Meeting the sexual health needs of young people living on the street

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Across the world, some tens of millions of children and young people live on the street (UNICEF, 2006). Although precise numbers are difficult to assess, global population growth and world-wide urbanisation, alongside other social, economic and environmental factors, have inevitably meant a steady increase in their number. In more recent years, and particularly since the onset of the global HIV pandemic, there has been a growing interest in the sexual and reproductive health and wellbeing of homeless children and young people and how best to mitigate the many factors that may increase their vulnerability to poor sexual health outcomes.

Children and young people may find themselves homeless for a variety of reasons. HIV/ AIDS (Ansell and van Blerk, 2004), war and political turmoil (Mann, 2004), and drought, famine and economic crisis (Ochola, 2000), have all been cited as factors affecting young people's movement onto the streets. Other individual factors range from abuse and neglect on the one hand, to the search for economic freedom on the other (Kudrati *et al.*, 2002; Barker and Knaul, 2000). While negative 'push' factors such as war, poverty and abuse may lead render many young people homeless, others are drawn to street life by 'pull' factors such as following friends, desiring drugs, or opportunities to earn money (Kudrati *et al.*, 2002; Casa de Passagem, 1997, quoted in Barker and Knaul, 2000).

Once on the street, young people lose contact with their families and communities of origin to differing extents (Ochola, 2000; Barker and Knaul, 2000; Swart-Kruger and Richter, 1997). As a result, they may lose access to both formal programmes providing information and services to promote their sexual health, and to some of the informal networks from which they can learn about protective cultural norms and values governing sex and sexuality. Although young people living on the street are likely to have complex sexual and reproductive health needs, surprisingly little has been documented about them, and the evidence-base for the types of programmatic responses that might best respond to these needs is weak.

In this chapter, the situations faced by children and young people on the street are discussed alongside the risks to their sexual health. The available literature concerning the sexual health of street living young people is described alongside findings from some recently-conducted research among street living young people in Zimbabwe. As such, the chapter explores how factors identified in the broader literature intersect and affect real lives. While recognising that living on the street presents profound and indisputable challenges to young people's sexual health and wider wellbeing, the chapter discusses the importance of approaches to sexual health promotion that are both meaningful and contextualised within young people's life circumstances. It discusses the inadequacies of viewing street living young people solely through a lens that focuses on their passivity, victimisation

and their need for protection. Such an approach risks both misrepresenting the challenges that these young people face and undermining their collective capacity to define their own responses. Rather, we argue that programme responses which strike a balance between acknowledging street young people's vulnerability and enabling them to take greater control over factors affecting their sexual health are more likely to have a positive impact on their wellbeing.

WHO ARE STREET LIVING CHILDREN AND YOUNG PEOPLE?

A number of definitions of street children have emerged in the literature over the years and, while some differentiation is made between street children and street youth, the terms are frequently used interchangeably. In accordance with the definition of child within the United Nations Convention on the Rights of the Child (UNCRC) (UNICEF, 1989), the term *street children* refers primarily in such literature to all children and young people under 18 years.

Probably the most commonly cited definition of street children is 'any girl or boy...for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults' (Inter-NGO definition, cited in Ennew, 1994, p.15). Most other definitions of street children encompass notions of abandonment, poverty and lack of adult supervision, support and protection (Marino, 2003; WHO,

2000). Yet such designations fall short of adequately describing the range of different circumstances and lifestyles of street living children and young people. Panter-Brick (2003) has identified serious inadequacies and difficulties with the commonly used term *street children.* These include its negativity, its failure to encompass the heterogeneity of street living children and young people and their movement on and off the street, and the fact that the term may be used to reflect particular contemporary social and political agendas (particularly those of donor agencies), often, as a result, deflecting attention away from many other children living in abject poverty.

Similarly, terms such as 'of the street' and 'on the street' used by UNICEF (2000) to differentiate between children and young people living and sleeping on the street or spending their day on the street and returning home at night, have been found to fall short of describing actual experiences. Some young people may sleep on the street for a period of time and then return home (Panter-Brick, 2003; Barker and Knaul, 2000); others spend some time in institutions or in police detention, or move between the houses of others, the street and institutions to meet their basic needs (Barker and Knaul, 2000; Raffaelli *et al.*, 2000). De Moura (2005) has described the multiple changes in social environment experienced by children on the street and illustrated how environments that street children pass through, such as institutions, substitute care, family homes and shelters, can be as transitional as their lives on the streets.

Ochola (2000) has identified at least four categories of children and young people living on the streets of African cities; those who continue to have contact with their families, those who lose family contact, those who live in 'gangs' in temporary makeshift shelters, and those who are living with parents on the street and are part of an increasing number of street families, with some of these parents being 'adolescents' themselves. In their work on street girls and young women, Barker and Knaul (2000) draw a distinction between street girls who have limited contact with their family, and working girls who work with or without other family members in exchange for cash or goods, either in open spaces (such as street markets) or in enclosed environments such as other people's homes. Swart-Kruger and Richter (1997) talk of young people experiencing varying degrees of dislocation from family, school and community, and who work, congregate and/or live in urban areas.

Overall, the proportion of children and young people actually living on the street, as opposed to working on the street, may be relatively small. Studies have also noted that the proportion of girls living on the street is far lower than that of boys (Swart-Kruger and Richter, 1997; Rurevo and Bourdillon, 2003; UNICEF, 2006). Barker and Knaul (1991), for example, have suggested that between 3 and 30 per cent of street living children throughout the world are girls. However, the proportion of girls on the street is on the increase (Raffaelli *et al.*, 2000; WERK, 2002) and, although young women may be less prominent on the street than boys, there is evidence to suggest that it is harder for them to return home and that they

are less likely to maintain links with family (Barker and Knaul, 2000; Raffaelli *et al.*, 2000; UNICEF, 2006).

SEXUAL HEALTH RISKS ON THE STREET

Much of what is written about the sexual health risks faced by girls and boys on the street is linked to the need (either occasional or regular) to engage in transactional or survival sex (see also chapter 4); that is, sex in exchange for money, food, shelter and other basic commodities. Both boys and girls may also secure protection from violence or mistreatment through having sex (Rurevo and Bourdillon, 2003; WHO, 2000). Young people on the street have less access than other young people to information about the risks of sexually transmitted infections, unplanned pregnancies or illegal abortions (Rurevo and Bourdillon, 2003; Barker and Knaul, 2000), and may be misinformed about behaviours that may and may not be hazardous to their sexual health (Swart-Kruger and Richter, 1997; Raffaelli *et al.*, 1993; 1995). They are also less likely to have access to condoms and contraceptive services and advice that enable them to reduce their vulnerability to poor sexual health outcomes (Barker and Knaul, 2000) and may hold negative attitudes towards condom use (Swart-Kruger and Richter, 1997).

There has been a tendency in the literature, however, to make broad generalisations about the risks encountered by street youth in regard to their sexual, as well as physical and mental, health. Such assumptions are made without

fully investigating the nature of what constitutes risks in different circumstances and for different young people, and what processes enable children and young people to cope or negotiate these risks (Panter-Brick, 2003).

Rarely are distinctions made between coercive, exploitative or violent relationships and the romantic relationships (Swart-Kruger and Richter, 1997) that young people may enter into while living on the street. WHO (2000), for example, identifies four main types of sex which young people on the street are likely to have: *comfort sex*, to replace relationships or attachments with others; *sex for power*, or as a means of gaining or maintaining control over others; *initiation sex*, and *sex for punishment*, when young people do not conform to group norms or the rules of group or gang leaders. By contrast, Ranjani and Kudrati (1996), in their work on the sexual experiences of street children in Mwanza, Tanzania, identified the fact that what outside observers frequently perceived as negative or coercive relationships between young people were, in fact, considered, particularly by girls, to be relationships based on love, physical attraction and friendship.

This said, the sexual health risks faced by young people on the street are often inextricably linked to their circumstances and their limited access to resources, a factor which may be more pronounced for girls and young women than for boys. A number of studies in Zimbabwe (Rurevo and Bourdillon, 2003), Brazil (Swift, 1997), Zambia (Lopi and Kiremire, 2001) and Sudan (Kudrati *et al.*, 2002), have all shown that girls on the street have fewer opportunities than boys to make a

living. As a result, they were most commonly found to be limited to petty vending, begging and exchanging sex for money or basic commodities.

To date, there is a limited literature on the circumstances surrounding the street life of girls on the street and the sexual health risks and difficulties they face (Dybicz, 2005; Wutoh *et al.*, 2002). Unwanted pregnancies, street abortions, STIs and HIV, as well as sexual abuse and violence, have all been identified as key sexual health problems faced by girls and young women living on the street (Raffaelli *et al.*, 1993; Barker and Knaul, 2000; Rurevo and Bourdillon, 2003). Girls have also reported commonly being stigmatised as prostitutes, a factor that commonly perpetuates a high degree of sexual violence towards them (Rurevo and Bourdillon, 2003). These sexual health risks are often exacerbated by the practical and psychological difficulties in accessing appropriate support and health services, including a lack of available health facilities and the negative attitudes of health workers (Barker and Knaul, 2000).

While girls and young women may face a wider range of negative consequences to their sexual health including unplanned pregnancy or illegal abortions, the specific risks for boys and young men may be less visible. There is evidence that many boys and young men exchange sex with both men and women for money, food, shelter or basic resources (Raffaelli *et al.*, 1993; 1995; Swart-Kruger and Richter, 1997). The degree of reciprocity within these relationships or the extent to which they are exploitative is poorly understood. Boys and young men who

have same sex relationships with other men are likely to experience stigma and face difficulties in accessing services to promote their sexual health.

The combination of the broader societal and environmental factors that precipitate movement on to the street, the group or social networks they become a part of, and the lack of services and programmes designed to address their specific sexual health needs thus work together synergistically to increase young people's vulnerability to poor sexual health outcomes (Aggleton *et al.*, 2004).

CONTEXTUALISING THE RISK TO YOUNG PEOPLE'S SEXUAL HEALTH - A CASE STUDY

Despite the range of potential sexual health difficulties they may encounter, the risk of pregnancy or infection has been found to be a low priority for street-living young people compared to the need to secure money, food, clothes and shelter (Swart-Kruger and Richter, 1997) or to secure a regular supply of drugs (Inciardi and Surratt, 1997). Young people on the street are also frequently subjected to extensive discrimination and stigmatisation, including police detention or brutality (Inciardi and Surratt, 1997; Ochola, 2000). These factors create a particular challenge for sexual health programming and raise important questions about the types of approaches that may or may not be relevant. The following case study, drawn from recent work in Zimbabwe undertaken by the first author (EC), illustrates some of the complex day to day circumstances for young people on the

street and the types of approaches taken by a non-governmental organisation (NGO) to support them.

In January 2004, a qualitative in-depth study was undertaken commissioned by Catholic Relief Services (CRS) in Zimbabwe (Chase *et al.*, in press). Using a combination of household case studies and semi-structured interviews with children in different circumstances, the study investigated the lives, needs and coping strategies of orphans and vulnerable children and young people and their families in six contrasting sites (both urban and rural). In one of the urban sites, some time was spent investigating the situations of children and young people on the street. Young people were accessed through the sports and outreach activities of the *Streets Ahead* project in Harare. This project, established in 1992, works with 500 or more children and young people at any one time, the large majority of whom are boys and young men.

Staff reported that, since 2000, a combination of economic and social factors has caused a rapid increase in the numbers of children and young people living on the streets of Harare. As elsewhere in Southern Africa, HIV and AIDS have become key 'push' factors in bringing young people onto the streets. As an increasing number of adults become ill or die as a result of AIDS, it may no longer be possible for children who are orphaned to be absorbed in to fragile extended family networks (Baylies, 2002). At the end of 2003, there were an estimated 1,300,000 orphans in Zimbabwe, with 78 per cent (980,000) of these children

having been orphaned as a result of HIV-related illness (UNAIDS / UNICEF / USAID, 2004).

A worsening economic climate and difficulties in securing a subsistence living in rural areas was cited by NGO staff as a key reason for the increasing numbers of children coming onto the streets of Harare. Young people were also reportedly being forced to leave their rural homes following accusations that they supported the party in opposition to the ruling Zanu PF party, or due to the knock-on effect of government land resettlement programmes and the consequent displacement of farm labourers and their families. An increasing number of children have also arrived on the streets of Harare as part of a growing number of street-dwelling families.

Workers at *Streets Ahead* reported that the biggest problems for young people living on the street were a lack of washing facilities, a poor diet, unsafe sexual practices and substance use. The use of drugs, mainly glue and *ganja*, and alcohol make it very difficult to engage young people in education or skills training programmes. More than half of the young people that *Streets Ahead* work with reportedly sniffed glue and/or drank *Kachasu* – alcohol traditionally made from wild fruits, but more recently distilled from fertilizer, soap, chemicals or any other substance available.

Streets Ahead offers a range of services to young people, some of which address their immediate needs, others the wider circumstances of their lives. These include outreach work and counselling, referral to other health and support services, and reunification with families and communities. The underlying philosophy is to work from what the children ask for and not to force a situation or set the agenda, since this latter approach runs the risk of the project team losing contact with children and young people.

Both girls and boys on the streets of Harare were reported by project staff to be vulnerable to sexual exploitation through prostitution. Both women and men in the city were said to pay to have sex with young boys. The perception from staff was that these relationships between adults and children and young people were particularly exploitative with very little money being paid to the young people.

In order to mitigate some of the sexual health risks faced by young people, the project increases access to diagnosis and treatment of sexually transmitted infections (STIs). On average, 25 young people each week are referred to a local doctor for treatment for sexually transmitted infections. Those who have concerns about HIV/AIDS, or who are HIV positive, are referred to local counselling and support services. For those who die on the street from HIV-related illnesses, accidents or other causes, the project pays for a coffin and food for those attending the funeral. A small group of peer leaders have been trained to introduce the project team to new children arriving on the street and provide HIV and drugs

prevention education. Peer group leaders are paid a small amount of money for this work.

The reunification work of the project involves counselling children and their families and relatives. The ethos of *Streets Ahead* is not to place children in institutions but to work with children and young people on the street. The organisation pays school fees and other school-related expenses for 70 children and runs a skills training centre where they teach dress making and carpentry. Children under 14 years old who are not able to cope with full-time education can access informal and part-time education facilities. The project works hard to try to secure birth certificates for children and young people since these are vital for them to access a range of support and education services.

The perceptions of project staff concerning key sexual health and drug issues were largely confirmed through observations and discussions with young people. The following examples, however, illustrate that, for street-dwelling young people, the need to sustain their lives and form meaningful social bonds with others on the street are likely to take precedence over concerns about their sexual health, a factor which has important implications for how sexual health projects and programmes are designed.

John[1] was 19 years old and had been living on the street for eight months. Before then he had lived in a children's home for four years. His father had died in 1997, followed by his mother in 2003. His older brother had left to live in South Africa and his three younger siblings lived in Chipinge with their grandmother.

John described how he spent his day on one particular street in town and slept at the bus terminus, on top of cardboard boxes, using sacks for blankets. In order to earn money, John looked after (stood guard for) or washed people's cars, carried people's luggage or did piece work such as carrying drinks to bars, or cleaning the passage ways between shops. The work that he got dictated how many meals he could eat and he described how he frequently went for the whole day without eating. On a good day, however, he managed to eat in the morning, afternoon and evening. John slept at the bus terminus with about 14 other boys, some much younger than himself. He talked in detail about the frustration of people dropping their rubbish near where he slept and how he worried about the diseases he and the others could get from this lack of cleanliness such as 'malaria, cholera and stomach problems'.

John had been trained as a peer leader at his sleep and work bases and was involved in counselling and educating younger boys about the risks of sniffing glue. He said that sometimes the counselling worked and the boys 'leave it' (stopped taking it).

[1] All the names of young people have been changed and data were collected with guarantees of anonymity and informed consent.

John then described how boys, 'both the older and younger ones', as well as girls were often taken away by 'rich' people from 'better places'. He talked of how they were given money in exchange for having sex with these people. They would be taken away from the streets for a time but would always come back. He did not know how much they were paid but said that they flashed money around when they returned. Both women and men were seen to take boys from the street. He commented that the boys who had sex with men did not talk to others about their experiences but knew each other well and tended to stay together - "They say 'this one is homosexual' and they don't to talk to the other guys on the street". As far as he knew, the boys did not use any protection such as condoms when they had sex.

Chipo, aged 12, was originally from Bulawayo, an Ndebele speaking region of Zimbabwe, although spoke perfect Shona. He first came to Harare with his mother, (who has since returned to Bulawayo), and then ran away to live on the streets - "I ran away and that's why I was not with Mum, I just enjoy living on the streets". When asked to say more about his life before living on the streets, he revealed that his "mother was a problem" and she used to beat him so he ran away. His father, he said, had died in 2001.

Chipo, like John, stayed at the bus terminus with his friends. He talked about having many friends, some older and some younger. He was wearing the only

clothes that he possessed and had no shoes on his feet. Chipo commented that the girls spent time in different bases and he was "not sure" what they did for money to survive. Chipo's main sources of income were begging and collecting and selling empty plastic containers to people who recycled them. He claimed that he ate three times a day and that when there was no money to buy food he picked food from the bins. Sometimes *Streets Ahead* provided them with food and, at other times, he and the other boys cooked together using empty cans for cooking and plastic to light the fire. When asked what foods he ate, Chipo said "we eat sadza, sometimes rice … whatever we can get in the bins".

Chipo talked about his social relationships with others on the street. He described how there had previously been some "horrible guys who were bullies" but that they had been arrested and, to his relief, no longer bothered him. He commented that the older boys protected him from those who were likely to bully him. When asked what he did all day, his response was "sometimes it is so boring and sometimes it is so exciting. It is most exciting when we spend time together, tell each other stories and have fun together".

Tatenda, 14 years old, was really slight for his age. When we spoke to him he was wearing headphones connected to a small battered radio in his pocket and said he was listening to the news channel. He was wearing just one shoe, had very tattered clothes and was holding a plastic bottle with some glue in it. When asked about the glue, he said that one of the older boys had asked him to look after it.

Tatenda told us that after both of his parents had died, he had gone to stay with an aunt who had also died earlier that year (2004). Originally from a high density suburb outside Harare, he now slept on the street on cardboard boxes. He had five older sisters, all married and staying with their families. He did not stay with any of his sisters because their husbands did not want to keep him. Tatenda's main sources of income were looking after cars and begging. He frequently got food from the bins at the supermarket and often went for several days without eating. He talked about how he stayed with his 17 year-old cousin on the street. Although his cousin did not have any money to give him, he protected him. They had developed a reciprocal arrangement between themselves, whereby whoever got or earned money shared it with the other one. His biggest worry was about being arrested by police. He had witnessed some boys being beaten in custody and, although he had never been beaten himself, he had been detained overnight. When asked about the glue in his bottle, Tatenda said that most of the "older guys" had glue which they sold to the younger boys by the lid full from a plastic bottle. The boys sniffed glue, he thought, because "they get drunk from it".

Through the night outreach project of *Streets Ahead,* we met **Tafadzwa**, one of just three girls among a large group of 25-30 children and young people between the ages of nine and their late teens. The area they were congregated in was a work base and a sleep base for some of them, and just a work base for others. When the outreach team arrived, a dispute had broken out. The evident leader of

the group, Kudzai, an older young man probably in his early twenties, claimed that the problem was that Tafadzwa, was “having too many boyfriends” (having sex with different boys) and this was causing problems. The other girls present, friends of Tafadzwa, claimed that she was being forced to have sex with Kudzai. Others present confirmed that Kudzai wanted to control Tafadzwa and would not let her go anywhere without his permission.

Tafadzwa lived and slept on the street and had done so for about four months. Prior to that, she came onto the street only at weekends. She stayed together with one of the other girls in the group. Tafadzwa, who claimed that she was 20 years old, but thought by the project staff to be about 15 or 16 years, revealed that she was three months pregnant. She said that she had been feeling very tired and sick in pregnancy but that she had no money to attend a clinic. The *Streets Ahead* project worker explained that they would help her to see a doctor. Her friends and some of the boys present said that it would be better if the outreach team took Tafadzwa away with them as Kudzai would not allow her to see a doctor.

When the situation escalated, one of the project workers decided to take Tafadzwa off the street because she was not safe. At this point, Kudzai made a joke of offering $500 for her for sex. He became quite aggressive and wanted to be repaid for all the money that he said he had spent on food and drink for her. Tafadzwa appeared very frightened and agreed to leave with the project vehicle.

The observations made in this case study to a large extent accord with themes and issues highlighted in the literature described earlier. The case study has illustrated young people's preoccupation with securing a livelihood and the types of coping strategies they employ to access food and basic commodities. Also evident are the various factors that bring young people onto the street and the complex social relationships that develop between them once they are there. These have been documented to a greater or lesser extent elsewhere.

There are other instances, for example, of girls finding men to "mind" them or aligning themselves to a protective gang of boys in exchange for sexual favours (Rurevo and Bourdillon, 2003). As Barker and Knaul (2000) have pointed out, 'non-normative' sexual behaviour is not necessarily sex work and girls who are sexually available to boys in a gang or group, or who trade sex for food and shelter, may be motivated by the need for security, identity and affection, rather than money.

Examples such as these illustrate not only young people's resourcefulness but also their ability to develop ways of negotiating situations so as to minimise some of the risks they face (Panter-Brick, 2003).

RECOGNISING YOUNG PEOPLE'S SOCIAL NETWORKS AND SOCIAL CAPITAL

Clearly evident in the case study above are the resourcefulness, reciprocity and mutual support that children and young people on the street gain from each other. These more creative and supportive aspects of street living have been largely downplayed in the published international literature. While it would be foolish to deny the reality of young people's more negative experiences, just as important is the fact that it is possible to harness the resourcefulness of young people and engage them in projects such as HIV and drug education with their younger peers.

Earlier in this chapter, we explored some of the language used to describe street children which defines their status in terms of the lack of protection and support awarded them by adults. Yet concepts of childhood, protection and care from adults vary enormously across different cultures and many children assume responsibilities similar to those of adults at a very young age (Mann, 2004; Boyden, 2003). While notions of 'neglect' fit with the constructs of childhood and parenting that have evolved in countries of Western Europe and North America, they may be less relevant (without careful adaptation) in other contexts. Most children and young people living on the streets of resource-poor countries, for example, are not brought up in ways that make them dependent on nuclear family structures for their social support and socialisation. Rather, wider extended family networks and the interdependence between these are more useful frameworks for understanding how separation from these can affect children (Mann, 2004). Even very young children in resource-poor communities are socialised to look after

others, contribute to household and community economies and become self sufficient and independent of the family (Aptekar, 1991; Mann, 2004; Boyden, 2003). As a result, from an early age they learn the value of responsibility and cooperation and develop competencies outside of the experience of most European and North American children of similar ages.

Although children and young people living on the streets may become dislocated, to varying degrees, from established community social networks and their collective social capital, they are clearly able to form new social networks and generate their own social capital. This is both cognitive - feelings of a sense of community and perceptions of reciprocity, trust and shared values - and structural - participation in groupings or networks (Harpham, 2003). These forms of social capital created by young people themselves are not frequently recognised or understood (Harpham, 2002; Morrow, 2004).

Recent research among street children in Columbia has revealed the existence of complex social networks that serve an economic purpose by day and a social/ supportive purpose by night (Aptekar, 1991). Other research has demonstrated that young people on the street may replicate family structures and assume the roles of ‘wives’ and ‘husbands’ (Barker and Knaul, 2000). Significantly, as in families in other settings, these display both positive and negative characteristics. Ochola (2000) has described the intricate ties established between young people on the street and their frequent involvement in groups or gangs that have two key

sets of functions; maintenance, including providing an identity, support and relief from daily anxieties for group members, and task-orientated, directing income generating and survival activities. This same work has identified complex organisational structures and specialisation of activities by groups within distinct geographical boundaries to increase group effectiveness. An understanding of these mutually supportive networks between children and young people is likely key to the design of sexual health programmes in street contexts.

IMPLICATIONS FOR FUTURE PROGRAMMATIC RESPONSES

Several themes emergent from both the literature and the research in Zimbabwe are relevant to the design and implementation of future programmes designed to promote the sexual and reproductive health needs of girls and boys living on the street.

First and foremost, programmes need to take account of the often complex reasons why young people end up on the street (Kudrati *et al.*, 2002). Girls and boys may have different motivating factors as to why they are on the street. Once the street becomes their source of livelihood, they may also have different ways of accessing available resources. On the whole, boys seem to have a wider range of economic opportunities than girls. A degree of gender differentiation is therefore required of health promotion initiatives which take account of the distinct circumstances of girls and boys and recognise that interventions that work for

boys will not necessarily always be appropriate for work with girls. Gender may also combine with age to render young people more or less vulnerable in terms of their sexual and reproductive health (Swart-Kruger and Richter, 1997).

A careful analysis of the distinct life contexts of children and young people living on the street is required in designing appropriate sexual health programmes. These contexts vary widely across different parts of the world (Raffaelli et al, 2000; Ochola, 2000). Street living young people experience diverse trajectories in terms of social mobility and outcomes, ranging from the prospect of death on the street (in Brazil) to the prospect of stable employment, marriage and children in Nepal (Panter-Brick, 2003).

Programmes limited to increasing knowledge and awareness about HIV and other adverse outcomes of unprotected sex can only expect limited success since the sexual health of young people is inextricably linked to wider social, political and legal contexts. While selling or exchanging sex may be a choice for some, for others, unless other opportunities to diversify their economic activity are available, there may be few or no alternatives. Ironically, campaigns against child labour and legislation that criminalises children's work on the street does little to promote alternatives to the trading or sale of sex as a means of survival (Swift, 1997; Rurevo and Bourdillon, 2003). Similarly, restrictive programmes that remove young people from the street and institutionalise them, or return them to untenable situations from which they have fled, are unlikely to be successful

(Rurevo and Bourdillon, 2003). Rather, the programmes more likely to be successful are those that appreciate the problems of children and young people as they experience them themselves, and respect their competence and right to take part in making decisions that affect their lives (Rurevo and Bourdillon, 2003; Inciardi and Surratt,1997; Dybicz, 2005).

In the broader literature of approaches to promoting young people's sexual health, there are examples of how this work can be contextualised. Rather than focusing solely on the sexual health aspects of young people's lives, these needs are addressed through a wider range of activities designed to promote young people's participation in education and other social activities, as well as to support their rights to citizenship, non-discrimination and access to services and support. There are clear similarities between these approaches and the work of the *Streets Ahead* project described earlier.

The *Casa de Passagem* project, in Recife, Brazil (in Barker and Knaul, 2000), for example, offers a drop-in centre for street girls and young women. Food, shelter and medical assistance are provided along with counselling and psychological support. Basic education and vocational training opportunities are also on offer. In addition to these activities, the project runs a preventive health outreach programme. Following an eight month comprehensive training course covering citizens' rights, family planning, body care, sexual abuse, sex education and STI prevention, women's rights, gender and self-esteem, girls and young women become paid health outreach workers for their peers. Activities have included

individual and group peer counselling, condom distribution, preventive healthcare presentations and health theatre productions

The *Baaba* project in Kampala, Uganda (International Bank for Reconstruction and Development/ The World Bank, 2003) is a peer-led sexual health rights (SHR) project promoting the sexual health of street children. The project works to sensitise all NGOs working with street young people about their sexual health rights and build capacity to meet their sexual and reproductive health needs. A team of three hundred 'Baabas', or peer educators, provide sexual health and HIV prevention education to other young people on the streets. In addition, Baabas run workshops on the sexual health rights of street children to local councillors, the police and child rights advocates.

The *Street Children Development Centre* in Quezon City in the Philippines [2], provides an outreach service to street children and young people focusing on values and life-skills education. These include informal sessions or discussion with children, usually in streets or car parks where children congregate. Topics discussed include self-awareness, sex education, health, HIV and drugs, basic literacy, stress and conflict management, and children's rights and responsibilities. Time is spent by outreach workers in gaining the confidence of street youth. Young people also have access to a health drop-in service. If they develop sexually transmitted infections, these 'windows of vulnerability' are used to

[2] http://www.geocities.com/sdcincph/

encourage young people requiring treatment to enter into health contracts. As part of the contract, young people agree to stay in the health centre for the two week treatment period. This time enables them to get well and provides an opportunity for further health education and prevention work. An important finding from this initiative is that street children have begun to recognise the symptoms of STIs in their clients. They not only reported refusing sexual contact at this point, but also brought clients to the health centre for treatment.

Sexual health promotion interventions, on their own, are unlikely to positively impact on the broader social and economic factors in the lives of street living young people that increase their vulnerability to poor sexual health outcomes. More comprehensive and long-term support for economic, social, environmental and educational welfare is required in order to enable young people living on the street to make positive choices about their sexual health (WERK, 2002; Ochola, 2000; Dybicz, 2005).

This said, however, there are a number of key principles that can be drawn out of the literature and from the case study cited from Zimbabwe which appear to point to a degree of success in enabling services to engage street living young people in sexual health promotion programmes. Services that spend time getting to know young people, and establishing trusting relationships with them, are more likely to have a positive impact on young people's sexual health. Outreach work appears to create a sound basis for understanding the young people's sexual relationships and sexual contexts and for responding appropriately. Most importantly, these services

are non-judgemental of young people and their lifestyles and create consistent and caring relationships with young people over time. Such approaches also acknowledge young people's sexuality and promote their rights to sexual health information and services. The above are but a few of many examples of how harnessing the resourcefulness of young people and acknowledging the strength of their own social networks and social capital are vital to the success of programmes designed to promote all aspects of health, including sexual health. Investing time in terms of comprehensive training and support, and remunerating young people for their work as peer educators and leaders, are important components of this approach.

CONCLUSIONS

Despite the variability and volatility in the circumstances of young people living on the streets of cities around the world, evidence of resilience and resourcefulness in extreme situations abounds. Sadly, however, relatively little work has been done to understand how young people's capacity to generate their own health promoting social capital may be best used to promote their sexual and reproductive health. 'Protecting' the vulnerable from identifiable risks remains the overriding paradigm that informs many responses to children and young people in adverse situations. Applied uncritically, rather than assessing risk and vulnerability as relative to the competences and abilities of young people, such a paradigm ignores the fact that children and young people have varying degrees of

agency, resourcefulness and resilience to cope with adversity. An analysis and response that focuses only on de-contextualised and generalised sexual health risks, both undermines young people's capacities to analyse and find solutions to their difficulties, and may lead to inappropriate and deficient programmatic responses.

Key principles central to analysis and planning for sexual and reproductive health promotion relevant to young people living on the street therefore fall into five key areas - putting the young person first, promoting meaningful participation, gender equity, a rights based approach, and tackling risk and vulnerability within the distinct context of the young person's life (Aggleton *et al.*, 2004).

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