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# Working With Street Children

# MODULE 6
# Responding to the Needs and Problems of Street Children

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



**WORLD HEALTH ORGANIZATION**
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# Introduction

Street children have many problems related to substance use and sexual and reproductive health including HIV/AIDS and other STDs. As different individual and social factors contribute to these problems, a variety of responses are required. This module describes various levels of interventions and outlines important areas that need to be considered when responding to the needs of street children. For the most part, as a street educator the interventions you will be implementing will focus on changing or influencing the life of the street child. However, to be effective you will have to:

- Ensure that street children participate as key players in these interventions.
- Coordinate groups or individuals in the community who work with street children.
- Ensure that services and resources are available to street children.

Suggestions are also provided on how you can play a part in activities that influence the life of street children beyond the local community.

Interventions aim at providing information, building basic skills, providing counselling, improving access to health services, creating a more positive and safe environment and involving the street children themselves in various activities concerning them. Each of these areas is presented in detail with examples.

Finally, the **Modified Social Stress Model** is presented as a framework for organizing responses to substance use and other risk behaviours in street children.

## Learning objectives

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

- ✓ Describe the three levels of responding to the needs and problems of street children.
- ✓ Explain how you can create a safe and supportive environment for street children in your area.
- ✓ Describe the importance of providing information, building skills, counselling and involving street children in various activities concerning them.
- ✓ Identify the important skills that street children in your area require.
- ✓ Compile a list of available health services for street children in your local area.
- ✓ List ways by which you can involve street children in the activities that concern them.
- ✓ Apply the **Modified Social Stress Model** in organizing response to substance use and other risk behaviours of street children.



# Lesson 1 - Responding to the needs and problems of street children

Street children need various resources to meet their physical and emotional needs. Resources can be internal (inside a person), e.g. intelligence, capacity to work etc., or they can be external (outside the person i.e. in the environment), e.g. schools, health services, community organizations and people who care. Even though street children usually have many internal resources, they usually lack external ones. Without these external resources, they may have a hard time learning new skills that would help improve their lives. It may be more difficult for them to develop healthy ideas and practices about substance use if they do not have the benefit of resources such as street education and informational campaigns. If they have fewer ways of coping with stress, they may fall back on substances to relieve it. Your task involves identifying these resources and making them available or accessible to street children.

## 1.1 Levels of responding to the needs of street children.

The question of prevention or treatment of substance use and sexual and reproductive health problems and providing support to street children can be approached at three levels:

1) Individual level (street children).
2) Local community level.
3) Beyond the community.

The way an individual street educator responds to the needs and problems of street children depends on the circumstances of the street children, availability of resources and the cultural norms and expectations. The response to these problems must be complimentary and comprehensive, taking into consideration other individuals and organizations in the community who might be needed to implement the selected intervention. There is a need to be clear about your own role in the implementation of selected interventions.

## 1.2 Working at the individual level.

Responding to the needs and problems at the individual level requires targeting street children who are currently using substances, at risk of using them in the near future or at risk of sexual and reproductive health problems. You can target street children either as individuals or groups. The strategies that can be applied at the individual level are building basic skills, counselling and improving access to health services. Each of these are described in the next lesson.

## 1.3 Working at the community level.

Local communities sometimes undertake programmes to help their residents. These programmes may emphasize prevention of health problems, health promotion, community development and referral of substance users for further assistance to health or other services. Interventions for street children should compliment other activities in your community. The strategies that can be employed at this level include community action, providing services and ensuring that resources are available. These are described in the next lesson.

## 1.4 Working beyond the community level.

It is possible for street educators to influence what happens far beyond their area of work, especially in creating safe and supportive environments. They can do this primarily through advocacy, which influences policy development, and may lead to improved health services. Such activities can be regional, national, or even international, with the results directly or indirectly influencing the local area.

## 1.5 Maintaining support.

Whether it is a prevention or treatment intervention, the impact of the interventions needs to be maintained. This can be done by emphasizing the importance of the intervention throughout its application, and by assisting the street child in participating in various activities, e.g. reminding him/her to attend a specific service, assisting with transport, and offering advice and support for not missing the next appointment.

Ensure that a particular street child has access to a supportive person when problems arise. You might be that person or you might be able to link the street child with someone else in the community who can provide that support.

# Learning Activity



**1. Ways of responding to street children's problems.**

In small groups or individually, make a list of ways you have responded to street children's needs and problems. Group them at the appropriate levels:

Individual level.

- 
- 
- 
- 
- 
- 
- 

Community level.

- 
- 
- 
- 

Beyond the community.

- 
- 
- 
- 



# Lesson 2 - Types of responses

There are no simple solutions to the problems of street children. A number of individual and social factors contribute to the problems, and therefore a variety of responses are needed to deal with them. Five major categories of responses promote healthy development of street children and help in preventing and responding to their health problems. These are: creating a safe and supportive environment, providing information, building skills, counselling, and improving services. It is generally recommended that these interventions are combined.

## 2.1 A safe and supportive environment.

The term environment is used to refer to what a child encounters outside of himself or herself in daily life. It refers to the political, legislative, legal, economic, social and cultural context of the child's life, including opportunities to get an education and gain livelihood skills as well as the opportunity to experience positive relationships with other people. This broader environment influences behavioural choices. The aim of creating a safe and supportive environment is to promote positive behaviour among street children.

- **Interventions to create a safe and supportive environment.**

  Environmental factors that may affect street children include: attachments, such as a caring family, friends, and other adults; social norms, such as attitudes towards street children, attitudes towards sexual activity among young people; resources, such as opportunities for street children to go to school, to have a place to play, and to develop livelihood skills and get paid work; and policies, such as laws on child labour and access to health services (details are provided in **Module 10**). Some examples of interventions that can be aimed towards each of these factors are given below:

- **Attachments.**

  - Linking children with families or creating family-like groups to help meet the needs of children.

  - Increase communication skills in families and build parenting skills so that parents develop a more positive interaction with their children.

  - Youth support groups.

## Example

**South Africa: Reunification.**

Mpho had been on the streets of Johannesburg for as long as he could remember. After a year at the Centre, at the age of 14 years, he began asking the staff to take him home. On assessment of reasons for his leaving home, it was found that his mother had abandoned him. He claimed that he had a vague idea of where his relatives lived. On three occasions, the staff took him to the township where he said he came from, and drove around while he tried to orient himself to the surroundings, but he could not find the house which he was looking for.

A month later, all the children on the street were invited to attend a major function. One of the members of a band playing at the function began talking to Mpho. It turned out that this was his uncle, the one that he had been looking for. During the same week, a home visit was made, and the street educator gathered information about the child's biological parents. The family had never known his father, and his mother had not been seen in many years. His uncle and aunt agreed to take the child to live with them. The street worker did an assessment of these relatives, and found them to be caring, capable of supporting the child financially, and willing to participate in counselling.

They soon moved to a rural area because they were concerned that Mpho would be tempted to return to the streets. Follow-up was done regularly and recently a letter and a school report were received. Mpho had passed his fifth grade at school. He had also started to settle down and had made a few friends in his new environment.

**Guatemala: Casa Alianza's Mothers and Babies Programme.**

During the past few years, a whole generation of street children has been growing up on the streets of Guatemala City. These are babies born to young girls - 13 years old and up - mostly as a result of prostitution. The Casa Alianza Mums and Babies Programme is a residential programme. The environment allows for a bonding to take place between the young mother and her baby. Both mother and child receive full medical support. During the morning hours the mothers either attend school or participate in a job-skills training programme. During this time Casa Alianza staff care for their babies. In the afternoons, the mothers participate in the ongoing activities of the home, which include learning better skills in how to take care of the baby and keep it healthy.

- **Social norms.**
  - Offering participatory group activities to share and discuss basic facts regarding prevention of HIV/ AIDS and STDs, using peer- and adult-led approaches.
  - Using the media to increase the acceptability of talking openly about sexuality.
  - Anti-drug, anti-tobacco and anti-alcohol lobbying groups.

- **Resources.**

  **Providing services:**
  - Developing links to services which provide screening and treatment for substance use, sexual and reproductive health including STDs/ HIV.
  - Establishing community youth centres and 'drop-in centres' where street children can go for support, advice, and counselling.
  - Making selected commodities available; e.g. condoms and other contraceptives.

  **Ensuring resources are available.**
  - Encouraging accessible and sensitive health services.
  - Forming youth and special interest advocacy groups.
  - Working with local school systems to facilitate re-entry or partial day school participation for street children.

## Example

**Ermita, Manila: Outreach.**

A foundation for street children in Ermita, Manila, established several group homes where street children can live and receive many different services. The staff quickly realized that the group homes were not suitable for all street children. Some children ran away from the homes and returned to street life. The staff organized an outreach programme. It sends street educators out to the places where street children gather during the day or at night. The street educators gradually form relationships with many of the children they meet. They find out the needs of the children, offer advice to them, help them obtain educational and health services, and encourage them to join the programmes at the group's homes.

- **Policies.**

  **Advocacy.**
  - Developing a comprehensive street children policy (education, health, welfare, housing and employment policies that do not discriminate against street children).
  - Promoting government policies that reflect the relative risks and the social, economic, and health costs of different substances (less control of relatively harmless substances; strict control of the most harmful substances).
  - Insisting that news and entertainment media provide responsible coverage of sexual behaviour and advocating for the restriction of advertisements which promote substance use and high risk sexual behaviour.

  **Law enforcement.**
  - Ensuring that guidelines for prescription practices are followed.
  - Bringing legal action against individuals who commit violence against street children.
  - Ensuring that health, welfare, housing, employment and educational services are fully accessible to street children, the poor, youth, and minority groups.

- **Enabling environment.**

  - Development of strategies that assure human rights.
  - Changing laws which limit access to education and services for girls who are pregnant.
  - Forming links with groups of lawyers and others who are interested in protecting the rights of citizens, including street children.

## Example

**Philippines: Creating child protection laws.**

The role of adolescents, particularly working and street youth, in advocating for the passage of a law (R.A. 7610) against child and youth exploitation has been realized in the Philippines. The adolescents on the streets were assisted to hold Regional and National Congresses in which legislators were invited to listen to them. The adolescents also met with them in the Senate and House of Representatives. NGO Coalitions with support from the Department of Social Welfare conducted advocacy sessions and meetings with members of the legislature. The law was passed and its implementation is now to be monitored by an Inter-Department (Ministry) Committee recently established by the President with the support of an NGO Advisory Group.

## 2.2 Providing information.

When street children and the community are enlightened about issues that affect them, it is easier for them to react positively to these situations. Information lays the basis for interventions that follow, such as the building of skills and counselling. Information on the effects of substance and risky sexual behaviours and resources address two of the components of the **Modified Social Stress Model**.

Street children should be provided with information on growth and development, sexual and reproductive health, substance use, prevention of disease (e.g. dental care), promotion of good health (e.g. physical exercise, nutrition) and other issues such as rights and laws (details are provided in **Modules 7, 8** and **9**). They should also be told about resources available in the community.

When working with street children it may not be possible to find an appropriate place or time to provide information to them. Take advantage of as many situations as possible whenever you are in contact with street children.

It is also possible that the information provided can have a negative influence on street children. Information should therefore be formulated properly and given using the appropriate and accepted channels. Some of the issues you need to avoid are providing information that:

- Blame street children for their substance use and sexual activities. Such messages could be misinterpreted resulting in street children not paying attention to the information.
- Are exaggerated and frightening. Scare messages have been found not to have the desired impact on recipients of the messages.
- Describe how to prepare and obtain substances can give street children ideas on how else they could prepare and where to obtain the substances they need.
- Glorify substances and sex could push the street children to emulating these (review modules aspects of the MSSM on adverting and sponsorship).

It is necessary to have a thorough understanding of the topic to be communicated and the provider of information should be credible. If street children are being used in the delivery of information, they should also have a full understanding of the messages. Use appropriate media that is acceptable within the local context.

### Example

**Mumbai, India**.

A street educator from Bombay reported: “once when I sat with the boys at the railway station platform they were rating the girls arriving from the local trains in order of attractiveness, giving them marks for their looks. I took this opportunity to give them a message. I told them, “Be careful. Do you have a condom? Don’t forget to use it.” I know this intervention may or may not work. Probably I will not even know whether it worked, but at least the message is given. (Street educator from Bombay, India)

## 2.3 Building skills.

The daily life of street children is likely to be full of dangers, pressures and stressors. Children frequently turn to substance use and other risky behaviours to cope with these circumstances and to fit into the street culture. Street children need to develop healthier, more constructive coping strategies. As identified in the **Modified Social Stress Model**, use of psychosocial skills influence the likelihood of substance use or other risky behaviours.

Building skills is the process of facilitating learning through a set of structured activities. It is intended to equip a street child with new or improved strategies for dealing with the daily life on the street and with specific situations that they are likely to experience. Many types of skills can help a street child to plan and carry out responsible and healthy choices. These include; life skills, practical skills, performance skills, vocational and livelihood skills.

**Life skills.**

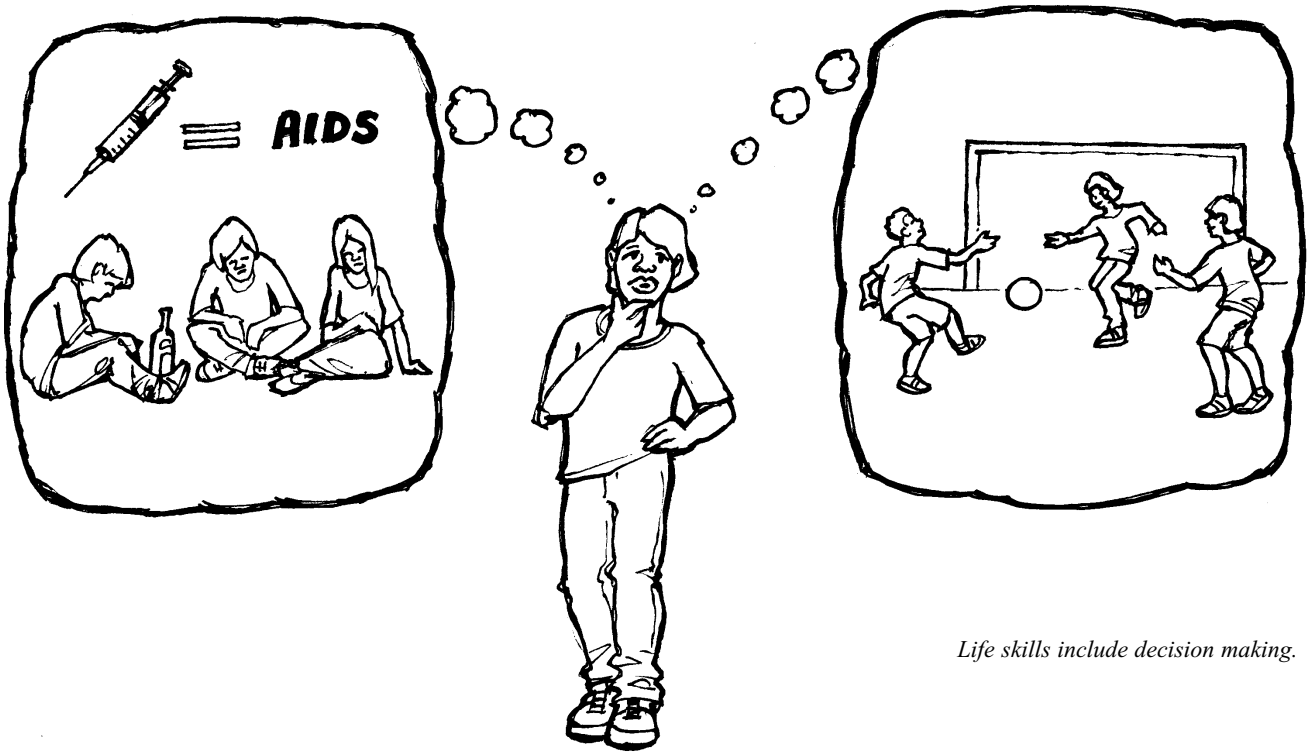
Life skills are defined by WHO as 'abilities for adaptive and positive behaviour that enable individuals to deal with the demands and challenges of everyday life' (WHO, 1993). Some of these skills are mentioned below:

- Decision making and problem solving.
- Creative thinking and critical thinking.
- Communication and interpersonal skills.
- Self-awareness and empathy.
- Coping with emotions and stress.

**Life skills could enable the street children to:**

- **Be assertive:** e.g. the ability to state one's dislike for sex or substance use clearly. This skill helps street children to communicate their needs and to resist social pressures.
- **Negotiate:** the ability to discuss and get others to agree to what one wants. A street child could negotiate to use a contraceptive method such as condoms during sexual intercourse.
- **Think critically:** street children can learn to assess potential risks in various situations ahead of time, and think about why they engage in risk behaviour. A street child who knows the problems that may arise from substance use and realises that he or she uses substances as a way of making friends or coping with stress may try to find other ways of addressing those needs and avoid getting involved in using substances.
- **Develop self-awareness and self-esteem:** increasing understanding of personal strengths, interests, personal priorities and goals. This can decrease the attitude of 'just letting it happen'.
- **Make and build friendships:** having real friends can be a source of support and protection and may help street children resist pressure from adults who try to exploit them, for example, for sexual favours.

Life skills can also help street children in taking the opportunity to get off the street. Helping street children think about strategies for getting off the streets will need to include creative ways of getting them to think beyond their current situation.




*Life skills include decision making.*

## Example

**South Africa: Breaking the vicious cycle of survival.**

'An important part of the work that workers at 'STREETS' engage in is getting the children and youth to think about the future. This is usually facilitated during activities such as art, dance, drama and other creative type workshops. The children and youth are asked to reflect on what they would like to be or do in the future. They are then asked to reflect on what steps they need to take in order to reach their desired goals. On a number of occasions the younger children tend to see going back to school as a step they should take. This is the starting point of getting them to think about going back home and back to school'

**Points to remember.**

- **Interdependence of Life skills:** Life skills are not applied in isolation, rather they depend on each other. For example, to learn decision making, street children should be able to identify their feelings about their situation and what they want out of life (self-awareness).

- **Linking the teaching of life skills to the cultural context:** The learning and application of life skills needs to be closely linked to the reality of the street children's lives. This is important because if children are to communicate assertively to resist negative social pressures without endangering themselves, they will have to learn socially acceptable ways of asking for what they want.

**Practical skills.**

Some examples of practical skills and their benefits are given below:

- Knowing how to use a condom and other contraceptive methods correctly can contribute to reduction of reproductive health problems.
- Learning how to play sports and games can increase street children's ability to participate in recreational activities as an alternative to substance use or risky sex. Participation in some recreational activities can increase self-efficacy, confidence and assertiveness.

**Performance, vocational and livelihood skills**.

Street children can be taught reasonable and legal ways of making a living. Such skills decrease dependence on sex as a means of earning money and consequently the child can try to refuse harmful relationships. Learning a trade or a craft to earn a living through apprenticeships, formal and informal group or individual instruction, or by trial and error enhances the confidence in one's ability to cope even when work is not easily available. Literacy helps in similar ways.

## Example

**Mumbai, India.**

In a project in Mumbai street boys learn in shelters where they are given responsibilities. They cook for at least 100 people every night, and handle the cooking for 2,000 boys at monthly special fairs.

## 2.4 Providing counselling .

Counselling is a process of interpersonal communication where the person with a need or problem is helped to understand his or her situation in order to make decisions on how to respond.

Before providing any counselling, you must receive training or identify resource persons or facilities where you can refer street children when they need counselling. Counselling is important among street children especially in times of crisis, such as sexual abuse or other forms of violence. It addresses the stress component of the **Modified Social Stress Model**. Peer counselling has been used for the prevention of pregnancy and STDs, and in the reduction of use of alcohol, cigarettes, and other substances.

**The goals of counselling are to:**

- Build a trusting relationship that fosters communication.
- Encourage the street child to be active and take responsibility for recommended interventions.
- Reduce the street child's fear and distrust of services that might be necessary for their betterment.
- Provide emotional support.

The main skill that needs to be practiced when counselling is called empathy. This involves listening to the street child, understanding him or her, and communicating this understanding back to the street child. Empathy requires you to respect the street child and show that you believe in the street child's ability to find his/her own solutions. Avoid giving advice, providing solutions, moralising, arguing, sympathising, interpreting or withdrawing. This enables the young person to speak freely in an atmosphere of trust. Your approach to the child must be positive, honest, individualized, and culturally sensitive.

### Example

**Uganda: The Aunts Project.**

The Aunts Project in Uganda involves selecting and training women to be counsellors in addition to working as prevention educators in villages. Young women can go to the counsellors to talk about a broad range of issues related to relationships, personal goals or other worries and concerns. The programme is aimed at the prevention of HIV. It is based on the premise that HIV prevention will be enhanced by helping girls to explore HIV related issues in the context of their own situation. The girls may be referred by adults or come to the 'Auntie' counsellor on their own for help about issues such as whether to begin sexual activity, how to seek a marriage partner, worries about pregnancy and STDs. The women are known in the villages as counsellors, not AIDS counsellors specifically to make it more likely that young girls will want to talk with them and because this reflects their role of helping clients in various ways.

**This approach can be explored and linked with both substance use and sexual and reproductive health!**

## 2.5 Improving access to health services.

Health facilities provide general health care, emergency care, disease prevention and health promotion services. These services can play a major role in preventing health problems by promoting and supporting healthy behaviour and identifying and safe-guarding those at increased risk of developing problems. Health services also help in the detection, treatment and rehabilitation of street children with illnesses and injuries when they arise.

**Why do street children fail to access health services?**

The health problems of street children are similar to those of other children. However, their problems are more profound because they often do not have access to services that are available in the community. The common reasons why street children may not seek health services are:

**Fear.**

- Children may not want to appear feeble or different from their peers.
- They may not trust health and welfare services because they believe that these services are a cover for police or child protection agents who want to capture them .
- Because of threats from adults who exploit them (these adults may fear that the children will tell law enforcement authorities about their activities).

**Inaccessibility of services.**

- Appropiate health facilities may not exist in their neighbourhood.
- Services may be too costly and the process of obtaining care may be too time-consuming.
- The agencies may not assist a child without the presence of a guardian or a legal document.

**Attitudes of health workers.**

- Health workers may reject street children because of the stigma attached to them.
- Workers may not feel capable of caring for substance users and may therefore refer them on.

**Attitudes of street children.**

- **Low self-esteem:** they may feel that they will not be attended to at health centres.
- **Resignation:** they may feel that the future holds nothing for them, so the idea of making efforts at healthy living may not have much appeal for them.
- **Self-care:** they may be sensitive to their health needs but may feel that they can manage the problems by themselves or with advice from their friends (often the advice is wrong).

## Example

**South Africa.**

A youth from South Africa said: "the clinic staff aren't always friendly to young people. The clinics are overloaded and have long queues. The staff are so busy they don't have time to counsel people properly....."



*Staff are not always friendly to young people.*

## Example

**Guatemala.**

During a mission to Guatemala, a WHO officer from the substance abuse department reported the following:

"While talking to a group of street children, it was found that one of the street children had been stabbed. His friends took him to the hospital but he was not admitted until the officer from the WHO street children project convinced the doctor to clean and sew the wound. When the boy recovered from anaesthesia at the hospital, he was discharged. His friends took him to the park where they stayed. He remained under a tree for several days. Other children would bring food and water for him. They would also encourage him to inhale glue to relieve the pain".

## Examples of improving access to services

**Calcutta, India.**

An NGO called CINI-ASHA in Calcutta has a sick bay unit for children brought in by street educators from various contact centres. This ensures early diagnosis and appropriate health care in the presence of street educators, making the street children feel comfortable. Children are also encouraged to learn the basics of health care. After recovering the child is given the option of joining a vocational training course or non-formal education classes at contact centres of the NGO.

# Learning Activity



**1. Creating a safe environment.**

Rose and Joyce (repeated)

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. They spend most of their time on the streets. 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. The tavern is always full and offers a steady flow of customers. Both Rose and Joyce fear the end of the night when the tavern closes. Although this is the time when they conduct their best business as everyone leaves the tavern, it is also a dangerous time. 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 that they will be beaten physically 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.

In what ways can you create a safe and supportive environment for these girls who may soon become totally dependent on street life when both of their parents die?

**2. Providing information.**

A 15 year old girl by the name of Ziporah has of late been appearing tired and less cheerful. On being asked, she tells you that she has been finding it difficult to survive on the street because she has no money, and is now involved in selling sex to some authorities who come to patrol the streets at night. She trusts these men because they are married and she does not expect to contract any diseases. However, she feels guilty about her behaviour. She has started taking alcohol to reduce the emotional pain. You realise that Ziporah lacks information about the potential risks she faces.

Discuss and make an outline of information you are going to provide to Ziporah in 15 minutes.

**3. Skills of street children.**

Saidi, Themba and Nsama are 3 very impressive Malawian street boys aged 15, 16, and 17. You have met them on several occasions during your work and have established a trusting relationship with them. You also have had an opportunity to visit their shelter which they have constructed behind the market stall with pieces of wood they collected from construction sites and industrial areas. The shelter is an example of great ingenuity. It is stable and has been constructed neatly.
You have observed that they really do not want to spend much time with you. When you search hard for Saidi and Themba you normally find them watching football or playing a game with a "ball" made out of rags. Nsama, however, sits around along a small suburban shopping centre watching men and women sewing or mending clothes for a variety of customers. He has told you that he has a lot of interest in sewing. You have thought about ways you can help these children. You are now in a position to take steps.

- Describe the skills these children show.

- What specific training do they need to help them get out of the current situation?

- What resources do you need to be able to help these children?

- Explain the steps you will follow to respond to the training needs of these children.

- What skills can you help build among street children in your area and what resources do you need to support your strategy?

**4. Field visit.**

- Visit organizations that provide vocational education.
- Share your ideas about building the skills of street children.
- Find out how these organizations could help you in your work of building the skills of street children.

**5. Providing counselling to a street child (repeated).**



When he was about 11, Raphael began smoking tobacco and, by the age of 14, he started sniffing solvents. A year later he was smoking cannabis. Most of his friends use these substances. The substances are easy to obtain. Raphael's friends have recently persuaded him to try amphetamine tablets. He likes the rush he experiences when he uses amphetamines as it takes his mind off his troubles. He believes that amphetamines also make him more adventurous in his sex work. Consequently, he has begun using amphetamines more often and is thinking of injecting substances. During his time on the streets, Raphael has been beaten and raped by other street children and some of his clients. Some of the other sex workers are good friends, but others harass him by calling him 'gay' and by telling him "you have AIDS and you are going to die". Raphael does not know if he is infected with HIV, the virus that causes AIDS, but he is afraid to go to the health clinic to be tested. He likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as games, drama, music, and literacy classes. Raphael is aware that counselling can be sought when one wants to know one's own HIV positive status. Raphael approaches you as a street educator about this problem.

- Do you think Raphael can benefit from counselling?

- Give reasons.

- Why is it important to select peer counsellers carefully and follow their counselling and educational work with other street children closely?

**6. Health services for street children.**

15 year old Monica approaches and pulls you to a secluded place. You sense that she wants to talk to you about something personal. Using your good communication skills you quickly establish a rapport. With a sad expression on her face, Monica explains that she was raped by 4 boys two months ago. Since them she has not had her menstrual cycle and that she had sought advice from another street girl who told her that she could be pregnant and directed her to a local medicine woman to terminate the pregnancy. Monica did go to seek help from the local medicine woman who gave her substances which she introduced into her birth canal. She has not been feeling well since. Monica wants you to help her.

- Plan the steps with Monica on what should be done to be able to implement your advice .

- Discuss the reasons why street children do not access health services in your area.

- What can you do within your local community to help street children access health services?



# Lesson 3 - Involving street children

## 3.1 Importance of involving street children.

Street children can be a great potential resource if given the support and opportunity. Involving street children can result in their commitment to take measures to reduce substance use and reproductive health problems that affect them. They must be given a greater degree of control over the services provided to them. However, they cannot do all that is needed alone and they need the partnership of street educators and others who care about their welfare to ensure that what they are doing is correct and appropriate.

## 3.2 How to involve street children.

There are many activities in which street children can be involved. These include peer education, advocacy and forming street children's organizations. Peer educators can teach and persuade other street children to adopt new behaviours and skills. For example, peers who are seen as role models can play an important part in making the use of condoms for prevention of STDs and pregnancy acceptable. Similarly they can demonstrate to street children using substances that it is possible to live without using substances.

### Examples

**Peer educators in Manila.**

The Junior Educators Programme aims to provide street children with the basic knowledge and skills needed to function meaningfully in society. Street children aged 11-17 years have been trained to provide basic education skills to other children. The programme also serves as a training ground for future staff of a local centre for alternative education. The Junior Educators receive training in communication skills, typing, planning, facilitating meetings and group discussions, poster making, outdoor photography, art, music, and self defence. They are also helped to realize that they are worthy human beings, and that they are capable of understanding the realities of their own lives and doing something about it. The educators work in the street, in communities where children live and work with their families, and in a local centre where they offer more structured learning activities. The Junior Educators have also been trained in methods of sharing information about HIV/AIDS/STDs, and basic counselling techniques to help peers with problems related to substance use and reproductive and sexual health. Adult support and weekly meetings where they talk about their experiences and learn new skills have been important elements in keeping the programme going.

**Using street children in counselling.**
After a year on the streets of Manila, Edwin and his brother came across Bahay Tuluyan (welcome house), a drop-in centre offering accommodation and legal advice to street children. Regular attenders are trained as counsellors so that they can work with other vulnerable children. Theatre, art and play are used to encourage children to open up (Source: Save the Children- Protecting Children).

# Learning Activity



## 1. Involving street children.

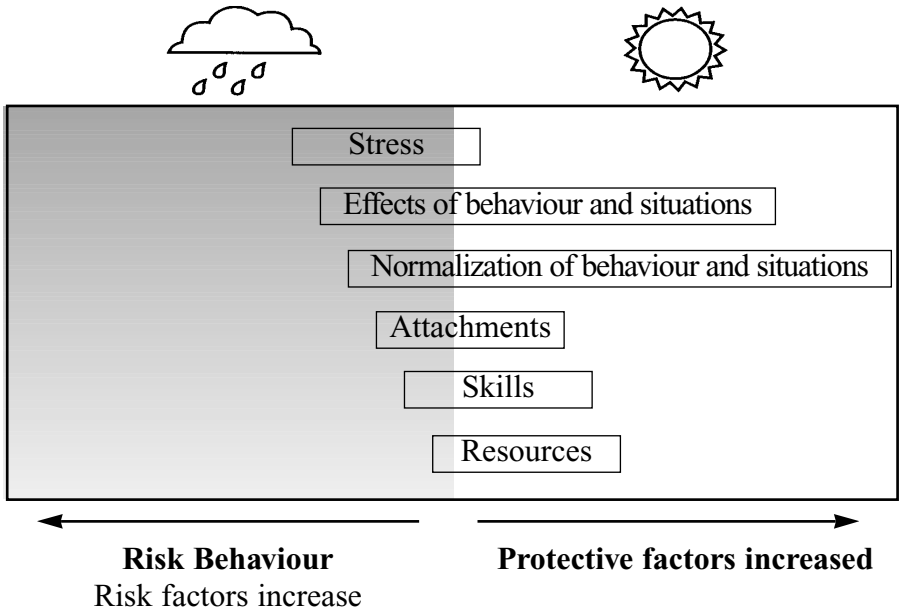
- Share your experiences about involving street children.

- Based on what you now understand about involving street children, make a list of ways you can encourage participation of street children in the improvement of their well-being.

# Lesson 4 - Interventions aimed at various factors related to the Modified Social Stress Model

## 4.1 Importance of the Modified Social Stress Model.

The **Modified Social Stress Model** highlights the risk factors and protective factors which influence decisions regarding risky behaviours. This makes it easier to decide on which strategies would help the street child the most.




## 4.2 Interventions with the Modified Social Stress Model.

All six components of the model (stress, normalization of behaviour and situations, effect of behaviour and situations, attachments, skills, resources) influence the probability of indulging in risk behaviours. Therefore, intervening in any one of the six areas could help the street child in leading a healthier life. Intervening in more than one area increases the chances of benefit.

Intervention should be aimed at various components of the model and arranged according to the level of intervention. There are many examples that could be provided, but only a few are given to allow you to be innovative enough to include what is feasible in your local situation.

| MSSM Components | Individual | Community | Beyond the community |
|---|---|---|---|
| **Stress** | | | |
| Life events | Crisis counselling | Organizing support groups for disaster victims | Developing connections between emergency, relief and youth agencies |
| Enduring strains | Vocational training | Drop-in centre | Developing services that are accessible to street children |
| Everyday problems | Training in living skills eg cooking, budgeting | Community recreation centres | Bringing legal action against individuals who commit violence against street children |
| Life transition | Orientation programmes at schools/work places using peer approaches | Telephone hotlines for community information | Developing national plans for resettlement and urbanization |
| Adolescent developmental changes | Training in parenting skills for teenage mothers | Providing information to adolescents through posters, pamphlets, and magazines | Developing national policies concerning youth |
| **Normalization of behaviour and situations** | | | |
| Availability of substance | Close supervision by parents/guardians | Community awarenes programme | Establishment of legal minimum age of purchase |
| Price of substance | Restricting personal finances | Lobbying groups | Increasing taxation |
| Advertizing sponsorship, promotion | Critical thinking skills | Advocacy for restriction of inappropriate advertising | Advocacy for regulation of advertising/ sponsorship by government |
| Media presentation | Building skills in analyzing media | Organizing advocacy groups of youth | Mass media campaign |
| **The effect of behaviour and situation** | Information on risky behaviour eg. unprotected sex, sharing needles | Educational campaigns on consequences of risky behaviour | Promoting government policies on risk reduction strategies |
| **Attachments** | Peer-support programmes | Promoting community emphasis on traditional culture and religion | Promoting policies which maintain the family unit |
| **Skills** | Training in psychosocial life skills | Street outreach programmes | Promoting skills training in health/educational policies for youth |
| **Resources** | Training youth as peer educators | Promoting information networks | Advocating for priority funding for youth programmes |

# Learning Activity



Based on what you already know about the lives of street children and the **Modified Social Stress Model**, think of one or two activities and services that would have a positive impact on each of the components of the model at the individual, community and beyond the community levels.

**MSSM**

**Stress**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

**Normalization of behaviour and situations**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

**Effect of behaviour and situations**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

**Attachments**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

**Skills**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

**Resources**

| Individual | Community | Beyond the Community |
|---|---|---|
| | | |

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# Key Messages

- One may respond to the needs and problems of street children by adopting strategies at any of the three levels of intervention: the individual, the local community and beyond the community.
- Comprehensive strategies aimed at alleviating the problems of street children should initiate the creation of a safe and supportive environment, provide skills, information, counselling, and improved access to health services. They should also involve the street children.
- The reasons why street children do not access health services include fear, inaccessibility of services, attitudes of health service providers, and their own attitudes.
- Peer education and counselling are important, but care should be taken to ensure that street children being counselled or educated are provided with the correct information.
- There is no prescription to the type of strategies that can be used to respond to the needs and problems of street children. One should consider all possible options and adopt those, which are feasible in the local situation.
- The MSSM could provide a framework for deciding on the strategies for reducing substance use and other risk behaviours.



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