

"This Life is Different"

Street Children's Sexual Realities & The APSA-Sexual Health Intervention Programme (SHIP)

By Meindert Schaap and Sonia J. Cheruvillil

Introduction

In partnership with APSA – a leading child rights NGO based in Bangalore and Hyderabad – a comprehensive sexual health program for street children is almost complete. A 2003 research study conducted by Mr. Meindert Schaap forms the foundation for the SHIP initiative. Based on the evidence and realities of street children, the 35 half day session programme frames the intervention through sex-positive messages. It acknowledges the sexual realities of street youth without moralistic or value-laden messaging and explicitly places same-sex identities and behaviors as part of normal sexual expression. The toolkit is an extensive and comprehensive programme that not only addresses HIV and AIDS but also includes topics such as teenage sexual development, STIs, sexual abuse and coercion, teenage pregnancy, and other issues related to sexuality. The 35 sessions are currently being field-tested with 8 NGO partners in 3 south Indian states. The results of the feedback show the sessions to be highly successful and effective.

The following paper aims to capture the evidence-based strategies, methodologies and framework for developing the *Association for Promoting Social Action - Sexual Health Intervention Programme (APSA-SHIP) Children's Toolkit on HIV intervention and sexual health for street and slum children*. It will briefly outline the reality of street children and HIV/AIDS, critique two recent global responses to HIV and AIDS, and describe how the APSA-SHIP programme was developed. It especially will highlight how important research results have been translated into action.

Street Children & HIV/AIDS

Though street children are hard to define and hard to count, estimates of the number of street children range from about 20 million to well over 100 million worldwide. The UNICEF 'State of the World's Children' report 2006 states that the number of street children worldwide "almost certainly runs into tens of millions"¹. What we do know with certainty is that their numbers are increasing for various reasons, including the global population growth (with a teenagers' boom in many developing countries), rapid urbanization, and, in many regions of the world, the AIDS pandemic.

Street children often start engaging in sexual activity at a relatively young age. Moreover, their knowledge, awareness, and skill levels related to preventive measures are low. These factors make street children highly vulnerable to HIV infection. Though there are very few prevalence studies on street children, the existing data show that street children have HIV

¹ For this paper we will use a conservative estimate of 30 million street children worldwide.

prevalences well above the average prevalence in the general population. Reports regularly mention numbers between 5 and 35 times the general population's prevalences. There are even local studies that have found that the HIV prevalence in street children is well above the prevalence found in female commercial sex workers. An informed guesstimate tells that around 100,000 street children worldwide get newly infected each year. Despite these alarming realities, street children rarely have a voice in the HIV/AIDS discourse.

Reaching Street Children – a critique of recent trends

Street children received a lot of attention in the '90s but have recently disappeared more and more as a separate group from the discourse on children in difficult circumstances, and from the discourse on children and HIV/AIDS. To illustrate the latter, the International AIDS Conference in Toronto in 2006, with over 25,000 participants and thousands of presentations and workshops did feature only *one* poster presentation on street children and had just *one* representative of a street children NGO as a member of the panel in *one* workshop. Street children seem to be a rather forgotten population.

In addition to the lack of attention given to street children and HIV/AIDS, several of the more recent global response trends to HIV/AIDS are not benefiting street children. Two of these recent trends – macro- and meso-level approaches, and the 'orphans and vulnerable children' approach – deserve special mention in this regard.

In recent years, increased attention is paid to the more macro and meso level approaches to curbing the spread of HIV. Overall, this is an important response strategy. By improving general health care systems, the overall economy, employment opportunities, education systems, and other larger-scale infrastructures, the expectation is that a reduction in HIV infection rates will follow. However, these macro level interventions do not trickle down to the realities of street children. Though in the (very) long run they may reduce the number of children coming to the street, the 30 million children that are in the streets now will not benefit.

One reason for not trickling down is that, in order to reach the lowest, most vulnerable strata of society, a strong governmental commitment is essential. Unfortunately, many countries where HIV prevalences are high do not show such strong commitments to the poorer sections of their societies. A second reason why these larger-scale responses do not benefit street children much is that they work through existing societal structures such as hospitals, schools, local communities, and families, from which street children are disconnected. Street children are outside of almost all of these structures, and have very few institutional representations. They are – almost by definition – 'outcasts'. As a result, the macro and meso approaches are not very effective in reaching street children.

Another recent approach to the issue of children and HIV/AIDS is captured in the new phrase "orphans and vulnerable children" (OVC). This recent term has drawn impressive new attention to the plight of AIDS orphans. Unfortunately, it has also backlashed on the amount of attention given to street children. One reason is that the term 'OVC' has not been used well. It has been used mainly to talk about orphans, and the 'VC' component of the term, the other

vulnerable children, has been largely overlooked. This attention to AIDS orphans – though obviously important – is disproportionate. As several researchers have indicated, orphanhood is not the best criterion to decide which children need support and attention. Also in terms of numbers, ‘other vulnerable children’ significantly outweigh ‘orphans’. For example, it is estimated that there are 15 million AIDS orphans worldwide against at least 30 million street children. And out of these AIDS orphans, defined as having lost one or more parents to AIDS, the majority still lives with their remaining parent. In contrast, many street children are without *any* parental or even other adult support. Clearly, far more attention is needed for street children’s realities and the realities of other groups of vulnerable children.

Another disadvantage of the term OVC is that it clubs all groups of vulnerable children together. The distinctions *within* the vulnerable children's category are getting lost. This hampers well-targeted approaches, and does not do justice to the complexity of differences between the various groups. As a result, these subgroups are not well recognized anymore, and interventions are less adjusted to each group's special characteristics. This seems to be a dangerous trend because children of sex workers are not the same as street children, and working children are not the same as unaccompanied child victims of war. There is a need to retrieve the various subgroups from the generic phrase “orphans and vulnerable children”. They *all* need special attention.

Reaching Street Children – towards effective prevention

Street children need - and have a right to - a specially targeted, micro-level approach focusing on prevention. Effective prevention programs that help street children change high-risk sexual behavior are desperately needed in order to curb the spread of HIV. However, such programs hardly exist. There is a dearth – even internationally – of well-documented, in-depth behavior change programs that specifically target the special population of street children. As a result, many NGOs do not effectively address issues of sexual health with the children they work with (beyond very basic programs of condom distribution and providing ‘technical’ knowledge on disease). They have little guidance on what to do, and how to do it.

The prevention programs that are needed must be built from the children’s perspective and with a positive approach. Though there are some truths in the cliches that either pity street children, and thus "dramatize" their lives, or romanticize the children's personalities and strengths, it is important to set aside these reactions and let the children speak for themselves. It is they who should define the positives and negatives in their lives. While street children’s realities are often adverse, they are not simply ‘victims’ but also active agents. This also holds true for their sexual lives. It is not useful to view street children’s sexual realities through a narrow viewpoint of victim-hood.

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The APSA Sexual Health Intervention Programme (SHIP) – Research into Action

HIV prevention programs for street children must be built on serious research, and the research results must be translated effectively to the grassroots realities. To ensure an effective targeted intervention for street children, it is important to form a solid evidence-base on the children's realities and their sexual lives. The research studies below form the basis of the SHIP intervention.

The Research Studies - introduction

Three research studies form the foundation of the SHIP programme. First, a detailed international literature study on street boys was conducted. This study showed that most researches remained rather superficial, and focused mainly on describing the children's sexual behaviors and their HIV risk perceptions. Very few quality research studies were found that go more in-depth. What could be found were often fragmented bits and pieces of information. They gave basic information about what street children do, how often, and with whom.

However, information on what sexual activities the children engage in, with whom and how often, is not enough to build interventions. To gain more in-depth knowledge, a study on street boys in Bangalore, India, was conducted by Mr. Meindert Schaap in collaboration with the street children NGO 'BOSCO Bangalore'. This research studied the children's psychologies, their feelings and thoughts on sex and sexuality, and the driving and inhibiting forces at play. Special attention was given to the various roles that sexual behavior may play in the children's lives. Realizing that not all street children are as sexually active, the research aimed at identifying important differences *within* the group that influence children's sexual activity levels. Using this information, hypotheses on risk and protective factors were generated. Thus, this research is one of the very first studies that goes beyond group-level, aggregate descriptions of street children's sexual lives. It systematically explores how *individual* background and psychological variables influence engagement in sexual behavior.

Concurrent with the Bangalore study on street boys, Navajeevan Auxiliam (coordination: Ms. Ilse Willekens) conducted an in-depth study on the sexual realities of street girls in Bangalore. This research is one of the very few studies internationally on the sexual lives of street *girls*. Though unfortunately this research was never fully published, important outcomes of the research were shared in personal discussions and conference presentations. This information was used to help make the SHIP intervention programme appropriate for girls.

Research into Action (1) – street children's HIV-risk behaviors

The research studies mentioned above have provided us with many concrete leads to develop an intensive, evidence-based intervention programme for street children. When it comes to the children's sexual risk behavior, the studies confirm that both street boys and street girls are at high risk of HIV infection. They also show that the children's sexual behavior is very different from the behavior of their mainstream peers.

The levels of sexual activity, the sorts of sexual behavior the children engage in, and the age at which they start to engage in sex, are all very different from the situations of more mainstream youth. Street children engage in sex much more frequently, often engage in high-risk penetrative sexual activities, and start their sexual activities at a young age. Many 15-16 year old street children have unprotected anal or vaginal sex at least once a week, often with multiple partners and street-based commercial sex workers. In boys, anal sex with male peers is very common. Many boys engage in anal sex with other boys well before they start having penetrative sex with girls. Condom use is virtually non-existent. Regarding ages of initiation, the boys' research found that almost all boys were initiated into sex by the age of 12; for the girls, the age of initiation was even lower: 55% of the girls were initiated into penetrative sex before the age of 12, and 37% before the age of 9.

Also, street children's sexual activities regularly happen in a context of drugs and substance use. Many of the 'hardcore' street children in India – both boys and girls – use inhaler drugs. In the boys' research the correlation between drug use and sexual risk activity was found to be high. The children indicated that their substance use may lead them into sex for various reasons. It increases desire for sex and affection, and lowers hesitations and inhibitions. Also, as sexual activity is part of the children's exchange economies (see more below), they may exchange sexual favors for sharing in on the 'solution bottle'.

Street children's views on their sexual behavior and on sex and sexuality can also be quite different from the mainstream "outsider's" perspective. For example, most street children do not see their sexual behavior as a special activity. Sex is not a "big deal". As both boys and girls expressed, "You eat, you drink, you sleep, you have sex". Another finding is that many street boys seem not to perceive same-sex sexual activities as "real sex", but see these more as play or semi-neutral group behavior.

How the SHIP Toolkit has incorporated this information on HIV-risk behavior:

- *The SHIP programme uses concrete tools such as the STOP-tool, the children's "My Private Sexual Health Books", and the "How well am I doing – Self-monitoring page" to help the children reflect on their lives, their attitudes, and their sexual (risk) behaviors. Instead of a simplistic 'ABC²' approach, the SHIP programme uses a comprehensive approach that stimulates the children to come up with alternatives to high-risk sexual behavior themselves. The children are encouraged to make their own informed decisions.*
- *The programme raises self-awareness through a highly personal approach that goes well beyond the topic of HIV and AIDS. Though of course information is given on sexual and reproductive health, giving space to the children to share personal feelings and thoughts forms a large part of the programme. As one of SHIP's mottos states, "Let's not only talk sexuality, let's talk you".*
- *The programme explicitly starts from the children's realities. It fully takes into account the unique characteristics and subcultures of street children. Same-sex activities, sexual abuse and coercion, and exchange sex are discussed openly*

and with a readiness to accept the children's realities, while at the same time giving clear messages about risks and rights.

- *The programme helps the children build a sense of personal control over their lives and their actions. It underlines those factors that are within the child's control, and builds further empowering skills such as 'negotiating for low-risk sexual activities', and 'buying condoms'. A recurring theme throughout the programme is "I CAN!"*
- *The programme is intensive and long-term. The complete intervention has more than 35 half-day sessions, and spans several months. Building self-awareness and achieving positive sexual behavior change, needs time.*
- *Most importantly, SHIP's intervention approach is positive. Fear messaging is well avoided, and the sessions are full of fun activities and games. The approach follows SHIP's slogan "Happy, Healthy, Responsible", in which Happy comes first.*

Research into Action (2) – street children's attitudes towards sexual health risks

The research also shows that street children have ideas about risk that are different from most people's ideas. One of the important findings is that the risk of negative health consequences is of very little relevance to the children. The children often face so many short-term problems that longer-term sexual health risks are not their priority.

Moreover, the entire concept of risk – as used by most interventionists – seems not to fit street children's perceptions well. Many street children just do not care much about risks. Expressions like *"I don't care whether I get ill, or die, let me have pleasure now"* and *"My life is no good, I am no good, I deserve to die"* are common. Several street children also indicated that they did not like to receive 'technical' messages on sexual health risks, as they make them feel bad. They induce feelings of shame, fear, guilt, and anger. Needless to say, the fact that the children feel like this about risks makes an intervention that is based largely on risk concepts very difficult.

Because street children face many urgent problems, they develop a lifestyle of living 'by the hour'. As a result, many street children almost completely lack longer-term perspective. One reason that street children develop this lifestyle is that thinking about the long term has little benefit to them. The chances that they will come up in life and have a bright future seem so small to most of the children, that thinking about the long term only will result in sadness. As such, it is a useful cognitive coping strategy to not think long-term. Unfortunately, not thinking about the future often also means not thinking about risks.

In addition, many street children 'crave' short-term pleasures. Though this may not be a characteristic exclusive to street children, the tendency to opt for short-term pleasures no

² Abstain, Be faithful, use a Condom

matter what the long-term consequences may be, seems stronger in them. This can be seen in their wide use of inhaler drugs, as well as in their sexual behavior.

Finally, many street children are unaware or misinformed about the risks. In the boys' research almost 25% of the children did not associate any risk with sexual activity. Many street boys also believe that anal sex with other boys is safe. The idea that you can see who is HIV infected is also common. One 19-year old, HIV-positive girl, who is in commercial sex work said, "*Someone told me if we have sex daily, our health becomes good. That is why I do it daily*". Even when the children have adequate knowledge of risk, many feel powerless to change their conditions. They perceive their sexual behavior as being outside their control. Sex 'happens'. There are either factors outside them or strong forces within them that make them engage in sex.

How the SHIP Toolkit has incorporated this information on risk attitudes:

- *Sexual health programs inevitably have to address risk. The SHIP programme also pays a lot of attention to providing the children with adequate information and addressing their misconceptions. However, SHIP does not just present the information to the children in a lecture or group discussion mode, but packages the risk messages in fun games and activities. Thus, the children's negative feelings on risks are largely circumvented.*
- *To counter fatalistic and "I don't care" attitudes, the programme provides the children with tools to start thinking about their future. Through a process of small-step goal-setting, positive feelings of agency and self-worth are developed. Self-worth is also increased through the long-term friendly personal relationship that is built with the facilitators. Positive reinforcement methods such as the use of smiley tokens and reward sessions also help build a more positive outlook.*
- *The programme continually balances messages of risk with messages of pleasure and positivity. The stress is on well-being and the positives of sexual health more than on risks.*

Research into Action (3) – street children, sexual abuse, and sex work

The research also provided important data on sexual abuse and coercion, and on sex work. One important finding is that – contrary to most people's ideas – most sexual activity of the children is 'consenting' and with peers, not with abusive or exploitative adults. Mainstream notions that street children and sex are almost synonymous with sexual abuse and prostitution seem not to hold true.

This does not mean, however, that the children are unfamiliar with abuse and sex work. Though most sexual activity is consensual, both the boys and the girls reported high levels of abuse and coercion. The boys' research indicated that one in three boys had been forced into sex at least once, and that another one in three boys had forced others into sex with them. The girls' research found that almost half of the girls had been forced into sex at least once. And it

is not uncommon for both street boys and street girls to exchange sex for money or other material rewards.

When asked for the children's ideas on sexual abuse and sex work, the emic perceptions of the children prove starkly different from our mainstream reactions. Many street boys seem to perceive sexual abuse and coercion as a "normal" and accepted part of street life. What we classify as sexual abuse often seems not to be perceived that way by the boys themselves. As one street boy stated, *"This life is different"*. Similarly, street girls who exchange sex for money often do not perceive this as a form of sex work, but more as an added 'bonus' to the sexual activity. Even those who engage in commercial sex work, often do not see this as negative. As one 11-year old girl said: *"I will continue to do this work, I will get money and enjoyment. Afterwards we will see."*

How the SHIP Toolkit has incorporated this information on sexual abuse and sex work:

- *First, SHIP sees working on issues of sexual abuse and sex work as an integral part of HIV prevention. When these issues are not addressed thoroughly, HIV prevention cannot be complete. This is especially true when working with street children.*
- *The SHIP toolkit strikes a fine balance between accepting the children's realities and perceptions, and giving clear messages about rights and boundaries. Though sexual abuse seems 'normalized' in many street environments, the SHIP programme keeps repeating the message that abuse and coercion are not 'normal' and not acceptable.*
- *Similarly, while accepting the children's realities of sexual exchange economies, the SHIP programme keeps giving the message that any sexual activity that does not feel good in itself (without any other external reward), is objectionable.*
- *The SHIP toolkit takes great care not to label children who have undergone sexual abuse or coercion, or who are involved in commercial sex work, as 'victims'. Even the terms that we use, try to highlight strength and empowerment. Seeing the children as 'victims' may (further) traumatize.*
- *The programme does offer explicit 'safe spaces' for sharing. High levels of trust are built with the facilitators, and the facilitators are given guidelines how they can follow up on individual children if needed. Also, the facilitators preferably are local field staffs who also interact regularly with the children throughout the week, thus giving scope to the children to discuss one-on-one with facilitators outside the SHIP sessions.*
- *Because especially in boys' groups there are chances that several of the participants are also perpetrators, SHIP has set itself the (difficult) task to also work with them. A deliberate effort is made to not assign blame and shame, but to help the perpetrators stop their abusive behavior.*

- *In addressing sexual abuse and sex work, the SHIP programme goes beyond building awareness. Awareness is not sufficient to effect change. The programme therefore runs many exercises through which concrete skills and strategies for the prevention of abuse and exploitation are built.*

Research into Action (4) – street children and the functions of sex

A fourth important outcome of the research is that sexual behavior serves many important, positive functions for street children. Contrary to the general tendency to perceive street children as suffering in their sexual lives, most street children themselves see sex as something positive. It gives them short-term pleasure, and satisfies their sexual urges (as the children say, "body hunger"). Some street children even glorify the sexual freedom and adventure associated with street life.

Sexual activity helps street children to cope with street life, emotionally, socially, and physically/materially. The short-term pleasures of sex can help to reduce negative feelings associated with living in the street. For example, the boys' research suggests that sex is 'used' by the boys as a remedy to counter feelings of loneliness. In the social realm, engaging in sex may be an effective way to fit in with their peer group, to strengthen connections and friendships, and to give the children a dearly needed sense of belonging. It may help them feel 'attached'. For some children, sex may also be a way to exert power over others or gain status. Related to physical or material gain, sex may serve the children functions that are incorporated in the term 'survival sex'. Sex can be an important commodity in the children's exchange economies, and can help to provide money, food, other material gain, protection, and more.

Summarizing, sex is an important commodity. Both the feelings associated with sex, and the functional roles of sex, are of important value. Moreover, sex is one of the very few commodities street children possess. Apart from their bodies, most street children do not have many other possessions to interact with the world.

How the SHIP Toolkit has incorporated this information on the functions of sex:

- *Because for many children sex plays such an important (short-term) positive role, SHIP believes it is very important not to stigmatize or condemn their sexual behavior. The programme tries to value and strengthen the children's agency, and encourages them to make their own informed decisions.*
- *The SHIP sessions acknowledge the various positive roles that sexual activity plays in the children's lives, while at the same time providing the children with concrete tools to reflect on their decisions (for example, the 'Stop-Think-Opt-Practice Board Game' and the 'Tricky Trigger Train'). These methods help the children to question the triggers that lead them into sex, and to weigh the short-term gains against the longer-term losses. The children are encouraged to think of alternative, non-sexual ways to satisfy their non-sexual needs.*

- *Because each child's motives for engaging in sex may be different, SHIP's approach in the second half of the programme becomes more and more individual. Though conducted in group sessions, individual children are helped to analyze their behavior and to set personal goals for behavior change. The larger group is used for positive peer support, in which positive peer influence encourages the individual children to reach their goals. At the end of the programme, the child participants form HHR Peer Clubs (Happy, Healthy, Responsible) that help sustain their process of positive change.*

Lessons Learned

The three years during which the intervention programme was developed and field-tested, have taught us many important lessons. Five of these deserve special mention here.

First, the field-tests as conducted with 10 groups of children over 8 NGOs in three south Indian states learn that the SHIP programme has been very well-received by the NGOs and the children. Both the contents of the toolkit and its spirit are highly appreciated. The children and staff especially like the positive and fun approach to the intervention, and several NGOs have already reported important changes in the children's lives. The children are keen to participate and keep coming for the sessions. Also, the local NGO staff feel much empowered through the programme. After having conducted so many intensive training sessions with the children, they feel experts on sexual health and teenagers, and have grown into experienced trainers.

Second, the field-test results also clearly refute the popular skepticism that youth in India would not be receptive to discussing sexuality openly and explicitly. The SHIP toolkit proves an effective model to build comfort and openness in the children, and to let the children talk about sex and sexuality freely.

Third, the highly interactive 'games' approach and the hundreds of visual materials (picture cards, memory games, special picture dice, etc.) that are part of the toolkit have ensured that the programme is also working well for children who are (semi)illiterate. The field-tests support our choice to develop methods that do not depend on reading and writing skills.

Fourth, though the SHIP programme comes with a series of trainings for the NGO staff (12 days, divided over 3 workshops) and also provides NGOs with on-the-job coaching and support, it at times still is a challenge to make the programme – which deals with a highly sensitive topic – work well. Sexuality is a taboo subject in India, and there are strong initial hesitations to address this topic with youth. Because of the general silence around the topic, most staff do not have much knowledge and are not sensitized to issues of sexuality, sexual health, and sexual rights. For example, attitudes towards homosexuality and pre-marital (teenage) sex are generally negative. Though SHIP invests much time in building increased comfort levels and skills, as well as more helpful attitudes in staff, some facilitators still struggle with this new way of thinking and working. The field-tests stress that staff training and on-the-job coaching are vitally important, and suggest to increase attention to these. Even the best intervention program will only work when the staff are able to conduct it well.

Finally, the field-tests learn that it remains a challenge to make a sexual health intervention program work well with youth who are severely addicted to drugs or substance use. Though the SHIP programme addresses these issues repeatedly, and NGOs are requested to have systems in place in case children want to go for de-addiction, the combination of drug use and sexual risk behavior is a tough one to tackle.

Conclusion

Street children are highly vulnerable for HIV infection and other sexual health problems. There is an urgent need for effective prevention programs aimed at behavior change. To be effective, such programs must acknowledge that street children lead lives and have developmental trajectories that are very different from their mainstream counterparts. Interventions must incorporate the children's special characteristics, and be tailored to the sexual realities of the street. This asks for a highly sophisticated approach. Simple messages and measures will not suffice. As Peter Piot recently stated:

“If we are to get ahead of this epidemic, it is time to come to terms with complexity: Whatever you may read in some journals today, there is no shortcut in HIV prevention. Those who claim that we just need one or two things to prevent HIV (...) are playing with fire.”

Taking into account this complexity of street children's realities also means that simplistic ABC messages and messages based on fear will not work. A positive and comprehensive approach is needed that embeds HIV intervention in broader issues of sexuality and well-being. The SHIP intervention is trying to do just that.

The first feedback on the SHIP intervention shows that a well-targeted, intensive sexual behavior change programme can be effective for street children. Both the NGOs and the children have responded very positively to the sessions. Strengthened by their responses, SHIP will now take the programme into its next phase of scaling-up, and try to reach many more NGOs and children. Though this scaling-up phase will again place many challenges on the programme, SHIP is dedicated to help as many street children as possible claim their rights to sexual health and a positive future.