



Interface of Substance abuse and Child Prostitution: Intervening in the lives of slum and street children in Kampala - Uganda

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Abstract

There has been a proliferation in the use of drugs in Uganda; the youth have become more involved in drugs partly because of the circumstances they are in and also due to factors beyond their control including poverty and unemployment. Drug use has also been compounded by youth engagement in prostitution. The consequence of the two has had devastating effect on the youth leading to further vulnerability. The paper shows that in order to help young people, a multiple strategy needs to be adopted to prevent and also withdrawal children from these vices.

Introduction

In Uganda, children constitute a fifth of the population and are presently a rapidly growing segment. Unfortunately, over 20,000 children in Kampala are estimated to be living on the streets and in slum areas (Kasirye and Lightfoot, 2000) where they are exposed to a number of problems ranging from drug and substance abuse, violence, unemployment, prostitution to lack of access to appropriate services. 4000 children were living on the street in 1996. The number has now increased due to HIV/AIDS, poverty and wars, which have raged for over 18 years.

Street and slum children throughout the world are seen to be particularly at risk of HIV/AIDS/STD infection because of the special circumstances of their situations. These include the need to perform "survival prostitution", greater freedom to experiment with sex, lack of adequate protection and socialization and the inherent dangers of street life. They represent an especially vulnerable group both in terms of the reasons for their coming to and being on the streets, and what could happen to them when on the streets and slums. Uganda Youth Development Link (2001), in a conference paper on psychosocial problems of children under rehabilitation from commercial sex, noted that child prostitution is on the increase. Major targets of exploitation are street and slum children, housegirls, students living independently in hostels and those in day schools. Due to constant lack of food, clothing and other basic needs, these children engage in sex with multiple partners for survival. Girls say that life on the streets is hard and so those who have stayed longer on streets introduce new girls to all sorts of behavior and a culture of illicit survival. Sex is the most readily available means of survival. Almost every girl living on the street acknowledges the exchange of sex for food, clothing, drinks, shelter and money.



Coupled with the above factors, the main slum areas in and around Kampala city like Kisenyi, Katanga, Katwe and Bwaise have poor housing where children often become victims of sexual abuse and drug abuse at a tender age. Findings from a study done by Save the Children UK in the year 2003 in one slum of Kampala city revealed that "82% of residents in slum areas live in single room houses with over 6 children and thus children were likely to experiment sex so early while trying to initiate into practice they hear and see from adults". Further more, some children in the slums, especially girls engaged in survival sex, live independently where they rent small rooms as individuals or groups. This is one of the reasons attributed to the ever-increasing age of first sexual encounter where children start sex at an early age of 14 years and give birth as early as 15 years (Uganda Demographic Health Survey, 2001).

Drug and substance abuse among street and slum children in Kampala

Generally, there is scarcity of information on the situation of drug and substance abuse in the country, mostly due to the fact that no major study has been conducted in Uganda. Drug abuse is illegal, though it has been update since 1964 Act, save the national authority drug statute of 1993 which vaguely touches on the issue of drug misuse. It is difficult to obtain accurate data on the extent and nature of this latent problem. Available data from Police, NGOs and Health centers however, suggests an increase in use and abuse of drugs in Uganda. There is higher reported use of drugs and substances in urban areas compared to rural areas. According to reports (Kigozi, 2000) 30% of the cases admitted in Butabika mental hospitals are drug and alcohol related. However, the problem of drug and substance abuse is gradually and steadily spreading to the rural areas concentrating mainly in small rural trading centers and towns. The street and slum children culture is also highly synonymous with use of alcohol and drugs. Drug abuse culture plays a functional role among them to escape and reduce stress, daily problems as well as serving as a cure for their health maladies. It plays a recreation role and consolation for lack of access or absence of services. Drug abusing culture is also highly promoted in films, makeshift video halls and disco places. On the demand side, peer pressure, especially among the youths, appears to be promoting the scourge. Article 33 in the Convention on the Rights of the Child prohibits use of narcotic and psychotropic drugs among children. According to the Convention on the Rights of the Child in article 1, anybody below 18 years is a child and therefore drug dealings involving children are against the rights of the child.

Subsequent studies by Rogers Kasirye in 1995, 1998 and 2000 among the street children in Kampala city found out that 8 out of 10 children interviewed were using one or more substances of abuse; paint-thinner, commonly referred to as 'tina', heroin and cannabis use taking foremost position. Today, drugs like alcohol, cannabis, aviation fuel and opium are also widely used among street children because they are cheap and easy to get. Drug use is a mode of survival for children living on the street because it helps them face the dangers and challenges of being on the street comfortably.

Drug and substance abuse is also becoming a common phenomenon among school going children (Uganda Youth Development Link (UYDEL), 2003, Nakamyuka 1982). UYDEL (2003), in a study done on drug and substance abuse in schools of Kampala and Wakiso found that 71% of the students were using drugs with alcohol and cannabis taking the biggest percentages. Nakamyuka (1982) another study among senior secondary students indicated that 68% of the students using alcohol were between 14-17 years. This may be due to the fact that it is cheap and to make matters worse Uganda has no clear policy on alcohol thus making its consumption a widely accepted social activity in society. The commercial sale of traditionally produced spirits is regulated by the Liquor-Licensing Act of



1964. Such a law is out dated, inadequate and worse still not enforced. There is no law to regulate alcohol producers advertising in the media. It is estimated that alcohol causes suffering to at least 70% of the population either directly or indirectly. Again, 50% of the hazardous acts such as sexual activity are blamed on alcohol consumption (NGO network, Newsletter Vol.4, 1998). 5-10% of the population who regularly use alcohol experience alcohol related problems like ill health, mental disturbance and loss of employment (WHO - Uganda Generics report, 2003).

Most drug users in the slums especially the young people say they use drugs to feel good, escape personal identity or to rebel against authority. However, recreational drug users are more likely to report being motivated to use drugs to relieve personal distress or cope with emotions like anger and loneliness (UNODC, 2003). Efforts in preventing and reducing drug abuse are to an extent hampered by lack of precise knowledge of drug abuse patterns and trends and more broadly by the lack of information on the effectiveness of prevention and treatment activities undertaken in Uganda.

Child prostitution on the streets and slum areas of Kampala

Child prostitution is the most dominant form of Commercial Sexual Exploitation of Children. Country studies conducted by ECPAT (2000:35) in East Africa point out with regard to Uganda's case that girls are often hired in pubs as cleaners or domestic workers but later encouraged or promoted to become prostitutes.

Several documents show that prostitution is prevalent in all major regions of the world. ILO (2000) estimates that over 1.8 million children around the world are involved in prostitution. As in many countries around the world (India, Jamaica and Russia), it is noted that the demand for children in the sex industry is growing not only for tourists but also inhabitants and that more and more children are being forced into the trade. Child prostitution is considered by the International Labour Organisation to be the worst form of child Labour (Legislation Convention 182). Article 34 of The Convention on Rights of Children, ratified by the Government of Uganda in 1990, further protects children from sexual abuse and exploitation including prostitution. Estimates derived from qualitative data (Uganda Youth Development Link, 2000) indicate that there are between 7000 and 12000 children in Uganda affected by the problem. The majority of the victims are girls who are the victims of HIV/AIDS, poverty and wars. Kampala City takes the biggest portion.

There are two categories of child prostitution; one is survival sex aimed at securing basic needs and the other is commercial sex for financial gain. The major targets of commercial sex are in slums, street and hostels where sex is offered in exchange for money or handouts. Survival sex is identified with seasonality and irregularity. Seasonality relates to periods when a child can engage in prostitution to lack of basic needs like shelter, school fees, culture events such as funeral rights and circumcision, food, transport, peer pressure; characterized with high entry and exist in this business therefore, an irregularity in practice. They view sex trade as a profitable business. Under this category, there are no seasonal child sex workers but rather those who are permanent in practice. Many children in this group live independently. They rent small rooms as individuals or in groups. Many left school early and the majority are young and have not had children. These are preferred because they are considered inexperienced and vulnerable to exploitation especially men and women. Interestingly, there are adult pimps who go in the villages and recruit children in disguise by promising them employment, later to be lured into prostitution. There are known places in the slums where these children congregate in small rooms sleeping in small groups.



The most conspicuous form of identity among Commercial Sex Workers is that of group identity. This implies that children identify themselves with "solidarity groups" referred to as "ebiduula" within their areas of work. They have principles to which every member must conform. Some of the principles relate to amount of money charged for services based on "short" duration and overnight and more. According to the recent study on Commercial Sexual Exploitation of Children in Uganda (Ministry of Labour Gender and Social Development, 2004) sexual encounters can take place in the workplace, homes of colleagues, rented rooms or lodges. Other contact points are roadsides or streets, wells or springs. This population is very nomadic and characterized with high entry and exists in their sexual business. There are grave consequences of child prostitution including contracting HIV/AIDS and other STDs, early pregnancy and criminal abortions. These some sometimes lead to death (UYDEL, 2000) and early school dropout, yet there is no explicit government policy on child prostitution in Uganda save the government being a signatory to the CRC in 1991 and ILO Conventions 132 and 189 in the year 2002. Children involved in prostitution have sought ways of dealing with problems they experience in work. In cases of pregnancy the option considered mainly is illegal abortion; marriage is the least considered. Indeed UYDEL's clinic receives many cases of post abortion care: by August 2004, 40 cases had been received. Some opt to temporarily leave the practice until they give birth and later come back. Positive responses appear to be lacking among them due to inadequate knowledge and access to services.

Children involved in sex work are stigmatized in the slum communities where they live; thus the whole business is done in secrecy. Many are considered wild cat – 'Malaya'. Some despise it because of religious considerations conceiving it to be adulterous and to contravene the law of God as well as the state. The negative attitude towards children involved in Commercial Sex is translated into harassment by supposedly secure groups such as the police and Local Defense Units.

Relationship between substance abuse, HIV/AIDS and prostitution:

Prostitution is one of the worst forms of sexual exploitation of children and is highly linked to and fuelled by the use of drugs. Street and slum children use inhalants such as sniff fuel, glue, paint thinner and others use cannabis and heroin to be able to take on several customers and absorb the pain that go with it. Others use alcohol, cannabis, smoke "bhangji" or chew "khat" to gain courage and confidence.

The use of drugs has been compounded by the spread of HIV. There are beliefs among some groups that the use of drugs such as cannabis provides a self-cure and lowers the risks of spread of HIV in the body. Experience and work with slum youth has also shown that significant proportions of young people abusing drugs are at a high risk of engaging in commercial sex involving multiple partners. Young adults who use alcohol are 7 times more likely than non-drinkers to have sex. (WHO-Genacis report on Uganda, 2003). This is due to the fact that there is always need for drugs that require large sums of money to meet the constant demand. The buying, selling and use of drugs is one of the major factors behind the growing demand for services of sex workers because one facilitates the other. The use of drugs appears to increase the sex appetite of the users. Hence the more drug users increase in number, so likely will be the demand for sex services increases.



Uganda AIDS Commission noted that "as we fight HIV/AIDS, it is important we also fight those factors that increase risk of acquiring the disease. Drug abuse and prostitution are very big factors in this. People who are drunk easily catch HIV/AIDS because of irresponsible behavior like having unprotected sex. Modes of administration of drugs in the body like intravenous drugs such as injecting heroine and cocaine exposes the drug abusers to the risk of HIV infection. Drugs lead to domestic violence which leads to street children who can be sexually exploited and hence catch HIV/AIDS".

Interventions:

Working with drug abusers and child prostitutes requires advocacy in areas of treatment and rehabilitation. Many don't have money to help themselves get access to treatment. It also requires bringing the governments' attention to the urgent need to review the laws of drug supply and demand and to put into action the international conventions on drug abuse and other treaties. In Uganda, government is yet to appreciate and recognise the problem and threats that production, sale and consumption of alcohol, tobacco and drugs pose to its citizens.

UYDEL, based on their field experience, adopted a drug abuse Peer-to Peer prevention approach to reach out to fellow slum/street youths in Kampala slums. These peers play an educative role about drug abuse and encourage safer sex among their peers. It has however been duly observed that the Peer to Peer prevention approach alone may be inadequate in enhancing effective behavioral change and flow of information among the youth. This approach should occasionally be reinforced by public film and drama shows.

Case study of UYDEL

Florence (19 years) lives in Kasubi, one of the suburbs in Kampala District, Uganda. She went to school but stopped in senior four when her sister who was supporting her died of AIDS. She had no one to turn to for assistance to continue with her education since her mother had died and the father is unemployed and not living with her. It is during this time that she met the father of her child who was a street boy with no job. The child is now staying with the grandparents (paternal) as she is trying to look for work.

In Kasubi, where she is currently staying, is a suburb characterized by many street and slum youth who engage in anti-social activities like drug and substance abuse, commercial sex and theft among others which put them at risk of contracting HIV/AIDS.

Florence says that many of the young girls in this area are involved in commercial sex (prostitution) and that in order to accommodate and attract clients they smoke pipes (okufuwa emiddi). The contents of these pipes are tobacco and Marijuana (Njaga), which are highly addictive drugs. She says that "Some smoke these pipes every minute and others can smoke them 10 -15 times in a day."



Florence is a Peer drug educator (trained by UYDEL under the Drug and substance Abuse prevention Program in Rubaga Division). After the training she tried to talk to some of her peers in Kasubi where she lives who are using these pipes about the dangers of the contents in the pipe. But she says it is not easy to convince them to stop or change the habit since change is a gradual process and a lot of patience is needed if one is to change completely. However she has managed to convince six peers to alter their habits. Currently 3 have completely stopped using the pipes and the other three are still using it but less frequent than they used to (they used to blow it 8 – 10 times a day and now they have taken to blowing only 2- 3 times a day).

To effectively address the problem of child prostitution requires first classifying the children involved as a vulnerable group that needs special protection against risks and vulnerabilities that drive them to and sustain them in the practice. As seen earlier, most of the risk factors that force or attract children into prostitution are rooted in poverty. Interventions therefore undertaken at any level need to prioritise reduction or elimination of poverty. In addition, the elimination of child prostitution cannot be the responsibility of only one actor in the name of government or Third Sector Participants (NGO community), but rather the responsibility of a number of actors. This therefore points to the need for public-private partnerships in addressing the problem.

Further still, it could be appropriate to employ a pluralist approach that underlines the need to devise complementary measures in extending social protection to embrace areas or categories of people that are not covered by schemes in place. It is important to underline the complementary role of informal safety nets based on family and community systems in promoting protection of children against sexual and other different forms of exploitation. It is necessary to work closely with these arrangements.

On the basis of the above observations, an effective safety net needs to be developed as a response to the problem of child prostitution and drug abuse among slum and street children. Discontinuity of both practices requires at point of entry an Information, Education and Communication (IEC) Programme accompanied with provision of psychosocial counseling services. UYDEL with support from Pathfinder, International Labour Organisation and World Food Programme runs a shelter programme to integrate the street and slum youths in their communities. So far 560 youths above 16 years who graduated from the streets and slums have already benefited from a vocational skills training programme with local artisans and have been assisted to get employment at building sites, in saloons, workshops and tailoring.

Working with children involved in drugs and prostitution therefore requires provision of viable alternatives. This may include vocational skills, skills training and sports. Sensitization alone is not an adequate method of preventing use of drugs and prostitution because basing on experience and practice with these children, they are drawn into drugs and prostitution because they have nothing to do.



Conclusion

In summary protecting children from drug abuse and prostitution is not a responsibility of Government alone. It is everybody's responsibility to embrace prevention, withdrawal, rehabilitation, advocacy, awareness and observation and respect the rights of children if a lasting solution is to be arrived at lest we continue hearing cases of abuse and violation of rights of the child.

About the Author:

This article has been written by Rogers Kasirye, a practitioner and Director of the Uganda Youth Development Agency about his perceptions on the issue of peer education in helping to prevent drug misuse in East Africa. Mr. Kasirye received his BA from Makerere University Kampala, Uganda in 1991 in Social work and Social administration and an MA in Human Rights from the same University in 2001. His other trainings are in Project Planning and Management; Computer training; Drug abuse, and welfare programmes for children and youth in Denmark, Norway and South Africa. He has worked in both local and international NGOs. He has been involved in planning, project implementation, giving support, counselling, advocacy and played an essential role evaluation of street children programmes in his region. In 1999, Rogers Kasirye was awarded the United Nations Civil Society Award

REFERENCES

1. Genacis Report; May to June 2003
2. Sectoral study on Commercial sexual Exploitation of Children in Uganda January 2004 ; MLGSD and ILO/IPEC
3. NGO- Network, News letter 1998
4. Sexual Risk Behaviors and AIDS knowledge among Kampala street girls: Implications for service providers 1996
5. Preventing drug and substance abuse; a study of basic practices in Peer-Peer Prevention Programmes (PPPP) in the Eastern region (October 2002)
6. Street girls problems and projects; report on the current activities among street children 1996
7. Sexual Risk Behaviors and AIDS knowledge among Kampala street girls; a research experience: Rogers Kasirye 1995