

Analysis of the Effects of Rural Under-Development on Child Wellbeing, Chavuma District, Zambia

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Abstract— Chavuma faces many challenges as a significant number of its inhabitants are considered vulnerable due to under development and the phenomenon was perceived to affect greatly the well-being of children. Against this background, a study was carried out whose objectives were: to explore the extent to which knowledge gap on development and child related policies affect child wellbeing; to analyse the extent to which inadequate healthcare and education facilities affect child wellbeing, and to establish the extent to which inaccessibility to basic needs (i.e., shelter, food, protection, emotional support) have impacted child wellbeing in Chavuma District. The study used a quantitative and qualitative survey approach to collect data from 200 children aged between 10 and 18 years complemented by interviews of family heads. The study used purposive and random sampling methods, and questionnaires were used as instrument of data collection, 200 questionnaires were distributed and returned. Descriptive and causal research designs were used, and the study used logistic regression analysis. The study found that knowledge on education, HIV / AIDS and national food and nutrition policies have positive effect on child wellbeing. On the other hand, the study established that having a health facility within 5 kilometers from home had a negative effect on child wellbeing while adequacy of health care had a positive effect on child wellbeing. Additionally, having a school within 5 kilometers radius from the homes had a statistically positive effect on child wellbeing. Number of schools in a ward had a positive effect on child happiness and wellbeing. Finally, the study ascertained that families' monthly income, protecting oneself and harshness of parents/guardians had an effect on children happiness and wellbeing. Based on the findings, the study recommends fundamental improvements in the awareness of development and child policies through campaigns; improving access to education and health facilities; increased sensitisation about children rights and freedom to insulate children against abusive parents/guardians; and socio-economic empowerments (human development) to enable parents/guardians provide necessary basic needs to their children/wards.

Keywords— Analysis, Effects, Rural Under-development, Child Well-being.

I. INTRODUCTION

One fundamentally characteristic feature of Third World countries on the global front is underdevelopment. Though it is not easy to give a precise definition of an underdeveloped economy, perhaps what is common in the countries facing underdevelopment is poorly performing economies that are characterised by low real per capita income, wide-spread poverty, low levels of literacy, low life expectancy, hunger, malnutrition and underutilization of resources (World

Development Report, 2015). However, Viner (2012) asserts that for a country to be called underdeveloped, there must be possibilities and potentialities for its development. In other words, an underdeveloped country resources must be lying unutilized which can be used for increasing the rate of production thereby raising people's living standards and consequently child improved well-being.

Most African Countries, Zambia inclusive, have huge amounts of resources which are either underutilised or just lay undeveloped. Chavuma district too can be said to fall within this kind of underdevelopment definition, owing to its vast amounts of wood lands, abundant water resources and arable agriculture land, yet its people live in abject poverty and failing to meet acceptable levels of child well-being. According to the 2010 Census of Population and Housing, Chavuma district (which is largely a rural district) has a population of 35, 041 which grew at a rate of 1.6% (CSO, 2012). It was further projected that by the year 2020, the population will reach 51, 833 and the age group 10-19 will have a population of 12,890 (Chavuma Health Annual Report, 2020). Underdevelopment reduces people's choices and exposes them to untold misery as they struggle to provide basic needs for their families. Children in poverty-stricken families are most likely to be under nourished, stunted and wasting growth; their overall well-being is compromised. Persistent exposure to economic hardship may be detrimental for children's well-being. It increases parenting stress substantially and affects the environment in which children grow.

So, then what constitute 'child well-being'? Children do not grow up alone, but always do so in specific social and physical contexts. Child development is inextricably inter-twined with caregiving and culture because children survive and develop within their particular social, economic, and cultural settings. Child well-being is defined by considering both child protection and welfare (Jones, LaLiberte, & Piescher, 2015). The concept of child wellbeing considers several domains that governs the quality of child life and functioning, such as physical, mental and behavioural health; social and emotional health; safety and the physical environment; economic security; and academic and intellectual outcomes (Lou, Anthony, Stone, Vu, & Austin, 2008). Underdevelopment is characterised by extreme poverty; disparity in delivery of social services including formalized education systems, medical facilities, and safe drinking water; poor or lacking

infrastructure and governance capacity; and an environment of physical insecurity International Peace Institute (2009).

Helping children break the cycle of poverty is more than providing health care and education. It is about working toward the complete well-being of each and every child and keeping them safe by elimination of child labour, protection of children and young persons in need of care, Juveniles Act Chapter 53 of the Laws of Zambia (2011). Growing up in poverty increases the physical and emotional stress in a child's life. Lack of economic resources within a family increases a child's vulnerability to exploitation, including child labour and trafficking. A child, according to the Zambian Constitution, is defined as a person under the age of 18 years whether marital or non-marital child (Chanda, 2014).

Poverty, underdevelopment, and infant mental health negatively impacts on child wellbeing, particularly in developing countries. The early experiences of a child affects their capacity to grow into mature individuals for social adjustment and productive competence (Richter, 2003). Chavuma district is not exceptional. Under-5 mortalities are slightly higher in rural areas than in urban areas (54 deaths per 1,000 live births in urban areas and 68 deaths per 1,000 live births in rural areas) (Zambia Demographic and Health Survey – ZDHS, 2018).

A. Problem Statement

Poverty due to socio-economic underdevelopment affects children's growth at every moment of their lives and may cause damage and destruction as a child grows. Its effects can be so severe to the extent of causing instability, insecurity and neglect in children's lives. Poverty increases infant and child mortality rates, and shortens life expectancy, UNICEF (2020). The District has 18 health care facilities of which 2 are 1st level hospitals, 5 are rural health centres and 11 are health posts, (RMCNA Report 2019). Underdevelopment causes serious gap on the knowledge and attitudes regarding child wellbeing. This is evident in most parts of Chavuma district. There are noticeable gaps between national law and customary practices especially when it comes to dealing with children's matters. For example, many cases of child neglect, child marriage, child labour and other forms of child abuse go unreported or insufficient follow up is given to address these violations. Even criminal cases like child sexual abuse does not always get reported to the police, as families prefer to deal with the issue amongst themselves. In such instance's families opt to get compensation for the crime committed. Little attention is given to the effects on the victim (the Child). Rural underdevelopment denies children access to resources and limits educational opportunities. Most children are less likely to attend school causing them to underachieve in and to have greater difficulty finding employment as adults. Inequalities in resource allocation, adequate health and education denies children of their basic rights. Such children do not develop intellectually, socially and do not have the skills necessary for their sustainability as they grow up.

Though in recent years, most African countries including Zambia, experienced high rates of economic growth of above 6% in the period 2006 to 2015 (7NDP), this development has

not translated into significant child well-being. Underdevelopment is a global concern as it affects human development and robs people of their dignity and freedoms, and in such circumstances, children become the most vulnerable. Development is important to the promotion of child well-being. When child's well-being is not prioritised, the results compromise physical health, poor psychological and emotional development, social and behavioural challenges and poor cognitive development.

B. Objectives

- To explore the extent to which knowledge gap on development and child related policies affect child wellbeing in Chavuma District.
- To analyse the extent to which inadequate healthcare and education facilities affect child wellbeing in Chavuma District.
- To establish the extent to which access to basic needs (i.e., shelter, food, protection, emotional support) have impacted child wellbeing in Chavuma District.

II. THEORETICAL REVIEW OF LITERATURE

A. The Extent to which Child Related Policies Affect Child Wellbeing

Promoting policies that enhance children and young people's wellbeing is a key part of keeping them safe, helping them develop and ensuring they have positive outcomes into adulthood (Public Health England, 2015). Public policy is understood as a course of action, authorised by government, to achieve certain goals (CAFORD 2007). Successful policy engagement and influencing depends on a good knowledge of the policy and policy processes. The more the citizens understand and appreciate the policies, the more engaged and supportive they will be to participate in its implementation and the higher the likelihood the success of that policy. But what is policy and why is it important for people to understand existence and intentions of government policies? Cambridge dictionary defines a policy as a set of ideas or a plan for action followed by a business, a government, a political party, or a group of people. A policy is a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern. Public policy is the general principles by which government is guided in its management of public affairs.

Implementing policies that are aimed at improving child wellbeing is a complex phenomenon that requires broad based stakeholder involvement. World Bank Report (2009) indicates that in low-and-middle income countries (LMICs), policies once adopted, are not always implemented as envisioned and do not always achieve intended results. The process of translating policy into outcomes, practice or specific programs has long been recognised by policy makers, governments, practitioners and researchers as fraught with difficulties, which impact on intended outcomes or lead to failures. Key stakeholders in LMICs are increasingly concerned with policy failures, the widening gap between policy intentions and implementation and why these challenges are difficult to fix or

prevent. Effective implementation of potent policies is central to addressing child wellbeing system constraints in underdeveloped economies. Poor implementation of carefully thought child focused national policies and strategic plans/guidelines in underdeveloped countries has also been attributed to a number of factors including limited leadership skills, poor collaboration/engagement of appropriate actors or stakeholders. Zambia has some good policies that are aimed at empowering communities to access services. However, some of the intended beneficiaries lack knowledge of the existence of these policies hence may not adequately receive the benefits. Basic knowledge of existing policies is a stepping stone towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability (World Bank report, 2009).

B. Extent to Which Inadequate Healthcare and Education Facilities Affect Child Wellbeing

Wellbeing is generally understood as the quality of people's lives. It is a dynamic state that is enhanced when people can fulfil their personal and social goals. It is understood both in relation to measures, such as household income, education, resources and health status (Pickett and Wilkinson 2016). Connolly (2018) stresses that healthcare is one of the fundamental determinants of child's wellbeing because it promotes child's developmental welfare which is determined by a child's physical and social environment. Children's wellbeing is characterized by the inter dependency on their family's health care. For example, a new born baby cannot survive adult care since it is not able to access health care services, determine good diet and hygiene on its own. At a time of their development, children are entirely dependent on adults for the prevention of disease promotion and protection of their development. The World Health Organisation (WHO) promotes universal health coverage for all to have access to health care facilities and services without suffering financial hardship (WHO, 2011). Universal coverage is seen in three dimensions such as population coverage, service coverage and financial protection.

A study done by Alinia and Davoodi (2019) stated that health systems have several key objectives; the most fundamental is to improve the health of the population, are concerned with the distribution of health care facilities in the population for example, with health equity and they strive to be responsive to the needs of the population and to deliver services efficiently. (Jamison, 2013) also stated that the WHO seek to provide protection against the financial risks that individuals face when accessing health care services. An effective health care system is one that provides access to affordable and quality health services as well as health promotion and preventive services to the entire population. Unfortunately, Zambia lacks adequate health care systems that can meet these standards. Universal health care coverage is a response to promote the reduction of low accessibility to health and quality care as alluded to by the Sustainable Development Goal (SDG) number 3 which promotes minimum standards of health for all enshrined in the Universal

Declaration of Human Rights (adopted by the UN General Assembly in 1948) and the declaration of Alma-Ata Declaration of 1978). Subsequent World Health Reports by the World Health Organization (WHO) expanded on various technical aspects of universal health care, and in 2015, universal health care was adopted as a sub goal of SDG 3 (UN 2016; WHO 2013). The United Nations Convention on the rights of a child focuses on the rights of a child to be healthy and to have opportunities to develop to the full capacity. The essence is to ensure child wellbeing by preventing disease and enhance health and quality of life. This include the promotion of vaccinations, control of disease through sanitation and clean water. All this is done in the quest to improving child health and wellbeing through monitoring and ongoing disease surveillance of disease and related health issues including disability.

On the other hand, due to poverty and underdevelopment, most countries present a chronic stress for children that interfere with successful adjustments to development including school achievement. Most children raised in poor families are at risk for academic and social problems as well as poor health and wellbeing. Mayall (2017) describes child development as "the ordered emergence of interdependent skills of sensorimotor, cognitive-language, and social-emotional functioning, which depend on the child's physical well-being, the family context, and the larger social network." School readiness refers to skills children need to gain from the education experiences of formal schooling. Educational outcome includes school readiness, retention, dropout, educational achievement and years of schooling completed. Education comes with a broad set of skills that influence children's ability to learn in schools such as physical health, motor skills, communication skills, pre-academic skills, emotional, behavioural, self-regulatory and social skills. Poverty is the main cause of children dropping out of school. (Cuthrel *et al.*, 2010) state that 38% of children in rural areas never attended school or achieved less in school due to inadequate wealth. This analysis shows a strong relationship between socio economic status and student achievement across the country.

Gutman and Feinstein (2021) illustrated how quality education is linked to accelerate child development and how it opens opportunities for children. He also outlined how the school environment as context of learning has played an important role in children's social, emotional and behavioural wellbeing. Positive association between learning and wellbeing shows positive changes from childhood to adolescence. Children's learning and enjoyment in primary school predicts their later wellbeing in secondary school, with some gender differences. For boys, learning in primary school has the strongest influence on behavioural aspects of their later wellbeing, whereas for girls it is more predictive of social wellbeing Gutman and Feinstein (2021). Therefore, is important that children are provided with adequate, accessible and quality education in order for them to become responsible citizens. Evidence from the National Institute of Child Health and Human Development Early Child Care Research Network has shown that children in chronically impoverished families

have lower cognitive and academic performance and more behavioural problems than children who are not exposed to poverty. Similarly, in developing countries, children living in poverty are at much greater risk of never attending school than wealthier children. For instance, most families that have poor educational background may have poor decision-making skills and may have difficulties protecting their children from the effects of poverty associated with child marriages, teenage pregnancies, alcohol and substance abuse than families who are betterly educated with rational decision making. Brandley (2014) demonstrated that families living above the line of poverty are more likely to engage in cognitively enhancing activities with their children than were families below the poverty line. According to Brandley, family characteristics may also influence the association between poverty and children's development and wellbeing.

C. Impact of Access to Basic Needs on Child Wellbeing

Underdevelopment has a negative effect on the wellbeing of a child and has direct impact on the ability of the child to enjoy good life. Every child has a right to grow in an environment that is conducive to promote child well-being. This might include safety, shelter, adequate access to food, clean water, clothing, education, primary health care, and emotional support. UNICEF report (2015) indicates broad range of indicators that include child's physical health, fitness levels, diet, nutrition, protection from all forms of abuse, exploitation and guarantee child safety as being fundamental to child wellbeing. Morrow and Mayall (2017) suggest that childhood wellbeing must be looked at as a multi-dimensional domain of study as it ought to include dimensions of physical, emotional and social wellbeing, and that the focus should go beyond the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures. Another important distinction in the literature is between understandings of childhood wellbeing which adopt a developmental perspective and those that adopt a children's rights perspective (Pollard and Lee, 2015).

Access to basic needs is an important aspect to human development. Every human being requires access to shelter, good nutrition, protection from harm and the need for general emotional support. Food, for instance, is something that provides nutrients which are substances that provide: energy, growth, and all functions of the body such as breathing, digesting food, and keeping warm; materials for the growth and repair of the body, and for keeping the immune system healthy. Abraham Maslow (1944) identified 7 basic human needs as air, water, shelter, food, safety, sleep and clothing. These basic needs can be challenging in an environment facing underdevelopment especially for children and might have a negative effect on the health of a child. Every child has a right to grow in an environment that is conducive to promote child well-being. This might include safety, shelter, adequate access to food and emotional support.

In recognition of the importance of child protection, the Government of Zambia has a legislative framework and protection system that encompasses a range of prevention and response mechanisms (Zambia Violence against Children

Survey report (2014). Through advocacy, technical advice and facilitation, UNICEF has supported the Government to develop and adopt key policies including the National Child Policy, the Alternative Care Guidelines and the National Plan of Action on Ending Child Marriage. The President of Zambia has been recognised as an African Union champion on ending child marriages in Africa as a result of the action and commitment displayed by the Government (UNICEF report, 2015). UNICEF uses the term 'child protection' to refer to prevention and responding to violence, exploitation and abuse against children including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation and child marriage (UNICEF report 2015).

D. Theoretical Framework

A theoretical framework is an important guide to research study. It is the 'blueprint' for a research (Grant & Osanloo, 2014). It is a framework based on an existing theory in a field of inquiry that is related or reflects the hypothesis of a study. A theoretical framework serves as the foundation upon which a research is constructed.

Developmental State theory was conceptualized first by Chalmers Johnson in 1980. Developmental state approach is characterized by development-oriented political leadership bound together by a powerful economic and political ideology focused on development. To argue with the idea of developmental state theory, this theory has helped the East Asia to bring economic growth. The developmental states are known by emphasizing on technical education and economic nationalism. Focusing on technical education the theory assumes that it will help underdeveloped countries attain development status much quicker. Therefore, to employ youth entrepreneurship in the undeveloped countries, the education policies have to be designed in towards technical education base. The Asian Tigers have followed this path which have seen most of them accelerate their development thereby substantially improve the wellbeing of its people including that of its children. Zambia can learn from Argentina, Brazil, Ethiopia, Rwanda and China that have employed Development State approaches, the trajectory that has seen these countries emancipate themselves from underdevelopment. Therefore, economic nationalism has to be the prime agenda for Zambia which is one of the features of developmental states. The concept of underdevelopment is associated with the studying of the third world countries and this theory is concerned with the position of the third world countries in the global arena as developing or underdeveloped countries and the reason why it is so. Economies cannot be classified as developed and underdeveloped economies based on their natural resources, population and sectoral dependency. However, there is a set of common characteristics of underdeveloped economies such as low per capita income, low levels of living, high rate of population growth, illiteracy, technical backwardness, capital deficiency, dependence on backward agriculture, high level of unemployment, unfavourable institutions and so on. It is on the basis of these characteristics that we draw a line of

distinction between developed and underdeveloped economies.

III. METHODOLOGY

This study took a form of descriptive research strategy which incorporated a triangulation approach. According to Craig Mitton (2017), a descriptive strategy is used when you want to describe a particular situation. It observes and describes the behaviour of an individual, community, group or a thing without affecting it in any way. The best part about descriptive strategy is that the subject is being observed in an unchanged and completely natural environment. The study used a quantitative and qualitative survey approach to collect data from 200 children aged between 10 and 18 years complemented by interviews of family heads. Israel Yamane’s formula was used to determine the sample size. The study used purposive and random sampling methods, and questionnaires were used as instrument of data collection, 200 questionnaires were distributed and returned. Descriptive and causal research designs were used, and the study used logistic regression analysis. The study analyzed the data by obtaining descriptive statistics that includes frequencies, and the study

specifically used logistic regression analysis to statistically determine the factors affecting wellbeing of children. As an adoption, this study also used logistic regression analysis. The Model is represented as;

$$y = a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4 + \dots \dots b_jx_j$$

From this regression model; y is the dependent variable (Happiness of children) and x1, x2....xj are the independent variables (e.g. income, access to education and health care, protection, emotional support, etc.); b1, b2bj are the coefficients (interpreted based on signs).

IV. FINDINGS

A. Knowledge on Development and Child Related Policies and Effect on Child Wellbeing

The study found that 69.5% of the respondents knew about education policy-educating the future, 64.0% knew about re-entry policy, 69.0% knew about early childhood education policy, 68.0% knew about HIV and AIDS policy, and 55.0% knew about national food and nutrition policy. Therefore, majority of the respondents knew about development and child policies.

TABLE 1: Logistic Regression Analysis of the effect of Knowledge gap on Child Wellbeing

						Number of obs = 200	
						LR chi2(5) = 77.89	
						Prob > chi2 = 0.000	
						Pseudo R2 = 0.283	
Log likelihood = -98.6826							
Happy with Life	Coef.	Std. Err.	z	P>z	[95% Conf.	Interval]	
education policy-educating our future	2.018745	0.7315335	2.76	0.006	0.5849659	3.452525	
Re-entry policy	-0.0519094	0.6445279	-0.08	0.936	-1.315161	1.211342	
Early childhood education policy	-0.5485862	0.8422144	-0.65	0.515	-2.199296	1.102124	
HIV and AIDS policy	1.120186	0.515046	2.17	0.03	0.1107144	2.129658	
National food and nutrition policy	1.105221	0.4070289	2.72	0.007	0.3074588	1.902983	
cons	-2.238445	0.420747	-5.32	0.000	-3.063094	-1.413796	

Source: Survey Data (2021)

Logistic regression analysis was carried out to determine the effect of development and child policies knowledge on child wellbeing. The study found that knowledge on education policy (educating the future) has a positive effect on child happiness (P-value; 0.006). Knowledge on HIV and AIDS policy had a positive effect on child happiness (P-Value; 0.030). Knowledge on national food and nutrition policy had a positive effect on child happiness (0.007). Therefore, knowledge on education policy, HIV and AIDS policy and national food and nutrition policy have positive effect on child wellbeing. Knowledge about re-entry policy and early childhood education had no statistically significant effect on child happiness and child wellbeing.

B. Effects of Health and Education on Child Wellbeing

The study found that some ward areas are lacking health care facilities, with some having only a few, hence the need to increase health care facilities. The results also indicate that there are ward areas with no secondary school, calling for increase in secondary schools to shorten distances. The study found that 52.0% of the respondents had access to health centre or post within 5 kilometers from home, 91.0% received adequate health care from the hospital/health post, 46.0% were

in school, 84.0% had a secondary school within 5 kilometers, 66.0% indicated adequacy of teachers in schools, and 44.0% indicated adequacy of learning materials in schools.

A logistic regression analysis was carried out to statistically determine the effect of healthcare and education on child wellbeing. Having a health facility within 5 kilometers from home had a negative effect on child wellbeing (statistically significant at 0.061 P-Value), hence more health care facilities are needed close to people’s homes. Adequacy of health care from the facilities had a positive effect on child wellbeing (statistically significant at 0.043 P-Value). Having a school within 5 kilometers from the homes had a statistically positive effect on child wellbeing (0.022 P-value). Number of schools in a ward had a positive effect on child happiness and wellbeing, statistically significant at 0.013 P-value. On the other hand, number of health care facilities in a ward, being at school, adequacy of teachers at school and adequate learning materials at school had no significant effect child happiness and wellbeing.

TABLE 2: Logistic Analysis of the Effect of Healthcare and Education on Child Wellbeing

							Number of obs = 200
							LR chi2(8) = 22.13
							Prob > chi2 = 0.0047
Log likelihood = -126.56221							Pseudo R2 = 0.0804
Happy with Life	Coef.	Std. Err.	z	P>z	[95% Conf.	Interval]	
No. of health care facilities in the ward	0.0417179	0.207201	0.2	0.84	-0.3643886	0.4478244	
Health facility within 5 kilometers	-0.603581	0.3222808	-1.87	0.061	-1.23524	0.0280775	
Adequacy of health care from the health facility	1.184077	0.5856567	2.02	0.043	0.0362106	2.331943	
Being in school	0.4513544	0.3415595	1.32	0.186	-0.21809	1.120799	
school within 5 kilometers from home	1.0572	0.4611265	2.29	0.022	0.1534083	1.960991	
Have adequacy of teachers at school	0.3858375	0.3712172	1.04	0.299	-0.3417349	1.11341	
Adequate learning materials at school	-0.5182405	0.3778419	-1.37	0.17	-1.258797	0.2223161	
No. of secondary schools in the ward	0.4313652	0.1727248	2.5	0.013	0.0928308	0.7698995	
_cons	-2.50291	0.9092345	-2.75	0.006	-4.284977	-0.7208431	

Source: Survey Data (2021)

C. Access to Basic Needs, Protection and the impact on Child Wellbeing

The study found that most of the families for the respondents were living in their own houses. Most of the families for the respondents were earning low monthly incomes. Majority of the respondents were having meals twice in a day, with some having one meal per day. The study further found that 52.0% of the respondents had an iron roofed house for the family, 80.0% of the respondents indicated that the family protects them from negative vices. 88.0% indicated that they protect themselves and 14.0% indicated that the parents/guardians are harsh on them.

A logistic regression analysis was carried out to determine the effect of basic needs on child wellbeing. The study found that families’ income per month had a statistically significant effect on child happiness and wellbeing (P-value 0.04). Protecting oneself had a negative effect on child happiness and wellbeing (P-value 0.004). Furthermore, the study found that harshness of parents/guardians was negatively affecting children happiness and wellbeing (P-value 0.045). On the other hand, the study found that living in rented or own house, living in a house made of bricks, living in an iron roofed house, number of meals per day, family protection from negative vices and protection from the chief or village headmen/women had no statistically significant effect on child happiness and wellbeing.

TABLE 3: Logistic Regression Analysis of the effect of basic needs on Child Wellbeing

							Number of obs = 200
							LR chi2(9) = 21.9
							Prob > chi2 = 0.0092
Log likelihood = -126.67925							Pseudo R2 = 0.0796
Happy with Life	Coef.	Std. Err.	z	P>z	[95% Conf.	Interval]	
Living in rented or own house	0.15131	0.459631	0.33	0.742	-0.74955	1.052169	
House made of bricks	-0.13408	0.558616	-0.24	0.81	-1.22895	0.960784	
Family has an iron roofed house	-0.20806	0.360582	-0.58	0.564	-0.91479	0.498669	
Families income per month	0.61644	0.300716	2.05	0.04	0.027048	1.205831	
No. of meals in a day	0.049328	0.359236	0.14	0.891	-0.65476	0.753419	
Family protects you from negative vices	0.227104	0.381217	0.6	0.551	-0.52007	0.974275	
Protection from the chief and headmen/W	-0.02594	0.334976	-0.08	0.938	-0.68248	0.630596	
Protecting oneself	-1.70345	0.585964	-2.91	0.004	-2.85192	-0.55498	
Parents/guardians are harsh on child	-1.00937	0.503235	-2.01	0.045	-1.9957	-0.02305	
_cons	0.785121	0.996491	0.79	0.431	-1.16797	2.738207	

Source: Field Data (2021)

Wellbeing is generally understood as the quality of people’s lives. It is a dynamic state that is enhanced when people fulfil their personal and social goals, and can be derived from household income, education, resources and health status (Pickett and Wilkinson 2016). UNCEF (2015) indicated a broad range of indicators that affect child wellbeing, and these include child’s physical health, diet, and nutrition, protection from all forms of abuse, exploitation and guarantee of child safety. A healthy diet throughout one’s life is important. Food is the most essential requirement for sustenance of human life. Food leads to overall health and

well-being (Zambia Agriculture status report 2020). Halliwell (2019) also reported that the factors that support better lives are; income, health, good jobs, family and friends, welcoming communities, good government, trust, generosity and a healthy environment. In the current study however, only families’ income per month, protecting oneself and harshness of parents/guardians was affecting children happiness and wellbeing.

V. IMPLICATIONS OF FINDINGS

Based on the findings, the implications of the study are that knowledge about development and child policies has significant effect on the happiness and wellbeing of children. However, not all policies have significant effect on child happiness and wellbeing. Knowledge on education policy (educating the future) has a positive effect on child happiness. Knowledge on HIV and AIDS policy had a positive effect on child happiness, and knowledge on national food and nutrition policy had a positive effect on child happiness. Improving knowledge about these policies can, therefore, contribute to happiness and wellbeing. However, knowledge about re-entry policy and early childhood education has no statistically significant effect on child happiness and child wellbeing.

The study findings also imply that access to health care and education has effect on child happiness and wellbeing. Among the key factors contributing to happiness and wellbeing is having a health facility within 5 kilometers from home, which had a negative effect on child wellbeing, implying that more health care facilities are needed close to people’s homes. Adequacy of health care from the facilities has a positive effect on child wellbeing and having a school within 5 kilometers from the homes has a statistically positive effect on child wellbeing. Number of schools in a ward has a positive effect on child happiness and wellbeing. It’s therefore important to improve access to health care and education for child happiness and wellbeing. For the basic needs, protection and emotional support; families’ income per month has a statistically significant effect on child happiness and wellbeing, protecting oneself has a negative effect on child happiness and wellbeing, implying that children are not able to protect themselves thereby affecting their happiness and wellbeing. Harshness of parents/guardians negatively affect children’s happiness and wellbeing. Food shelter, clothing and water are equally important to the progressive and cognitive development of children and therefore affect their wellbeing to the extent of their availability or non-availability. Other basic needs and support systems are not statistically significant in affecting child happiness and wellbeing.

VI. RECOMMENDATIONS

Based on the findings, the study recommends fundamental improvements in the awareness of development and child policies through campaigns by the Ministry of Community Development; improving access to education and health facilities by government; increased sensitisation about children rights and freedom to insulate children against abusive parents/guardians; and government’s deliberate socio-economic empowerment programmes (human development) of parents / guardians to enable them provide necessary basic needs to their children/wards.

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