

MAPPING STUDY SUMMARY: ZAMBIA



Zambia Mapping - Perspectives from Children Youth and Families

Firelight

October 2022

Introduction

Firelight commissioned mapping studies in three countries to assess the current status of children's rights, explore some of the key thematic areas that impact the lives of children and their families and communities, and identify potential opportunities for community-based solutions in the furtherance of children's rights. Particular emphasis was placed on listening to the perspectives of communities themselves, especially children, youth, and families.

The mapping study in Zambia was carried out by Dr. Beatrice Matafwali. The first phase (early 2020) explored the overall context of children's and youth's rights and wellbeing in Zambia, guided by the African Charter on the Rights and Welfare of the Child, and drawing from statistical data, previously documented evidence, and interviews with government and civil society stakeholders at the national level.

The second phase (data gathered between December 2020 and January 2021) of the study focused on the issues facing children and youth, from the perspectives of communities themselves, including children/youth and families. Methods included interviews and focus group discussions with children/youth, parents, community-based organizations (CBOs), community leaders and other key stakeholders. Below is a summary of some of the key findings from this second phase of the mapping study. Note that this document aims to provide an overview of the findings "as heard" from the communities, without our own interpretation and comment. This is intentional as too often outside actors extract and then repackage the words and perspectives of people experiencing the issues, and it is important to listen to communities directly without the filtering and interpretation of intermediaries.

Methodology

At the end of Phase 1 of the Zambia Mapping, a participatory process involving Zambian community-based organizations and representatives was utilized to narrow the scope of Phase 2 to one or two areas of particular vulnerability. The recommendation was universal that Phase 2 should concentrate on Luapula Province. Four districts were then further prioritised based on level of vulnerability: Chembe, Mansa, Mwense, and Samfya.

At the district level, a total of 12 village clusters participated in the study, which represents three village clusters per district. The sample comprised the Ministry of General Education officials at the provincial and district offices, officials from the Ministry of Community Development at the provincial, district and community level, eight CBOs from the four sampled districts, school-going children drawn from 12 schools, out of school children, families, parents, traditional leaders and civic leaders.

The results in this summary focus on the community members, parents, families, children and youth.

To collect perspectives from adults, community dialogues, community timelines and stakeholder analysis meetings were held. To collect data from children, two child friendly methodologies were applied: body mapping and community mapping.

Data was transcribed and coded. Using framework analysis, meaningful patterns of emerging themes were established. The categorisation of the themes was informed by the study objectives.

Findings

Overall

All stakeholders recognized the importance of child and youth rights

In the study, parents, children and youth, traditional leaders, CBOs, government officials, and other community stakeholders all recognized the importance of children's rights. They were eager to share both the successes and challenges in the realization of these rights.

Families prioritize caring about their children

The parents surveyed indicated that it was their responsibility to care for the children at home, to provide for their basic needs and keep them from harm. Parents noted that it was their duty to provide for their families as well as ensure that the children were safe from abuse both at home and in the community.

Children speak openly about what it means for families, schools, and communities to care for them

In the study, children spoke openly about what it means for families, schools and communities to care for them. For example, when children were asked, they indicated that parental responsibilities were largely defined as the ability to instill discipline and provide for the basic needs of the children at home and school. They further indicated that parents could support children by taking good care of them and giving them what they needed such as food and clothing. Some indicated that parental responsibility meant teaching them farming because this would help them to become responsible people in the community and be able to fend for themselves in the future.

Education is a major goal for children and youth

Using the body mapping methodology, children were asked about things that make them happy or sad at home. Education related issues emerged to be prominent among the things that occupy their thoughts at home. To them, education was important for one to achieve a better life and take care of their family. The children interviewed provided the following insights on what makes them happy or/and sad with regard to education:

“I feel good when my parents are supporting me at school. In that way, I even concentrate well at school, and that helps me think that my future will be good and nice. I dream of going to China one day. When you have parental support, it just feels like heaven.” (Male pupil).

“I feel happy when they give me chance to do school work.” (Female pupil).

“What makes me happy at home is when my parents have the zeal to pay for my school fees and they are paying for me continuously. It brings so much joy at home. It makes me happy because I want to get educated just like the teachers who are teaching me, and I want to live a good life. I just want to be like others such as doctors.” (Female pupil).

“I like coming to school because when I get educated, I will be able to help out my parents and give back the money they are using on my education.” (Female pupil).

“I like coming to school because when I get educated, I will not be suffering.” (Male pupil).

“At school also, it makes me happy when the school is clean and they build more classrooms. We also feel good when we are not being beaten by the teachers and we are getting good grades.” (Female pupil, Mwense)

Poverty impacts many things

Poverty remains a major challenge in addressing child rights both at household and community level. According to the Child Poverty in Zambia multiple overlapping indicators (2018) 80.5% of the rural child is poor compared to 25.2% of the urban child population. Luapula Province particularly is among the provinces (Northern and Western) that records the highest proportion of children aged 0-17 years living in households with poverty rates above 80%. During FGDs and Key Informant interviews, most of the families indicated that they were of low income and lacked resources to ensure access to good health and education for their children. High poverty levels were highlighted by one of the village headmen who noted the following:

“People in this area lack resources. We are not commercial farmers, but we are primarily subsistence farmers and fishermen. We do not have other sources of income. You came this time around when there is a fish ban between November and March and we have no other means of generating resources. The produce from our small farms cannot manage to generate the required resources to send our children to school.”

Officials from the Ministry of Community Development and Social Services in the four districts confirmed the high levels of poverty in their respective areas of operation. It was reported that to cushion the impact of poverty, the government was providing social cash transfers to vulnerable households such as child-headed homes, elderly people, and people with disabilities. Further, the GEWEL project was another social safety net which had a package for women's empowerment and support for girls in school. However, it was noted that the funds were not sufficient to cater to the eligible households in the district.

Health and nutrition

Nutrition and access to food / healthy food

The majority of the children indicated that they were not happy with the nutritional status of their families. In some families, participants indicated that they did not have enough food in order to have three meals a day, especially in the rainy season. While in other homes the children indicated that they did not have a variety of foodstuffs to eat despite their ability to afford the specified three meals a day, as most parents could not afford a variety of foodstuffs like fruits and other nutritional supplements. As such, households depended on the same type of foods such as nshima with vegetables. Youth indicated that they wanted to eat a variety of food not the usual cassava leaves as vegetables. In the body mapping methodology, youth were asked about things that made them happy and/or sad at home. The following were some of their reflections in relation to nutrition:

“What makes me happy at home is when I have all I want at home such as food and everything, it feels like I am in America. When my parents have gotten paid and the house has enough food and smells good, it feels nice and I am happy.” (Female pupil).

“At home what bothers my mind is the lack of basic needs like food, washing soap and lotion for my body. We live in poverty at home and get I worried. When I see food or mealie meal finishing, I get worried, especially when my parents say that they don’t have money.” (Male pupil, Samfya).

“Food is never sufficient at home. I would like to have enough food and a variety like meat or chicken. I don’t want to just be eating cassava leaves as vegetables.” (Female pupil).

“Lack of food to carry to school. For example, children come from different homes, some do not carry food to school, may be the child can stay hungry at school until they knock off from school and when they go home sometimes, they don’t find food readily available and this makes them to stop going to school.”

“To educate our parents to store enough food for the family. “Our parents in this area have a tendency of selling food to Congolese sometimes they sell the fields before the food is ready. This has brought hunger in many households.” (Male pupil)

Follow-up interviews with parents revealed that although food was abundant during the harvest times (e.g., groundnuts, cassava and maize) they were forced to sell part of their harvest in order to raise money for their children’s school fees. This somewhat affected household food security as some families experienced food shortage especially during the rainy season. Parents further indicated that it was difficult to provide protein rich meals for their children as fish which was the common source of protein in the province may not be in supply during the government gazetted annual fish ban between November and March.

Additionally, the provision of adequate nutrition to young children was met with challenges, most parents indicated that that they were not able to provide adequate nutrition for the children to develop well due to economic hardships as highlighted in the excerpts below:

“Due to lack of income, we are not food secure and we fail to meet the nutritional requirements for our children (Male Parent).

The economy is very bad. Therefore, we are failing to buy enough food to feed our children.” (Male parent).

“We have nothing to do to ensure that we provide all the meals for the children. Some of us are single mothers and I have to provide for all my children with the little resources I get. Therefore, when things get hard, we have to eat once or twice a day.” (Female parent).

“Those going to school find it difficult to eat from the neighbours if they don’t have food at home because by the time they are knocking off from school, most of the households have already eaten their lunch. So, they would rather stop going to school and remain in the community where it is easy for them to find food in the neighbourhood. In short, they feel that going to pre-school is a punishment or one way to keep them hungry.” (Female parent).

The nutritional needs of the children were also noted as some of the major challenges in the provision of health care to the children. The inadequate provision of nutritious food led to cases of malnutrition in the children. Some parents noted that they could not afford to provide nutrition-rich foods due to a lack of employment and high levels of poverty.

Prevention of malaria

Malaria remains one of the major public health concerns. According to the National Malaria Indicator Surveys, Luapula had the highest prevalence rate of malaria in the country at 30.4% (National Malaria Indicator Survey, 2012; DHS 2018). Interviews with the Ministry of Health at the district level confirmed that malaria was one of the most challenging and life-threatening diseases faced by the province. To combat this, the government was

implementing various community-based programmes as preventive measures against malaria, especially for children, expectant mothers and adolescents. Notable among them were, in-door residue spraying to eradicate mosquitoes, the use of intermittent preventive treatment by women during pregnancy, the provision of insecticide-treated mosquito nets to households with expectant mothers and young children, routine diagnosis and prompt treatment of fever in young children. The need for insecticide-treated mosquito nets was highlighted by the children as one of the preventive measures. Children particularly recommended the provision of insecticide-treated mosquito nets to vulnerable households. They noted that people were dying from malaria as they could not afford insecticide-treated mosquito nets which were very expensive ranging from 30 to 50 Kwacha (the equivalent of U\$2-U\$3.5).

Access to clean water

Access to safe and clean water was another public health challenge. Parents and children indicated that they had limited access to safe and clean drinking and mostly used water from boreholes, streams or rivers for drinking. They observed that the water was not safe for drinking, contributing to diarrheal diseases in children and adults.

“We access drinking water from the shallow wells, but this water is not safe as it is not treated for germs and bacteria that can be harmful to us.” (Male parent).

We would want to be give chlorine to treat drinking water. We do not have piped water in the community. We draw water from the streams which is not clean.” (Female out of school)

The participants further emphasised the issue of cleanliness as being the utmost importance in disease prevention for both under-five children and the ones in school. They indicated that cleanliness would help prevent most communicable diseases such as cholera and diarrhoea. This was noted as follows:

“The government should tell the chief to ensure that all the people in this chieftdom have at least a toilet and a rubbish pit per household. I have said so because some households have no toilets, and these are the people who contribute to the outbreak of diseases especially in the rainy season.” (Out of school female pupil)

Interventions for the prevention of diarrhoea-related diseases such as the provision of chlorine to households for treating drinking water were mentioned. Parents and members of the community noted that they were educated on other promotive health interventions like boiling drinking water, and daily practices such as covering food and washing hands as a way of preventing diarrhoea diseases.

Access to health services is improving, but still not universal and complete

During the study, participants were asked about child-survival and health-related needs. Access to quality healthcare services was identified as a priority across age groups. Quality health in this context entailed health services that were easily accessible, responsive to the needs, safe, friendly and secure, patient centred and timely. Participants generally expressed satisfaction with recent developments in the health sector where health posts had been constructed within their communities. They indicated that they were able to access health care services within their communities, unlike in the past when they used to walk long distances to access these basic services.

“We have a clinic nearby, so seeking medical attention is not a problem.” (Female parent).

“Prenatal and postnatal care is readily available at our health centre.” (Female parent).

“From time to time, our children receive various vaccinations as preventive measures in our community.” (Male parent).

“The clinics help us a lot in this community of ours. We get medicine, get mosquito nets and get male circumcision done.” (Female pupil).

“As a community, we get our medicine from the clinic and our siblings are taken there for under 5 where their weights and heights are measured, polio and vitamins are also given to them.” (Male pupil).

It was further reported that the Ministry of Health had been distributing condoms in schools and strategic points in communities as a preventive measure for HIV and AIDS infections and prevention of adolescent pregnancies. One pupil noted the following:

“People also go to the clinic to get tested for HIV and AIDS.” (Female pupil, Mansa).

“The clinic staff teach us on how to protect ourselves from sexually transmitted diseases and sometimes condoms are distributed at the clinic.” (Female parent).

Despite progress in enhancing the accessibility of health care services, communities are still faced with challenges which impede the successful delivery of optimal child survival and health care. Among the key issues raised regarding health services were limited health centres in rural and hard-to-reach areas where people were forced to walk long distances to access the services. Other challenges included a lack of transportation for referral cases as there was only one referral hospital in the province located in Mansa. This was highlighted by a number of participants as follows:

“There is only one clinic here but more people. We need another clinic so that other people can be going to another clinic to access health services.” (Female parent, Mansa)

“When a child is sick and requires referral (e.g to be transferred from a District Hospital to Mansa Hospital), transportation is a barrier to accessing health care services.” (Male parent)

“The health institutions do not provide transport for pregnant women when they are due for delivery as falls on individual families to organize transport for themselves. Thus, it is difficult for us to carry a pregnant woman on the bicycle to the health centre. This is actually dangerous to the health of the mother and the unborn child.” (Male parent)

“Inadequate supply of medicines in the health facilities. Most of the times when you go to the hospital, they would just give you a prescription.” (Out of school female)

Additionally, it was noted that there were few health workers available in each health centre to attend to the health needs of the people. On average, it was reported that each district had three medical personnel against a population of over a hundred thousand people with the exception of Mansa which is a provincial capital with a bigger population and more medical personnel. Presented below are responses from participants on human resources challenges:

“The attitude of some nurses towards patients is bad because they don’t treat them with kindness. It has happened before that some patients have died whilst waiting to be attended to on a long queue.” (Female parent)

Youth especially expressed dissatisfaction with the quality of services they received from the clinics and hospitals. They noted that the health workers were sometimes rude and made them wait for a long time before they attend to them.

“I don’t like going to the clinic because nurses are very rude. So, even if I’m sick, I don’t go there. They always don’t have medicine to give us. I think they steal the medicine and to give others. I may have malaria and they will just give me Panadol and coartem they will tell me to go and buy for myself and yet we know that the government brings medicine.” (Female pupil, Mansa).

“I am not shy to go to the clinic, but I don’t like the treatment I get from there. Sometimes, the health workers do not pay attention to young people. So, they make us wait in a line for a long time. I hate going to the clinic

because when I go in the morning, I will only come back around 14:00. Then, they will just give me Panadol and the rest of the medicine I have to buy on my own.” (Female pupil).

“There are usually long queues at the clinic which are as a result of large numbers of people that go to the clinic as compared to the number of health workers at the clinic.” (Female Pupil).

“Some nurses don’t simply care when we go to the health facility. They will just be chatting while we wait on the line for long hours.” (Male Pupil)

“The nurses are also cheeky. Some of them could be on phones while we wait on the queue. But when they see someone, they know or someone who comes with a car, they easily attend to that person.” (Female pupil).

Access to sexual and reproductive health services is improving, though there are still barriers

Youth respondents indicated that as a way of protecting themselves from sexually transmitted diseases, they were taught sexual reproductive health education from grade four to grade twelve and some condoms are left in schools. This view was shared by the parents. They also received sexual reproductive health services from the clinics, and they were given condoms as a way of preventing sexually transmitted diseases.

Some youth indicated that lack of confidentiality by the health workers made them fail to seek health services because they felt that some of the issues, they go for at the clinic could be told to their parents by the medical personnel. A female adolescent had stated the following:

“When I go the clinic to get tested or find out about something, if my neighbour or anyone who knows me sees me, then I will be in trouble back home because the people at the clinic will tell my parents. This makes us not to want to go to the clinic. They will speculate that you are sick of HIV/AIDS. All this makes us not go to the clinic.” (Female pupil).

The topic of condom provision in schools was received with mixed views among stakeholders such as youth, parents, teachers and faith leaders. For instance, pupils expressed mixed views with some in support of the distribution of condoms in schools while others felt that the practice promoted illicit sexual behaviour among youth and therefore, recommended that condoms should not be given to youth.

“I think the government should increase the provision of condoms in schools and clinics and not in communities because our parents will not allow us to get them or people in the community will point at you as if you are a prostitute. As at now, it is not easy to find condoms in this community for young people. So, we rely on the ones they provide in school, but they are not enough for all the pupils.” (Male pupil).

“... condoms should be for adults who are married. If they continue to give us, most of us will start thinking that it is ok for us to have sex while we are still in school. So, to prevent this, they should just stop distributing them so that we concentrate on school.” (Female pupil).

Parents were also of the view that children should not be provided with condoms as the practice was promoting promiscuous behaviour among children.

This even extends to the government - the conflict in the provision of sexual reproductive services was a challenge in that the Ministry of General Education did not have a clear stance on how these services should be provided. This made the Ministry of Health hesitant in providing sexual reproductive health services. On the other hand, the Ministry of Religious Affairs was against the use of contraceptives such as condoms and injections among school-going children. This dilemma has reduced the effectiveness of sexual reproductive health service provision by the Ministry of Health because there is also a divide among the parents regarding the morality of using contraceptives among pupils.

Education

Access to education

Respondents indicated that there were few primary and secondary schools in the sampled districts, especially in rural and remote areas, forcing children to walk long distances.

“Although the Province has made strides in increasing access to Secondary Education, factors such as inadequate secondary schools to absorb the number of learners from primary schools and inadequate number of teachers present a challenge to the sector.” (Traditional Leader)

“There are only two government schools in the area, and this poses a challenge for these schools to enrol all the children in grade one.” (Male Parent)

Luapula province records the highest drop-out rates in the country, especially among girls which stands at 2.6% compared to the national average 1.5% (ESB, 2017). A high drop-out rate was reported in all the sampled districts which affected both boys and girls. This was mainly attributed to poverty. Some parents indicated that they had no financial capacity to meet the required school requisites for their children.

“At home, I think about a lot of things especially about my future and my school. I always worry about whether I will be able to complete my school well since my parents do not have money to pay for me now. Will I be able to go to college and start work if my parents can’t even pay for my school fees?” (Male pupil)

“For me, my parents are dead, and this makes me feel sad and think about someone to sponsor my education. I feel like I have no right to tell the people keeping me anything or demand for anything. Even when there is something needed at school, they do not pay attention when I tell them about it. So, this makes me worry so much.” (Female pupil)

“Some parents are dead and there is no one willing to support their children at school. Most children have stopped going to school in this community because they have no one to support them. All these problems make us feel like stopping school.” (Male pupil)

“What makes me sad is when I am not going to school and I have no parents. It makes me worry about my future and I fail to plan for it well. (Male pupil)

“I think and worry about my parents failing to pay for me at school. My plan is to get educated so that I can help them, but they are not able to support me for now.” (Female pupil)

“What makes me worried is that my parents are dead and I stay with my sister. So, I worry about what will happen to me at school if I pass. I worry about where are we going to get money to buy school needs for grade 8.” (Male pupil)

“As for me, my father is lame and I worry about who is going to be paying my school fees.” (Male pupil)

“Lack of school fees makes me sad. Due to poverty, they chase my child from school. This make my mind become disturbed and sometimes they even tell my child to call my me when I have no money to pay to school.” (Male parent, Samfya)

Availability and adequacy of early childhood development services

The general overview on the status of child development and education in the sampled districts was that existing primary and secondary schools were not adequate to accommodate all the eligible children in the sampled districts. The Provincial Education Officer noted that there was a need for increased infrastructure expansion and teacher recruitment, especially in rural communities where children were walking long distances to access nearby schools.

As for ECD, the government was using a strategy to annex ECE centres to existing primary schools. However, all the stakeholders reported that the current number of ECE centres was far below the demand for the service. The inclusion of children with disabilities was another gap identified by various communities and Ministry of General Education officials. Below is a snapshot of the status of each level in the education hierarchy in the area under study: ECD, primary, secondary, and inclusion.

Early childhood was recognised as an important aspect of education, as it lays the foundation for child development. However, access to ECD is relatively low in Luapula Province. The DHS (2018) estimated that 94.4% of children under the age of five had never attended school. The study found that there were few ECE centres in the province compared to the number of eligible children. Data from the Provincial Education Offices shows that a total of 15,330 (Boys = 7,326 and Girls = 8,004) were enrolled in ECD centres.

“In terms of education, there is need for ECD classes in this ward. There is only one class for ECD which is annexed to a primary school. Again, there is only one primary school, Musangu primary school which has to cater for hundreds of children from a vast catchment area. This has made a lot of children who are of school going age to remain unenrolled in school due to lack of space in the schools. The school cannot absorb the number of children in the community. So, children have to wait for them to be enrolled and this makes them start school very late, around the age of 10 years sometimes. Therefore, I would ask that if it was possible to build more schools for the children especially at ECD and primary school level. Even if the schools are not built in the meantime all we need are teachers. If enough teachers are deployed in the district, we can start using some church buildings as classrooms so that children don’t have to wait too long to be enrolled in school.”
(Civic leader)

“We do not have a public school offering ECE in our community. The available schools are in private hands and expensive for the majority of us. This makes it difficult for our children to access ECE. The available ones do not have the infrastructure to accommodate all children of school age in our community.” (Male parent)

Further, parents expressed concern that even in places where there were very few ECE centres, they were still far for the children to access. This disadvantaged the children even more. It was also found that the focus was mainly on children aged 3-6 years leaving children below the age of three with no access to opportunities for early stimulation. The lack of a feeding programme in the ECD sector is another gap that was highlighted in the FGD with adolescent mothers in Samfya. They observed that some children opt to stay home instead of going to school because at home they are able to eat something even from the neighbours’ home unlike at school where they are forced to stay hungry in the absence of a feeding programme.

Violence at school

“The female teachers insult us at school, they like bullying us in front of our friends. They may pick me among my friends and say this one is dull. She cannot read, all in trying to demean me.” (Female pupil, Mansa)

Children reported that they sometimes avoid going to school because they are bullied by older pupils. According to the children, bullying took place within school premises at times, but mostly when they knocked off. They indicated that they were beaten by the older pupils and this led them to start missing classes and resorting to staying at home. Although the schools had school rules to ensure that pupils were not abused, there was a lack of strict enforcement of such rules despite some pupils have reported that they were bullied within the school premises. This made pupils feel insecure on the way to and from within school premises.

It was also reported that increased school dropout rates were attributed to corporal and physical punishment by some teachers. Children reported that they were sometimes beaten by teachers when they committed an offence or fail to participate in manual work despite the ban against corporal punishment. Such made them scared and started skipping classes. In addition, some pupils mentioned that teachers verbally abused them for failing to answer questions in class. A female pupil in Mwense indicated the following:

“A teacher once told me that I was just wasting time at school because I would not amount to anything so it is better for me to just get married and stop wasting time at school.”

Such sentiments from the teachers made some pupils contemplate stopping school because they were not motivated by the teachers.

Further, some female pupils reported that male teachers propose love to them, and this affects how they perform at school because they become uncomfortable with such teachers.

“...for me, some teachers propose love to us. So, when you deny them, the teacher will start failing you in class just so that you can accept them. This happens especially in exam classes. When I want to ask for an explanation, the teacher will tell me that I will keep ignoring you since you also ignore my proposal.” (Female pupil)

“Some teachers go out with some girls. Ahhhhh I am telling the truth. This happens all the time and we all see it. So, if they see you being close to the girl they like, they will always punish you because it will look like you also want the same girl. So, by punishing you, it will stop you from being close to the girl.” (Male pupil)

Children with disabilities face barriers

Although the Ministry of General Education has put up Special Schools and Special Units to cater for students with disabilities, interview with various stakeholders at community level found that some parents were still hiding these children in their homes to avoid stigma. It was reported that the burden of supporting children with disabilities was largely left to the family members and they mostly struggled to provide even the basic needs for their children. Even when it comes to leisure and recreation, children with disabilities were usually left out for fear that people will be laughing at them.

Child protection

Early marriage and teenage pregnancy

Interviews with the children confirmed that early marriages among the school-going children were common. The Civic leader for Chembe District further observed that child marriage was so rampant in the area and was a major barrier to education progression for girls. He noted that there were a lot of young girls in the district who had been married off. This was mainly due to high levels of poverty that lead some children into early marriages as a way of escaping the devastating consequences of high levels of poverty.

In the long run, poverty was also reported to have made the children resort to vices such as premature sexual activities and other delinquent behaviours. When girls fail to continue with school, they opted to get married. This was noted by the Civic Leaders in Mwense and Chembe districts. Even though the out-of-school children expressed interest in going back to school, there were no community initiatives to help them get back to school or skills training to help them make a living.

“Sometimes as girls we lack the most basic needs to go to school like just soap for washing and bathing, money for buying books and pens. Therefore, it is easy for a girl to be lured by a guy and get impregnated, subsequently drop out of school and end up getting married.” (Female pupil)

“Funny enough, some girls prefer to get married. Actually, some even take themselves to the men due to poverty at home. They feel the only way to escape the poverty they experience at their parents’ home is to get married to a man who will be able to fend for them and provide their basic needs.” (Female pupil)

“Due to poverty, children start sleeping around in order to meet their requirements like lotion, books and pens. In the process, they get pregnant and stop school. Also, due to high levels of poverty, some parents have no means to feed their huge families. So, they decide to marry off their daughters so that they can be paid bride price in order to feed their families and maybe buy some goats. However, this affects their children because

they are too young to be in marriage. Some parents are also not present to support and discipline their children. From such, we end up having more children getting pregnant.” (Civic leader)

It was also reported that some communities felt that if a girl child spent more time in school, they would not have a child hence, they were forced into early marriages. This is exacerbated by poverty levels. One traditional leader noted the following:

“Sometimes parents prioritize children in higher grades leaving out children in lower grades. Sometimes girls end up getting pregnant because parents do not have the financial capacity to support them. And sometimes parents marry off young girls because they see it as a source of income when they are paid lobola.”

Pupils also had the following to say on the causes and consequences of early marriages and adolescent pregnancies:

“As a girl if you are not performing well in class or if you are a problem to the parents, they will tell or force you to get married. Sometimes it’s not that you are a problem to your parents, it is the situation at home which forces many girls to get married at a very young age. For example, if you find someone who can take care of you and the family, it is better to get married.” (Female pupil)

“Sometimes what makes us get worried is when we see as girls at this age, most of us have stopped going to school. We just want to get married. So, you find people of your age with children and carrying babies. This make me worry like if such a girl was educated, she would have helped the parents in future or she could have helped herself. Sometimes, all that makes me worry.” (Female pupil)

Mixed views on school re-entry policy for teenage mothers

Zambian education policy supports girls returning to school after becoming pregnant. Pupils had mixed views on the re-entry policy. Some supported the inclusion of girls who fell pregnant back into school while others said the act prompted other girls to engage in sex, knowing that they were going to be accepted back in school. The pupils shared the following views:

“It is hard for someone who has a baby to continue with school because I have to come to school and care for the baby. Then here at school, there are very few teachers that support us, even other pupils they start shunning us, thinking we will teach them bad manners”. (Female pupil)

“...if you go round these classes, you will find a lot of young girls with babies, they are even acting like they are adults now. I think just because they are allowed to come back to school, they have taken advantage of the situation to engage in sex because they know that they will continue with school” (Female pupils)

“Allowing girls who fall pregnant to go back to schools is promoting immorality in our communities. Because the girls know that they would be allowed back in school, they are just misbehaving anyhow. In the evening they go to the grounds to play with boys, this is not good for the community. Some of the girls who fall pregnant are too young.” (Male pupil)

Child labour

The study established incidences of child labour in the sampled communities. For instance, children complained that their parents sent them to do hard labour tasks either by selling things at the market or carrying heavy loads that make them tired and fail to study. They reported that when they refused, they were beaten or denied food. Some children also complained that during the rainy season, their parents took them to the fields to work at the expense of school. But when they harvested the food and sold it, the parents did not inform the children or involve them in how they will use the money. They said the following:

“Sometimes my parents wake me up in the morning to go to the field, even when they know that I need to go to school. When I tell them about school, they tell me that I will not eat school. If I force my way to school, they tell me never to come back home. So, I just end up going to the field with them.” (Female pupil)

“We work a lot in the farms here especially in the rainy season. Sometimes, our parents just take us to the farm and give us portions to plough. It is a lot of work to do to finish those portions. That is why sometimes we even look older than our age because of a lot of manual work.” (Out of school child-female)

“In this community, we have an area where we do gardening. Our parents usually send us to work in the gardens to plant and water vegetables. Sometimes it takes away our time to concentrate on school work. But if you refuse, you will be punished. What is fun is that when the vegetables are ready for harvest and for sale, we are not given any money and yet we are the ones who do all the work.” (Male pupil)

Poverty was cited as a major contributing factor to child labour. During community dialogue with children, some reported that they are forced into child labour because they wanted to raise money for their school fees. When asked about what things make them sad at home, one pupil had this to say:

“When I see my parents suffering and we are living in poverty, sometimes I even stop going to school to start doing piecework for me to pay for my school.” (Male pupil)

Most of the parents who participated in the study perceived the involvement of children in household chores as part of orientation to adulthood life demands and they noted that children needed to be prepared for the transition into adult life through such things as economic-related activities that will help them acquire survival skills. However, they noted that what needed to be addressed was the interference of these activities with school participation.

Care for children in the family and community

Parental care

Parents indicated their desire to care for their families, but some indicated that they had no means to provide sufficient care for their children because they were not employed and had no business to depend on, which made them fail to provide and give care to the children as required. They pointed out that economic challenges made them fail to adequately cater for the needs of their children.

Discussions with children showed mixed reactions on the responsibilities of the parents. Some children indicated that parents were responsible enough to provide home and school needs. Some children said the following:

“Our parents go to work in order to provide for us. They provide food and clothes for us. They should provide us with a proper nutrition, keep us safe, restrict our movements and teach us good cultural values.” (Female Pupil)

“Our mothers have a responsibility to protect us from perpetrators of child sexual abuse, they ensure that we accompany them wherever they go or take us to homes or places where it is safe for us to stay there when they are away from home. The protection that they give us as girls is to ensure that we dress in a decent way and when they are away from home, they make sure that we are either taken to our grandmothers or any safe place where there are no men” (Female pupil)

“I feel good when my parents are supporting me at school. In that way, I even concentrate well at school, and that helps me think that my future will be good and nice. I dream of going to China. So, parental support just feels like you are in heaven.” (Female pupil)

“Sometimes I think that if my parents are fighting, one may get injured or killed and then what is going to happen to us as children because the other one will be dead while the other in prison. So, that affects children who were not part of the fight.” (Female pupil)

The major challenge highlighted in the care for the child in the family and community was when the parents are unable to meet the basic needs of the children like food, clothing, shelter education and health services. It was reported that sometimes orphans and vulnerable children are taken care of by their old relatives or young siblings who may not be able to provide the necessary support for the children. The communities expressed concern that this may create a situation where children would opt to live on the streets or resort to vices such as alcohol and prostitution as young girls.

Collective approaches to care for vulnerable children remain strong and central

The study established that as a way of keeping the children in the family, a collective approach to child care was used to care for the children who were orphaned. When a child loses a parent or both, extended family members were willing to take up the responsibility of caring for the child, preventing children from living on the streets. In addition, the Ministry of Community Development and Social Services also indicated that they used the collective approach to child care to keep the children off the streets. In cases where a family was incapacitated to care for the orphaned children, they registered such families on the social cash transfer scheme. The interviews with parents found that most orphaned children lived with their grandparents or uncles and aunties.

One male respondent said the following:

“Although it is hard especially in these economic times, if my brother died for example, I cannot fail to take on the responsibility for his children, if I am unable to alone, we share the children among those who can manage, even extended family or grandparents.” (Male parent)

Notwithstanding the economic hardships highlighted, the family remained the centre of child care. Even in instances where there was the loss of parents, extended family member ties superseded in ensuring that orphans and vulnerable children were cared for within the family circles. Although district-level consolidated data was not available from the Ministry of Community Development and Social Services, data from the Ministry of General Education showed that a total of 43 806 (Boys=22 047 and Girls= 21 759) and 14 311 (Boys= 7 382 and Girls= 6 929) enrolled at primary and secondary respectively were categorised as vulnerable children accounting 16.5% of the total enrolment at the provincial level. However, what was gratifying was that the study did not find alternative care homes for orphans and vulnerable children in most of the sampled districts except for Mansa District where the Ministry of Community Development and Social Services confirmed the presence of two alternative care homes (Fatima and Mansa Orphanage). This clearly demonstrates the role of the kinship system where extended family members have continued to provide care for the children of their deceased relatives.

The study established, through the Focus Group Discussions with the parents, that communities had safety nets where if a child was orphaned, the other family member would take over the responsibilities of the child. The Ministry of Community Development and Social Services has recognised the role communities play in complementing government efforts in supporting vulnerable children. It was reported that the Social Cash Transfer was paid bi-monthly to elderly people and those living with disabilities. Specifically, Social cash transfer amounting to K90 was given to elderly or child-headed homes, and K180 was provided to those living with disabilities.

The traditional leadership of each community, ranging from the community head person to the chief, were also vigilant in ensuring that vulnerable children were taken care of. These acted as points of authority where abuse and disputes could be reported. The vulnerable children under the care of extended family members were monitored by the community leaders and traditional leadership together with the neighbourhood watch to ensure that they are not abused by their guardians.

The parents indicated that culturally, it was the responsibility of the surviving brothers or sisters, sometimes even grandparents to care for the children in case the child is orphaned.

Family units and parents drew strength from the collectivism of the African society, this means that when a parent dies other relatives take over the guardianship of the child. This has led to having no streets kids or home care facilities in the visited districts. One female pupil in Mansa who is also an orphan noted that orphans in her community are taken care of by surviving family members who provide for their daily needs.

God, religion and morality factor heavily in perceptions of caring for children and positive child and parent behaviour

Many of the children surveyed felt that parents could support them by also teaching good morals, encouraging them to go to church so that they could know God when still young. They should also ensure that they provide school needs.

“Our guardians teach us good morals, encourage us to go to church so that we can know God when you are still young.” (Female pupil)

“The parents have got a responsibility to take care of us so that we can grow up to be responsible people in future. They have also a responsibility to teach us good morals such as respecting elders and to know the word of God at a tender age.” (Female pupil)

Gendered norms around parental responsibility for child care

Some raised concerns that male parents were mostly irresponsible and left the main duties to female parents.

“Sometimes it’s only a mother who looks for food and the man is not even looking concerned and just getting drunk. When he comes back from drinking, he starts demanding for food in the evening and beating her for not cooking. Fathers watching the mothers providing for basic needs of the family while the fathers are just drinking alcohol.” (Male pupil)

For children born out of wedlock, the responsibility lies mainly on the mother who struggles to provide for them. Such children receive little or no support from fathers. These children suffer especially if they are born from men who are already married. Such men concentrate on children whose mother they are living with.” (Male parent)

Stakeholders highlighted culturally embedded practices such as the matrilineal lineage system and how it relates to child wellbeing. It was reported that most of the ethnic groups in Luapula Province follow a matrilineal system. Under this system, children were more inclined to the mother as opposed to the father’s family. It was argued that although not a harmful practice, the matrilineal lineage system in itself had a bearing on child support where some males have left the responsibility for school requisites to the mother and maternal uncles.

Different perspectives on what is considered good discipline and care for children

Parents indicated that it was their responsibility to discipline children when they were wrong. Some parents indicated that they beat children when they were wrong. This was to deter them from doing the same thing again. However, youth expressed different views with regard to forms of discipline used by the parents. Some indicated that talking to them was more effective than beating them while others indicated that beating them was effective because they did not listen when their parents just talked to them. Pupils provided examples of forms of discipline at home as outlined below:

“The best discipline is to talk to you first without insulting or shouting. This helps us to realize that we have done something wrong.” (Female pupil)

“When they deny you food, you will realize the importance of having food. If it is supper, I tell you eeeeh you can’t even sleep the whole night.” (Male pupil)

“Sometimes parents should beat the children when they do something wrong especially repeating the same mistake. Beating us is very effective because some of us we don’t listen when they are just talking to us. Umwana omfwila ku bwembya (children are better trained when you use a whip).” (Female pupil)

“Denying you food is also a type of discipline and it is very effective because we are scared that if I do something wrong, my parents won’t give me food. For example, my parents were just scolding me or talking to me when I was going home late and I never stopped because I knew that they will just talk to me and forget. However, immediately they started denying me food whenever I went home late, I stopped this bad behaviour because I knew that if I go home late, I will sleep on an empty stomach.” (Female pupil)

“By ensuring that they take care of us although sometimes we are brought up by so many people in the community. For example, when they see that you have started misbehaving or taking alcohol, your uncle or any elderly person can discipline you. I remember when my uncle found me fighting with my friends after closing school, he did not wait for my father or mother to discipline me, he just started beating me. I will never forget that day and from that time, I fear fighting with anyone. Am now a peace maker whenever there is a conflict amongst my friends.” (Male pupil)

“Mothers are the main culprits. They easily give a red card when I do something wrong. Once they do that, they deny me food. They also like leaving young children with other young children while they will be going out for beer drinking.” (Male pupil)

Although subjecting children to physical punishment is a criminal offence, most parents indicated that they used physical punishment to correct bad behaviour in children. Others observed that they are referred to using derogatory terms whenever they did something wrong. Parents called them all sorts of demeaning words sometimes even when they commit the simplest of mistakes and this made children feel not loved and hurt. One youth made the following observation:

“When my mother insults me, I feel demeaned and embarrassed in front of my friends, she would call me names like dog, cat, swine, fool or monkey in front of my friends when they come to play at our house. This is not nice.” (Female pupil)

Children do not always feel loved and safe in their homes and communities

Children reported feeling neglected by their parents because they were not actively involved in their lives and providing for their needs. Some youth indicated that parents, especially the males, did not care for the children instead they were preoccupied with drinking alcohol, some parents even told their children to fend for themselves or leave the house if they did not like how they were treated at home. It is against this background that some children, in their own words, revealed the following:

“These days parents drink a lot of beer; you can find that in the morning both a man and a woman can leave children without food and go to drink. It is like we are just keeping ourselves, when they come back, they start insulting and asking why we have not done any chores at home”. (Male pupil)

“At home, parents sometimes use bad words. For example, I stay with my step mother, and when they start quarrelling and fighting, they will start saying things about me and the step mother will start saying she doesn’t want me to stay with them anymore and that I am just finishing the food depriving other children at home. So, they quarrel but they talk about me instead of just fighting about other things. They insult each other even though they know that we are now grown, and we can hear them and wonder why they use profanity. Sometimes they just insult each other in the full view of everyone which is not nice.” (Male pupil)

“Sometimes my parents like calling me names like you are a daughter of a fool or you are daughter of a dog and this pains my heart. I just cry inside even when I know she is the one who gave birth to me but she is saying I am a dog’s child. I get shocked because I know that the water follows the furrow. So, I know that she was like me when she was young.” (Female pupil)

“There is lack of togetherness at home. We don’t get along or eat together as a family should. Others just come and cook their own food to eat without considering others. Some of our brothers can find you getting beaten on the road and they will just pass and watch me continue getting beaten.” (Female pupil)

Children who were surveyed with open questions indicated what they disliked about their communities -

- Too much noise due to bars near the houses.
- Gangs of boys who beat people in the community.
- Untidy surroundings in most communities.
- Gossiping and back biting by community members.
- Drunk adults insulting.
- Witchcraft in the community.

“There are many gangs in this community like the Tokota boys (Tokota is a local term in this community used to describe a gang of youths that are perpetrating bullying). They beat up people in the community. This combined with the lack of support from the parents makes me worry about my future.” (Male pupil)

“At home, I get bothered by noise. There is a lot of noise coming from the many bars around here. Sometimes, the neighbours play loud music, and it disturbs me when I want to study. The bars are so close to the schools and the homes and they don’t close early. So, people drinking all night long.” (Male pupil)

“There is too much alcohol abuse in the community. Some adolescents around the ages of 15 like smoking marijuana. So, they become abusive and disrespectful. This influence young children and they start to wish that once they grow up, they will be smoking.” (Female pupil)

Children and parents wish for safe places for children to play and have fun

Article 12 of the African Charter on the Rights and Welfare of the Child recognises the right of every child to engage in play and recreational activities appropriate for their age and implores States Parties to provide opportunities for leisure and recreation to all children. Children were asked about their wishes related to leisure and recreation. As a way of keeping them away from danger and abuse, most of them indicated that they wanted to have more safe spaces for playing and relaxing after school.

“A provision of safe play spaces at community level would help most children participate in these activities and keep them away from the vices such as beer drinking and early and premarital sexual activities.” (District education official)

They indicated that the use of home-based games was a way of keeping children busy. At the household level, children played different games such as poetry, rounders, sketches, singing, cultural dancing, playing insolo, draft and icyenga. Other games were mugogola, wider and icyenga.

Other leisure and social amenities that children pointed out included cultural dances and traditional ceremonies such as Kalela traditional dance and Umutomboko traditional ceremony. The “Kalela Dance” is usually held when there are special events while Umutomboko ceremony is an annual event that is both educative and entertaining in nature.

But children also reported that this was not sufficient because children needed well-allocated safe and secure places where they could go and play and the study found that most of the communities had no safe places for children to play from. Children mainly reported being involved in leisure and recreation at school where they played football, basketball, volleyball and other games. Nevertheless, some schools did not even have football pitches for the children to spend their free time. This left the children with fewer options but to go to the marketplace and the roadside, which were not safe for the children due to the presence of bars and automobiles.

In places, such as Samfya and Chembe, which were near the river or lakes, children reported that they went to lake Bangweulu and Luapula River respectively for leisure. Sometimes when it was less dangerous, they

would go to the lake to swim although at most times it is very dangerous as the rivers and lakes are infested with crocodiles.

Both children and parents indicated that they lacked safe places for play and leisure.

“We don’t have a safe play space for our children. The area around the lake is not safe because the lake is infested with crocodiles. We don’t have recreation facilities apart from the football grounds. Sometimes we just use the roads to play touch or football.” (Male Parent)

Child participation in decision-making

Generally, children reported minimal participation in decision-making. They indicated that it was only the parents who made decisions because they knew what was best for them and children were just informed about the decisions made on their behalf. Presented below were some reflections from the children:

“They rarely involve us when it comes to making important decisions. Sometimes they will only involve you if they want to give you certain tasks such as farming or selling things. I remember my father consulting us whether we can cultivate cassava or maize. We told him that we wanted both and he said that everyone is going to participate. In most cases, we are rarely involved in decision making.” (Male pupil)

“I am not allowed to say anything in adults’ discussion. If I say something, then they will deny me food or hit me with anything they are holding. They just want us to listen to them than them listening to us. Even clothes they just buy for us, even though we don’t like them.” (Female pupil)

At the school level, some pupils indicated that they were given leadership positions such as being a prefect or belonging to school groups like drama, dance groups and choir. In such groups, they participated in making decisions and contributed to the running of the school activities. At the community level, there was no evidence of the children being involved in any activities that gave them an opportunity to get involved in decision-making, this was because communities did not have platforms that would allow children to participate in decision-making. The Ministry of General Education is also mandated by the Education Act to establish the Children’s School Council which provides a platform for children to be engaged in issues related to governance and civic rights.

However, the study did not find any advocacy platforms at the community level where children received capacity building in participation in decision making. One youth had this to say:

“We are not aware of any major government or NGO/ CBO initiatives that promote children’s participation in decision-making in their family or community.” (Female Pupil)

Closing remarks

This document aimed to provide an overview of the findings “as heard” from the communities, without our own interpretation and comment. This was intentional as too often outside actors extract and then repackage the words and perspectives of people experiencing the issues, and it is important to listen to communities directly without the filtering and interpretation of intermediaries. It is also critical to not jump to judgement, conclusion, or action right away – but rather to work hand-in-hand with communities and grassroots organizations in each country and each district to understand issues from their perspective, support them to analyze and interpret their own data, and then apply the findings in community-driven ways to improve environments, systems, and outcomes for their children and youth.

The full reports for both Phase 1 and Phase 2 of the Zambia Mapping Study can be accessed on Firelight’s website – <http://firelightfoundation.org> or by emailing learning@firelightfoundation.org .