



**RESEARCH INTO THE LINKAGES
BETWEEN THE COMMERCIAL SEXUAL
EXPLOITATION OF CHILDREN AND
HIV/AIDS IN THE GAMBIA**

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EXECUTIVE SUMMARY

Across the world, HIV/AIDS is erasing decades of health, economic and social progress, deepening poverty and is leaving no country untouched. According to UNAIDS Report, in 2004, the total number of people living with HIV rose to an estimated 39.4 million, with increases seen in every region throughout the world. Globally, AIDS was responsible for the deaths of 3.1 million people, 500,000 of whom were children. Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV. Ninety percent of the more than 5 million children who have been infected were born in Africa.

Although the epidemic coursing through Africa varies in nature, HIV/AIDS affects the lives of children in many ways and the damage it causes is long lasting. Many children have entered the world of work to supplement family income lost when an adult becomes ill or dies due to HIV/AIDS. Assessments by the International Labour Organization have found that orphaned children are much more likely than non orphans to be working and fall into commercial sexual exploitation. Increasingly, some young people, including young men, engage in transactional sex in countries that are popular tourist destinations. Not the least of those child protection hazards, in the era of AIDS, is the risk of HIV infection. Vulnerable children at risk of CSEC or those who have already been exploited, are even less likely to be able to access the limited resources and services that are available for HIV/AIDS prevention, or care and support for those already living with HIV/AIDS.

However, little is understood about the direct and specific interface between HIV/AIDS and the commercial sexual exploitation of children (CSEC) and the causal push and pull factors that increase risk and harm. While little data exists on the interface between HIV/AIDS and CSEC, the documentation of vulnerability to teenage pregnancy, early sexual intercourse and an increase in sexual partners as a result of CSEC suggests an increased risk of exposure to HIV and other STIs. The specific link between CSEC and HIV/AIDS appears to be different between industrialised and developing countries. However, in both industrialised and developing countries, the combined impact of sexual exploitation and the poor socio-economic status of children significantly increase the risk of HIV/AIDS. Victims of CSEC are not only more likely to use drugs and other substances but are also placed at greater risk of contracting HIV/AIDS as a result of their drug abuse. Children forced into prostitution or engaging in drug abuse are invariably in conflict with the law and so even less likely to be able to access the limited resources available for prevention, care and support, and are even more vulnerable to further abuse and exploitation.

This research examined the interface or linkage between the Commercial Sexual Exploitation of Children and HIV/AIDS, as well as the pathways that can make children vulnerable to these two child protection concerns. It aimed at providing information, raising awareness, lobbying for policy and law reforms, enhancing regional collaboration and influencing attitudinal changes for purposes of promoting and protecting the rights of all children against sexual abuse, violence and exploitation and discrimination.

The focus of the research was on children, defined as any person under the age of 18 years.

In The Gambia, as in other countries in Africa, sexual abuse and exploitation of children are amongst the most prevalent types of violence that affect children, in particular girls, throughout their childhood and adolescence. In contravention of the laws, adults continue to involve children in sexual activities. Early marriage of girls continues to be practiced, and this too can be seen as a form of child sexual abuse. In some of these instances the marriages end in divorce which push the children into prostitution. Paradoxically, however, some children ended up in prostitution because they are not married, having reached the socially acceptable nubile age, or being unemployed and doing 'nothing' at home. They thus felt pressured to do or engage in whatever kind of job is available, in most instances engaging in prostitution, to contribute to the family's upkeep and survival.

The research findings revealed that in The Gambia under the Children's Act, 2005, while there is a clear cut legal definition of who a child is, there is no definitive minimum legal age for marriage. While child marriages and betrothals are voidable, they are subject to the Personal Law of the child or the parents. Thus, it could be difficult to legally find a parent or guardian culpable for marrying off a child or a husband for consummating such a marriage with the child. Some exploiters have used the promise of marriage to have or initiate sexual relationship with children. Furthermore, many people in the Gambia are not aware of the existence of the Children's Act, 2005, which strictly prohibits the engagement of children in any sexual relation or activity. For this fact, an impenetrable wall of silence shelters such abuse and exploitation of children.

The low knowledge of condom use and its actual use among all the categories of children interviewed is a cause for concern. These leave a lot of room for abuse and exploitation of children and the rise of HIV/AIDS among them. There is a need to teach children about assertiveness, promote their ability to challenge or question male sexual advances and encourage voluntary testing and counseling (VCT) among children. It would be logical to conclude that the fact that 'sugar daddies', businessmen, petty traders, 'semester' and civil servants sexually exploit children, increases the probability of the children contracting HIV or other STIs.

Based on the findings of this research, it may be concluded that for many children, and contrary to expectations, the family, school and community are 'dangerous' places for them. Many of the children identified aunties and cousins as the family members who introduced or encouraged them into prostitution. The school does not provide a safe and secure environment as much of the sexual exploitation is committed against them by teachers who are supposed to act in *loco parentis* towards them. The members of the community use their economic power, status, trust and authority to sexually exploit children. In all these instances, the perpetrators were much older than the victims. It was also not uncommon, however, for older children to also sexually abuse children younger than them.

While less has been documented about the vulnerability of boys to sexual abuse and exploitation or their involvement in prostitution, feedback from the research reveals that they are also victims although far less often than female children. Girls and boys ‘on the street’ (they return to a home or family at night) are also at greater risk of sexual exploitation and HIV/AIDS.

The research concluded that all the various categories of children interviewed are at greater risk of HIV/AIDS especially when one considers the inadequate knowledge of condom use and of actual condom use among children who are sexually active. Despite laws and practices ostensibly meant to prevent the entry of children into ‘brothel-like’ prostitution (most of the children involved in prostitution go to night-clubs, bars and motels to find clients but do not live there), the research shows that the average age of entry into commercial sex is 15 years.

Children, especially adolescent girls, may, in fact, be thought to be willing and active participants in their own exploitation because they are involved in sexual activities with clients who have promise them ‘better life’ than the situation they are in. However, a clear understanding of the power relation between the children and their clients show that the clients take advantage of the desperate situation of the children (need for survival, desire to pass examinations or be promoted, etc) to sexually exploit them.

While organisations exist to promote awareness on the rights and protection concerns of children, there is a dearth of organisations that provide support services to children involved in CSEC or at risk of HIV/AIDS. Where the services exist, they are not purposely meant for this category of children. There are no safe havens for children who are being and/or who are at risk of sexual abuse and exploitation and increased risk of HIV/AIDS, inadequate alternative means of livelihood for sexually exploited children and inadequate psycho-social care, including counseling, for children.

More than two-thirds of all the children interviewed did not know their HIV/AIDS status. However, in order to encourage children to go for HIV test, there would be the need to fervently fight the problem of stigmatization and discrimination that many respondents felt would be their fate if family members and others come to know their status if proved positive.

With regards to recovery and reintegration, regrettably there is no organisation or agency which is providing these services for children involved in prostitution or at increased risk of HIV/AIDS. The greatest obstacle is addressing societal ostracism and blame directed towards child victims and in this regard, more is known about the challenges of recovering and reintegrating children in families and communities than about service provision.

In conclusion, one of the greatest challenges to combating CSEC and preventing HIV/AIDS among children is creating greater awareness of the rights and special needs of children involved in prostitution and at increased risk of HIV/AIDS among service providers, policy makers, parents, community members and professionals working for and with children.

While some organisations) have done research on child sexual abuse and exploitation (UNICEF and CPA) and on HIV/AIDS prevalence and prevention (National AIDS Secretariat), there are critical gaps which would require more in-depth study and analysis, in particular: the link between sexual abuse and exploitation of children and poverty; the vulnerability of children affected by HIV/AIDS to commercial sexual exploitation; the vulnerability of children on the street; the impact of sexual abuse and exploitation on boys and girls; and discriminatory practices at family level, such as early and forced marriage, which place children at risk of sexual abuse and exploitation .

There is need for greater coordination and collaboration among organisations and donors working with children involved in prostitution and at risk of HIV/AIDS. This would, however, require the implementation of the National Plan of Action against Sexual Abuse and Exploitation of Children which provides optimism that the efforts to combat the sexual abuse and exploitation of children in The Gambia will be addressed in a more coordinated and holistic manner.

ECPAT's Regional Initiative

This ECPAT Africa research initiative, carried out with key stakeholders including vulnerable children in The Gambia, Togo, Uganda, Ethiopia and Kenya, explores the interface between and factors that place children at risk of HIV/AIDS and CSEC. It looks at the impact of HIV/AIDS and CSEC on the lives of children and how they affect children's access to appropriate prevention, care and support services. The aim of the research is to establish within each case study country an accessible and appropriate continuum of prevention, protection and care against HIV/AIDS for children at risk to and involved in commercial sexual exploitation. The added benefit and impact of taking a regional approach to this initiative is that: experiences and learning from a number of countries can be shared; consistent and appropriate approaches to combating HIV and CSEC across the region can be highlighted; resources for better capacity building or technical support can be more efficiently used; strong links can be made with cross border issues which are particularly pertinent when dealing with HIV/AIDS and the commercial sexual exploitation of children; and a wide body of evidence can be gathered and used to support holistic advocacy strategies at national, regional and global levels.

BACKGROUND

Why are we concerned with the linkage between HIV/AIDS and CSEC?

The Commercial Sexual Exploitation of Children includes the encouragement and promotion of child pornography, prostitution, child sex tourism and child trafficking for sexual purposes. Poverty and civil unrest in Africa are some of the driving forces behind the growth and increase in the commercial sexual exploitation of children. Africa has also become the hardest hit and affected region in the world by the HIV/AIDS pandemic. The continent has 10% of the world's population but 60% of the people living with HIV in the world. With the continued increase in HIV cases in Africa, this pandemic has now been linked to the cause and consequence of CSEC.

According to the 2004 UNAIDS Report, it is estimated that about 2.1 million children under the age of 15 years are living with HIV/AIDS and that in 2003 alone 630,000 children under the age of 15 years were infected with HIV. Further, about 10 million young people in the world are said to be living with HIV and of these infected young people, 6.2 million live in sub-Saharan Africa. By 2004 sub-Saharan Africa had 12 million of the estimated 15 million children in the world under the age of 18 years who had lost one or both parents to HIV/AIDS (UNAIDS 2004 Report). Equally by 2010, up to 35 per cent of children under 15 years in Eastern and Southern Africa will be missing one or both parents due to HIV/AIDS.

It is widely believed that the sexual exploitation of children is contributing to the spread of HIV/AIDS among the most vulnerable population. HIV/AIDS has led to a huge rise in the number of orphans and child headed households where children must be bread winners or wage earners, often resulting in survival sex and child prostitution as the only recourse.

The culture in Africa allows children to engage in light work within the family, the extended family and often the community, but poverty, compounded by HIV/AIDS has distorted traditional forms of child work into exploitative practices. The devastating impact of HIV/AIDS on the household is forcing parents and children to look for more ways of surviving. Some children move to the urban areas to work as domestic servants where they sometimes get sexually exploited and abused while others, due to lack of education or livelihood skills, have difficulty in finding good paying jobs and thus resort to child prostitution where they too get exploited. In the sex trade these children are faced with the risk of exposure to HIV/AIDS, STIs and physical abuse and the cycle continues.

HIV/AIDS is both a cause and a consequence of the sexual exploitation of children. While the prostitution of children has a long history, there are now further pressures and contributing factors why children fall vulnerable to involvement in CSEC and why adults may be seeking out children to have sex with. The demand for child partners may be growing because of fears and delusions about AIDS. The spread of HIV/AIDS and its deadly consequences has led to the dangerous myth that sex with a virgin or young girl will either cure or prevent AIDS. In some communities in Africa, for example in

Southern Africa, it is believed that sex with virgins has restorative or healing powers. In such cases there is always a high demand for younger children to provide sexual services. This has, in turn, seen the growth of CSEC through the increase in child prostitution.

Orphans and other children affected by AIDS are forced to drop out of school to look after sick parents or relatives or support the family. Some children leave school as a result of family poverty and family breakdown. Quite a number of these orphans and other children engage in menial work where they are vulnerable to sexual exploitation and HIV/AIDS.

HIV/AIDS in turn has become an important consequence of the commercial sexual exploitation of children. Sex between a man and a child is particularly likely to transmit HIV, the virus that causes AIDS. Because of the physical disproportion between the partners, a child who is not fully grown is more easily torn or damaged by penetrative sex, and this makes it easier for the virus to pass into the child's body. The immature membranes of a child or a boy are also more porous to viruses and bacteria. And a child cannot fight back, no matter how rough the sex or how long it lasts.

For all these reasons, children run a greater risk than adults do of becoming infected with HIV or with other diseases like syphilis or gonorrhoea by an infected client. Condom use could at least protect the children from these diseases, though it will not protect them from all the associated psychological and physical harm. However, children, due to their age, size and status are weak, vulnerable and uninformed about their rights, and they are scarcely in a position to demand that the client should use a condom or to seek out medical care if they get injured or fall ill with a sexually transmitted disease. The millions of children who are sexually exploited now face the additional and fatal risk of AIDS. Many have already acquired HIV from their adult clients.

While little data exists on the connection between HIV/AIDS and CSEC, the documentation of vulnerability to teenage pregnancy, early onset of intercourse and an increase in sexual partners as a result of CSEC suggests an increased risk to HIV and other STIs. In Africa there is growing evidence of HIV transmission as a direct result of the intrafamilial, community and commercial sexual abuse and exploitation of children. Thus, the combined impact of sexual abuse and the poor socio-economic status of children significantly increase the risk of HIV/AIDS.

An even bigger group is the children who live in circumstances which make them vulnerable to commercial sexual exploitation and hence vulnerable to AIDS. These children include street children, child domestic workers, child labourers, child hawkers, children from dysfunctional families, etc. It is important that methods of protecting these children are sought by the relevant authorities.

RESEARCH METHODOLOGY

The aim of this regional project is to establish an accessible and appropriate framework of prevention, protection and care against HIV/AIDS for children at risk of commercial sexual exploitation.

a) Objectives of the Study are:

1. Assessment:

- Provide detailed information on the growth of HIV/AIDS pandemic and CSEC in the five countries;
- Document the linkage between CSEC and HIV/AIDS (taking into account the vulnerabilities of children at risk of falling into CSEC either by being affected or infected by HIV/AIDS);
- Establish and document how caring for parents or family members with HIV/AIDS, or being orphaned by HIV/AIDS increase the likelihood of children being pulled into CSEC;
- Review prevalence of HIV/AIDS among children who are victims of CSEC in five countries in Africa;
- Learn from countries within Africa that are at different stages of the pandemic.

2. Promoting appropriate models:

- Explore possible CSEC and HIV/AIDS prevention and mitigation programmes that would be appropriate for the Africa context;
- Identify available HIV/AIDS support services in the five countries and map out strategies on how victims of CSEC living with HIV/AIDS can increasingly access the services;
- Learn models of good practice from each other/countries in the region.

3. Strengthen advocacy efforts:

- Institute direct policy and intervention.
- Carry out regional level advocacy in order to raise awareness and influence policy and practice.
- Promote networking

c) Field Sites and Target Groups

Field/Research Sites

The sites selected for the research in The Gambia were:

- Greater Banjul Area (including Banjul and the Tourism Development Area),
- Brikama
- Farafenni and
- Basse

Schools in each of these sites were included as research areas.

Training for the Research Assistants

- Five young people, most of whom had no previous research experience, were recruited to carry out this research in The Gambia.
- The training of the research assistants lasted for three days, from 12 to 14 June 2006.
- Two days, 15 to 16 June, were allocated for the pre-testing of the questionnaires.

Target Groups

The research specifically targeted children who are, by definition, below the age of eighteen years.

Three categories of children were identified for this research:

- children who are commercially sexually exploited (children involved in CSEC)
- children in school and
- children at increased risk of either HIV/AIDS or CSEC such as street children, child vendors, shoe-shine boys, children selling at the beaches and hotel area etc.

Schools (primary/secondary) were identified because there was recognition of a form of CSEC taking place in schools in The Gambia which, while not strictly 'commercial' or cash exchange in nature are both exploitative and involves an 'in kind' exchange for example sex for marks, grades, promotion, payment of schools, preferential treatment, etc.

Two categories of key informants were identified and interviewed:

- service providers and persons who are involved or play some role in the exploitation of children. The service providers included NGOs and Government institutions who have programmes and services for children involved in CSEC or are HIV/AIDS infected or affected.
- The second category included 'bumsters', tourists guides, tourist taxi and truck drivers, restaurant and motel owners, employees in the tourism industry and adults involved in prostitution.

d) Survey Size

A total number of 209 children were interviewed.

Out of this number, 79 children were involved in CSEC, 21 at risk children (children on the street) and 109 children in schools.

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REVIEW OF EXISTING LAWS OF THE GAMBIA REGARDING SEXUAL ABUSE AND EXPLOITATION OF CHILDREN AND HIV/AIDS

The Constitution of The Gambia 1997

Chapter IV of the Constitution also details out the fundamental rights and freedoms of the people.

Section 33 of the Constitution also protects all persons from discrimination based on, race, colour, gender, language, national or social origin, birth or other status.

Criminal Code Act Cap 10 Vol. III laws of the Gambia 1990

Tourism Offences Act 2003

The Children's Act 2005

REVIEW OF EXISTING RESEARCHES AND POLICIES ON CHILD SEXUAL ABUSE AND EXPLOITATION IN THE GAMBIA

Study on the Sexual Abuse and Exploitation of Children in The Gambia (December 2003)

“Gambiathe Smiling Coast” A Study of Child Sex Tourism and the Involvement of Dutch Tourists (January 2004)

Policy Guidelines and Regulations on Sexual Misconduct and Harassment in Gambian Educational Institutions (November 2004)

REVIEW OF EXISTING POLICIES ON HIV/AIDS AND CHILDREN IN THE GAMBIA

HIV/AIDS Strategic Framework 2003-2008

PRESENTATION OF RESEARCH RESULTS

Data Collected

Demographics for children at risk of CSEC

Locality	Age		Sex		Total
			Male	Female	
Urban	Age	10-14 years	3	1	4
		15-17 years	2	8	10
	Total		5	9	14
Rural	Age	1-9 years	1		1
		10-14 years	1		1
		15-17 years	1	4	5
	Total		3	4	7

Demographics for children in schools

Locality	Age		Sex		Total
			Male	Female	
Urban	Age	10-14 years	4	6	10
		15-17 years	25	30	55
	Total		29	36	65
Rural	Age	1-9 years		4	4
		10-14 years	3	9	12
		15-17 years	7	21	28
	Total		10	34	44

Demographics for children involved in CSEC

Locality	Age			Sex		Total
				Male	Female	
Urban	1-9 years	Count	1		1	
		% of Total	2.4%		2.4%	
	10-14 years	Count	1	5	6	
		% of Total	2.4%	11.9%	14.3%	
15-17 years	Count	5	30	35		
	% of Total	11.9%	71.4%	83.3%		
Total		Count	7	35	42	
		% of Total	16.7%	83.3%	100.0%	
Rural	10-14 years	Count	3	3	6	
		% of Total	8.3%	8.3%	16.7%	
	15-17 years	Count	4	26	30	
		% of Total	11.1%	72.2%	83.3%	
Total		Count	7	29	36	
		% of Total	19.4%	80.6%	100.0%	

Age and Nature of first sexual experience for respondents involved in CSEC

Choice or forced?	Age of first sexual experience		Sex		Total
			Male	Female	
By choice	9-11 years		2	2	4
			5	22	27
	15-17 years		2	15	17
		Above 17 years		1	1
Total			10	40	50
Forced	12-14 years			13	13
				3	3
	Above 17 years			1	1
		Total			17

Sexual Experience for Children in Schools

	No.	Percent
Yes	35	32.1
No	74	67.9
Total	109	100.0

Age and nature of first sexual experience of children in schools

By choice or forced?			Sex		Total
			Male	Female	
By choice	Age of first sexual experience	9-11 years	3		3
		12-14 years	8	1	9
		15-17 years	6	6	12
		Above 17 years	1	2	3
		Total	18	9	27
Force	Age of first sexual experience	9-11 years		1	1
		12-14 years	1	1	2
		15-17 years		3	3
		Above 17 years	1		1
		Total	2	5	7

Age and nature of first sexual experience of children at risk of CSEC

Choice or forced?			Sex		Total
			Male	Female	
By choice	Age of first sexual experience	12-14 years	2	2	4
		15-17 years		1	1
		Total	2	3	5
Forced	Age of first sexual experience	12-14 years		1	1
	Total			1	1

Living Arrangements

Changing living conditions for children involved in CSEC

		Moved living situation		Total
		Yes	No	
Reason for leaving parents	Parental death	9	14	23
	Financial circumstances	3		3
	Family dispute	6		6
	Abuse	1		1
	Other	13	6	19
Total		32	20	52

Education Level

Level of Education * Attendance at School Crosstabulation for children involved in CSEC

			Attendance at School		Total
			Yes	No	
Level of Education	Primary school	Count	1	10	11
		% of Total	1.4%	13.9%	15.3%
	Junior secondary school	Count	3	18	21
		% of Total	4.2%	25.0%	29.2%
	Senior secondary school	Count	3	3	6
		% of Total	4.2%	4.2%	8.3%
	Non-formal education	Count		2	2
		% of Total		2.8%	2.8%
	No education	Count		25	25
		% of Total		34.7%	34.7%
	Other	Count	1	6	7
		% of Total	1.4%	8.3%	9.7%
Total		Count	8	64	72
		% of Total	11.1%	88.9%	100.0%

Level of Education * Attendance at School Crosstabulation of children at risk of CSEC

			Attendance at School		Total
			Yes	No	
Level of Education	Primary school	Count	3	5	8
		% of Total	14.3%	23.8%	38.1%
	Junior secondary school	Count	2	3	5
		% of Total	9.5%	14.3%	23.8%
	Senior secondary school	Count	1		1
		% of Total	4.8%		4.8%
	Non-formal education	Count		1	1
		% of Total		4.8%	4.8%
	No education	Count		6	6
		% of Total		28.6%	28.6%
Total		Count	6	15	21
		% of Total	28.6%	71.4%	100.0%

Education and Livelihood Skills * Attendance at School Crosstabulation for children at risk of CSEC

			Attendance at School		Total
			Yes	No	
Livelihood Skills	Tailoring	Count		2	2
		% of Total		10.5%	10.5%
	Manual Labour	Count		2	2
		% of Total		10.5%	10.5%
	Hairdressing	Count	2	1	3
		% of Total	10.5%	5.3%	15.8%
	Petty Trading	Count	2	4	6
		% of Total	10.5%	21.1%	31.6%
	Other	Count		2	2
		% of Total		10.5%	10.5%
	None	Count	1	3	4
		% of Total	5.3%	15.8%	21.1%
Total		Count	5	14	19
		% of Total	26.3%	73.7%	100.0%

Education and Livelihood Skills for children involved in CSEC

			Attendance at School		Total
			Yes	No	
Livelihood Skills	Tailoring	Count	2	5	7
		% of Total	2.8%	6.9%	9.7%
	Manual Labour	Count	1	2	3
		% of Total	1.4%	2.8%	4.2%
	Hairdressing	Count		13	13
		% of Total		18.1%	18.1%
	Petty Trading	Count		7	7
		% of Total		9.7%	9.7%
	Other	Count	1	13	14
		% of Total	1.4%	18.1%	19.4%
	None	Count	3	25	28
		% of Total	4.2%	34.7%	38.9%
Total		Count	7	65	72
		% of Total	9.7%	90.3%	100.0%

Reporting CSEC in Schools

Who to Report to at School * Reporting of Sexual Exploitation Crosstabulation

			Reporting of Sexual Exploitation		Total
			Yes	No	
Who to Report to at School	Headteacher	Count	59	1	60
		% of Total	86.8%	1.5%	88.2%
	Deputy Headteacher	Count	2		2
		% of Total	2.9%		2.9%
	Class Teacher	Count	2		2
		% of Total	2.9%		2.9%
	Guidance and Counselling Unit	Count	1		1
		% of Total	1.5%		1.5%
	Other	Count	3		3
		% of Total	4.4%		4.4%
Total		Count	67	1	68
		% of Total	98.5%	1.5%	100.0%

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Reporting CSEC within the Community – from Children in Schools

Who to Report to within the Community * Reporting of Sexual Exploitation in the community Crosstabulation

			Reporting of Sexual Exploitation in the community	Total
			Yes	
Who to Report to within the Community	Police	Count	34	34
		% of Total	54.8%	54.8%
	Alkali/ Community Leader	Count	27	27
		% of Total	43.5%	43.5%
	Other	Count	1	1
		% of Total	1.6%	1.6%
Total		Count	62	62
		% of Total	100.0%	100.0%

Profile of the Abuser

Age range of clients * Sex of clients Crosstabulation from Children involved in CSEC

			Sex of clients		Total
			Male	Female	
Age range of clients	26-35 years	Count	12		12
		% of Total	21.1%		21.1%
	36-45 years	Count	12	3	15
		% of Total	21.1%	5.3%	26.3%
	Above 45 years	Count	6		6
		% of Total	10.5%		10.5%
	Variety of ages	Count	20	4	24
		% of Total	35.1%	7.0%	42.1%
Total		Count	50	7	57
		% of Total	87.7%	12.3%	100.0%

Age range of clients * Sex of clients Crosstabulation from children at risk of involvement Count

		Sex of clients		Total
		Male	Female	
Age range of clients	Variety of ages	3	1	4
Total		3	1	4

Those willing to answer on HIV/AIDS Status, age and sex break down for those involved in CSEC

Age			Sex		Total
			Male	Female	
10-14 years	HIV/AIDS Status	HIV Negative	1	1	2
	Total		1	1	2
15-17 years	HIV/AIDS Status	HIV Negative	2	7	9
		Don't Know	1	1	2
	Total		3	8	11

ANALYSIS OF FIELD RESEARCH

1. Factors Linking CSEC and HIV/AIDS

(a) Prostitution and HIV/AIDS

Knowledge of condom (68 respondents)

Knowledge of condom use (68 respondents)

Nearly all the children involved in prostitution 67 (98.5%) said they know about condom and an equal number 65 (95.6%) indicated they know how to use condom. Only 3 children (4.4%) said they do not have any knowledge of use of condom. See tables below

Knowledge of condoms

		No.	Percent
Knowledge of condom	Yes	67	98.5
	No	1	1.5
	Total	68	100.0

Knowledge of use of condoms

		No.	Percent
Knowledge of condom use	Yes	65	95.6
	No	3	4.4
	Total	68	100.0

Regarding the use of condoms when having sex with clients, 62 (91.2%) say they use condom while 2 (2.9%) never use condom and 4 (5.1%) sometimes use condom. Majority of the respondents 49 (79%) use condom to protect themselves against HIV/AIDS and STIs while 11 (17.7%) use condom to prevent pregnancy. Interestingly, the same number of children gave the same reason for asking clients to use condom. 6 respondents said they do not use condoms because clients asked them not to.

A significant number of children involved in prostitution 15 (21.4%) said they have contracted a sexually transmitted infection at one point in their work. This indicates that children involved in prostitution are very vulnerable to contracting HIV/AIDS.

Contracted STIs

		No.	Percent
Contracted STIs	Yes	15	21.4
	No	55	78.6
	Total	70	100.0

Nearly all the respondents have heard about HIV/AIDS 72 (98.6%) and more than two-thirds 56 (77.8%) know about or have knowledge of HIV/AIDS. 16 (22.2%) claimed they do not know anything about HIV/AIDS. This is serious since this number of children can put themselves in risky situation, hence their ignorance of HIV/AIDS. See tables below.

Heard of HIV/AIDS

Heard about		No.	Percent
	Yes	72	98.6
No	1	1.4	
Total	73	100.0	

Knowledge of HIV/AIDS

Knowledge about HIV/AIDS		No.	Percent
	Yes	56	77.8
No	16	22.2	
Total	72	100.0	

Knowledge of anyone with AIDS

Knowledge of anyone with AIDS		No.	Percent
	Yes	16	22.2
No	56	77.8	
Total	72	100.0	

Except for a few children involved in prostitution, nearly all the children 63 (84.9%) worry about contracting HIV/AIDS. 43 (58.9%) have not considered or thought of having a HIV test as opposed to 30 who have once had the thought. Interestingly, 62 (86.1%) of the respondents say they know where to go for a HIV test. In reality, however, only 12 (16.7%) of the children involved in prostitution have tested for HIV/AIDS compared to 60 (83.3%) who have never tested. Out of the number that have tested for HIV, 11 say they were found to be HIV-negative.

Worry about contracting HIV/AIDS

Worry about contracting HIV/AIDS		No.	Percent
	Yes	62	84.9
No	11	15.1	
Total	73	100.0	

Consideration of HIV test

Consideration of HIV test		No.	Percent
	Yes	30	41.1
No	43	58.9	
Total	73	100.0	

Tested for HIV/AIDS

Tested for HIV/AIDS	No.	Percent
Yes	12	16.7
No	60	83.3
Total	72	100.0

Locality of HIV/AIDS testing

Locality for HIV/AIDS testing	No.	Percent
Yes	62	86.1
No	10	13.9
Total	72	100.0

HIV/AIDS Status

HIV/AIDS status	No.	Percent
HIV Negative	11	84.6
Don't Know	2	15.4
Total	13	100.0

Awareness of friends HIV status

Awareness of friends HIV status	No.	Percent
Yes	8	11.1
No	64	88.9
Total	72	100.0

While a greater majority of the children involved in CSEC indicated they have heard about or know what HIV/AIDS, most of them could not explain what 'AIDS' or 'HIV' means. Some of the responses given were:

"Is a sickness from God to people who commit adultery" Male, 15-17 years, Farafenni

"Is a killer disease and is mostly found in women and children in Africa" Female, 15-17 years, Basse

"AIDS is a disease that is transferred from one person to another through sex" Female, 15-17 years, Kanifing Municipality

"Is a Western idea brought by the white man" Female, 15-17 years, Kanifing Municipality

"It is a serious disease originally from America but now more common in Africa and it has no cure yet" Female, 15-17 years, Farafenni

“Is a disease that kills women and children. One can have it through sex without condom” Female, 15-17 years, Farafenni

“AIDS is something that makes you to be in bed for a very long time” Female, 15-17 years, Brikama

(b) Myths Surrounding HIV

Very few respondents were aware of myths existing relating to AIDS. However, nearly all the respondents felt that such a myth is dangerous not only for the escalating spread of HIV/AIDS but also for the grave danger it could put children in.

A very few of children in school know of a myth or cultural belief about HIV/AIDS, 12 as compared to 95 who do not know.

Knowledge of myths or cultural beliefs about HIV/AIDS

Knowledge of myth or cultural belief	No.	Percent
Yes	12	11.2
No	95	88.8
Total	107	100.0

Some of the myths or cultural beliefs are:

“HIV/AIDS is a disease that has come to finish human beings because the earth is coming to an end” Male student, 15-17 years, Kanifing Municipality

“It is an American idea of discouraging sex and that it is brought about to reduce procreation among Africans and to reduce our large families” Female student, 15-17 years, Banjul

(c) Prevention vs. Survival

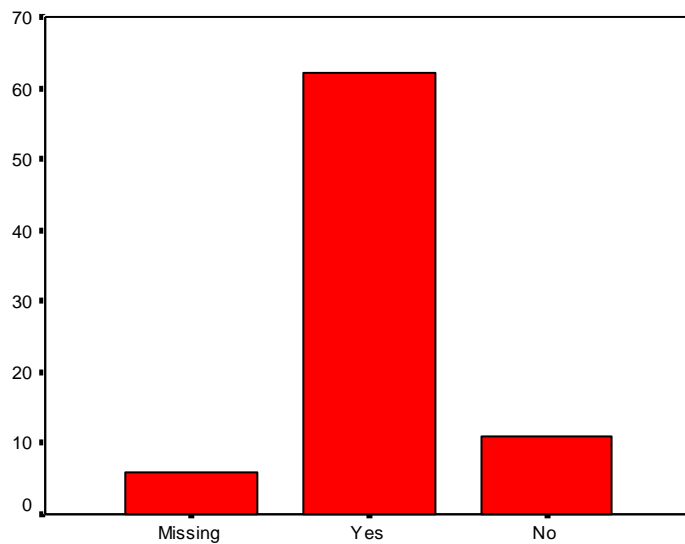
As indicated earlier, 68 children involved in prostitution responded to questions regarding knowledge on and use of condoms. Nearly all the children 67 (98.5%) knew about condoms, while an equal 65 (85.6%) knew how to use condoms. 62 (91.2%) respondents stated that they did use condoms and a further 4 (5.5%) stated that they sometimes used condoms. See table below. Of these, 49 (79%) respondents used condoms to prevent STIs and HIV/AIDS, 11 (17.7%) to prevent pregnancy and 2 for other reasons.

Use of condoms

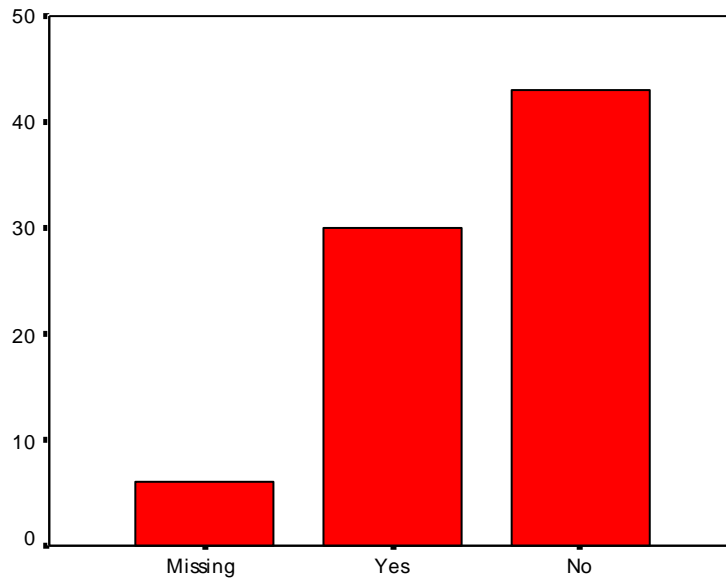
Use of condoms	No.	Percent
Yes	62	91.2
No	2	2.9
Sometimes	4	5.9
Total	68	100.0

In addition to the above information about condom use some key impacts on the use of condoms were noted by respondents. Firstly the biggest impact on charges was whether or not condoms were used (43%). In addition to this for those who stated that they did not use condoms the overriding reason given was because clients did not want to or asked not to. In this way it can be seen that although it appears that a high number of the children were using condoms and thereby protecting themselves from possible infection through sexual intercourse there were strong pull factors against the use of condoms and it could be noted that there was great potential for a change in this area.

Of the 73 children who responded to the question “Do you worry about contracting or having HIV/AIDS?” 62 respondents (84.9%) stated that “yes” they did worry about contracting HIV/AIDS, while 11 (15.1%) answered ‘No’. However, 43 (58.9%) of these respondents would ‘not’ consider having a test to know their status as compared to 30 (41.1%) who would consider having a HIV test. See figures below



Worry about contracting HIV/AIDS



Consideration of HIV test

While the children involved in prostitution seem to put high premium on or care about HIV prevention and also know where to go to for HIV test 62 (78.5%), nearly all of them 60 (83.3) have never had a test to know their HIV status as compared to only 12 (16.7%) who had. Nearly all of them declined to reveal their HIV status- only 11 (84.6%) revealed that they were HIV-negative. 64 (88.9%) of the respondents do not also know the HIV status of their friends. See tables below.

Tested for HIV/AIDS

Tested for HIV/AIDS	No.	Percent
Yes	12	16.7
No	60	83.3
Total	72	100.0

HIV/AIDS Status

HIV/AIDS Status	No.	Percent
HIV Negative	11	84.6
Don't Know	2	15.4
Total	13	100.0

Some of the reasons the respondents gave for not worrying about HIV/AIDS or not considering to have a HIV test included:

“Because I know if my time is up I will die” Male, 15-17 years, Basse

“Because I don’t believe” Female 15-17 years, Brikama

“I know I don’t have it” Male, 10-14 years, Farafenni

“I do want to but am afraid” Female, 15-17 years, Basse

“I am not interested”, Male, 15-17 years, Farafenni

“I have not fallen sick that is why. I think am free as at now” Female 15-17 years, Basse

“Because I know am safe” Male, 15-17 years, Basse

“Never!” Male, 15-17 years, Brikama

“It is not existing. People are paid to act as if they are infected” Female, 15-17 years, Kanifing

“Because I heard that if you go to the hospital for HIV test, before they tell you the result they frighten you” Female, 15-17 years, Brikama

“I don’t have time for that” Female, 15-17 years, Sierra Leonean, Brikama

One main reason cited by the respondents for not wanting to know their HIV status is the perceived discrimination and stigmatisation that they would receive if either their families or members of the community come to know that they are HIV-positive.

While prevention, either of HIV/AIDS or pregnancy, is important for children involved in prostitution, of the 66 respondents who answered the question “Why did you start doing this type of work?” 41 (62.1%) said they got involved because they had no support from their families and needed to take care of themselves and their children, 4 (6.1%) said they were coerced into it, 10 (15.2%) were lured by the desire for money while 11 (16.7%) wanted to live ‘luxurious’ lifestyle or be able to buy modern gadgets.

Reason for starting this employment

Reasons for starting this employment	No.	Percent
Survival	41	62.1
Forced by others	4	6.1
Desire for money	10	15.2
Other	11	16.7
Total	66	100.0

On what they do with their earning, 34 (52.3%) said they support their family, 16 (24.6%) use the money to support themselves and 12 (18.5%) buy designer products and fashion.

Use of earnings

Use of earnings	No.	Percent
Support self	16	24.6
Support family	34	52.3
Buy designer products and fashion	12	18.5
Other	3	4.6
Total	65	100.0

"I really don't like it but I do not have a choice. If not, my family will die". **Female, 15-17 years, Basse.**

"Because I want money that's why I am doing this work". **Female, 10-14 years, Basse**

"I pay school fees for my younger sister and use the rest for my needs". **Female 15-17 years, Brikama**

"I use the money to help my grandmother be able to take care of the home needs and also my mother who is also depending on me". **Female, 10-14 years, Brikama**

"I use the money to feed my family, pay the school fees of my younger ones at home and use the remaining to pay my house rent" **Male, Senegalese, 15-17 years, Kanifing Municipality.**

"I use the money to buy food, clothing and pay my school fees when I was in school because my mother cannot do it all for me. She is physically disabled and we live by begging for our survival. This is the major reason why I decided to accept having sex with older men" **Female 15-17 years, Brikama**

For many of the respondents, involvement in prostitution was a desperate means out of a difficult situation and certainly a measure of last resort. Of the 70 children who answered the question "Are there other type(s) of work you want to do?" 44 (62.9%) said they would want another work different from involvement in prostitution compared to 26 (37.1%) who said 'No'.

Other forms of employment

Others forms of employment	No.	Percent
Yes	44	62.9
No	26	37.1
Total	70	100.0

The respondents variously said they would want to have a good job, return to school, engage in business, become a secretary, soldier or teacher, etc. Regarding their aspirations for the future, some of the responses were:

“To travel and have a white husband” Female, 15-17 years, Kanifing Municipality

“To have a good husband who can change my life” Female, 15-17 years, Brikama

“I want to have a good husband who can get me out of this job, because doing this job is not my will.” Female, 15-17 years, Brikama

“I want to become a banker” Female, 15-17 years, Farafenni

“To be out of this work; it is not my wish to continue this work until I die” Female, 15-17 years, Basse

“To have a good husband, have my own salon where I will work to help my husband in some of the things and my family too” Female, Senegalese, 15-17 years, Kanifing Municipality

(d) Boys and Girls in Prostitution

79 children involved in CSEC were interviewed during the research. Of these, 42 (53.2) were living in the urban areas (Kanifing Municipality and Brikama) while 37 (46.8%) were in the rural areas (Farafenni and Basse). The majority of the children involved in prostitution were found in Brikama 24, Greater Banjul Area 21, Farafenni 20 and Basse 13.

Division

		No.	Percent
Division	Kanifing Municipality	21	26.9
	Brikama	24	30.8
	Farafenni	20	25.6
	Basse	13	16.7
	Total	78	100.0

Sex

		No.	Percent
Sex	Male	14	17.7
	Female	65	82.3
	Total	79	100.0

Children between the ages of 15-17 years 65 (83.3%) were more involved in prostitution as compared to children between 10-14 years 12 (15.4%). Only one child under 9 years was found to be involved in prostitution.

Age

		No.	Percent
Age	1-9 years	1	1.3
	10-14 years	12	15.4
	15-17 years	65	83.3
	Total	78	100.0

Almost all the children involved in prostitution indicated they are Gambians 62 (79.5%), Senegalese 12 (15.4) and the rest came from other West African countries such as Sierra Leone and Liberia 4 (5.1%)

Nationality

		No.	Percent
Nationality	Gambian	62	79.5
	Senegalese	12	15.4
	Other	4	5.1
	Total	78	100.0

Regarding their experience of sex, 42 (60.9%) children involved in prostitution said they had their first sexual experience when they were between the ages of 12-14 years, 20 (29%) between 15-17 years, 4 (5.8%) between 9-11 years and 3 (4.3%) above 17 years.

Age of first sexual experience

Age of first sexual intercourse		No.	Percent
	9-11 years	4	5.8
	12-14 years	42	60.9
	15-17 years	20	29.0
	Above 17 years	3	4.3
	Total	69	100.0

Of the children involved in prostitution who were interviewed 50 (74.6%) said they were not coerced into having their first sex, while 17 (25.4%) reported being forced. This is perplexing, especially when one considers the fact that more than half of the children had their first sex when they were 14 years or below.

Choice or forced?

Choice or force		No.	Percent
	By choice	50	74.6
	Forced	17	25.4
	Total	67	100.0

Of the number of children who indicated that their first sexual experience was through the use of force, two were victims of rape:

“I was raped by one of our guests. He is a marabout and I used to cook his food for him. Then one day, I took his dinner for him and he asked me to clean the house for him. I went to his bedroom. He closed the door, forced me to the bed and had sex with me. The following month I became pregnant and he ran away. I have no one to take care of me....” Female, 15-17 years, Farafenni

“I was raped by my own biological father” Female, 15-17 years, Brikama

(e) Profile of Abusers that indicates factors and/or trend

While children involved in prostitution identified a number of people in their communities who have sex with children in exchange for money or favour, of a total number of 56 respondents, 24 (42.9%) identified ‘sugar daddies’, ‘sugar mummies’ ‘Semesters’ (local name for a person who lives abroad, mostly Europe and America, but comes home for holidays) and young boys as the majority of the sex exploiter, 17 (30.4%) named married men, drivers, community workers, traders and businessmen, 12 (21.4%) identified teachers, soldiers, Police, Immigration and Customs officers, civil servants and male nurses, while 1 (1.8%) said religious leaders.

Profile of abuser

		No.	Percent
Profile of Abusers	Government Employee (teachers, security, civil servants, male nurses)	12	21.4
	Community/Religious Leader	1	1.8
	Others (sugar daddies, sugar mummies Semesters and young boys)	24	42.9
	Don't Know	2	3.6
	Variety (married men, drivers, community workers, traders, businessmen, tourists)	17	30.4
	Total	56	100.0

Of the 57 respondents, nearly all indicated that their clients are male 50 (87.7%) while 7 (12.3%) are female.

Sex of clients

Sex of clients	No.	Percent
Male	50	87.7
Female	7	12.3
Total	57	100.0
System	22	
	79	

24 (40.7%) of the respondents indicated that their clients are from both young people and elder persons, 15 (25.4%) gave the age range of their clients as between 36-45 years while 13 (22%) gave 26-35 years.

Age range of clients

Age range of client	No.	Percent	Percent
18-25 years	1	1.3	1.7
26-35 years	13	16.5	22.0
36-45 years	15	19.0	25.4
Above 45 years	6	7.6	10.2
Variety of ages	24	30.4	40.7
Total	59	74.7	100.0

Gambians, as a single client group, formed the greater percentage of the exploiters 25 (44.6%). An equal number 24 (42.9%) said their clients are Gambians, Nigerians, Ghanaians, Europeans and Americans.

Nationality of clients

Nationality of clients	No.	Percent
Gambian	25	44.6
Other African Nationality	4	7.1
European	3	5.4
Variety of Nationalities	24	42.9
Total	56	100.0

The marital status of the clients are nearly evenly divided between married and single clients, 18 (32.7%) and 16 (29.1%) respectively, 8 (14.5%) are divorced while 13 (23.6%) have clients who are married, single and divorced.

Marital Status

Marital status	No.	Percent
Married	18	32.7
Single	16	29.1
Divorced	8	14.5
Variety	13	23.6
Total	55	100.0

On the sexual preferences of the child sex exploiters, more than half of the 53 respondents said their clients prefer anal, oral or a variety of sexual acts, 11 (20.8%), 14 (26.4%) and 9 (17%) respectively. Nineteen (35.8%) of the clients prefer penetrative sex.

Sexual preferences

Sexual preference	No.	Percent
Penetrative sex	19	35.8
Anal sex	11	20.8
Oral Sex	14	26.4
Variety	9	17.0
Total	53	100.0

On whether or not clients prefer particular target groups of children, of the 57 respondents, a nearly equal number responded 'Yes' 27 (47.4%) and 'No' 30 (52.6%). While the respondents did not specifically indicate the particular age preference of the clients, nearly all of them mentioned that the clients prefer young boys and girls because of their sexual prowess, are 'fresh and active', 'flexible and perfect in sex', are 'strong and sweet', are not easily penetrable and are 'sweet and close'.

"Many people prefer having sex with us to older women because they said we are sweet and fresh" Female, 15-17 years, Farafenni.

"Many men prefer young girls because they are sweet and romantic" Female, 15-17 years, Basse.

"Because they say that young girls are not easily penetrated, so they enjoy than to be quickly penetrated" Female, 15-17 years, Brikama.

"Because we children, our private part is so tight because we wash it with vinegar so that clients will not penetrate you quickly. For the adults, they do not do that" Female, 15-17 years, Kanifing.

"They usually say young girls are sweet or the best to have sex with" Female, 15-17 years, Brikama.

"Young boys because they are the ones who do it better" Male, Senegalese, 15-17 years, Kanifing.

On the question "Do you think your clients ever worry about HIV?", of the total of 63 respondents, 40 (75.5%) answered 'Yes' and 13 (24.4%) responded 'No'. It was indicated that the clients use condoms to allay their worries. Nearly all the respondents 60 (95.2%) say they ask their clients to use condoms to mainly protect against HIV/AIDS and STIs or prevent pregnancy. Of the respondents who do not use condom, 8 (10.1%), or do not ask their clients to use condom, 4 (5.1%), the reasons are that clients either ask not to or they do not think it is necessary.

In spite of the high use of condom in this adult-child sexual exploitation relationship, some children involved in prostitution and their adult clients use drug and alcohol. Out of the 66 respondents who answered the question "Do you like or regularly take drugs?", 13 (19.7%) replied 'Yes' while 53 (80.3%) said 'No'. The common drug used by the respondents is marijuana while others only smoke cigarette. 17 (26.2%) of the respondents say they drink alcohol while 47 (73.4%) say they do not drink.

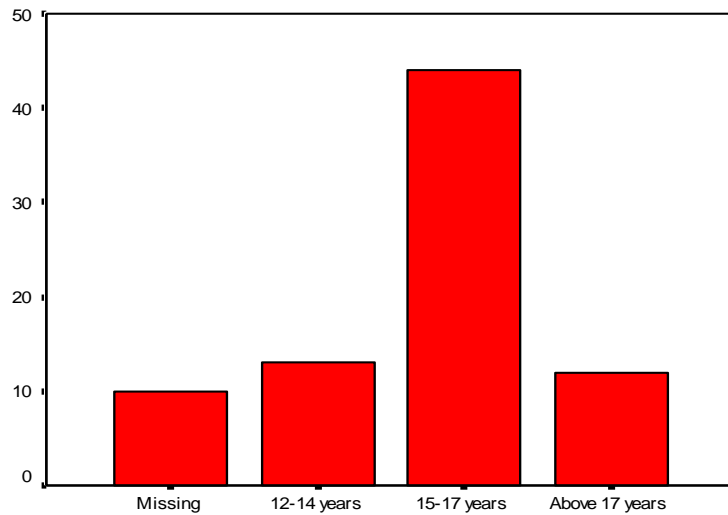
Out of 54 respondents, 12 (22.2%) indicated that their clients use drugs, 37 (68.5%) said "No" and 4 (7.4%) said some of their clients take drugs. Use of alcohol, however, seems to higher among the clients. 27 (50%) indicated their clients use alcohol while 23 (42.6%) replied in the negative.

Factors Which Account For Children Being Sexually Exploited

Poverty, Powerlessness and Illiteracy

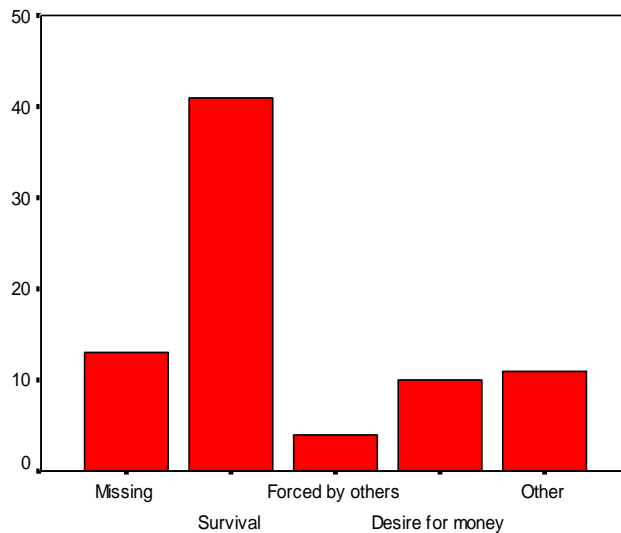
Poverty

Of the 69 respondents who indicated the age range between which they got involved in CSEC, more than half 44 (63.8%) got involved when they were 15-17 years, 13 (18.8%) between 12-14 years and 12 (17.4%) when they were over 17 years.



Age of involvement in CSEC

Poverty or the fervent desire to support parents, siblings and self has been identified by most of the respondents (41) as the reason for their involvement in prostitution.



Reason for starting this employment

Respondents provided the following reasons for their involvement in CSEC:

“I started doing this type of work because my parents are very poor; even to provide breakfast for us was a problem for my parents” Female, 15-17 years, Basse.

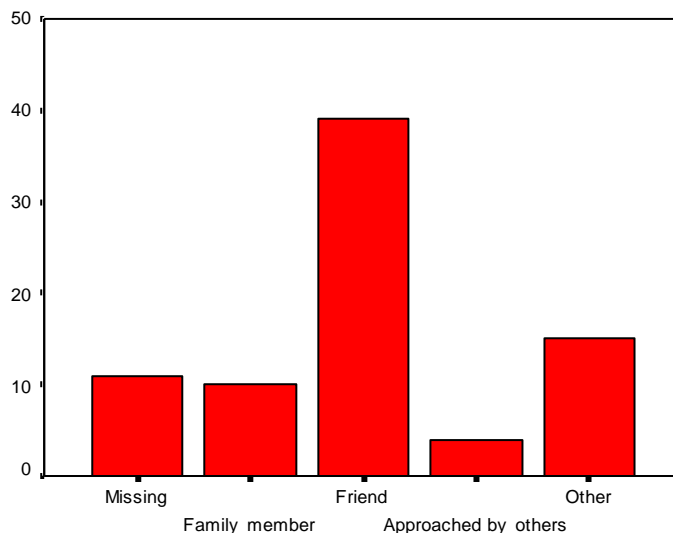
“I started doing this type of work because I have no one to take care of me and my siblings” Female, 15-17 years, Farafenni

“I am alone with no support from any of my family members. So I decided to do this in order to sustain myself” Female, 15-17 years, Kanifing Municipality

“My family is poor. We do not have anyone to help us. Sometimes we do not even have food to eat and I cannot sit and look at that happen to my family” Male, Senegalese, 15-17 years, Kanifing Municipality.

“If I do not do it who will pay my school fees/ my father has no car to drive and he is now old. My mother alone cannot pay the rent, feed us and pay my school fees for me. That is why I do it” Female, 15-17 years, Farafenni

Of the 68 respondents who indicated how they initially got involved in CSEC, more than half found out through their friends 39 (57.4%), 10 (14.7%) were introduced by family members, in particular aunties and cousins, while 15 (22.1%) found out on their own.



Finding out about this type of work

The respondents explained below how they came to know about this type of work:

“I used to see my fellow girls standing in the street waiting for me. So I said to myself, why can’t I do this. That was how I started” Female, 15-17 years, Brikama.

“I find out about this type of work through my aunt. During my school days I was staying with her. This is the only work she is doing” Female, 15-17 years, Basse.

“One day I went to a bar to look for a job and was unable to find one. There was this man who is a waiter and he asked me about my problems. When I explained to him my situation, he suggested this type of work to me” Female, 15-17 years, Kanifing Municipality.

“It was my boyfriend who used to find while clients to have sex with me. So I see that there is money in doing it, I continued” Female, 15-17 years, Kanifing Municipality.

Powerlessness

Apart from their sometimes weakened inability to negotiate condom use when the client does not want to use condom, children in CSEC also experience cruel treatment or violence in their work. While a greater number of the children 48 (72.7%) said they have not experience cruelty or violence, 18 (27.3%) suffered one form of violence or another.

Experience of cruel/violent treatment

Experience of cruel/violent treatment	No	Percent
Yes	18	27.3
No	48	72.7
Total	66	100.0

The most common form of violence the children have experienced is the refusal of the clients to pay the negotiated price after the sexual activity with the child.

“My clients sometimes do not give me the price we agree on because they know I cannot do anything about it” Female, Senegalese, 10-14 years, Brikama.

“I always fight with my clients when they are drunk” Female, 15-17 years, Farafenni

“I was hired for two days in a motel by one man and was supposed to pay me at the end of the second day but he parked and ran away when I was having shower” Female, 15-17 years, Farafenni

“Some will want to remove the condom while in the process” Female, Senegalese, 15-17 years, Kanifing Municipality.

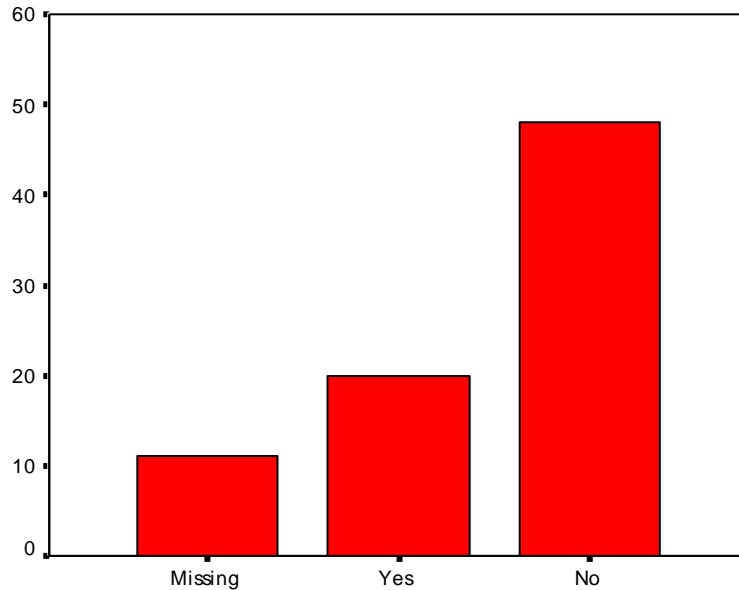
“Sometimes some men will have sex with you and they would not want to pay you your money” Female, 15-17 years, Kanifing Municipality

“I have experience violence because when you have sex with most of these clients they will not pay you your money or they will call their friends and force you to have sex with those ones too” Female, 15-17 years, Basse

“Some of the clients will come and force you to have sex with them without money. If you insist, they beat you very seriously” Female, 15-17 years, Farafenni

“There was a day I had sex with a drunkard and he refused to pay me. He even stabbed me with a knife. I went to the Police but no action was taken and they sent me out of the station” Female, 15-17 years, Brikama.

Although the children involved in prostitution do not live in brothels, a few of them have pimps or intermediaries and agents who get the clients for them or look after their welfare. It may be possible that these pimps and agents sometime take advantage of the children and short change them.



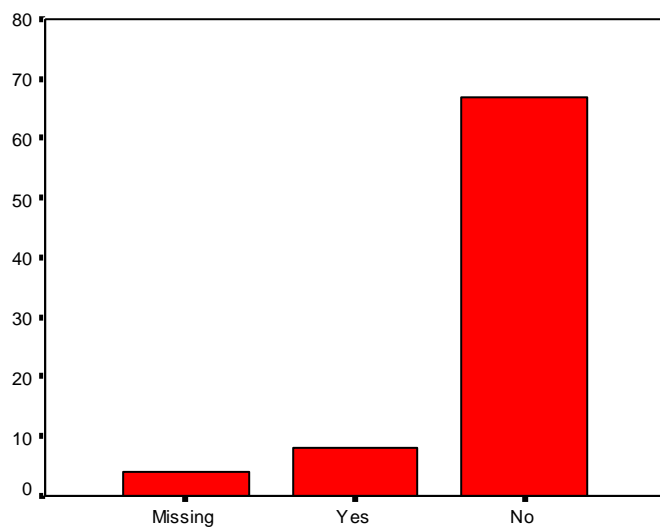
Other people involved as intermediaries

Do agents look after you?

Do agents look after you	No.	Percent
Yes	17	28.8
No	42	71.2
Total	59	100.0

Illiteracy

67 (84.8%) of the 75 respondents involved in prostitution were not going to school at the time of the interview. Only 8 (10.1%) indicated they were also going to school.



Attendance at School

A significant number of the children 25 (34.2%) had no education at all, 21 (28.8%) dropped at the Junior Secondary level, 12 (16.4%) had primary school level education only and 7 (9.6%) had vocational training or were in Arabic school commonly known as 'Dara'.

Level of Education

Level of Education	No.	Percent
Primary school	12	16.4
Junior secondary school	21	28.8
Senior secondary school	6	8.2
Non-formal education	2	2.7
No education	25	34.2
Others	7	9.6
Total	73	100.0

Only 15 children involved in CSEC answered the question "When did you stop going to school?". Of these 9 stopped at Grade 9 (the end of compulsory basic education in The Gambia), 4 between Grades 5-8, 1 between Grades 1-4 and 1 between Grades 10-12.

Stopped attending school

Stopped attending school	No.	Percent
Grade 1-4	1	6.7
Grade 5-8	4	26.7
Grade 9	9	60.0
Grade 10-12	1	6.7
Total	15	100.0

Lack of money to pay school fees was advanced by 16 (45.7%) of the children involved in prostitution as the reason why they stopped going to school, 6 (17.1%) could not continue because they has poor results at the Grade 9 Certificate Examinations, 3 (8.6%)

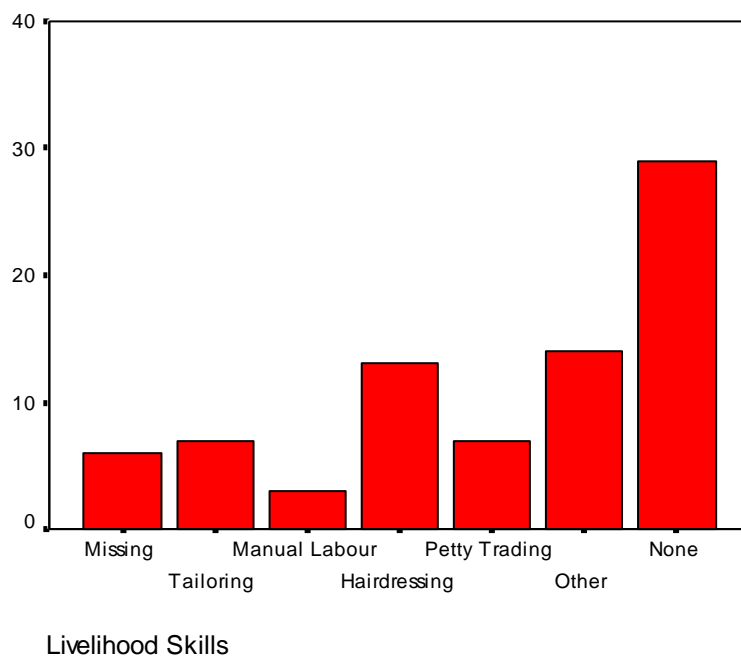
due to family pressure or running away from home when forced to marry against their will, and 10 (28.6%) were either expelled from school, fell sick and discontinued when asked to repeat a class or could not pass the Grade 9 examination.

Reason for stopping school

Reason for stopping school	No.	Percent
Expense	16	45.7
Poor results	6	17.1
Family pressures	3	8.6
Other	10	28.6
Total	35	100.0

Interestingly, more than two-thirds of the children involved in prostitution who are no longer going to school 35 (77.4%) indicated they enjoyed going to school as compared to 12 (25.5%) who said they did not enjoy school at all. Again, a higher proportion of the children 44 (62.9%) had siblings who are going to school while 26 (37.1%) said they neither have a brother nor sister who is currently in school.

Like non-attendance in school, possession of a livelihood skill among children involved in prostitution is also significantly limited. Of the 73 respondents who answered the question “What livelihood skill do you have?” 29 (39.7%) had no livelihood skill at all, 14 (19.2%) engage in a variety of work such as selling foodstuff, football and shoe-shining, 13 (17.8%) do hairdressing (plaiting) and 7 (9.6%) engage in sewing or tailoring. 23 said they acquired their skills through apprenticeship, 5 taught themselves the skill acquired and 2 attended a skills training centre.



Orphans and Other Vulnerable Children and Child Headed Households

While the number of child-headed households is not any apparent in the research, 16 of the children involved in prostitution had both parents dead, 17 had only a mother alive while 4 had a father alive. 40 had both parents alive. 25 reported that their parents were not living together as compared to 33 who said they were.

It is not clear that large numbers of children are caring for parents with HIV/AIDS, from the results the following can be seen: of the 79 children involved in CSEC interviewed 17 (63%) respondents had or were currently acting as a carer for a parent.

Parent's Carer

Parent's carer	No.	Percent
Yes	17	63.0
No	10	37.0
Total	27	100.0

Only 2 named the illness of the parent as AIDS, 3 malaria, and 9 other illnesses, including respiratory illnesses, TB and heart conditions.

Name of Parent's Illness

Name of parent's illness	No	Percent
AIDS/AIDS related	2	14.3
Malaria	3	21.4
Other	9	64.3
Total	14	100.0

Further to this, elements of financial support to sick parents were highlighted. Of the children involved in CSEC, 21 children (70% of those who detailed having a sick parent(s)) provided financial support during their ill-health. The level of financial support varied across the board.

Financial Support to Parents

Financial support to parents	No.	Percent
Yes	21	70.0
No	9	30.0
Total	30	100.0

Although the research did not give a clear link of HIV/AIDS as the illness, it is clear that few of the children involved in CSEC were providing financial support to sick parents (as shown in the details above).

When looking more widely at the children involved in CSEC, 41 respondents (62%) stated means of survival as a reason for becoming involved in CSEC. Regarding the use of earnings 50 respondents (67%) used the money to either support themselves or their families (25% - to support themselves, 52% - to support their family).

Of the 109 children in schools interviewed 18 acted as carers, none named their parents illness as AIDS and out of the 9 that knew the name of their parents illness 2 stated malaria and 7 stated other illnesses.

Of the 21 children at risk of involvement, 2 respondents had acted as carers but did not know the name of their parent's illness.

2 children at risk of involvement in CSEC provided financial support to their parents out of 3 respondents who highlighted their parents as having suffered from a sickness.

8 children in schools provided financial support; this support remained at the lower levels of financial contributions.

Traditional Practices

Early or forced marriage, which consequently led to divorce, was identified by two children as their push factor into prostitution.

"I was forced into marriage when I was 14 years. For one year I did not have sex with my husband. When I turned 15, I realised that even if I did not have sex with my husband that would not mean anything to him. I then decided to have sex with him. We had three children. Later he divorced me and there was no one to help me and my children. So I decided to engage myself into this work so that I can feed my children." Female 15-17 years, Brikama

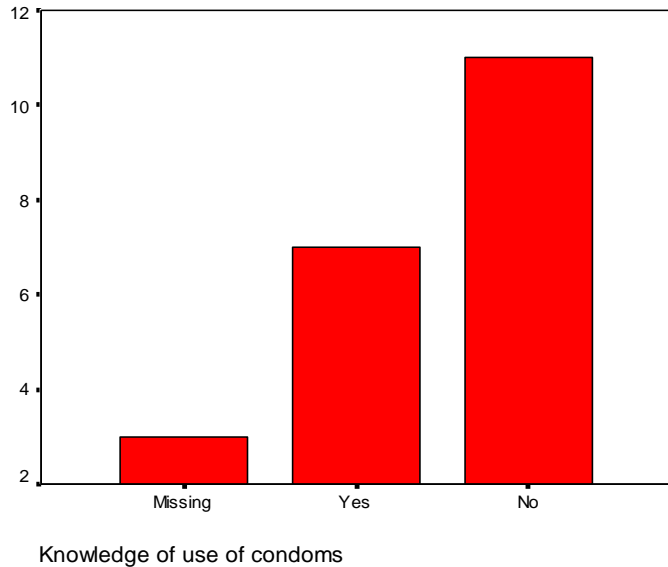
"I lost my parents and was staying with my sister. She used to insult and fight me simply because my husband divorced me. I was in that stress until I met this friend. She then encouraged me to do what she is doing so that I can take care of myself and pay my rent." Female, 15-17 years, Brikama

Street Children and HIV/AIDS

In The Gambia, "Street Children" are those children under the age of 18 years who spend part or most their day eking out a living on the street and do not attend formal school. Most of them are "Almudous", street vendors, shoe shine boys

Of the 5 children at risk, 3 (60%) started sex when they were 12-14 years old while 2 (40%) got involved between 15-17 years. The desire to 'survive' was indicated by 2 respondents as the reason why they got involved into it the first instance.

The knowledge about condoms among children on the street is almost evenly divided between children who responded ‘Yes’ 10 (55.6%) and those who said ‘No’ 8 (44.4%). The knowledge of how to use a condom is also almost evenly divided between those who say ‘Yes’ 7 (38.9) and those who responded ‘No’ 11 (61.1%)



Regarding the use of condoms when having sex, 5 (83.3%) said they use condom during sex while only one said ‘No’. While almost none of the respondents gave reason why they do not use condom, the main reason for the use of condom during sex is for protection against STIs and HIV/AIDS 3 (60%), followed by prevention of pregnancy 1 (20%). Similarly, 3 respondents also gave protection against STIs and HIV/AIDS as reasons why they asked clients to use condoms.

9 respondents answered the question “Have you suffered from any STIs in this work?” 2 (22.2) responded ‘Yes’ while 7 (77.8%) answered in the negative.

All of the 21 respondents have heard of HIV/AIDS. However, respondents’ knowledge about HIV/AIDS is almost evenly divided between those who know and those who do not 12 (57.1%) and 9 (42.9) respectively.

Knowledge of HIV/AIDS

	Frequency	Valid Percent
Yes	12	57.1
No	9	42.9
Total	21	100.0

While about half of the respondents know about HIV or AIDS, their responses to the question “What is AIDS?” do not adequately match their knowledge of HIV/AIDS. Some of the responses were:

“AIDS is a disease that is transmitted during sex and it has no cure” Female, 15-17 years, Basse.

“AIDS is a killer disease” Female, 10-14 years, Kanifing Municipality

“Is a disease that God said will come on earth before the end of the world but only on those committing adultery” Male, 15-17 years, Basse

“It is a dangerous disease and it kills” Female, 15-17 years, Brikama

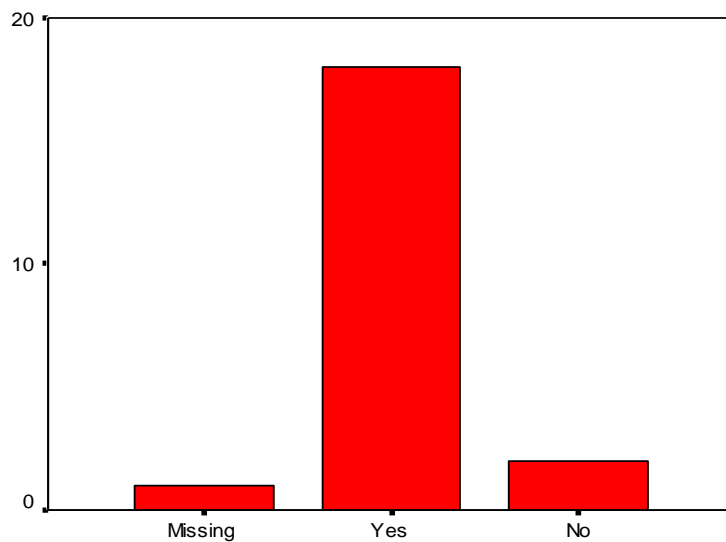
Similar responses were given on the question “What is HIV?”. Some of the responses were:

“HIV is a killer disease” Female, 15-17 years, Basse

“HIV is the same as AIDS” Female, 10-14 years, Kanifing Municipality

“It is the virus that creates or forms AIDS” Female, 15-17 years, Brikama

Children at risk of involvement in CSEC do worry about HIV/AIDS. Nearly all of the respondents 18 (90%) worry about HIV/AIDS as compared to only 2 (10%) who said they do not worry. One of these two respondents, a victim of early and forced marriage gave this reason for not worrying “Life is now meaningless to me, so I don’t care much about what happens to me”. See table below



Worry about contracting HIV/AIDS

A greater proportion of the children at risk of involvement in CSEC 17 (81%) have never considered or thought of having a HIV test as compared to only 4 (19%). Asked about the reasons why they never considered having a HIV test, the majority responded as thus:

“I have never had sex”

“I don’t do it” Male, Senegalese, 15-17 years, Kanifing Municipality

“I am afraid of knowing my status” Female, 15-17 years, Brikama

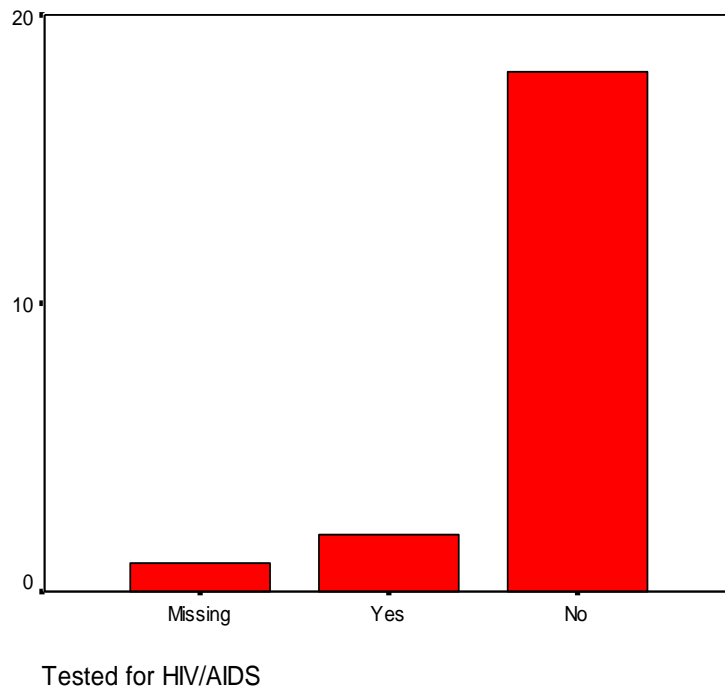
“Because I am young” Female, 15-17 years, Brikama

“I believe myself” Female, 15-17 years, Brikama

“I do not want to know my status now” Female, 15-17 years, Brikama

“I really do not want to do such a test. Besides I am afraid” Male, Guinean, 15-17 years, Basse

Similarly, almost the same number of children 18 (90%) have never tested for HIV as compared to only 2 (10%). See table below. Nearly all the respondents do not know their HIV status and thus preferred not to indicate this to the researchers. They are also not equally aware of the HIV status of their friends.



Children in Schools

The factors that push children in school into CSEC are many and varied. The children identified the combined factors of peer pressure, desire to get marks or be promoted in the easy way (without studying hard during examinations), clothes during festive seasons like Tobaski and poverty as the main push factor into CSEC for children in schools 43 (43%). The single most identified factor was poverty 34 (34%), consumerism 10 (10%), lack of family support 5 (4.6%) and lack of guidance 1. 7 respondents said they do not know the factors responsible. See table below

Factors pushing school children into CSEC

Factors pushing school children into CSEC	No	Percent
Poverty	34	34.0
Lack of family support	5	5.0
Consumerism	10	10.0
Lack of guidance	1	1.0
Other	43	43.0
Do not know	7	7.0
Total	100	100.0

On the question “What factors do you think push school children to get involved in this kind of activity?”, some of the responses were:

“Most children are introduced to such act when they lose their parents or when the household is very poor and there is hunger and disease” Male student, 15-17 years, Mahaad Senior Secondary School, Brikama

“The factor that push the school children to be involved in this kind of activity is that some of them are very poor and they need money to take care of themselves” Male student, 10-14 years, St. George’s Upper Basic School, Basse

“Poverty and lack of parental care” Female student, 15-17 years, Garba Jahumpa Upper Basic School, Banjul

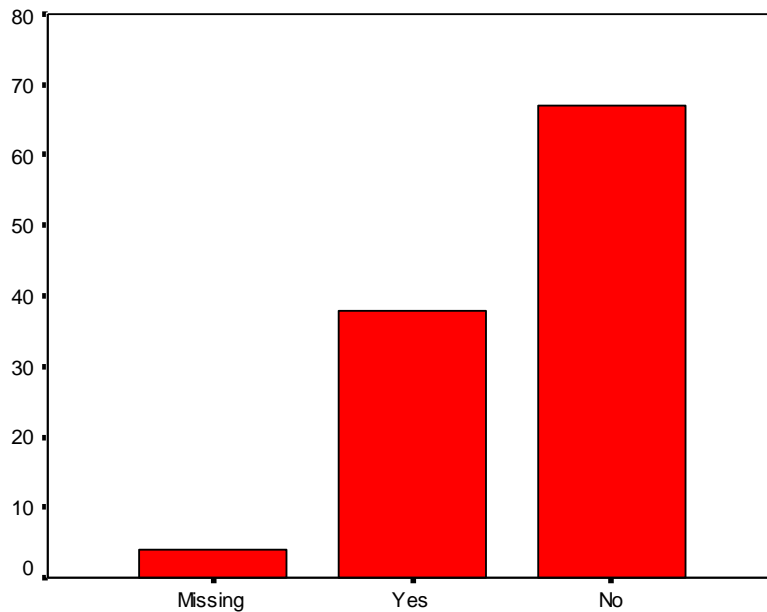
“Some of them get involved because they want to be like their friend even though they are poor. They have no other option but to offer themselves to the men so that they can have the money to take care of themselves and buy materials they need” Female student, 15-17 years, Nasir Ahmadiyya Muslim Senior Secondary School, Basse

“Peer pressure and the mode of dressing of girls which tempt the teachers to approach them” Female student, 15-17 years, Gambia Senior Secondary School, Banjul

“Many girls are not contended with what they have. So they go in for such in order to have gifts such as clothing and mobile” Female student, 15-17 years, Farafenni Upper Basic School

“Because of money and because they want to be promoted” Male student, 15-17 years, Farafenni Senior Secondary School, Farafenni

Out of 105 respondents, 67 (63.8%) say they do not know of school children who engage in sex with adults either for money, gifts or favours while 38 (36.2) know about a school who is child involved. See graph below



Knowledge of children engaged in CSEC

The respondents who indicated ‘Yes’ substantiated their answers with some of the following responses:

“She is a friend in our community. She got pregnant by her fellow student who is older” Female student, 15-17 years, St. George’s Upper Basic School, Basse

“All the friends I have, and who are in school, have older boyfriends who buy them expensive cloths and give them gifts too” Female student, 15-7 years, Graba Jahumpa Upper Basic School, Banjul

“I know a student who goes to have sex with sugar daddies for money. She is encouraged in this activity by her mother. Whenever she comes with money, her mother will not ask her” Female student, 15-17 years, Gambia Senior Secondary School, Banjul

“I know of ten students in my school” Male student, 15-17 years, Mahaad Senior Secondary School, Brikama

Like the push factors into CSEC, out of a total of 97 respondents, 31 (32%) identified many different forms of CSEC existing or happening at the same time in schools (notes

for sex, grades/marks for sex, sex for promotion, sex for payment of school fees, etc.). The other main single forms identified were the exchange of grades/marks for sex 24 (24.7%), sex for promotion 17 (17.5%), sex for gifts 14 (14.4%) and sex for payment of school fees 5 (5.2%). See table below.

Forms of CSEC at school

Forms of CSEC at school	No.	Percent
Notes for sex	3	3.1
Grades/marks for sex	24	24.7
Sex for promotion	17	17.5
Sex for payment of school fees	5	5.2
Sex for gifts	14	14.4
Other	3	3.1
Several of the above	31	32.0
Total	97	100.0

“When a person does not pass his or her exams, the teacher will tell her to come to his house and later they will have sex and the person will be promoted” Female student, 15-17 years, Garba Jahumpa Upper Basic School, Banjul

“The teacher will be paying school fees for the student if they are in love” Female student, 15-17 years, Kunta Kinteh Senior Secondary School, Brikama

“The more common one in my school is to pass their exams” Male student, 15-17 years, Institute for Continuing Education, Kanifing Municipality

“Some of the teachers usually send us to their houses to take books for marking and once the girl is there, they start” Female student, 10-14 years, Farafenni Lower Basic School, Farafenni

“It does happen in this school. Many school girls who cannot make it to the next class usually build a relationship with their class teacher only to be promoted.” Female student, 15-17 years, Nasir Ahmadiyya Senior Secondary School, Basse

“They want to pass the examinations. So they tell the teachers to have sex with them in order to pass their exams” Male student, 15-17 years, Mahaad Senior Secondary School, Brikama

“A school girl was in love with our principal who eventually made her pregnant. The girl was 15 years” Male student, 15-17 years, Kunta Kinteh Upper Basic School, Brikama

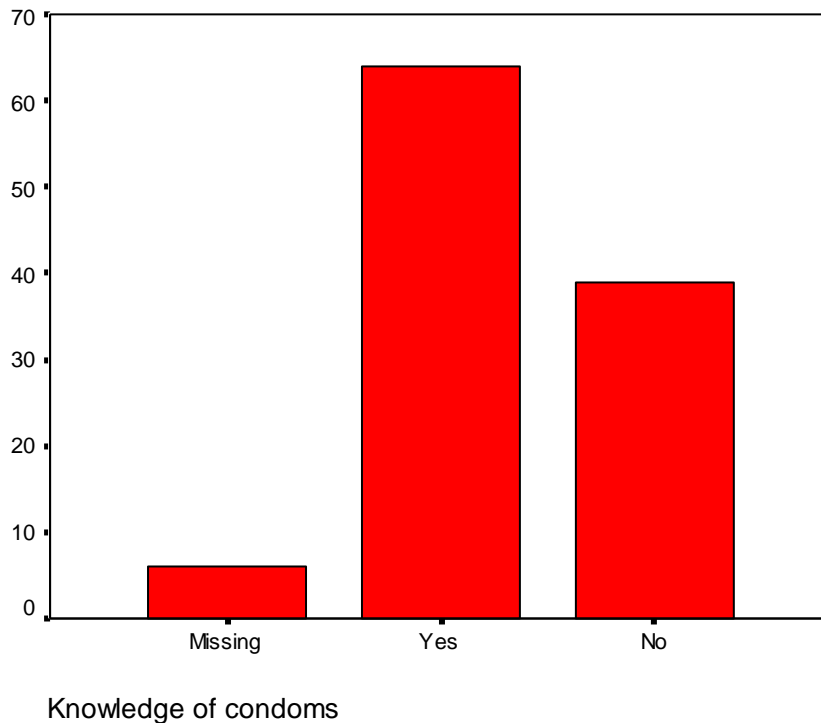
On the health status of their parents, 87 (88.8%) responded that their parents are healthy (state of health regarded as not being bedridden) as compared to 11 (11.2%) who said their parents are not healthy. 18 of the respondents indicated that they cared for their parents when they were sick or before they died. Except for 7 who knew the illness which

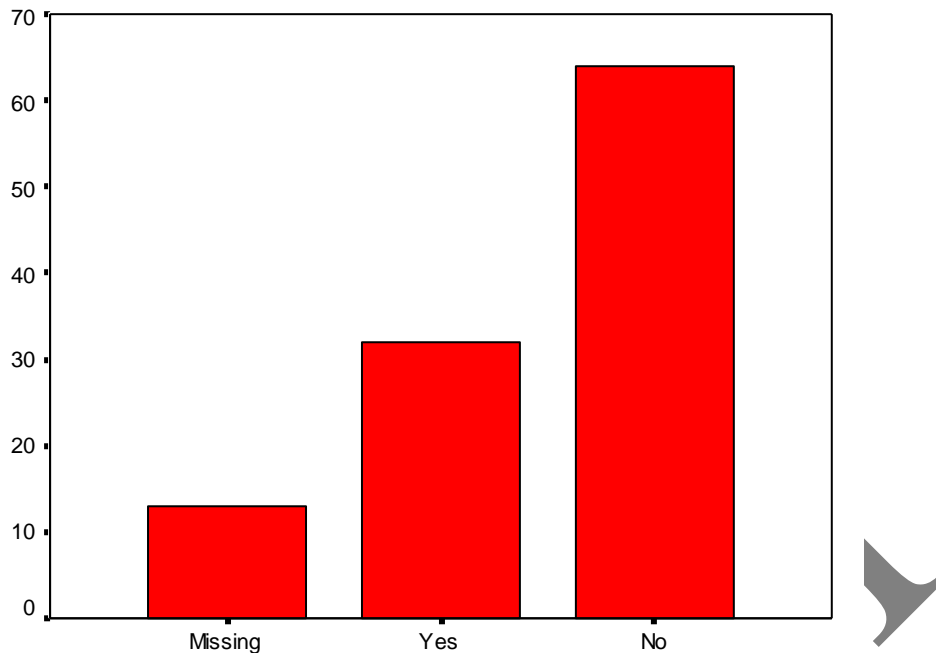
their parents suffered before they died (malaria, asthma, TB, thinness, etc.), the majority of them do not know.

8 of the respondents indicated that they supported their parents financially when they were sick. While the level of this financial support varies, majority of the respondents 5 indicated the amount of money they give vary between D50-D200 (US\$2-\$4) at any one particular time. 2 of the respondents actually collected firewood from the bush which they sold to be able to meet the financial expenses of their parent's illness.

"I collect fuel wood from the bush and re-sell them in the nearby market. The money was usually used by my mum to get some of her needs, especially when she was very sick"
Male student, 15-17 years, Mahaad Senior Secondary School, Brikama

There is a vast difference between respondents' knowledge of condoms and their knowledge of how to use condoms. 64 (62.1%) say they know about condoms while 39 (37.9%) responded that they do not know about condoms. An equal number 64 (66.7%) indicated they do not know how to use condoms while 32 (33.3%) indicated they know how to use condoms. See tables below



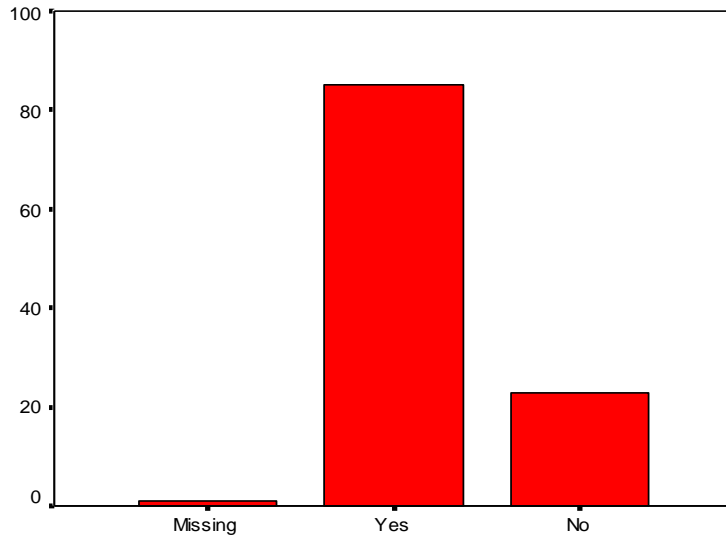


Knowledge of use of condoms

Knowledge of HIV/AIDS among children in schools is very high. Nearly all the respondents 101 (92.7%) say children in their schools have knowledge of HIV/AIDS as compared to only 8 (7.3%) who responded in the negative.

When asked about their personal knowledge or awareness of HIV/AIDS, almost all the respondents, 104 (95.4%), said they have heard about HIV/AIDS while a significantly higher proportion 74 (72.5%) know about HIV/AIDS as compared to 28 (27.5%) who do not know about HIV/AIDS.

Knowledge about one's HIV status is extremely limited among children in school. Only 2 children have had a HIV test. Interestingly, 85 (78.7%) of the respondents are worried about contracting HIV/AIDS while only 23 (21.3%) say they do not worry.

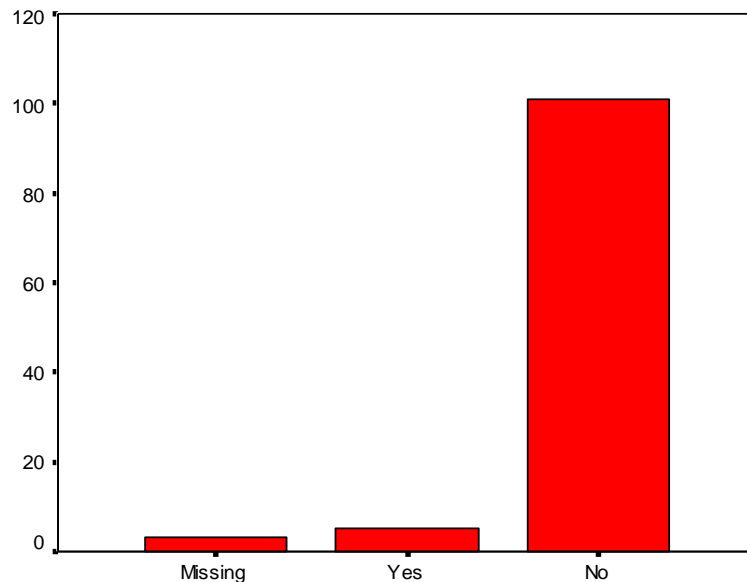


Fear of contracting HIV/AIDS

Almost all the respondents 96 (88.1%) have never considered or thought of having a HIV test as compared to only 13 (11.9%) who have ever considered having a test. An equally higher number 101 (95.3%) have never taken a test to know their HIV status.

Considered an HIV test

Considered an HIV test	No	Percent
Yes	13	11.9
No	96	88.1
Total	109	100.0



Taken an HIV test

On the question “Have you ever had sex?”, of the 109 respondents, it is shown that one out of every three respondent has had sex 35 (32.1%) as compared to 74 (69.7%) who said they had not had sex. For the number that said they have had sex, the age of first sexual experience was between 15-17 years for 15 (42.9%), 12-14 years for 12 (34.3%), above 17 years for 4 (11.4%) and 9-11 years 4 (11.4%).

The responses on the use of condom during sex is also nearly evenly divided between children who answered ‘Yes’ and those who said ‘No’ 26 (55.3%) and 21 (44.7%) respectively. Either way, one could see that the use of condom among children who are sexually active is slightly low. The unavailability of condoms 7 (41.2%) and dislike for condoms 5 (29.4%) have been given as reasons why condoms are not use during sex.



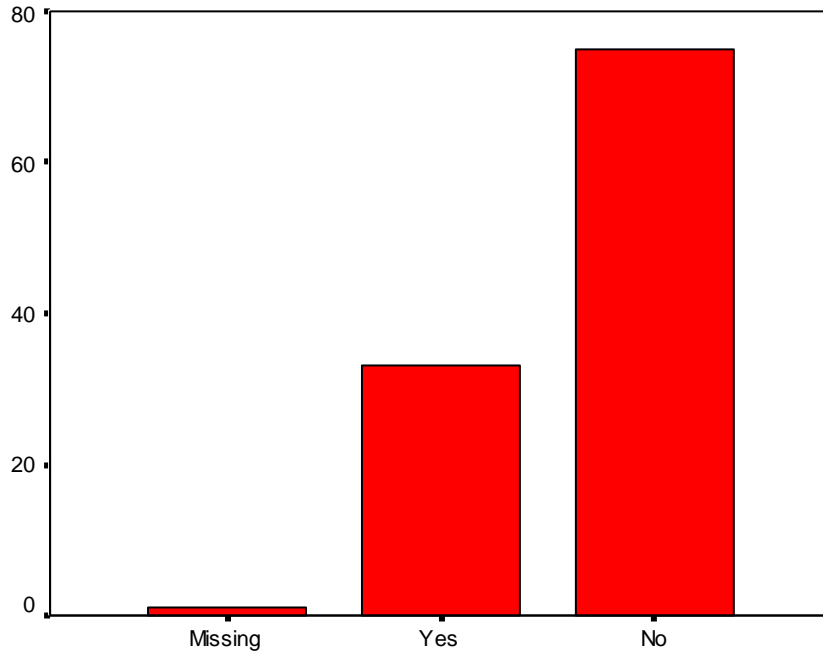
While there is no typical profile of a child sex exploiter, majority of the respondents identified people in their communities or schools who have sex with children. The majority of the abusers 45 (45.5%) are Government employees (teachers, security personnel, civil servants), followed by a mixed group of businessmen, ‘Semesters’, sugar daddies, NGO workers, drivers and young men 32 (32.3%). See table below

Profile of people who have sex with children

	No.	Percent
Profile of people who have sex with children		
Politician	2	2.0
Government Employee (teachers, security, civil servants)	45	45.5
Petty Traders	1	1.0
Other	32	32.3
Do not know	19	19.2
Total	99	100.0

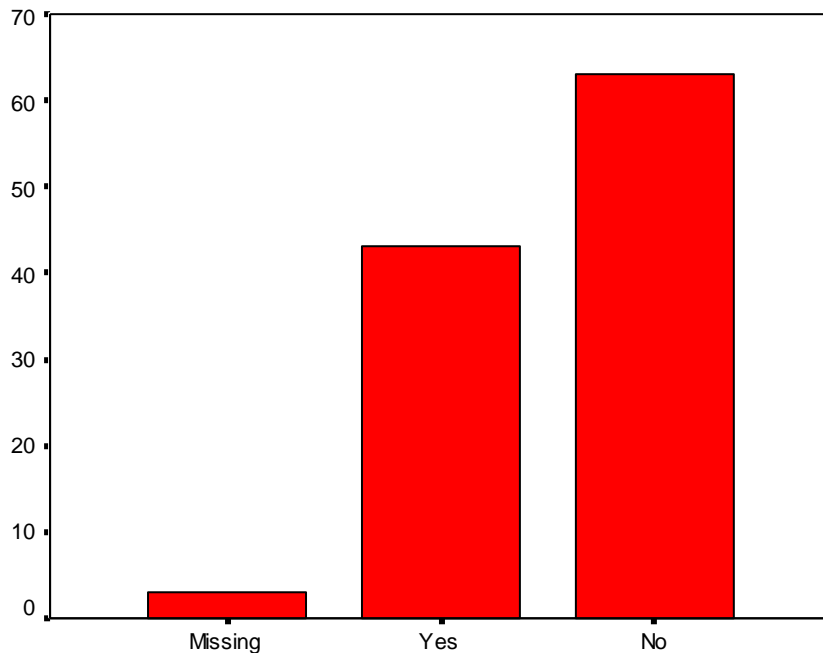
68 (78.2%) of the respondents said the abusers often used ‘money’ to have sex with the children whereas 19 (21.8%) identified ‘gifts’ as the bait for the children.

More than two-thirds of the children 75 (69.4%) are not aware of any CSEC activities in their schools whereas 33 (30.6%) are aware. In the same vein, 63 (59.4%) of the respondents said children in their schools have no knowledge of CSEC while 43 (40.6%) said children have knowledge of CSEC.



Awareness of CSEC in school





Knowledge of CSEC within school

Thus, the respondents' lack of awareness of CSEC in school may be due significant to their lack of knowledge of what CSEC is all about.

On the question "Do students get pregnant in your school?", a higher number of respondents 83 (78.3%) answered 'Yes' while 23 (21.7%) said 'No'. However, 72 (66.1%) said teenage pregnancy is not high while 37 (33.9%) said it is high. See table below

Pregnancy within school

Pregnancy with school		No.	Percent
	Yes	83	78.3
	No	23	21.7
	Total	106	100.0

High teenage pregnancy within school

High teenage pregnancy with school		No.	Percent
	Yes	37	33.9
	No	72	66.1
	Total	109	100.0

The respondents who said that teenage pregnancy is high in their schools, intimated that on average two students get pregnant in their schools.

"Three to five students get pregnant every year" Female student, 15-17 years, Farafenni Senior Secondary School, Farafenni

“Every year about 5 students get pregnant” Male student, 15-17 years, Farafenni Senior Secondary School, Farafenni

“At least three girls do get pregnant every year” Female student, Nasir Ahmadiyya Senior Secondary School, Basse

“About 2-3 students, but it depends” Male student, Nasir Ahmadiyya Senior Secondary School, Basse

“Sometimes 3 girls get pregnant every year” Female student, 15-17 years, Garba Jahumpa Upper Basic School, Banjul

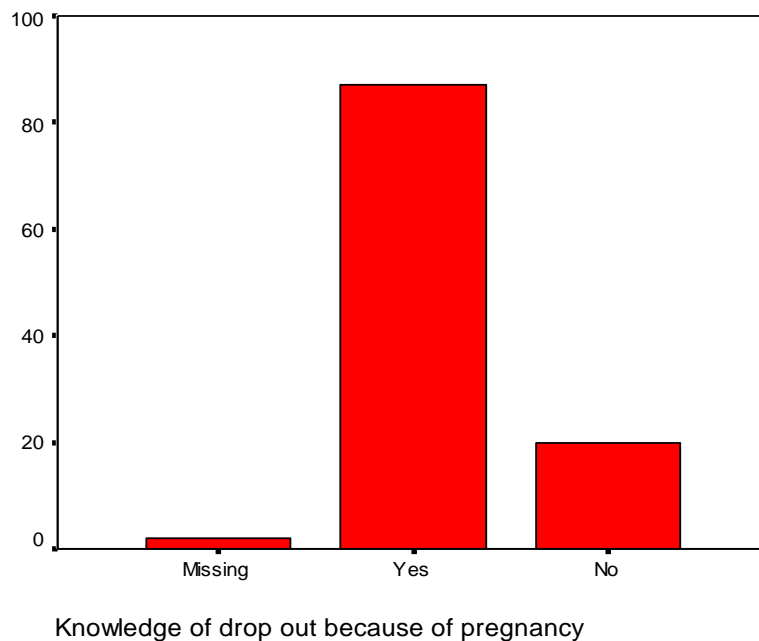
“Last year I know of two and this year three” Female student, 15-17 years, Kunta Kinteh Senior Secondary School, Brikama

“Three to four students get pregnant every year” Female student, 15-17 years, Farafenni Upper Basic School

“Last year I know about two and this year two” Male student, 15-17 years, Kunta Kinteh Senior Secondary School, Brikama

“Almost two students in a year” Female student, 15-17 years, Gambia Senior Secondary School, Banjul

Out of 107 students, 87 (81.3%) said that they know of a child who dropped out of school due to pregnancy compared to 20 (18.7%) who said they do not know of any such child.



ANALYSIS OF GAPS AND RELEVANT RECOMMENDATIONS

Prevention

There is an assumption that when the rights of children are promoted and protected, and made enduring ethical standards in families and communities, it would enhance the capacity of individuals, families and professionals to prevent or avoid the sexual abuse and exploitation of children. This requires the dissemination of information on the rights of children as enshrined in domestic and international laws as well as promoting an understanding of what constitutes a violation of these rights.

Organisations like the Child Protection Alliance, Guidance and Counseling Unit of the Department of State for Education and Nova Scotia Gambia Association have programmes and projects that either focus on the promotion and protection of the rights of children at all levels of the society or have developed educational and information materials that inform children about child rights, child protection issues and HIV/AIDS. The Child Protection Alliance, for instance, has conducted activities that teach children about sexual abuse and exploitation as a violation of their rights and practical skills for protection against such situation.

Analysis of the interventions of these organisations suggest that popularizing the rights of children among children themselves, policy makers, law enforcement agencies, the judiciary, parents, community and religious leaders, and professionals working for and with children, is an important first step in ensuring greater respect for the rights of children.

In spite of these interventions, there is little information substantiating a direct relationship between simply knowing about rights and abuse, and a measurable reduction in threats of, or actual sexual abuse and exploitation of children. The impact of such strategies needs to be assessed.

Efforts to increase the awareness and knowledge of HIV/AIDS in the Gambia have largely succeeded. For example, 80-90 percent of respondents in both the 2002 National study on socio-cultural factors and 2000 national adolescent Health Survey correctly answered each of the true transmission questions while 60-90 per cent answered the question of false transmission correctly (Chiem and Sowe, 2004). The HARRP has equally strengthened many national and community-based organisations to intensify their campaign against HIV/AIDS at the community level, mainly through awareness. Nearly all the major town and big villages in The Gambia have youth groups and organisations involved in HIV/AIDS prevention.

In light of these successes in increasing awareness and knowledge, there have been very little documented change in the reduction of negative attitudes and risky sexual behaviour (Chiem and Sowe). The socio-cultural and other studies in The Gambia have indicated high levels of knowledge or awareness of HIV/AIDS, but also moderate to high levels of

risky sexual activities, including early sexual debut and low or inconsistent condom use (Kane TT, 1993; Paine K. 2002; UNDP/NACP, 2002).

To be effective, the awareness raising in HIV/AIDS needs to be buttressed by life skills education which would bridge the gap between knowledge and behaviour change.

Protection

Very few, if any, organisations exist in The Gambia that provide protection services for children who are victims of sexual abuse and exploitation. Nonetheless, efforts have been made to strengthen the capacities of professionals working for and with children to be able to adequately protect children. The law enforcement agencies have been trained on investigation and interviewing skills and techniques regarding child protection and on other child rights issues, lawyers have been sensitized on child sexual exploitation and how to make the judicial system child friendly and less traumatic for children, and health workers have been trained on how to recognize and respond to cases of abuse and exploitation.

The Children's Act, 2005, contains great provisions for the protection of the rights of children, especially from sexual abuse and exploitation and discrimination. However, to make the Children's Act a reality for children, its provisions would need to be enforced in both letter and spirit. This would require raising awareness on the rights of children to protection from all forms of sexual abuse and exploitation, violence and discrimination, training professionals such as health workers, police and judges on the special needs of children vulnerable or exposed to CSEC and HIV/AIDS and developing procedures and systems for investigative work. The aim is the development of systems that investigate allegations of sexual abuse and discrimination in ways that are appropriate for children who are victims fair, transparent and respectful.

In spite of these achievements, there are specialist medical facilities for children who are victims of sexual abuse or exploitation.

Conclusion and Recommendations

The basic objectives of the recommendations presented by the research are: to create an environment in which children are protected from the adverse effects of commercial sexual exploitation and HIV/AIDS, indicate means to effectively deal with these problems at the prevention, protection, recovery and reintegration level, enhance the participation of children in finding solutions to the problems that aggravate the violation of their rights to protection, and increase coordination and collaboration among and between organisations and agencies providing support services to children.

Legal and Policy Issues

1. A more detailed and national study of the linkage between CSEC and HIV/AIDS should be undertaken, to provide better understanding of the links between these two major child protection concerns.
2. To disseminate and popularize, among communities, the Children's Act 2005 and other legislation relating to the protection of children from sexual abuse and exploitation.
3. Enforce constitutional and legislative provisions which make basic education free and compulsory for all children.
4. To establish a more definitive and unambiguous minimum legal age of marriage.
5. Review and revise the 'Code of Conduct for Civil Service' to include specific reference to the sexual abuse and exploitation of children by civil servants.

Prevention

1. To establish and encourage child-friendly reproductive health services in communities which are accessible by children for counseling, psycho-social care and treatment of STIs and HIV/AIDS.
2. Establish livelihood and vocational centres in both rural and urban areas for both in school and out of school children.
3. Encourage children to go for VCT services
4. Strengthen families to be able to adequately meet the needs of their children and fulfil their child rearing responsibilities
5. Government institutions, NGOs and reproductive health service providers to mainstream in their programmes the special needs of children affected or infected by HIV/AIDS or involved in CSEC.
6. Support, strengthen and increase more home-based care and support services
7. Encourage the regular and consistent use of condoms for all sexual activity with children,

Recovery and Reintegration

1. Establish rehabilitation and reintegration programmes at community levels for children who have fallen victim of CSEC and HIV/AIDS and lack family support and care

General

1. Department of State for Education to popularize and effectively enforce the Sexual Harassment Policy
2. Increase awareness and understanding of children on CSEC and HIV/AIDS and STIs prevention at community levels
3. Teach children skills with which they will be able to protect themselves from risky situations that could make them vulnerable to HIV/AIDS or sexual abuse and exploitation.
4. Enhance and strengthen interagency collaboration among institutions involved in protecting children from sexual abuse and exploitation and HIV prevention.
5. Sensitise community and religious leaders, parents, professionals working for and with children and other adults on the rights of children so that incidences of child sexual abuse and exploitation can be reported and dealt with according to law.
6. Sensitise law enforcement officers on how to handle children involved in CSEC in a more child-friendly and humane manner.
7. Strengthen the guidance and counseling programmes within schools and equip guidance and counseling teachers with appropriate skills to enable them to provide counseling to those students needing assistance as well as identifying problems where they exist.
8. Provide life skills training and education for children in and out of school, particularly those at risk of sexual abuse and exploitation and HIV/AIDS.
9. Strengthen partnerships among agencies and institutions to address the specific needs and problems faced by children involved in CSEC and at risk of HIV/AIDS.
10. Strengthen poverty eradication mechanisms