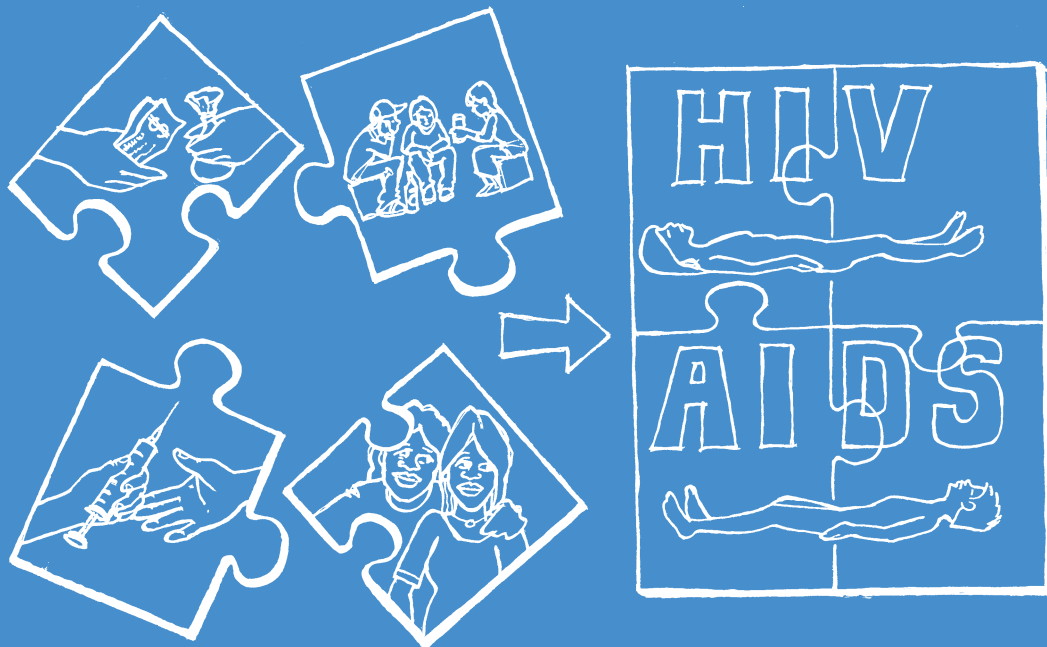


# Working With Street Children

## **MODULE 4**

# **Understanding Sexual and Reproductive Health including HIV/AIDS and STDs Among Street Children**

A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs



**WORLD HEALTH ORGANIZATION**

Mental Health Determinants and Populations

Department of Mental Health and Substance Dependence

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## Introduction

Although the typical age of a street child varies from place to place, the age range includes children in the adolescent period. Sexual behaviour begins before adolescence; during adolescence, major physical and psychological changes occur. These include rapid physical growth and development, social and psychological maturity which bring about enormous social and psychological pressure. Young people, especially boys are exposed to continued pressure from peer groups as sexual experiences may be viewed as achieving or demonstrating competence. Street children are exposed to situations that make them vulnerable to sexual and reproductive health problems on a day to day basis. Their vulnerability to these situations is increased by their lack of understanding of the changes associated with adolescence, the lack of knowledge and skills which could help them to make healthy choices and their inability to access the appropriate services.

This module presents some aspects of sexual and reproductive health and a variety of potential sexual and reproductive health problems, although more emphasis is placed on sexually transmitted diseases (STDs), HIV and AIDS. The **Modified Social Stress Model** is then presented as a framework for understanding the factors that may contribute to these health problems. The six components of the model (stress, normalization of behaviour and situations, effect of behaviour and situations, attachments, skills and resources) influence the likelihood of risk behaviours. An understanding of these factors may be helpful in developing intervention strategies related to sexual and reproductive health including HIV/AIDS/STDs.

### Learning objectives

After reading the information and participating in the learning activities in this module, you should be able to:

- ✓ Describe basic facts about sexual and reproductive health and normal adolescent development.
- ✓ Describe the meaning attached to sexual experiences of street children.
- ✓ Describe risky sexual experiences among street children.
- ✓ Name the consequences of risky sexual behaviour.
- ✓ Outline the basic facts about Sexually Transmitted Diseases/HIV/AIDS.
- ✓ Describe existing perceptions about HIV/AIDS in the community.
- ✓ Apply the MSSM to sexual and reproductive health problems among street children.



## Lesson 1 - Sexual and reproductive health

### 1.1 Sexual health.

In broad terms, sexual health is a personal sense of sexual well being as well as the absence of disease, infections or illness associated with sexual behaviour. As such, it includes issues of self-esteem, self-expression, caring for others and cultural values. Sexual health can be described as the positive integration of physical, emotional, intellectual and social aspects of sexuality. Sexuality influences thoughts, feelings, interactions and actions among human beings, and motivates people to find love, contact, warmth and intimacy. It can be expressed in many different ways and is closely linked to the environment one finds oneself in. The environment can hinder or enhance sexual expressions.

### 1.2 What is meant by reproductive health?

The WHO defines reproductive health as **a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.** This definition suggests that people with adequate reproductive health have a satisfying and safe sexual life, can have children, and can make a choice as to whether they would like to have children and if so, when and how to have them.

### 1.3 Normal adolescent development.

Adolescence is the transitional period between childhood and adulthood. It begins with the biological changes associated with puberty and proceeds through a process of psychosocial changes. Each aspect of maturation does not develop at the same rate. Development in adolescence can be uneven and deviations from the norm can cause alarm in the adolescents and those around them. The general information below will give you an understanding of the importance of sexual reproductive health among street children, most of whom are in this phase of development.

#### Puberty.

Puberty refers to the sequence of physical events by which a child is transformed into a young adult. The characteristic physical changes include those in the reproductive organs and the external genitalia in both sexes, breast development and hip enlargement in the female, facial hair growth and change in voice-pitch in the male. Puberty leads to menarche (onset of menstrual flow) in females and to the onset of ejaculation (of seminal fluid) in males.

## **Psychosocial development.**

- **Identity**

Adolescents select characteristics from many people,- peers, parents, teachers, relatives, religious leaders and famous people. They blend certain of these people's features with their own characteristics to become a unique new person. The new person or identity is not one's final self, but it forms the basis of what one will become. If adolescents manage to work through the contradictions of this process they will develop positive and healthy feelings towards themselves.

- **Sexuality.**

The advent of sexuality and the need to manage it in some way are major features of the adolescent experience. Uncertainty, conflict and a struggle often accompany the awakening of sexual feelings over appropriate avenues of expression. Cultural factors also play an important role in the psychosocial aspects of adolescent development and in the sexual conduct and meaning adolescents generate concerning sex.

- **Gender roles and sexual identity.**

Adolescence serves as the intermediate stage between the shaping experiences of the gender in childhood and the development of the full-blown male or female adult identity.

## 1.4 Meaning attached to sexual experiences.

Sexual activity may signify different things to different people. Such meanings are derived from collective, individual and interpersonal experiences and expectations. Below are some of the important meanings attached to sexual experiences by street children:

- **Comfort sex.**

Street children have a great need to fill the void of normal relations because many have left their families or do not have a family. Street boys sometimes describe sex as “play between friends”. Comfort sex is often exploitative in nature, even though such a relationship provides the child with shelter, basic needs and protection.

- **Sex for power.**

Sometimes, street children use sex as a way of expressing physical power. The younger street children comply for fear of being beaten. Some street boys have said that they have sex with prostitutes because it is a symbol of strength and being a ‘real man’, and to show friends that they are in control. Sex is used to control other street children and make them obey demands and respect ‘hierarchies’ on the street. A street child in Mwanza, United Republic of Tanzania said, “he rapes me because he wants me to know who is in power” (Kuluena street children project, United Republic of Tanzania).

- **Initiation sex.**

This type of sex occurs to initiate newcomers to the group. It is thought to be a way of making the new street children feel they ‘belong’. It is a passage to identity formation. Usually the victims are threatened with violence if they do not agree. Most street children see this type of sexual experience as something inevitable.

- **Sex for punishment.**

When a street child is found not to be ‘going along’ with the group (norms), they may be punished for not abiding by the ‘rules’. Sexual assault is used as a way of punishing a street child.

## Learning Activity



**1. Explain social and psychological pressures in the area of sexual and reproductive health that street children are bound to experience.**

**2. Meaning of sexual experiences among street children.**

Spend some time thinking or discussing in a group about what you have heard or noticed about sexual experiences among street children in your area. Give examples of what you have heard or seen on the following:

Sex for power.

Sex for punishment.

Initiation sex.



**3. Read the given statement carefully and choose one of the following answers:**

Normal adolescence is a complex process of change, in which biological and psychosocial development may proceed at different rates. **True/False.**

Cultural (including street culture) factors do not play a role in the unfolding of adolescent identity, sexuality, and assumption of gender roles. **True/False.**

Sexual behaviour begins before puberty. **True/false**



## Lesson 2 - Risky sexual behaviour among street children and its consequences

### 2.1 Risky sexual behaviour.

A risky sexual behaviour is one that increases the likelihood of adverse sexual and reproductive health consequences. These health consequences may include unwanted pregnancy, unsafe abortion, HIV/AIDS and STDs. Examples of such behaviours are: sexual activity under the influence of substances, sexual intercourse with drug users, unprotected sexual intercourse, commercial sex/survival sex/prostitution, and unprotected sex with a same sex (particularly between males) partner. Risky sexual behaviours in some countries in which the WHO street children project on substance use implemented assessment are given below:

- **Sexual activity and substance use.**

- **Sexual activity under the influence of substance.**

Substance use may influence sexual behaviour in ways that increase the risk of acquisition of HIV and other STDs. The street child's decision on sexual behaviours such as whether to use a condom during sexual activity, whether to negotiate for sex or to use force (rape) depend on the level of intoxication. In general alcohol and other substance use often accompany the early sexual experiences, especially among boys.

### Example

#### Australia and Canada.

In Australia and Canada, many street children engage in commercial sex while intoxicated as they say it helps them not to think about what they are doing.

- **Sexual intercourse with substance users.**

Having unprotected sex with substance users can lead to sexual and reproductive health problems because such persons are more likely to engage in risky sexual behaviour. The risk of acquiring HIV infection through unprotected sex from a sex partner who injects substances is particularly high (see module 3 on effects of substances).

- **Unprotected sexual intercourse.**

Unprotected sex is common among street children. This could result in a variety of sexual and reproductive health problems. Street children spend a lot of time in settings where casual sexual encounters occur (taverns or 'crack houses'). Their risk of acquiring blood borne diseases and STDs such as HIV, syphilis and hepatitis is increased by the fact that they often have sex with persons at high risk for these diseases (people with multiple sexual partners or those sharing injection equipment for substances).

- **Commercial sex/survival sex/prostitution.**

Sometimes street children engage in this type of sexual activity due to the immediate need to secure food and shelter, or as a means to obtain substances or to support their families.

- **Same sex sexual activity**

Street children sometimes have sex with other street children of the same sex. This is much more common among boys. In addition, street boys are often sexually exploited by older men. Engaging in unprotected sexual intercourse can lead to acquisition of STDs.

### Examples

#### **Southern Tanzania.**

Alice is 14 years old and lives in a small village in Southern Tanzania. Her father died when she was very young. Her mother supported the family by producing and selling maize beer. For the past six months, since her mother became ill with tuberculosis, Alice has had to go to a town 80 kilometres away to sell beer in a large market every Wednesday and Saturday. Alice usually travels to town a day before and stays overnight in a cheap hostel where other market vendors stay. Drinking and casual sex are common in the hostel. It provides Alice with an opportunity to sell some of her beer and to exchange sex for other market goods that she can take back to her family. The money she makes from selling beer is never enough to pay for the basic goods required for feeding and clothing her family.

#### **Moscow, Russia.**

Ira, a street girl in Moscow stated “when I could not find a place to sleep, I accepted the invitations of unknown men who pretended that they just wanted to give me shelter. In exchange I had sex with them.”

- **Sexual violence.**

Sexual violence including rape is very common on the streets. Both street girls and boys are at risk. The perpetrators may be strangers or people known to them. Sexual abuse may also occur within the family e.g. forced sex with a stepfather. Because of the unprotected nature of the sexual intercourse, there is a high risk of STDs and other reproductive health problems.

### Example

#### Kampala, Uganda.

Boys and girls talk about the stress of unwanted sex. In Uganda, street girls report being sexually assaulted by older street youth, army men and other adults. Street girls also talk about feeling defenceless in the face of these assaults and advances. Guilt, denial, and mental anguish are described when talking about these experiences.

## 2.2 Consequences of risky sexual behaviour.

### ● Early and unwanted pregnancy.

Street girls may become pregnant because of unprotected sex. Because the reproductive system is not fully developed, they are prone to complications related to childbirth such as premature delivery and obstructed labour. These can cause injuries or death to the baby and the mother. The baby born to such mothers may have a low birth weight and may be prone to infections and illness. Coping with the needs of the child may be difficult for a street girl.

### ● Unsafe abortions.

Pregnant street girls may feel pressured into terminating their pregnancy. They often have no one to turn to for support and advice and they may not have access to reproductive health services for safe termination of pregnancy. They may seek the services of unqualified persons or induce the termination themselves. Unsafe abortions could lead to infections, bleeding, or even death. Damage to the reproductive organs can cause infertility (inability to have children). The stress of the experience could also lead to psychological problems such as depression.

### ● Sexually transmitted diseases, HIV/AIDS.

STDs and HIV infection are consequences of unprotected sexual intercourse with an infected individual. The risk of STDs increases if a person has more than one sexual partner, or a partner (including prostitutes) who has other sexual partners.

### Example

#### Nairobi, Kenya.

Christine had taken to the streets at the age of 12, after being mistreated at home. She was rehabilitated by the Undungu Society and managed to finish primary school education. At the age of 13, she was back on the street. She was living in a gang, with a boyfriend. He would send her out to sell sex to other men. One day she was found unconscious on the pavement and was taken to the hospital where she was diagnosed as having tuberculosis and HIV infection.

## Learning Activity



### 1. Risky sexual behaviours among street children.

Spend some time thinking or discussing in a group about what you have heard or noticed about risky sexual behaviours among street children in your area. Give examples of what you have heard or seen on unprotected sexual intercourse.

### 2. Consequences of risky sexual behaviour.

List some of the consequences of risky sexual behaviour among street children based on what you have learnt in this module and by reflecting on the situation in your community:

### 3. Rose and Joyce

Rose, aged 9 years, and Joyce, aged 7 years, are sisters living in a marginal compound of Lusaka, Zambia. Both their parents are sick with AIDS and cannot work. Although some relatives help the family, Rose and Joyce are expected to help support the family. Every night they set up a small table outside one of the local taverns from where they sell small items, such as eggs, nuts, cigarettes and sugar. Both Rose and Joyce fear the end of the night when the Tavern closes, although that is the time when they conduct their best business. Many of the Tavern patrons are intoxicated and the girls are frequently propositioned with offers of money for sex. At times they are sexually assaulted. They are in no position to try and negotiate with their drunken customers. They fear being physically beaten if they do not succumb. Although the majority of the community does not approve of the drunken behaviour, the assaults are dismissed as 'normal drunken behaviour', with the perpetrators going unpunished.

List the consequences that these children may experience:

### 4. The extent of sexual and reproductive health among young people.

Visit local facilities that offer services to young people. Discuss with service providers the sexual and reproductive health problems of young people in the area. Review some records and determine the extent of the problem. Document this useful information as a basis for planning your interventions for street children.



## Lesson 3 - HIV Infection / AIDS and other Sexually Transmitted Diseases

### 3.1 Background.

Sexually transmitted diseases and HIV infection are among the commonest health problems in the area of sexual and reproductive health in the world today. These conditions are a major cause of morbidity and mortality among the young. It is estimated that one in every 20 adolescents worldwide contract sexually transmitted diseases each year. 34.3 million people are now living with HIV the virus that causes AIDS. Already, 18.8 million people around the world have died of AIDS. 3.8 million of them children. Half of the people who acquire HIV become infected before they turn 25 and die from AIDS before their 35th birthday. By the end of 1999 the epidemic had left an accumulative total of 11.2 million AIDS orphans. Orphans are defined as those having lost their mother before reaching the age of 15 (UNAIDS report June 2000). Street children are particularly vulnerable to HIV/AIDS/STDs because of their circumstances.

### 3.2 Sexually Transmitted Diseases.

STDs are diseases that are passed from one person to another mainly through sexual intercourse. The most common STDs are: **chlamydia, syphilis, trichomonas, genital warts, chancroid, genital herpes, hepatitis B and HIV infection.** Some STDs, such as syphilis and HIV can also be transmitted through exposure to contaminated blood and from a pregnant woman to the unborn child.

During your work with street children, you may encounter children needing help or treatment for STDs. Awareness of some of the common complaints will help you recognize or suspect the presence of these conditions. You could then refer the child for expert care. A street child complaining of any of the following may have a sexually transmitted disease:

- Abnormal discharge from the penis, anus or vagina.
- Burning or pain on passing urine.
- Pain in the abdominal or groin area with fever.
- Pain during sex.
- Blisters, rash or sores on the genital organs.

### 3.3 HIV infection and AIDS.

HIV destroys certain white blood cells that form an important component of the immune system. As the power or ability to resist infections depends on the immune system, such individuals become vulnerable to many types of infections, even those that heal quickly in people with normal immunity. The destruction of the protective white blood cells takes place gradually and therefore a person may be infected with the virus for many years without feeling unwell. As the virus is present in the body, the potential for spreading the disease exists even during this period. After this initial dormant period, the person develops swelling of lymph glands, fever, loose motions, loss of appetite, loss of weight, and fatigue. After a period varying from six months to as long as 10 years, the illness becomes more active and serious infections and related conditions occur. This stage of the illness is known as AIDS (Acquired Immunodeficiency Syndrome). Almost all HIV-infected people will ultimately develop HIV-related disease and AIDS.

Remember that the complaints attributed to HIV/AIDS (fever, loose motions, loss of appetite, loss of weight, fatigue, skin lesions etc.) are common and are also seen in many other diseases. There is no way that anyone (including doctors, street children or you) could diagnose that the street child has HIV or AIDS by simply looking at him/her. The presence of HIV infection can only be confirmed by a blood test.

### 3.4 How is HIV transmitted?

Since the discovery of the virus in 1983 by scientists in France, the routes of transmission were confirmed. HIV infection can pass from one person to the other through the following ways:

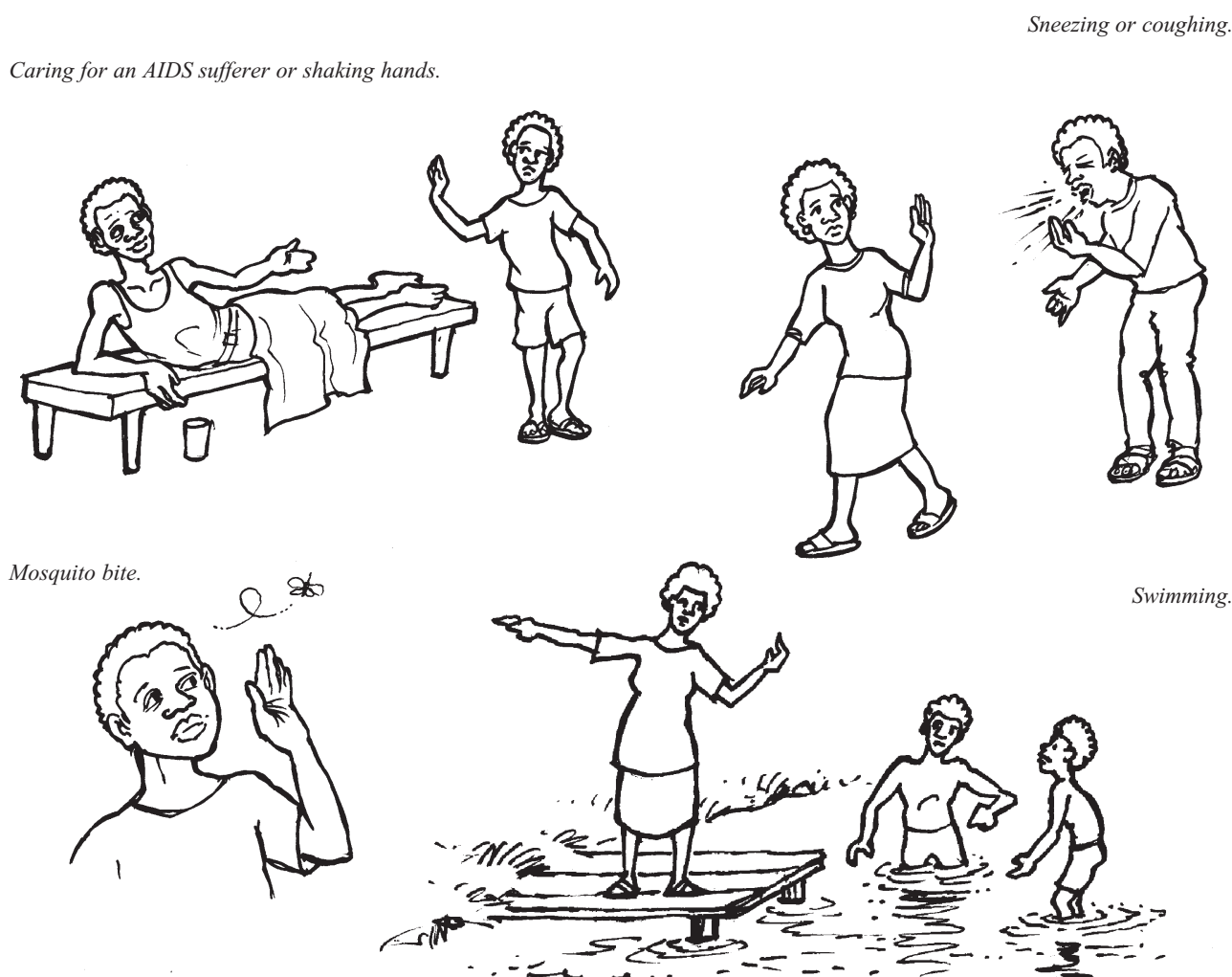
- **Through unprotected sexual intercourse:** a person infected with the HIV virus can pass it on to another when his or her body fluids (e.g. semen, vaginal fluids or blood) enters the other person's blood stream through unprotected sexual (vaginal, anal and oral) intercourse. The virus can enter the bloodstream through cuts, abrasions etc. on the body surface or mucosa. A street child's (street girl) immature vaginal mucosa can easily be broken during sexual intercourse, facilitating the entry of the virus into the body. Sexually transmitted diseases increase the risk of transmission of HIV because some of them cause genital ulcerations or sores which can facilitate the entry or transfer of the HIV infection.
- **Through contaminated blood or blood products:** such as receiving infected blood, using contaminated needles and syringes when injecting drugs, or through skin-piercing equipment contaminated with HIV. The pattern of substance use among street children can have an influence on HIV transmission in two ways:
  - Due to practices connected with the administration of the substance e.g. sharing needles and syringes or mixing the substances in the syringes contaminated with blood.
  - Substance can affect perception, judgement and behaviour, making it more likely that they would engage in unprotected sexual intercourse especially with other substance users using injectable substances.
- **From an HIV infected mother to the child:** this could occur during pregnancy, childbirth and in infancy through breast-milk.



### 3.5 Community perceptions about HIV/AIDS.

Even with the current level of knowledge, HIV/AIDS generates fear and misunderstanding in many people. HIV/AIDS is surrounded by many myths among people in many countries. It is important to understand how HIV/AIDS is perceived in the local community in order to develop appropriate educational messages. Illustrated below are some examples of common misunderstandings about HIV/AIDS.

#### Common beliefs on how HIV is spread



***The various beliefs and exposures in the illustration do not pose risk to HIV infection!***

## Learning Activity



### 1. Local names of STDs.

It is useful to know the local names and common complaints of STDs because most of these infections can be treated at appropriate health facilities. Write down the names and complaints for STDs that are known to you. Ask your friends and work mates for more information or include this question in the Focus Group Discussions. Compare your list with the common symptoms mentioned in the lesson.

**Local name:**

**Presenting complaints:**

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•	<input type="text"/>	<input type="text"/>
•	<input type="text"/>	<input type="text"/>
•	<input type="text"/>	<input type="text"/>
•	<input type="text"/>	<input type="text"/>

### 2. Describe some of the common beliefs that exist on HIV/AIDS in the population.

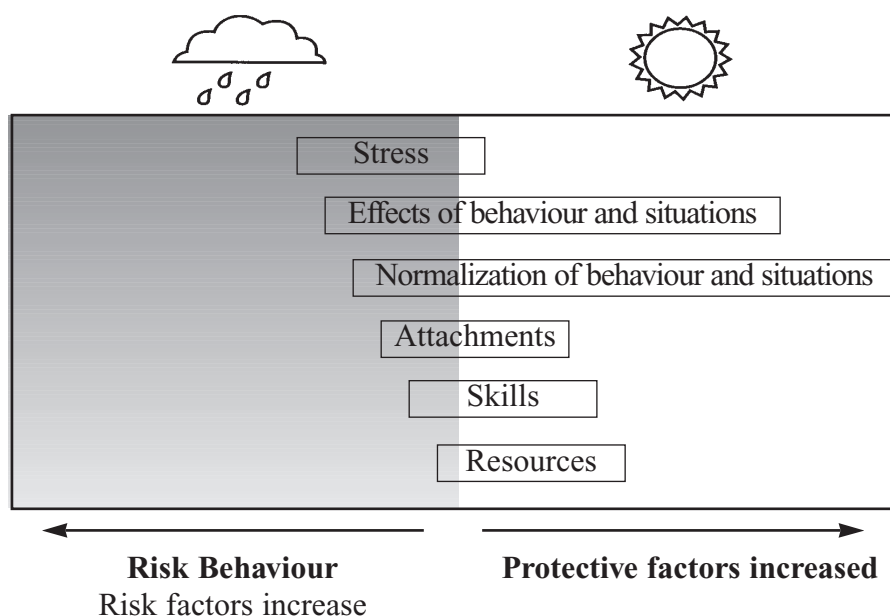
- What are the common beliefs about how HIV is spread?

- List the routes by which HIV is spread, based on what you have learnt in this module:



## Lesson 4 - Applying the Modified Social Stress Model to sexual and reproductive health including HIV/AIDS and STDs

The **Modified Social Stress Model** can be used as a guide to understanding factors that may contribute to the vulnerability of individual street children to engage in sexual behaviour at a young age, or to have unprotected sex. Understanding the combined effect of the six factors listed in the model will assist you in planning interventions that will reduce the risks associated with sexual and reproductive health behaviours. Most examples given were compiled during field activities by the WHO street children project on substance use.



## 4.1 Stress.

A number of stressors can have a profound influence on the reproductive and sexual behaviour of the street child. These include lack of companionship and acceptance, sexual abuse and unwanted sex, economic pressure from family and adolescent development.

- **Lack of companionship and acceptance:** a street child may get involved in a sexual relationship to decrease the stress of feeling lonely or to fit in with the norms of their street groups.

### Example

#### **Moscow, Russia.**

Girls reported suffering conflicts with parents and many came to Moscow on the invitation of a stranger who promised to marry them, but then abandoned them to the streets.

- **Sexual abuse and unwanted sex:** forced sex is common among street children. It may take the form of initiation into the group, or exploitation of the weak by the stronger ones. Street children experience significant stress related to lack of control over such encounters.

### Example

#### **Mumbai, India.**

Girls and boys commonly reported mental, physical and sexual abuse as stressful.

#### **Uganda.**

Boys and girls talk about the stress of unwanted sex. Street girls report being sexually assaulted by older street youth, army men and other adults. Street girls also talk about the stress of feeling they are defenceless in the face of sexual advances/assaults.

- **Economic stress and pressures from families:** street children may engage in commercial sex, for economic reasons. This may be their own decision or their family members may force them into this. Children who engage in prostitution may not be able to refuse unprotected sex for fear of losing customers.

### Example

#### **Moscow, Russia.**

Some girls stole and provided sex for food and money.

#### **Prague, Czech Republic.**

Young girls are brought from rural areas and sold to organized criminals in states of the former USSR for the purpose of prostitution.

#### **Mumbai, India.**

Dowry was another stressor. Some girls stated that they had come to Mumbai when 16 or 17 to seek opportunities because their families could not afford the dowry required for their marriage, and they ended up on the streets. Child marriages are common in rural and urban communities, especially in poverty burdened areas. The boys and girls spoke of the pressures of early marriage as great and unmanageable.

#### ● **Adolescent developmental changes:**

- **Puberty:** street children lack basic information about the changes happening to their bodies during puberty, and how their emotions are affected by these changes. Both street girls and boys may have no one to ask for advice. Street girls may have no one to provide them with important information such as explaining what is happening when their menstrual cycle first starts, and how to observe good hygiene. Similarly, street boys have no one who can explain to them the significance of 'wet dreams.' In the absence of proper information, the street children cannot take precautions against exploitative relationships and risky sexual behaviour.
- **Sexuality:** street children do not have role models that are caring and supportive. They are at a loss as to how they should handle sexual feelings and attractions. Street children also lack information about sex and how to prevent unwanted pregnancy. They do not know where to go for information or are embarrassed or afraid to go to a health service. Substance use can help relieve feelings of embarrassment or confusion about sexuality, but increases the possibility of risky sexual behaviour.

### Example

#### **Australia and Canada**

Many street children get intoxicated before having (commercial) sex, as they say it helps them to avoid thinking about what they are doing.

- **Identity:** Adolescents must also undertake the psychologically difficult task of developing a personal identity (a sense of who they are). For street children, this task is more difficult because they may be separated from their families and native culture. Street girls in some areas try not to appear feminine because they are afraid of being harassed or sexually assaulted. Street boys and girls who have been sexually assaulted, forced into sex work, and those who feel sexual attraction to members of the same sex may need a lot of help and time before they can develop a positive sexual identity. Clarifying sexual identity may be further complicated because there is often a lack of privacy for expression of sexuality and sexual relationships. In the absence of a well-formed identity, their life in general and sexual life in particular may be chaotic.

Certain stressors may decrease the chances of indulging in risky sexual behaviours. A street girl may fear getting pregnant and a street boy may fear a partner getting pregnant. Both boys and girls may not want to face the stress of becoming parents before they are prepared for it. Street children may also fear contracting HIV.

## **4.2 Normalization of behaviour and situations.**

A street child is more likely to engage in early, unprotected sex if this behaviour is accepted as normal in their environment. Problems related to pregnancy and childbirth are more likely if they are accepted as normal and unavoidable. At times, society accepts or promotes patterns of sexual behaviours and situations which contribute to reproductive health problems among street children. These include:

- **Media advertising.**

Street children often get their information about sexual and reproductive health issues from the media. Sex and substance use are often presented in the following way in the media:

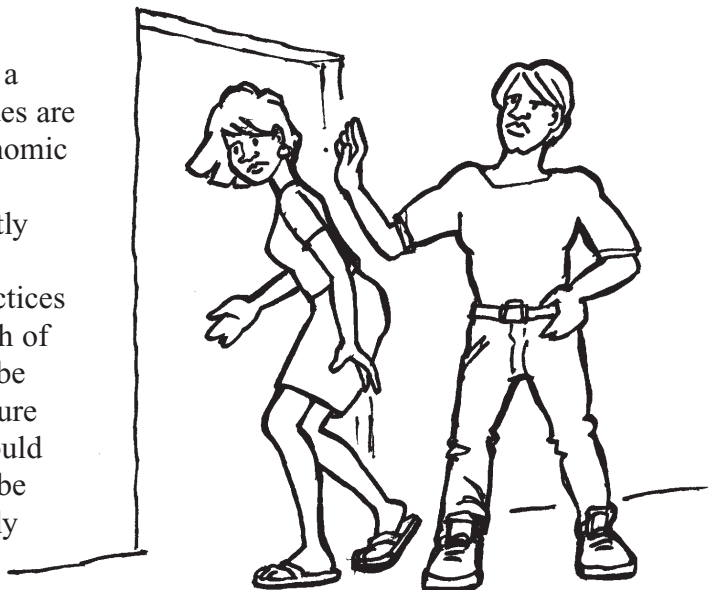
- Sexual themes are used to sell many products in the media in ways that make sex seem very exciting and desirable or as something very normal. Such images influence sexual behaviour among street children.
- Sex is rarely presented as having any negative consequences. Sexual relationships presented rarely incorporate ideas and images that promote or support responsible sexual behaviour (e.g., delaying sex until older, using condoms and other contraceptives to prevent sexually transmissible infections and unwanted pregnancy). Such presentations increase the possibility that the street child will indulge in risky sexual behaviours.
- Advertising shows stereotyped images of men and women, showing men in dominant, unfeeling roles and women as submissive. This encourages the role of force in sexual encounters.

### ● Pornography.

Pornography exists in a variety of forms (videos and films, magazines, photos, sculpture and drawings) within all cultures. Pornography is presented in a much more attractive manner than many of the materials used to promote responsible sexual behaviour and consequently significantly influences the norms that shape sexual behaviour and attitudes towards relationships.

### ● Culture.

Attitudes towards sex and sexuality are a basic part of every culture. Such attitudes are influenced by religious, social and economic factors. The expectations and norms (accepted practices) of the society greatly influence how the street child perceives sexual practice and activities. Such practices affect the sexual and reproductive health of an individual. For example, if sex may be accepted only within marriage in a culture where early marriage is the norm, it would protect against infections, but it would be associated with problems related to early pregnancy and childbirth. The attitude towards the role of men and women is interrelated within each culture to sexual behaviours and practices. The low status or value placed on girls or women increases the likelihood of sexual reproductive health problems in them, e.g. men may demand sex as their right and may refuse to accept the responsibility for contraception.



*In some cultures men may demand sex as their right.*

### Example

#### United Republic of Tanzania

Girls and women often have little control over men's sexual access to their bodies, and the conditions under which sexual encounters take place. Street girls appear to have internalized their role as sexual beings, and see sex as a way to meet their needs. Just as boys understand 'being a man' as behaving in a dominant fashion, girls understand 'being a woman' as pleasing men sexually. In both childhood and street experiences, girls have learned that self-esteem, acceptance, and love are usually available only through sex.

### 4.3 Effect of behaviour and situations: the sexual experience.

If the street child's earlier sexual experiences were positive, he or she is more likely to seek these experiences. If sexual activity brings feelings of power or control to someone who otherwise feels powerless, such feelings may be sought through aggressive sexual demands or violence against others. Street children may enter a sexual relationship to avoid the feeling of loneliness or rejection or to feel desired and accepted. Sex is often used like substances, to help street children forget worries and anxiety or for relaxation, pleasure or comfort.

Negative sexual experiences decrease the chance that a child will indulge in sexual activity. Early and unwanted sex may also lead to distorted perceptions of sexuality.

- **Early sexual experiences.**

The people who are supposed to be protecting them may sexually assault street girls and boys in some situations. One of the lasting effects of child sexual assault can be a difficulty in forming and maintaining intimate, trusting relationships. Some of these children keep forming relationships with potential abusers and others become frightened of developing closeness with anyone.

- **Unwanted sex.**

Being raped or raping others is a common experience among street children. Street children report use of substances to enable them to tolerate physically and emotionally painful sexual encounters.

### 4.4 Attachments.

Street children are more likely to have positive sexual and reproductive health if their strongest attachments are with people who support and practice responsible sexual behaviours (e.g. the use of condoms/contraceptives). Attachments to people who take advantage of them, or allow or encourage risky behaviours increase the vulnerability of street children. Trading sex for friendship and protection is common.

#### Example

##### Mumbai, India

"I am friends with the leader of the area so I am safe, he visits me at night sometimes", says a boy who lives by the railway station in Mumbai, India.



## 4.5 Skills.

There are many skills which can enhance street children's ability to plan and carry out responsible, healthy choices related to sexual behaviour and substance use. These can directly and indirectly decrease their vulnerability to sexual and reproductive health problems. The skills can be grouped into life skills, practical skills, and performance, vocational and livelihood skills (details given in **Module 6: Responding to the needs and problems of street children: general issues**). Life skills (e.g. the ability to be assertive about choices of sexual activities and to negotiate the use of contraceptive method) can help street children resist sex or have safer sex. Similarly, life skills such as problem solving and critical thinking help in healthy decision making. Practical skills like knowing how to use a condom are essential for the practice of safer sex. Livelihood skills would decrease dependence on survival sex. **Module 7: Teaching street children** describes how these skills can be taught.

## 4.6 Resources.

There are many resources that have a positive influence on sexual and reproductive health among street children. The resources can be internal (within the child) or external (in the community).

- **Essential information:** information that covers key points about growth and development, contraception, STDs, the relationship between treatment of STDs and HIV prevention, and counselling for HIV/AIDS testing are critical for street children. Refer to module 3 on internal resources. External resources include:
  - **Reproductive health services:** if services are to make a difference to the reproductive health of street children, it would be necessary to have health care providers who can work with street children in a supportive, non-judgemental way.
  - **Drug treatment programmes:** treatment for substance use may contribute to a decrease in STDs/HIV infection.
  - **Key commodities:** condoms and other contraceptives need to be easily available to street children. In some places, condoms /contraceptives are not generally available to the population at large because of logistical, religious or cultural reasons. In other places condoms or contraceptives may be available to adults but not for street children because service providers or shopkeepers may feel that street children should not have sex.



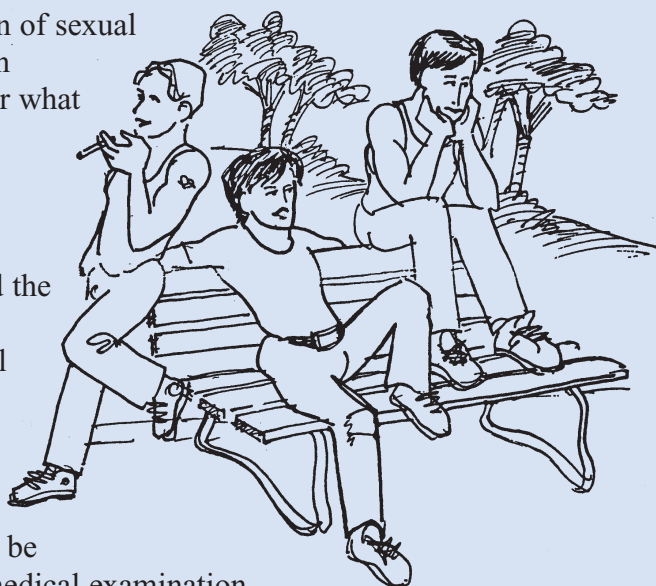
## Learning Activity



### 1. Case Assessment, addressing sexual and reproductive health issues.

Go back to the case of Raphael in **Module 3: (Understanding substance use among street children)**, read what is written about his situation and reassess the sexual and reproductive health issues in his case. Record your assessment on the form on the next page by going through the following steps:

- Begin by describing the child's pattern of sexual relations - determine if the child has begun sexual relations, and with whom and under what conditions.
- Analyse the sexual and reproductive health aspects of the case according to the **Modified Social Stress Model** and record the information under appropriate headings. Record the overall nature of current sexual and reproductive health problems and potential issues related to sexual and reproductive health that may arise.
- Determine whether the child needs to be examined medically. Issues that warrant medical examination include pregnancy and sexually transmitted diseases, including HIV. Decide whether the child needs HIV related treatment or counselling.
- Decide what action needs to be taken to help the child. Carefully review your assessment at each step and think about how you can enhance the protective factors for this particular child. What can help build or enhance the strengths of the child? What can help decrease the factors that are making sexual and reproductive problems more likely?



### Assessment Form

**Pattern of Sexual Behaviour:** Has not begun sexual activity ☐ Sexually active ☐ (please tick)

#### The Modified Social Stress Model.

Stress

Normalization

Experience of sex

Attachments

Skills

Resources

#### Current sexual and reproductive health risks:

Potential problems:

Contraceptive needs:

Need for medical services:

Other health risks (e.g. risks related to substance use, nutrition, and violence):

Now, go back to the first case assessment completed for Rafael in **Module 3** and compare with the one you have just completed which addresses sexual and reproductive health issues. Identify key elements for intervention.

## 2. Tohit.

Tohit is 14 and lives with other young people in a shanty dwelling beside a suburban railway line. He left his home in a remote poor rural area when he was 11. He remembers his family, but he feels that they did not want him because there were too many mouths to feed. He cannot read or write and nor could anyone else in his family. He has had no contact with his family since he left them three years ago.

During the day, Tohit collects rags and other waste to sell. During the evening, he goes to the cinema and loses himself in the stories he sees there. He particularly likes action films. He also likes sniffing glue because it helps him imagine pleasant things and takes away some of his hunger pains.

Tohit has two older friends. One is Hanif who is 16. Hanif does not like Tohit's glue sniffing. Even though other street children use ganja (cannabis), Hanif makes sure Tohit does not. The price Tohit pays for Hanif's friendship and protection is to be one of his sexual partners. Hanif has oral and anal sex with him regularly. Hanif also has sex with girls and other boys, but he tells Tohit that he is his favourite. Tohit feels special. Sometimes having sex with Hanif hurts and he bleeds. He worries about what to do.

Tohit's other friend is Ansari who is 15. Like Tohit, Ansari came to the city from a poor rural area far from the city to find his fortune. He had the name of a man who might give him a job on arrival. Although this did not work out, he did find a job quickly, helping a food vendor. Later Ansari began to work for himself, selling safety pins and other small items on trains, at railway and bus stations. He experimented with sniffing glue, but did not like it much. He is trying to get some education and wants to become a street educator. He likes Tohit, but not Hanif. Tohit likes Ansari, but feels safer on the streets when he is with Hanif.



### Assessment Form

**Pattern of Sexual Behaviour:** Has not begun sexual activity ☐ Sexually active ☐ (please tick)

#### The Modified Social Stress Model.

Stress

Normalization

Experience of sex

Attachments

Skills

Resources

#### Current sexual and reproductive health risks:

Potential problems:

Contraceptive needs:

Need for medical services:

Other health risks (e.g. risks related to substance use, nutrition, and violence):

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# Key Messages

- **Sexuality is part of normal development. Street children often lack information on sexual and reproductive health including HIV/AIDS.**
- **The consequences of risky sexual behaviour include too early and unwanted pregnancy, unsafe abortions, sexually transmitted diseases and HIV infection.**
- **Street children are less likely to seek timely professional medical help and are more likely to undertake dangerous self treatment. This can have serious consequences on their sexual and reproductive health.**
- **Many myths and fears surround the problem of HIV/AIDS. Street educators need to help each other and the community to identify these myths and provide correct information.**
- **The Modified Social Stress Model implies that vulnerability of a child to risky sexual behaviours is increased when, the child's level of stress is high, unsafe sexual practices are considered normal within the child's peer group, sex produces an effect that the child wants, the child has few, weak or negative attachments, has few or poorly developed competencies and coping strategies and few personal or community resources are available and accessible.**



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