

streetaction

COMMITTED TO
STREET CHILDREN THROUGH
ACTION AND PARTNERSHIP

Street Action: Research and Advocacy

If a child cries
(dies) in the
street, does
anybody hear?

A Situational Analysis of the
Physical and Psychosocial
Health of Street Children in
Durban

Research Briefing Paper
July 2010



info@streetaction.org
registered charity no: 1119578
registered company no. 05852940

www.streetaction.org

Research and Advocacy Strategy

Street Action is committed to empowering street children through innovative advocacy and research that is driven by our partners. We're committed to increasing the visibility of the challenges street children face on the streets and seek to address the underlying causes of the street children phenomenon. Areas that we are currently focused on include:

- Research into the causes and effect of HIV/AIDS on street children and their access to health care,
- First hand accounts of living on the streets,
- Advocacy for policy change, ensuring the protection of street children's rights in accordance with the **UN Convention on the Rights of the Child**.
- Ensure that an integrated child protection framework includes the situation of street children.

Our research strategy seeks to:

- Bringing academia and practitioners together - Street Action is a member of the University of London's **Centre for African Studies** based at the School for Oriental and African Studies.
- Connecting street children, practitioners and projects to innovative research
- Developing and brokering good practice amongst grassroots organisations

Overview of current research:

If a child cries (dies) in the street, does anybody hear? *A Situational Analysis of the Physical and Psychosocial Health of Street Children in Durban*

Background:

Today, children are living on the streets of sub-Saharan Africa's cities due to a multiple of poverty related issues. Today, children are living on the streets of sub-Saharan Africa's cities due to a multiple of poverty related issues. Street-life can be devastating and extremely traumatic. Street children are at risk from sexual abuse, rape and sexual exploitation. Hunger, violence and disease are ever present. Substance abuse, in particular sniffing glue is prevalent and used as a way to escape the harsh realities of street life. Street children also get caught up in petty crime in order to survive and sadly children also loose their lives.

For the outside observer, living on the streets seems to be a hopeless existence and yet one which many children opt for in preference to returning home or accepting services from provisional departments or non-governmental organizations (NGOs). Theories of situated learning indicate that certain aspects of the child's experiences on the streets can be positive in terms of personal growth. Research in South Africa and internationally has also shown that children value the personal autonomy that

follows their escape from situations at home that they find untenable. The pull of the streets seems incomprehensible in light of the abuse and deprivation they face, and yet many opt for the streets as a way of escaping the extreme social and economic circumstances in their communities.

HIV/AIDS has added to the complexity of the issue of street children in Southern Africa. With a projected figure of 4.2 million AIDS orphans by the beginning of this decade in Sub-Saharan Africa (UNICEF) the number of children living on the streets is considered by many as likely to increase; this is in spite of family networks that absorb thousands of South African children without parents, despite the added pressures this places on their resources (Adato *et al.* 2005, Bray,R. 2004).

This research project aimed to provide objective data regarding the health and well-being of children living on the streets of Durban; to describe their experiences of that life; and to describe the range of services directed at them. The project intends to provide insights and perspectives that, even if not exhaustive, could update and better guide responses and services to these children.

Those involved in the study:

Dr. Nigel Rollins, *Department of Pediatrics and Child Health, University of KwaZulu-Natal and Department of Child and Adolescent Health and Development, WHO*

Glynis Clacherty, *Clacherty & Associates Education and Social Development, Johannesburg, South Africa*

Tom Hewitt, *Umthombo Street Children, Durban, South Africa*

Jill Kruger, *Independent consultant, Durban, South Africa*

Christy McConnell, *School of Development Studies, University of KwaZulu-Natal, Durban, South Africa*

Dr. Anita Moodley, *Department of Paediatrics and Child Health, University of KwaZulu-Natal, Durban, South Africa.*

Sipho Mfeya, *Umthombo Street Children, Durban, South Africa*

Joe Walker, *Street Action, London, United Kingdom*

Aim and Situational Analysis

To inform the development of effective strategies to avert children moving to the streets of Durban and South Africa and improve the health, well-being and future of those children who presently live there. Issues focussed on were:

- Why children resort to living on the streets in Durban and what is the influence of HIV/AIDS in this decision?

- Children's street experiences and the reasons they give for not returning to their homes
- Basic demographic and health data - malnutrition, stunting, substance abuse and TB and sexual practice and behaviour

Specific objectives :

- i. To document the reasons why children resort to living in the streets in Durban and especially, the influence of HIV/AIDS (where relevant);
- ii. To identify the reasons children give for remaining on the streets and non-return to their homes of origin;
- iii. To produce basic demographic and health data such as malnutrition, stunting, substance abuse and TB status of children living in the streets in Durban;
- iv. To estimate HIV prevalence rates among these children;
- v. To document the mental well-being of these children including their resilience and coping strategies;
- vi. To document the services and resources available to assist the children and describe children's perspectives and experiences of these services;
- vii. To develop a generic analytical approach and tools for comparative research that will inform intervention initiatives for other cities in South Africa and countries in Southern Africa and beyond.

Method:

Three methods were combined that included conventional (quantitative) and child/youth participatory (qualitative) approaches, that are designed to be complementary rather than independent or exclusive. Through these approaches, data obtained from children on the streets was triangulated and learning points reinforced.

1. Participatory Workshops:

4 one-week workshops with children living on the street in different areas of Durban (Total 30 - boys: 18, girls: 12)

2. Quantitative Health Survey :

Interviews with 110 children living in different areas of Durban.

3. Feasibility and acceptability of HIV testing:

HIV testing was performed on children who are willing to be tested. Results were made available and services for treatment and care were facilitated. A programme of pre and post testing was developed with social workers and relevant medical staff.

4. Feedback to the children who participate in the research:

Prior to any public dissemination of the results, the analysis of the data and a summary of the findings were fed back to the children who participated in the workshops and, where possible, to the children who participate in the survey.

Ethics:

The project required careful planning and consideration of ethical and legal issues. The protocol was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal in Durban, South Africa

Funding:

Provided by the **Department for International Development (DFID)**, Pretoria, South Africa,

Key Policy Recommendations:**Policy issues:**

There are key pieces of legislation in South Africa that assist practitioners to provide services for children, however these pieces of legislation are lacking supporting policies and guidelines for their effective implementation. There is a need for the legislation to be carefully unpacked noting the policies and guidelines that would be required to ensure more effective change. This requires input from Child rights organisations, child and health service providers and legal personnel that understand the jurisprudence of the legislation.

This study showed that the street children we worked with worry about HIV/AIDS and other health related issues. They know some of the facts but education specific to their situation about transmission, prevention and testing is needed. Also, due to their extreme vulnerability, there is a need to make health services accessible to children living on the street. Expecting them to use conventional services is not realistic and there is a need to develop services that are especially designed for them.

The depth of information gathered through this study proves that if one uses the appropriate methodology it is possible to gain understanding of the issues faced by children living on the street. Comprehensive strategies are needed rather than cosmetic solutions (e.g. 'cleaning the streets').

The potential for using participatory approaches combined with conventional (quantitative) methods will encourage more research that is driven by partner projects working on the ground. Child-centred participatory research is critical to the process of exploring and understanding issues related to street life. This has led to acknowledgement that children are capable social agents of change. Through empowering children to participate in the research processes this allows them to reflect on and recount their life experiences

Key recommendations:

1. Ensure additional resources and support of research and advocacy programs, through building wider partnerships and alliances to contribute to developing national capacities for fulfilling street children's rights to survival, development and protection.

2. Street Children have a right to be included in research and be recognised by policy, research and budgetary provisions. This includes generating high quality evidence-based knowledge, leveraging resources towards developing further research, data collection and analysis of street children's experiences.
3. Supporting the development of child-centred participatory research as a process of exploring and understanding issues related to street life. Street children's participation in research gives us access to essential information that we could get from no other source and which we need to make sense of the issues they encounter. Additionally, the opportunity of engaging in active research enables young people to explore specific topics through primary, self-generated data.
4. Providing research and data analysis to inform international child protection policies of the evidence gap and lack of knowledge basis surrounding street children's experiences, including their reasons for coming to the street, the level of engagement and interventions by government, civil society and NGO's and the development re-integration programs.
5. Guidelines and tools around HIV test capacity and consent need to be designed specifically for children on the streets and their circumstances need to be made available. Development of education tools and programs for practitioners use specific to street children's situation about transmission, prevention and testing is needed.
6. Health information and the provision of empathetic psychosocial support need to be made available in their social cultural terms to reduce the risk of HIV and other diseases on the streets.
7. Street children need to be recognised by governments and the international NGO community as a 'most at risk' group that needs to be focused on and their needs prioritised.



"I sometimes think that maybe if I had parents that loved and cared for me I wouldn't have this disease. I sometimes blame myself for my situation."

Street child talking about HIV/AIDS, South Africa

info@streetaction.org
registered charity no: 1119578

www.streetaction.org