

The Danger of HIV/AIDS Prevalence among Street Children on the Public in Kenya: Experiences from Eldoret Municipality

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Abstract: *Street children are a reality in many urban centers in developing countries and have remained a major impediment to their social and economic development. While on the streets, HIV/AIDS infection among street children continues to be a significant challenge despite the progress that has been made in HIV/AIDS prevention and treatment at the national level. As they pursue their livelihoods on the streets, street children embrace a street culture that habitually influences sexual risky behaviors. The circumstances in which street children live and the challenges to which they are subjected to, increase their vulnerability to HIV/AIDS and predispose the public to more danger. This can be explained partly by the drives of economics of survival, little or absence of information about the dangers of contracting HIV/AIDS and the risks associated with it, inadequate health facilities attending to street children and inadequate awareness programmes targeting the street children community. This paper argues that for street children to enhance their survival mechanisms on the streets, sexual activities among themselves and/with outsiders on the streets are rife and not safe. Moreover, the attitude of hopelessness about their lives encourages them to engage in unprotected sex, while little information and low level of awareness limits street children from adopting HIV/AIDS preventive measures. Female street children who are also HIV positive engage in sex with unsuspected men who eventually contract the disease. The paper concludes by recommending that those interventions working with street children if they want to succeed in their activities, they should have a holistic approach and also be based on a scientific assessment on the circumstances the street children find themselves in as well as their felt needs. There is also need for street educators and/or counselors to communicate prevention messages to all categories of street children at the same time impart in them a sense that life is worth safeguarding.*

Keywords: Street Children, HIV/AIDS, Unprotected sex, The Public, Eldoret Municipality, Kenya.

1. Introduction

Street children phenomenon in developing world has remained a major challenge to all sectors of life. In Kenya for instance, the street children phenomenon has become a challenge due to the large numbers of children joining street life because of the several aspects of causality ranging from food insecurity, higher levels of unemployment, homelessness, deviance violence at home. According to the World Bank, 50% of Kenya lives in poverty and the prevalent low levels of standards of living in Kenya. Poverty and vulnerability to socio-economic challenges remain the most critical development challenges facing Kenya (World Bank, 2006). These in general are pushing children from rural areas and slums to the streets.

Therefore, majority of the children worldwide, turn to the streets in an attempt to resolve problems that arise out of the social structures and situations they find themselves in. One of the most devastating factors leading to street children is the high cases of HIV/AIDS among families and communities that lead to death of parents resulting to orphanhood. As children lack proper care and protection at home, some opt to look for alternative life on the streets where they also become victims of HIV/AIDS.

In a comparative study of street children in mid-19th century (Veale 1996) found that Ethiopia and the

Sudanese street children were as a result of civil unrest in both countries. There are also many street children in South Africa, where their high numbers have been related to the country's violent political landscape (Swart, 1988). Like in other countries, the phenomenon of street children in Kenya dates back to the colonial period between 1890's and 1963. At independence, street children had increased in number and ever since have become a problem not only for the Kenya government, but also for Non-Governmental Organizations (Ayuku, 2005). Additionally, civil unrest dating from the Mau Mau struggle for independence has been connected to the origins of Kenyan street children (Nowrojee, 1990). The homeless children found refuge in the established towns including Nairobi, Kisumu, Eldoret, and Nakuru among others, and became street children.

Despite the existence of the street children phenomenon in the developing world including Kenya, its size, nature and cause varies from country to country depending on the levels of economic development, socio-cultural settings, institutional interventions and the level of social harmony and peace (Veale, 1996). The problem of the orphans and vulnerable children including street children, has led to formulation of many national and international obligations including the United Nations Convention on the Rights of the Child (UNCRC), African Charter on the Welfare of the Child (ACWC), and the Children's Act 2001 (Kenya). Globally, the General Assembly of the United Nations

adopted the Convention on the Rights of the Child in 1989 (Muchini, 2001).

The concern of this paper is the extent to which street children have become an obstacle to prevention and control of HIV/AIDS due to their sexual life. The authors present street children as victims of HIV/AIDS, that is, some come on the streets already infected; however, for those not infected, indulging in unprotected sex as a key ritual initiation into the street life. At the same time, these children engage in group sex while the ladies are into prostitution. Consequently, most of the children, male and female are HIV/AIDS patients. Unfortunately, most public members have been trapped into cheap sexual advances with these street children to the extent that they even impregnate them. Thus, if this risk group is ignored, it will thwart all the gains made in the management of HIV/AIDS especially in urban settings.

2. Overview of Available Literature on HIV/AIDS among Street Children

Street children, both in first and third world countries have been recognized as a special group suffering most from sexually transmitted infections as well as HIV/AIDS and whose demise and vulnerabilities have been exacerbated by the ineptitude of the traditional social safety nets, outstanding of which is the extended family (Rurevo & Bourdillon, 2003). One main characteristic of the street children who live alone and work on the streets is that they live without proper care and parental protection and use of intoxicants, which is a predisposing factor to sexual abuse and infection with HIV/AIDS. Street children have sexual relationships with each other with misapprehensions that only sexual intercourse with prostitutes and old people carries a risk. This is attributed to inadequate information about sexuality and the issues revolving around it.

Studies done on HIV/AIDS risk behavior among street youth in the United States of America indicated that young people, especially street youth, both in developed and developing countries have been identified as the group suffering most from STDs including HIV/AIDS (Walters, 1999). For instance, in the USA, the runaway youth are 2-10 times more likely to become infected with HIV than other youth (Walters, 1999). While on the streets, street children engage on survival life that suit their current situations. Scholars like (Ennew & Swart-Kruger, 2003; Ansell, 2008) views street children as social actors with varied lives and diverse experiences.

In Brazil, it is reported that some subgroups of street youth had HIV prevalence rate of 35% (Rotheram-Borus, 2003). It is estimated that in Jakarta, one in every seven street children had a history of STIs including HIV/AIDS (Population Report, 2001). Demographic health surveys in Ethiopia revealed that boys and girls experience puberty at a younger age than the previous generation and during this stage they are sexually active (Tadesse et al, 1996).

In Ghana for instance; the situation of girls in the streets is even more precarious (Boakye-Boaten, 2008) asserts that apart from the general hardships of surviving on the streets, many of the girls endure the most gruesome sexual

attacks on the streets. Because of the sensitive nature of their experiences, with respect to sexual abuse and rape, they do not talk about it openly. Also there is a lot of stigma amongst the children especially the girls if you were a victim of rape. A victimized street girl is perceived by her peers as weak, and that her assault was her own doing. In Zimbabwe, (Bourdillon, (1994) and Dube, (1997) found street children as being at risk of HIV-infection given their sexual behavior.

One aspect of sexual behaviors street children engage in involves sexual networking and maintenance of several sexual relationships from different clients. Sexual networking by street children involves having relationships with fellow street children while at the same time maintaining such sexual relationships with non-street members of the society in their city or town of residence (Sorre, 2009). There exist different forms of sexual relationships which include, commercial sex (particularly with people from outside), survival sex (among the street children themselves), rape (from outside and within the street) and for pleasure (Anarfi & Antwi, 1995).

According to Anarfi and Antwi (1995), female street children have sex with three types of clients. The first type involved are the street boys with whom they had sex for protection and to whom they lied that they were the only sexual partners. The second type involved the street-working youths for commercial reasons who were usually married and stayed at home. The final type of whom these street girls had sex with were both municipal police and members of the uniformed police for protection.

More often than not, street children are increasingly being lured by men who tend to believe that young street girls are less likely to have HIV/AIDS. However, this assumption is not right. During several Focused Group Discussions for street girls with newborn babies, in Eldoret town, Lalani (2009) found that street children remain at a high risk of sexually transmitted diseases (STDs), including HIV, due to having multiple sexual partners and low rates of condom use. Health was not a concern for the girls and condoms were only occasionally used.

Street children are a product of dysfunction of the family system due to many factors including poverty, violence, social inequalities and HIV/AIDS and failure of institutional interventions in countries. However, while on the streets, street children engage on survival life that suit their current situations and they are viewed as social actors with varied lives and diverse experiences (Ennew & Swart-Kruger, 2003; Ansell, 2008). Thus, what they choose to pursue tend to be right and in favor of their conditions at a given situation with little consideration of the future consequences. However, it is evident that HIV carries with it disgrace and disillusionment on many street children who are infected with HIV as they tussle to internalized thoughts and stigma that increases their vulnerability to drugs and substance abuse that influence them to further spread HIV to their colleagues and the outsiders who trade with them for sex in exchange for material gain.

This paper contends that a lot of efforts have been put to alleviate the problem of street children but less has been done to prevent or reduce the spread of HIV/AIDS among street children. This has been attributed to little attention on HIV/AIDS by interventions employed to deal with the problem of street children. This has resulted to exposure and rapid spread of HIV/AIDS among street children. It is within this background that we seek to explore the danger of HIV/AIDs among street children to the public in Kenya.

3. Methodology

This paper is an output of a study that was conducted in Eldoret Municipality by the authors in the year 2012. Eldoret Municipality is the fastest growing commercial hub of Western Kenya. It's well interlinked with roads, railway and air transport network. It has an expansive agricultural production that offers opportunities for a number of economic activities. Eldoret town is headquarter of Uasin Gishu County in the North Rift Region of Rift Valley province. The county share common borders with Trans Nzoia County to the North, Elgeyo-Marakwet County to the East, Baringo County to the South East, Kericho County to the South, Nandi County to the South West and Kakamega County to the North West the County has a total area of 3,327.8km² (Uasin Gishu District Information Office, 2011). The focus on Eldoret Municipality was based on the fact that it is a politically hot spot town and has an ever growing number of street children largely due to many factors such as poverty, HIV/AIDS, tribal clashes/wars, emergence and expansion of low income estates (slums), and also acts as a strategic meeting point for children from different parts of the country. Thus, Eldoret Municipality was an ideal context to answer the research questions raised in the study.

The research on which this paper draws adopted an ethnographic design commonly used in studies dealing with network analysis or organizational structures. Bowling (1997) in Francis (2000) defines ethnography as the study of people in their natural settings: a descriptive account of social life and culture in a defined social system, based on qualitative methods (like detailed observation, unstructured interviews, and analysis of document). The study used ethnography since it is a qualitative methodology whereby the study sought to understand culture of street children in own point of view.

Ethnographic design was used to examine the social roles, networks of relations, obligations, order, values and norms, living arrangements and survival coping mechanisms that helped in understanding the overall social organizational structures among street children and families in the study area. The study focused on the street children, particularly those living on the streets, in order to be able to account for their organizational characteristics that allow them to survive the harsh street life. The interest of the study was the social organizational structures that emerge among these children and families to allow them live an almost normal life-situation on the streets, under no direct supervision by an adult. For the purpose of collaboration of information, the study had key

informants from organizations dealing with street children, and government agencies. Information was gathered by means of semi-structured interviews and focused group discussions with street children.

This paper focuses on the findings of objective two of the study which examined the living arrangements and how it influences their survival mechanisms of street children. The paper significantly revolves around the sleeping arrangements, movement patterns, survival mechanisms, attitudes and behavioral mechanisms towards the kind of life they are leading on the streets and how all these influence their sexual relationships and exposure to HIV/AIDs.

4. Findings of the Study and Discussions

Street Children as a Risk Group

There is no doubt that the HIV/AIDS scourge has impacted negatively on the welfare of street children and increased their suffering in urban centers worldwide. The study found that push factors such as poverty, denial of human rights, psychological difficulties, illnesses, and lack of educational and recreational opportunities that led street children into the streets had a positive correlation with the way they operated on the streets, leading them to indulge in health risk behaviors. Street life does not spare them anymore as they are exposed to violence, unworthy living conditions and sexual exploitation which exposes them to HIV transmission.

Street children throughout the world share experiences of denial by their families and community for reasons of orphanhood, family disintegration poverty and HIV/AIDs. For instance, Campos et al, (1994) asserts that while on the streets, street children experience very different social networks and daily activities because they live in an environment of decreased adult presence and intervention, increased importance of the peer group, drug and alcohol abuse, and early onset of sexual activity.

During the study, it was revealed by the respondents (street children) that one of the main sources of livelihood for the girls living in Eldoret town/Municipality was prostitution as majority of them were involved in the activity to earn a living. It was observed that their customers particularly men, range from among the male street children, to male members of the public. The girls can be called by the customer or they also look for customers at night in places such as Paradise, Kogo Plaza, and East Leigh on your way to West Indies. It was further found that female street children expressed their fear of living on the streets unlike their male counterparts. This is because female street children managed their lives within networks that provide them with protection, notwithstanding the fact that they are highly prone to sexual exploitation and other abuses.

From the focus group discussions with street children, it was found that the respondents are at risk to sexually transmitted diseases such as HIV/AIDs, Gonorrhoea, and Syphilis among others. This was attributable to ignorance, multiple sexual partners, lack of information, low rates of

condom use, and drug and substance abuse. The researcher observed that there is a lot of fondling between boys and girls on the streets and thus high sexual activities. Most of the girls for instance are being pregnant, with children and/or acting as prostitutes, while sex is a major source of livelihood for them. This means that sexual advances are used to pay for most of their needs. Findings from Ex-street Children Community Organization-ECCO (2011), shows high prevalence of HIV/AIDS among street children in Eldoret Municipality. This is attributed to unbridled freedom among street children, peer influence, drugs and curiosity to discover. During key informant interview with an NGO worker, he said that:

Street children are sexually precocious, they are at high risk of contracting HIV/AIDS for many reasons: Peer influence; They lack information on HIV/AIDS; Group sleeping; Exposure to unprotected sex for pleasure or in exchange for food, protection or money; others street children are always under the influence of drug this put them at a higher risk of contracting the disease. For those girls who happen to become pregnant, they give birth to who grow up to become street children on the streets. In fact, most of the girls were confirmed to be HIV positive (Source: NGO Worker, Male 39, 2012).

From these findings, street children have diverse sleeping arrangements on the streets largely on perceived opportunities such as food, water, space, creation of friends and sexual relationships. The places that they sleep include; shop doorways, river banks, shelter in the slums, at the market, and outside church buildings. To a larger extent, boyfriend/girlfriend relationships also influence their sleeping arrangements. It was observed that fondling between boys and girls on the streets exist and exposes street children to high sexual activities including unprotected sex, pregnancy and vulnerability to HIV infection among other effects. Similarly, Lugalla and Mbwambo (1999), in their studies on sleeping arrangements, observed that group sleeping, can influence risk behaviors among adolescent children who are in self-care. The study found that the absence of parents or a caretaker means that freedom for children in self-care (on the streets) directly enhances their vulnerability to sexual behaviors.

During focus group discussions with older street children, it was evident that the incidences of sexual exploitation were very common in Jua kali and California bases for the reason that these bases were occupied by both older boys and girls. It was also found that incidences of Sexually Transmitted Infections (STIs) including HIV/AIDS are widespread among street children in these bases, as a result of the high rates of sexual activities on the streets. It was evident too, when some street girls during the interviews expressed to the researcher about their HIV positive status. The study found that, for those who have been detected with HIV a few of them access antiretroviral drugs and may not be consistent in using the drugs, complaining of lack of food, as the medicine is strong and others forget. Nevertheless, others do not even seek for medication. One of the girls during focused group discussion said that:

Those drugs are very strong and if you have not eaten and you take them, you can easily faint and/or sometimes feel stomachache...that is why I don't take those drugs regularly. You also need to know that when you are begging on the streets, you are not guaranteed to get food, sometimes you get and other times you don't (Street girl, 16 years).

In one of the bases that is largely dominated by female street children, that is Mangula, and according to one of the key informants from the base, there is the presence of many cases of drunkardness and most members of the base are HIV positive. The researcher found that once there are new arrivals of girls on the streets, some group of older street girls recruit them for prostitution at paradise one of the famous places in Eldoret town where there are high rates of prostitution activities. This concurs with studies done by (WHO, 2006), which observed that girls on the streets are usually recruited to work in the commercial sex industry. Additionally, a study on the patterns of migration among street children in Kisumu Municipality by (Sorre, 2009) also found that street girls are at a high risk of contracting HIV than their male counterparts as they resort to commercial sex or prostitution to get money and food for their own survival. In his study in Indonesia, Flynn (2008) found that street girls exchanged sex with street boys and adult males, some of whom lived on the streets. While these partnerships could be long-term, they also appeared to be based largely on material transactions especially as sex for money or food.

Some of the street children are not new to sexual activities when they come to the streets, therefore, the sexual activities they engage in while on the streets, is an extension of what they have learnt from their families, close relatives or neighbors before coming to the street. For instance, in one of the focus group discussions with street girls, it was revealed that many street children would not want to go back to their families or be associated with them because of the kind of life they went through in the hands of their parents or caretakers, which include sexual, physical and emotional abuse. One street girl had this to say:

I can't go home because my father slept with me [had sex with her] when my mother had gone to the market. When she came back from the market, I told her what my father did to me but she was accusing me that I was willing to sleep with my father and she beat me. So I decided to run away from home (Street Girl, 16 years).

From the above narration, it is apparent that there are things that happened in the lives of street children, which make them to detach themselves completely from their families. This implies that where emotional gratification is lacking children feel that they are psychologically, socially and emotionally unprotected, neglected and superfluous, which leads them to seeking an alternative life on the streets. Consequently, whatever they involve themselves in on the streets is deliberate and they have little consideration of the end result.

The study found that for the girls, they perform tasks such as begging, washing clothes, taking care of young ones in the base, cooking for their 'boyfriends' and young children for the case of a street family. In this study a street family refers to street children, whether in their children age (11-17 years) or adult age (18 and above years), who are living together on the streets and are bonded in a sexual relationship similar to a 'husband' and 'wife' that may end up into giving birth of children among other rights and obligations that are also socially approved by the peers or colleagues on the streets. It also emerged from the study that some girls prefer to be recruited for prostitution so as to earn money quickly rather than begging that may take an individual longer time and expose her to verbal abuse.

5. HIV/AIDS Interventions among Street Children

Despite the growing awareness campaigns of the risks of HIV/AIDS by various interventions among different groups and communities in Kenya, few non-governmental organizations have focused their efforts to the street community on sexuality and reproductive health issues. The government has also put little concentration on street children awareness. In Eldoret for example, currently, there are over twenty CBOs/Non-governmental Organizations dealing with OVC and street children but only a few of these organizations are dealing with sexuality and reproductive health issues thus, limiting the access of service and information to street children particularly about HIV/AIDS. Most of the organizations have focused their efforts to tracing and reunification, formal education, and nutritional (feeding) support programmes. There is also lack of tailor-made services such as counseling support and medical services to address street children affected by HIV/AIDS.

According to UNICEF (2011), HIV/AIDS services have not been available and health facilities neglect street children in urban areas due to the increase in population of those seeking help from the already overstretched facilities. Similarly, children's contacts with the health services are so unpredictable that it is impossible to establish a prevalence estimate of the street children infected with HIV/AIDS. However, their living conditions amply expose them to HIV/AIDS through their lifestyles on the streets.

6. Conclusion and Recommendations

From the foregoing discussions, it is observed that street children is one of the special categories of children that need special protection as they face many risks and hazards while on the streets. These include drug or substance addiction, violence, sexual abuse and exploitation and infection with HIV/AIDS and all these are interconnected. What emerges from the discussions in this paper is that sexual activities among street children and with outsiders on the streets are rife and not safe. The level of awareness is low leading for the street children not adopting preventive measures. The attitude of hopelessness about their lives encourages them to engage

in unprotected sex and contraction of HIV virus. For those who have been detected with HIV a few of them access antiretroviral drugs and may not be consistent in using the drugs, complaining of lack of food, as the medicine is strong and others forget. On the other hand, others do not even seek for medication.

It is apparent that very little research has been done on HIV/AIDS in relation to street children. This becomes tricky on intervention programmes employed to address issues related to HIV/AIDS among street children. This is because the interventions do not have the facts on the ground for instance, the prevalence rates of HIV/AIDS among street children and their attitude and perceptions towards HIV/AIDS in order to design programmes that focus on HIV/AIDS. Moreover, there is no information and awareness among street children to enable them to make informed choices when it comes to sexual matters.

The paper recommends that those interventions working with children if they want to succeed in their activities, they should have a holistic approach that comprehensively address issues affecting street children including HIV/AIDS. Street children need to acquire sufficient information or skills they can use to protect themselves through negotiating safe sex or refusing sex altogether for alternative sources of livelihood. Besides, there is need for street educators/counselors to communicate prevention messages to all categories of street children, while at the same time impart in them a sense that life is worth preserving. The government should also have special public health officers dedicated to deal with health issues affecting street children in various urban centers.

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