age group 15-19 yrs by rural-urban and sex disaggregation showed the possibility of high prevalence rates of HIV-induced child labour among girls [81 %] compared to boys [19 %]. District-wise comparison depicted the following order: Lusaka [91 %], Chipata [4 %], Kapiri [2 %], Luanshya [1.3 %], Livingstone [0.8 %], and Katete [0.5 %].

10. Crude estimates due to non random sampling. Precautionary principle applies.

Table 77. Crude Estimates of HIV-induced Child Labour

		Population Estimates 0-19 yrs [proxy for 5-17 yrs]			Child Labour % prevalence [study results]		Child Labour Estimates [figs]		HIV+ Prevalence Rate Options [%]					Crude Estimates of HIV-induced Child Labour [figs] using weighted average of child labour estimates						
S.No.	District	Male	Female	Total	Hazardous Work	Worst forms	Hazardous Work	Worst forms	Self reported +ve cases [study results]	HIV risk perception by working children [study results]	ZDHS 2001/2 HIV prevalence estimates for age group [15-19 yrs]				Option 1: Self Reported	Option 2: Risk Perception	Option 3: ZDHS Indicatives			
											Urban		Rural				Male	Female	Male	Female
											Male	Female	Male	Female						
1	Livingstone	27659	28945	56604	2	2	1132	1132	0.2	2.0				2	23	23	102			
2	Lusaka	310804	318132	628936	17	26	106919	163523	4.0	6.0				5409	8113	2704	12170			
3	Kapiri	64547	64028	128575	4	4	5143	5143	0.5	2.0	2	9	2	5	26	103	103	257		
4	Luanshya	37101	45651	82752	3	2	2483	1655	-	4.0				-	83	41	186			
5	Katete	28100	27740	55840	3	1	1675	558	-	1.0				-	11	22	56			
6	Chipata	57680	57237	114917	7	9	8044	10343	0.5	2.0				46	184	184	460			
Sub-Total		525891	541733	1067624	37	45	125396	182354	4.9	17	7	3		5483	8517	3078	13231			
Grand Total		525891	541733	1067624	37	45	125396	182354	4.9	17	5		5483	8517	3078	13231				

NB: For this purpose, definitions of child labour that intersect across all the comparative age- groups are employed [i.e. hazardous work and worst forms]. Hazardous was operationally related to recurrent memorable injuries that needed hospitalization, while the "clearest" worst form of child labour employed was streetism.

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